MEMORANDUM

To: Board of Directors

Cc: Bill Boyles, Esquire
Aluino Ochoa, M.D.

From: George Mikitarian
President/CEO

Subject: Board/Committee Meetings – April 7, 2025

Date: April 3, 2025

The Ad Hoc Credentials Review Committee will meet at 11:30 a.m. where the Committee will review credentialing and privileging files as they relate to medical staff appointment/reappointment.

The Quality Committee will convene at 12:00 p.m., which will be followed by the Finance Committee, the Executive Committee, and the Education Committee meetings.

The Board of Directors will meet in executive session no earlier than 1:30 p.m. Following the Board of Directors Executive Session, the Board of Directors regularly scheduled meeting will be held, however no earlier than 2:00 p.m.

The Planning Committee meeting has been canceled.

QUALITY COMMITTEE
Dan Aton, Chairperson
Robert L. Jordan, Jr., C.M. (ex-officio)
Elizabeth Galfo, M.D.
Billy Specht
Billie Fitzgerald
Herman A. Cole, Jr.
Stan Retz, CPA
Maureen Rupe
Ashok Shah, M.D.
Aluino Ochoa, M.D., President/Medical Staff, Vice Chairperson
Alphonse Pecoraro, M.D., Designee
Nimish Naik, M.D., Designee
Christopher Manion, M.D., Designee
George Mikitarian (non-voting)

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
QUALITY COMMITTEE
MONDAY, APRIL 7, 2025, at 12:00 P.M.
FIRST FLOOR, CONFERENCE ROOM 2/3/4/5

CALL TO ORDER

I. Approval of Minutes

Motion to approve the minutes of the February 3, 2025 meeting.

II. Vision Statement

III. Dashboard

IV. 30 Day Mortality Measure – Ms. Cottrell

V. Executive Session (if necessary)

ADJOURNMENT

NOTE: IF A PERSON DECIDES TO APPEAL ANY DECISION MADE BY THE QUALITY COMMITTEE WITH RESPECT TO ANY MATTER CONSIDERED AT THIS MEETING, HE/SHE WILL NEED A RECORD OF PROCEEDINGS AND, FOR SUCH PURPOSES, MAY NEED TO ENSURE A VERBATIM RECORD OF THE PROCEEDINGS IS MADE AND THAT THE RECORD INCLUDES TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE BASED.

PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT THE ADMINISTRATIVE OFFICES AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6110. THIS NOTICE WILL FURTHER SERVE TO INFORM THE PUBLIC THAT MEMBERS OF THE BOARD OF DIRECTORS OF NORTH BREVARD MEDICAL SUPPORT, INC. MAY BE IN ATTENDANCE AND MAY PARTICIPATE IN DISCUSSIONS OF MATTERS BEFORE THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE. TO THE EXTENT OF SUCH DISCUSSION, A JOINT PUBLIC MEETING OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT, BOARD OF DIRECTORS EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE AND NORTH BREVARD MEDICAL SUUPORT, INC. SHALL BE CONDUCTED.

DRAFT
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
QUALITY COMMITTEE

A regular meeting of the Quality Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on February 3 2025, in Conference Room 2/3/4/5, First Floor. The following members were present.

Elizabeth Galfo, M.D., Chairperson
Robert L. Jordan, Jr., C.M.
Stan Retz, CPA
Herman A. Cole, Jr.
Ashok Shah, M.D.
Dan Aton
Billie Fitzgerald
Maureen Rupe
Billy Specht
Alphonse Pecoraro, M.D.
Aluino Ochoa, M.D., President/Medical Staff (12:15 p.m.)
George Mikitarian (non-voting)

Members absent:
Christopher Manion, M.D. (excused)
Nimesh Naik, M.D. (excused)

CALL TO ORDER

Mr. Jordan called the meeting to order at 12:08 p.m.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Cole, seconded by Mr. Specht, and approved (9 ayes, 0 nays, 0 abstentions) Dr. Galfo and Dr. Ochoa were not present at the time the vote was taken.

ACTION TAKEN: **MOTION TO APPROVE THE DECEMBER 2, 2024 MINUTES OF THE QUALITY COMMITTEE, AS PRESENTED.**

ELECTION OF CHAIRMAN

Mr. Jordan opened the floor for nominations for Chairman of Quality Committee. Mr. Cole nominated Mr. Aton, and Mr. Specht seconded. Mr. Jordan moved that the nominations be closed, and the following motion was made and approved (10 ayes, 0 nays, 0 abstentions), Dr. Ochoa was not present at the time the vote was taken.

***ACTION TAKEN*: MOTION TO ELECT DAN ATON AS CHAIRMAN OF THE QUALITY COMMITTEE.**

VISION STATEMENT

Ms. Cottrell shared the committee's vision statement, which is to ensure affordable access to safe, high quality patient care to the communities we serve.

QUALITY DASHBOARD REVIEW

Ms. Cottrell reviewed the Quality Dashboard discussing each indicator score as it relates to clinical quality and cost. Ms. Cottrell answered questions and received comments from committee members concerning the dashboard and her earlier discussion. Copies of the Power Point slides presented by Ms. Cottrell are appended to the file copy of these minutes.

COMMUNITY SERVICE NEEDS

Ms. Weaver reviewed the social determinants of health and the initiatives in place at PMC to meet the needs of the community served. Ms. Weaver answered questions and received comments from committee members. Copies of the Power Point slides presented by Ms. Weaver are appended to the file copy of these minutes.

OTHER

There was no other business brought before the committee.

ADJOURNMENT

There being no further business, the Quality Committee meeting adjourned at 12:51 p.m.

Dan Aton
Chairperson

PARRISH®
HEALTHCARE

Healing Families – Healing Communities®

parrishhealthcare.com

Quality Agenda

April 7, 2025

1. Approval of Minutes
2. Vision Statement
3. Dashboard
4. 30 Day Mortality Review

Quality Committee

Vision Statement

"Assure affordable access to safe, high quality patient care to the communities we serve."

Dashboard

Performance dashboard

Description	Definition	QTR	Rolling YTD	Goal
Stroke	Stroke management compliance	76%	81.4%	Goal: = 100%
Readmission	All cause 30-day readmissions	13.4% 39/292	12.9% 136/1049	Goal: ≤ 14.6%
Person Centered flow	Emergency department throughput	194	211	Goal: ≤ 175 minutes
Person Experience	Top box HCAHPs domain score for overall rating	60%	57.9%	Target: ≥ 72%
Social Determinants of Health	Percent of patients screened	98.3%	97.6%	Target: 93%
Social Determinants of Health	Percent who screened positive	8.7%	10.1%	

Performance dashboard

Description	Definition	QTR	Rolling YTD	Rolling 3 YR	Goal
Heart Attack	30-day readmission rate	11.1% 1/11	8.6% 3/35	7.1% 7/99	Goal: < 14%
Heart Failure	30-day readmission rate	12.5% 3/24	24.3% 27/111	22.9% 58/253	Goal: < 20%
COPD	30-day readmission rate	5% 1/20	11.3% 6/53	14.2% 17/120	Goal: < 18%
Pneumonia	30-day readmission rate	8.1% 6/74	11.5% 22/192	11.3% 53/469	Goal: < 16%
Hip/Knee	30-day readmission rate	0.0% 0/4	4.8% 1/21	4.8% 3/63	Goal: < 4.5%
Combined	30-day readmission rate	8.3% 11/133	14.3% 59/412	13.7% 138/1004	Goal: < 14%

Performance dashboard

Description	Definition	Rolling YTD	Days Since Last Infection	National Rate
CLABSI	Central Line Associated Bloodstream Infection	0.524	135 days	< 0.700
CAUTI	Catheter Associated Urinary Tract Infection	0.579	14 days	< 0.565
MRSA bacteremia	Hospital onset MRSA bacteremia	1.573	155 days	< 0.736
C. difficile infection	Hospital onset *C. difficile* infection	0.075	1 days	< 0.409
SSI	Combined Abdominal hysterectomy and colon procedures	0.000	389 days	< 0.876

30 Day Mortality

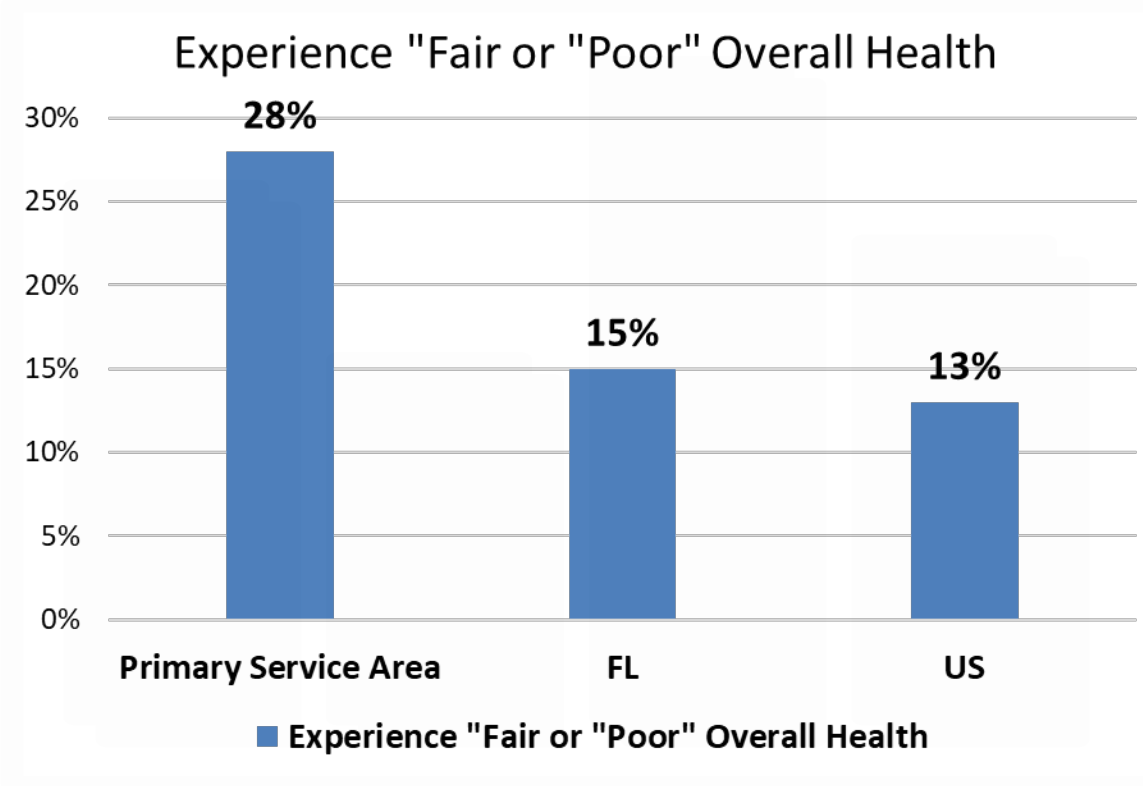
Brevard County 2022 CHNA

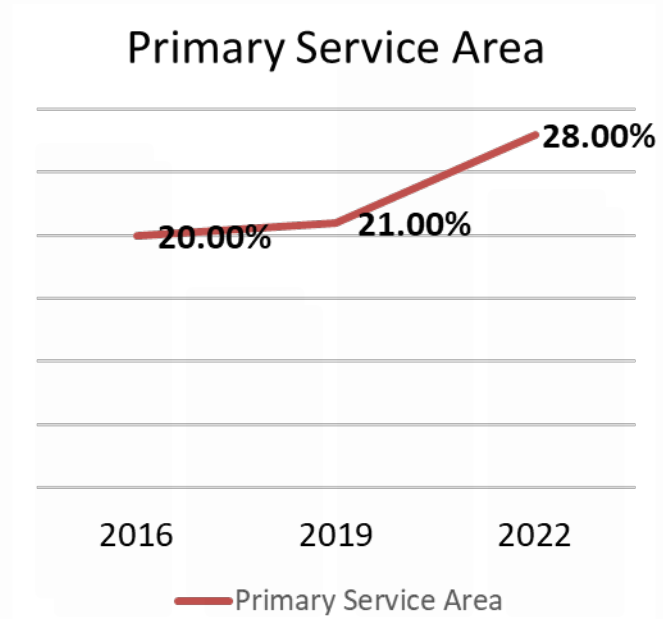
Survey Goals

- To improve residents' health status, increase their life spans, and elevate their quality of life.
- To reduce the health disparities among residents.
- To increase accessibility to preventative services for all community residents.

Overall Health Status

2022 Community Health Needs Assessment





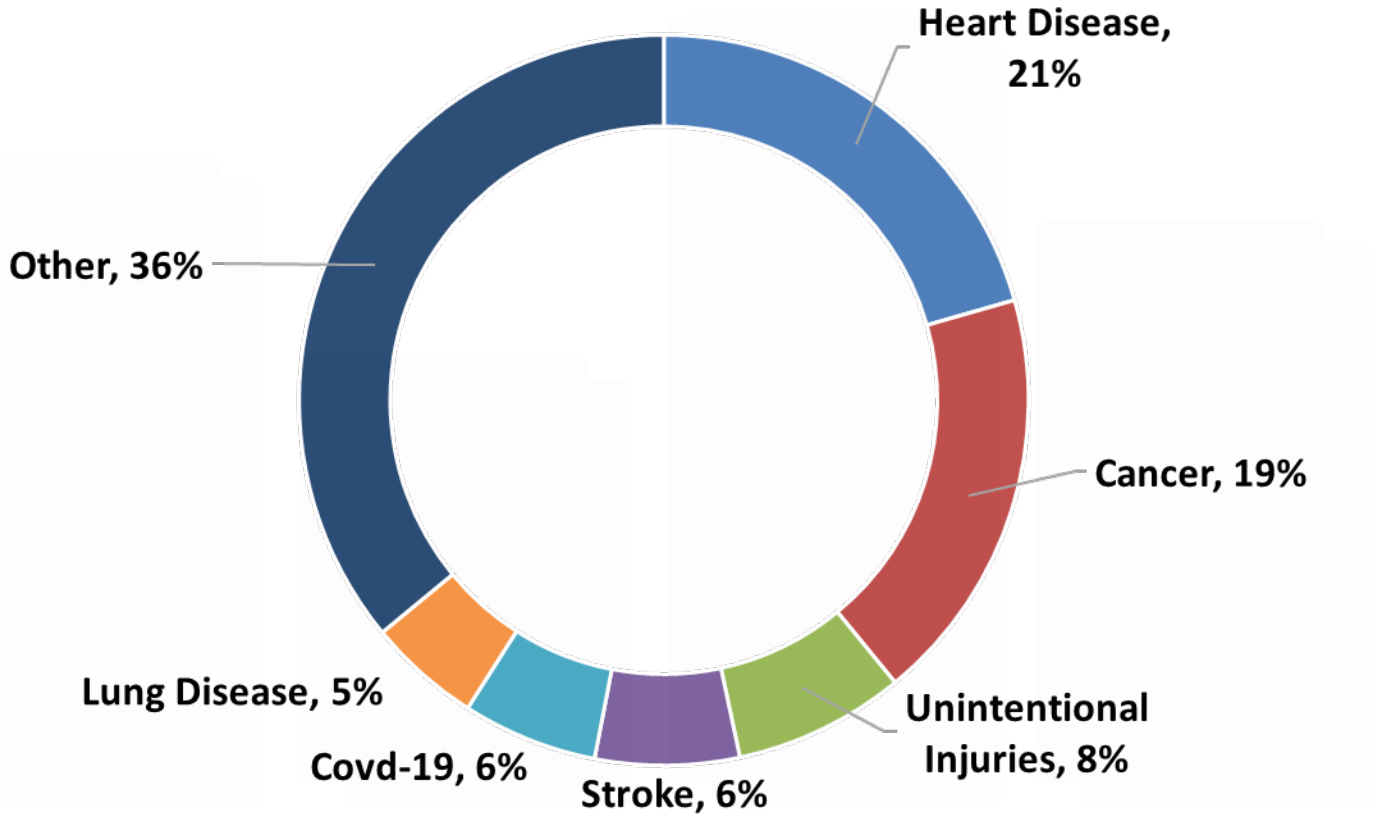
Chronic Health Conditions

2022 Community Health Needs Assessment

- Among the Primary Service Area respondents, most report having at least one chronic health condition.
- 48% of Primary Service Area adults report having three or more chronic conditions.

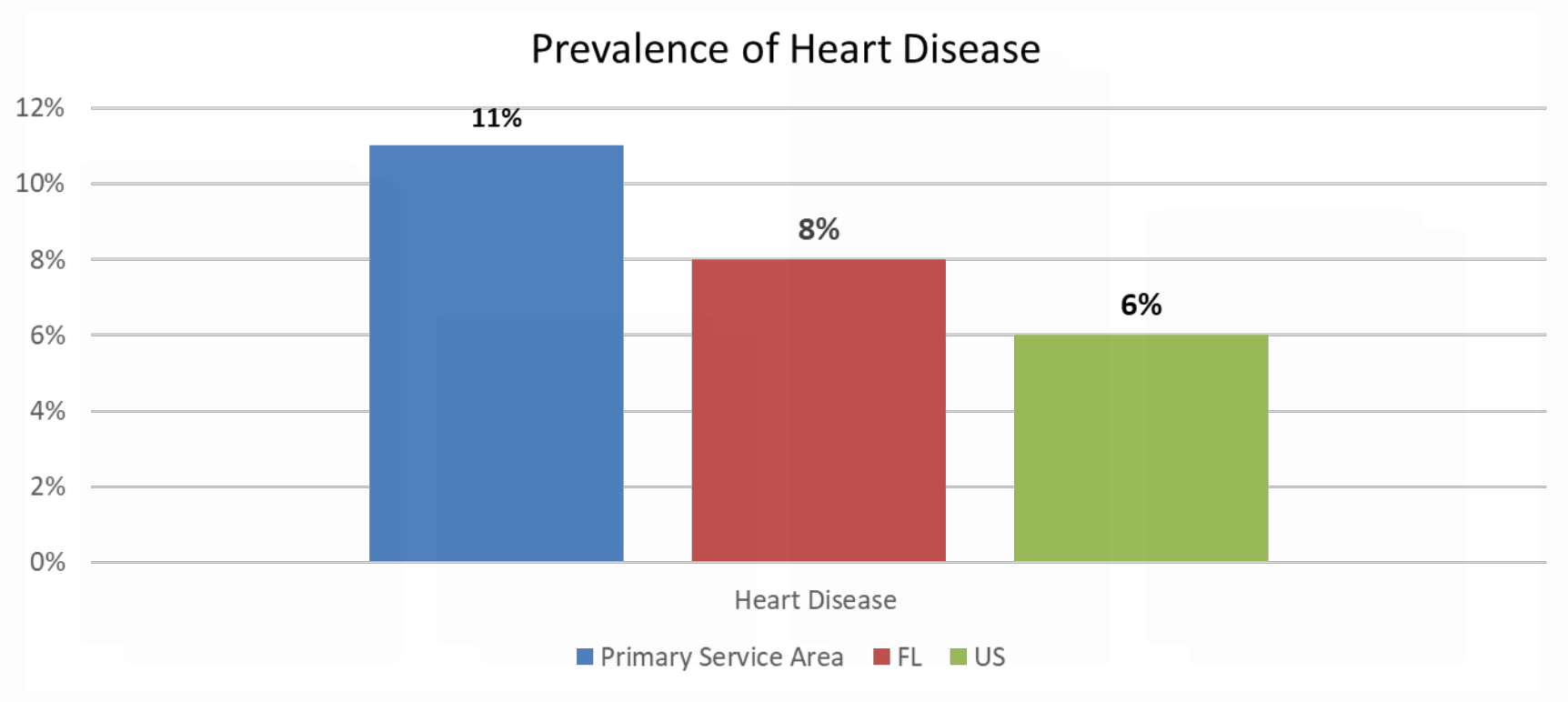
Leading Cause of Death

2022 Community Health Needs Assessment



Prevalence of Heart Disease

2022 Community Health Needs Assessment

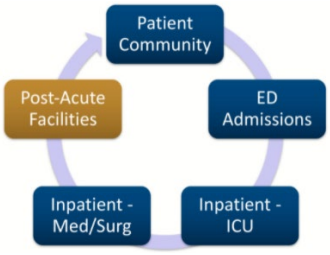


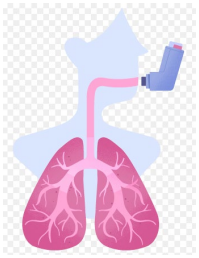
PARRISH HEALTHCARE

Healing Families – Healing Communities®

parrishhealthcare.com

CHNA Strategy



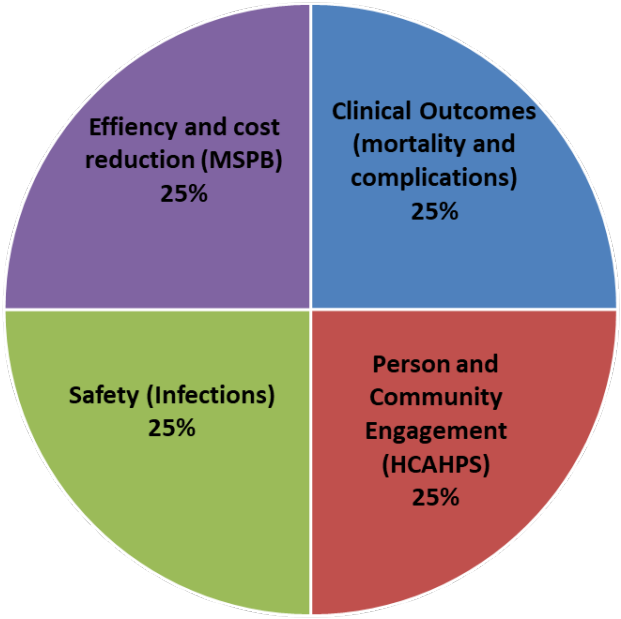


Community Navigator

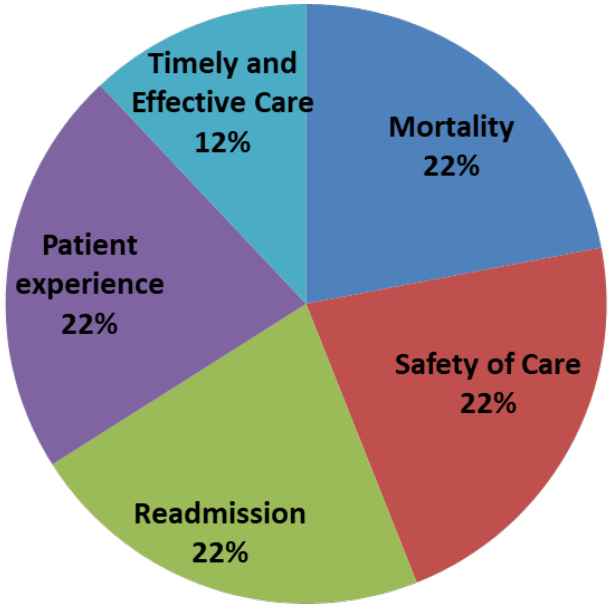
- Access to Care
- Chronic Disease Prevention and Management
- Readmission/ Mortality risk reduction
- Integrated Care Transitions

Quality Programs

2025



Value Based Purchasing Program



Star Ratings Program

Mortality measure facts

Inclusion

- Medicare FFS and VA for 12 months; age 65 or older
- Death occurs within 30 days from the start of a qualifying index admission from ANY cause.

Mortality measure facts

Calculation

- Risk standardized mortality rate (RSMR)
- Ratio of predicted to expected x national rate

$$\text{RSMR} = \frac{\text{Predicted Deaths}}{\text{Expected Deaths}} \times \text{National Observed Mortality Rate}$$

Mortality

Parrish Data FY23/FY24

- AMI No different than national rate
- HF Worse than national rate
- Stroke No different than national rate
- PN No different than national rate
- COPD No different than national rate

Mortality

Parrish Data FY25

- AMI No different than national rate
- HF No different than national rate
- Stroke No different than national rate
- PN No different than national rate
- COPD No different than national rate

30 Day Mortality Performance Improvement

PARRISH HEALTHCARE

Healing Families – Healing Communities®

parrishhealthcare.com

Scope of project

30-day mortality-Heart Failure

1. Identify which risk factors are present in our population
2. Engage with providers to ensure they are addressed, documented and coded appropriately
3. Improve accuracy to reflect our risk

Scope of project

30-day mortality-Heart Failure

Focused Risk Factor – Protein Calorie Malnutrition

- Highest weighted risk factor
- Parrish population lower than the state and nation

Key Deliverables

- Improved screening and recognition of protein-calorie malnutrition
- Improved documentation of protein-calorie malnutrition
- Increased coding of protein-calorie malnutrition
- Increased the risk adjustment for expected mortalities
- Decrease in the risk adjusted mortality rate at PMC for Heart Failure

Interventions implemented

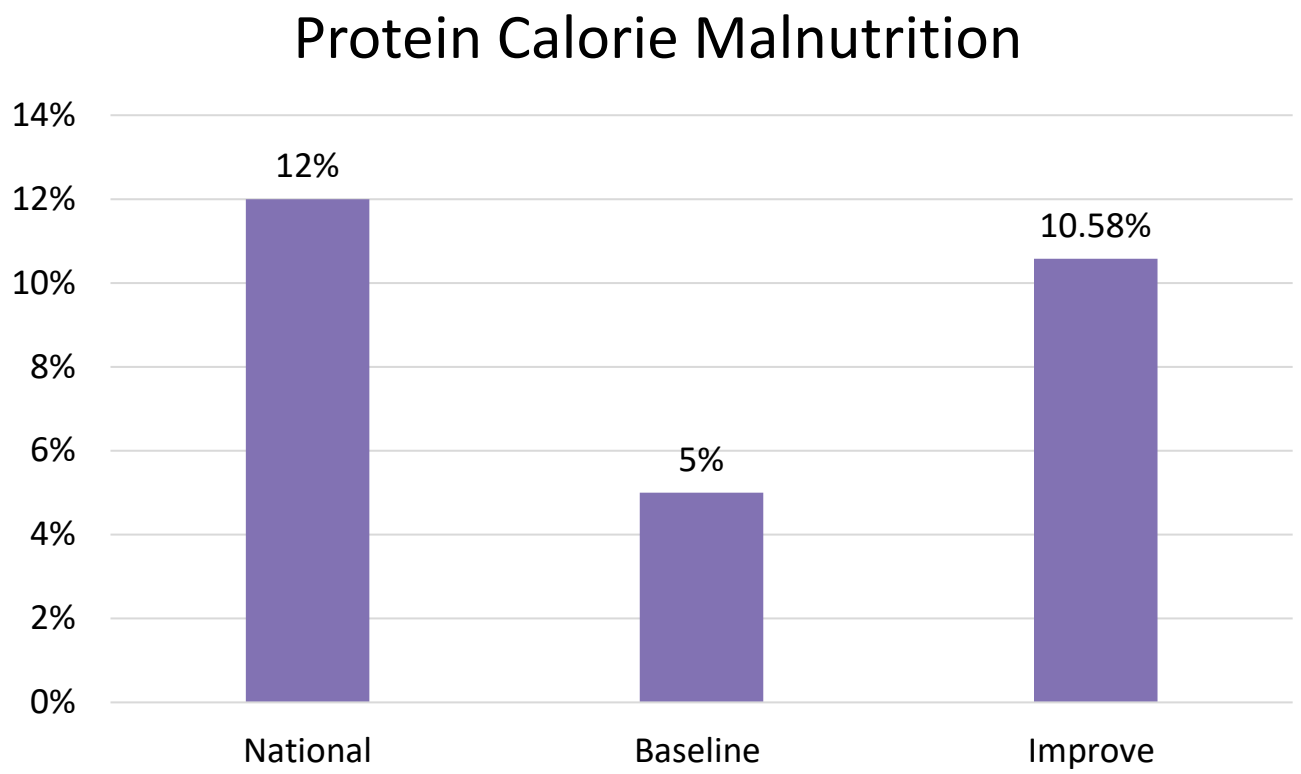
Edited nursing assessment of nutritional needs to include Chronic heart failure. If selected, triggers Dietician consult

Edited Dietician consult to include appropriate assessments for Protein Calorie Malnutrition

Information flows to provider documentation from Dietician consult that can be coded for

Risk variables - Results

Protein-Calorie Malnutrition



Questions?

FINANCE COMMITTEE
Herman A. Cole, Jr. Chairperson
Stan Retz, CPA, Vice Chairperson
Robert L. Jordan, Jr., C.M., (ex-officio)
Billie Fitzgerald
Maureen Rupe
Dan Aton
Christopher Manion, M.D.
Aluino Ochoa, M.D., President/Medical Staff
George Mikitarian, President/CEO (non-voting)

FINANCE COMMITTEE MEETING
NORTH BREVARD COUNTY HOSPITAL DISTRICT OPERATING
PARRISH MEDICAL CENTER
MONDAY, APRIL 7, 2025
FIRST FLOOR CONFERENCE ROOMS 2/3/4/5

CALL TO ORDER

I. Approval of minutes.

Motion: To recommend approval of the February 3, 2025 meeting.

II. Financial Review – Mr. Moehring

III. Executive Session (if necessary)

ADJOURNMENT

NOTE: IF A PERSON DECIDES TO APPEAL ANY DECISION MADE BY THE FINANCE COMMITTEE WITH RESPECT TO ANY MATTER CONSIDERED AT THIS MEETING, HE/SHE WILL NEED A RECORD OF PROCEEDINGS AND, FOR SUCH PURPOSES, MAY NEED TO ENSURE A VERBATIM RECORD OF THE PROCEEDINGS IS MADE AND THAT THE RECORD INCLUDES TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE BASED.

PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT THE ADMINISTRATIVE OFFICES, AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6110.

THIS NOTICE WILL FURTHER SERVE TO INFORM THE PUBLIC THAT MEMBERS OF THE BOARD OF DIRECTORS OF NORTH BREVARD MEDICAL SUPPORT, INC. MAY BE IN ATTENDANCE AND MAY PARTICIPATE IN DISCUSSIONS OF MATTERS BEFORE THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS FINANCE COMMITTEE. TO THAT EXTENT OF SUCH DISCUSSIONS, A JOINT PUBLIC MEETING OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS FINANCE COMMITTEE AND THE NORTH BREVARD MEDICAL SUPPORT, INC. SHALL BE CONDUCTED.

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
FINANCE COMMITTEE

A regular meeting of the Finance Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on February 3, 2025, in Conference Room 2/3/4/5, First Floor. The following members, representing a quorum, were present:

Herman A. Cole, Jr., Chairperson
Stan Retz, Vice Chairperson
Robert Jordan, Jr., C.M.
Dan Aton
Maureen Rupe
Billie Fitzgerald
Christopher Manion, M.D.
George Mikitarian (non-voting)

Member(s) Absent:
Aluino Ochoa, M.D. (excused)

A copy of the attendance roster of others present during the meeting is appended to the file copy of these minutes.

CALL TO ORDER

Mr. Cole called the meeting to order at 1:32 p.m.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Jordan seconded by Ms. Fitzgerald and approved (7 ayes, 0 nays, 0 abstentions.)

ACTION TAKEN: **MOTION APPROVING THE DECEMBER 2, 2024, MEETING MINUTES OF THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS OF THE DISTRICT, AS PRESENTED.**

PUBLIC COMMENTS

There were no public comments.

FINANCIAL REVIEW

Mr. Moehring summarized the December financial statements of the North Brevard County Hospital District and the year-to-date financial performance of the Health System. Mr. Moehring answered questions and received comments from the members of the committee.

INTERVENTIONAL RADIOLOGY LAB PROJECT

Discussion ensued and the following motion was made by Mr. Jordan seconded by Dr. Manion and approved (7 ayes, 0 nays, 0 abstentions.)

ACTION TAKEN: **MOTION TO RECOMMEND THE BOARD OF DIRECTORS TO APPROVE THE INTERVENTIONAL RADIOLOGY LAB PROJECT RENOVATION AND EQUIPMENT FOR AN AMOUNT NOT TO EXCEED $2,425,100.**

DISPOSALS

Discussion ensued regarding the surplus property as presented and the following motion was made by Mr. Jordan, seconded by Mr. Retz, and approved (7 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: **MOTION TO RECOMMEND THE BOARD OF DIRECTORS TO DECLARE THE EQUIPMENT LISTED IN THE REQUEST FOR DISPOSAL OF OBSOLETE OR SURPLUS PROPERTY AS SURPLUS AND OBSOLETE AND DISPOSE OF SAME IN ACCORDANCE WITH FS274.05 AND FS274.96.**

ADJOURNMENT

There being no further business to come before the committee, the Finance Committee meeting adjourned at 1:45 p.m.

Herman A. Cole, Jr.,
Chairman

Healing Families – Healing Communities®

parrishmed.com

Finance Committee

FYTD February 28, 2025 – Performance Dashboard

Indicator	FYTD 2025 Actual	FYTD 2025 Budget	FYTD 2024 Actual
ED Visits	12,676	12,853	12,733
IP Admissions	1,985	1,854	1,787
Surgical Cases	2,325	2,429	2,001
LOS	5.4	5.0	5.5
OP Volumes	36,700	37,178	34,938
Hospital Margin %	11.09%	11.03%	4.69%
Investment Income $	$1.0 Million	$0.6 Million	$3.7 Million

EXECUTIVE COMMITTEE
Stan Retz, CPA, Chairman
Robert L. Jordan, Jr., C.M.
Herman A. Cole, Jr.
Elizabeth Galfo, M.D.
Maureen Rupe
George Mikitarian, President/CEO (non-voting)

DRAFT AGENDA
EXECUTIVE COMMITTEE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, APRIL 7, 2025
FIRST FLOOR, CONFERENCE ROOM 2/3/4/5
IMMEDIATELY FOLLOWING FINANCE COMMITTEE

CALL TO ORDER

I. Approval of Minutes

Motion to approve the minutes of the February 3, 2025 meeting.

II. Reading of the Huddle

III. Physician Manpower Plan – Mr. Lifton

IV. Attorney Report – Mr. Boyles

V. Other

VI. Executive Session (if needed)

ADJOURNMENT

NOTE: IF A PERSON DECIDES TO APPEAL ANY DECISION MADE BY THE BOARD WITH RESPECT TO ANY MATTER CONSIDERED AT THIS MEETING, HE/SHE WILL NEED A RECORD OF PROCEEDINGS AND, FOR SUCH PURPOSES, MAY NEED TO ENSURE A VERBATIM RECORD OF THE PROCEEDINGS IS MADE AND THAT THE RECORD INCLUDES TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE BASED.

PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT THE ADMINISTRATIVE OFFICES, AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6110.

THIS NOTICE WILL FURTHER SERVE TO INFORM THE PUBLIC THAT MEMBERS OF THE BOARD OF DIRECTORS OF NORTH BREVARD MEDICAL SUPPORT, INC. MAY BE IN ATTENDANCE AND MAY PARTICIPATE IN DISCUSSIONS OF MATTERS BEFORE THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS EXECUTIVE COMMITTEE. TO THE EXTENT OF SUCH DISCUSSIONS, A JOINT PUBLIC MEETING OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS EXECUTIVE COMMITTEE AND NORTH BREVARD MEDICAL SUPPORT, INC. SHALL BE CONDUCTED.

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
EXECUTIVE COMMITTEE

A regular meeting of the Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on February 3, 2025, in Conference Room 2/3/4/5, First Floor. The following members were present:

Stan Retz, CPA, Chairman
Robert L. Jordan, Jr., C.M., Vice Chairman
Herman A. Cole, Jr.
Elizabeth Galfo, M.D.
Maureen Rupe
George Mikitarian (non-voting)

Members Absent:
None

A copy of the attendance roster of others present during the meeting is appended to the file copy of these minutes.

CALL TO ORDER

Mr. Retz called the meeting to order at 12:54 p.m.

CITY LIAISON

City Manager Larese provided the latest edition of Titusville Talking Points and addressed questions from the committee regarding the city of Titusville. The Executive Committee recessed at 1:06 p.m.

REVIEW AND APPROVAL OF MINUTES

The Executive Committee reconvened at 2:00 p.m. to continue its agenda. Discussion ensued and the following motion was made by Mr. Cole, seconded by Dr. Galfo, and approved (5 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: **MOTION TO APPROVE THE DECEMBER 2, 2024 MEETING MINUTES OF THE EXECUTIVE COMMITTEE OF THE BOARD, AS PRESENTED.**

READING OF THE HUDDLE

Dr. Galfo presented the Weekly Huddle.

ATTORNEY REPORT

Mr. Boyles referenced his recent communication regarding the amended bylaws and requested any edits and feedback be sent to him, adding that the bylaws will be brought to the March meeting for approval.

Mr. Boyles provided a brief update on the 490 N. Washington Avenue medical office sale, noting that administration is close to reaching an agreement.

Mr. Boyles informed the committee of the recently filed bill HB301, filed with the House of Representatives. My Boyles summarized potential of the bill and any impact it may have on the District.

OTHER

Mr. Jordan expressed his concerns for the state of the nation and any negative impact it may have on the community. Mr. Jordan added that he would like the Board to be proactive in efforts to prepare for and combat any negative developments.

ADJOURNMENT

There being no further business to discuss, the committee adjourned at 2:52 p.m.

Stan Retz, CPA
Chairman

PARRISH
MEDICAL CENTER

Physician Manpower Plan

Findings and Conclusions

April 7, 2025

LIFTON
ASSOCIATES, LLC

Physician Manpower Plan Overview

- Periodic update per Policies
  - Area demographics, other providers
  - Physician demand and supply
- Analysis
  - Quantitative
  - Qualitative; interviews
  - Synthesis; comparison, judgement
- Findings, conclusions, recommendations

LIFTON
ASSOCIATES, LLC

Findings

1. 20+ new physicians since 2022 Plan
    - ✓ Remarkable achievement
    - ✓ Expanded capabilities, capacity
    - ✓ Addressed retirements, existing shortages
    - ✓ New physicians focused on practice-building
2. Agreement with Health First
    - ✓ Expand, coordinate Parrish cancer services
    - ✓ Redirect Parrish resources

LIFTON
ASSOCIATES, LLC

Findings, continued

3. Innovative approaches to increase capabilities
   - ✓ Telemedicine
   - ✓ Contract services
   - ✓ Space Coast Health Center
4. Potential retirements remain a concern
   - ✓ Long-time staff members: clinical capability, connection to Parrish, community
   - ✓ Some new physicians may be near retirement

LIFTON
ASSOCIATES, LLC

Conclusions and Recommendations

1. Highest priority: success of new physicians
    - ✓ Return on investments
    - ✓ Provider continuity
2. Key near-term recruitment targets
    - ✓ Oncology: Parrish cancer center
    - ✓ Gastroenterology: expand capacity, capabilities
    - ✓ Primary care: expand, strengthen core service

LIFTON
ASSOCIATES, LLC

James Lifton, LFACHE
Lifton Associates, LLC
305 S. Chester
Park Ridge, Illinois 60068
847.224.6787

jim@liftonassociates.com
www.liftonassociates.com

LIFTON
ASSOCIATES, LLC

EDUCATION COMMITTEE
Billie Fitzgerald, Chairperson
Maureen Rupe, Vice Chairperson
Robert L. Jordan, Jr., C.M. (ex-officio)
Elizabeth Galfo, M.D., Chairperson
Billy Specht
Herman A. Cole, Jr.
Dan Aton
Stan Retz, CPA
Ashok Shah, M.D.
Aluino Ochoa, M.D.
George Mikitarian, President/CEO (Non-voting)

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE
MONDAY, APRIL 7, 2025
IMMEDIATELY FOLLOWING EXECUTIVE SESSION
FIRST FLOOR CONFERENCE ROOM 2/3/4/5

CALL TO ORDER

I. Review and Approval of Minutes

Motion to approve the minutes of the February 3, 2025 meeting.

II. Cancer Center Real Estate Documents – Mr. Quinn

III. Executive Session (if necessary)

ADJOURNMENT

NOTE: IF A PERSON DECIDES TO APPEAL ANY DECISION MADE BY THE EDUCATION COMMITTEE WITH RESPECT TO ANY MATTER CONSIDERED AT THIS MEETING, HE/SHE WILL NEED A RECORD OF PROCEEDINGS AND, FOR SUCH PURPOSES, MAY NEED TO ENSURE A VERBATIM RECORD OF THE PROCEEDINGS IS MADE AND THAT THE RECORD INCLUDES TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE BASED.

PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT THE ADMINISTRATIVE OFFICES AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6110.

THIS NOTICE WILL FURTHER SERVE TO INFORM THE PUBLIC THAT MEMBERS OF THE BOARD OF DIRECTORS OF NORTH BREVARD MEDICAL SUPPORT, INC. MAY BE IN ATTENDANCE AND MAY PARTICIPATE IN DISCUSSIONS OF MATTERS BEFORE THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE. TO THE EXTENT OF SUCH DISCUSSION, A JOINT PUBLIC MEETING OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT, BOARD OF DIRECTORS EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE AND NORTH BREVARD MEDICAL SUUPORT, INC. SHALL BE CONDUCTED.

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE

A regular meeting of the Educational, Governmental and Community Relations Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on February 3, 2025, at 2:54 p.m. in Conference Room 2/3/4/5, First Floor. The following members were present:

Billie Fitzgerald, Chairperson
Maureen Rupe, Vice Chairperson
Robert L. Jordan, Jr., C.M.
Dan Aton
Ashok, Shah, M.D.
Stan Retz, CPA
Herman A. Cole, Jr.
Elizabeth Galfo, M.D.
Billy Specht
Aluino Ochoa, M.D.
George Mikitarian (non-voting)

Member(s) Absent:
None

CALL TO ORDER

Ms. Fitzgerald called the meeting to order at 2:54 p.m.

REVIEW AND APPROVAL OF MINUTES

The following motion was made by Dr. Galfo seconded by Mr. Cole, and approved (10 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: **MOTION APPROVING THE MINUTES OF THE DECEMBER 2, 2024, EDUCATION COMMITTEE MEETING, AS PRESENTED.**

HIRAMANI AAROGYADHAM | ELEVATING HEALTHCARE – ENABLING HAPPINESS

Dr. Kevat Patel shared the hospital and community outreach initiatives that he and his family have implemented in Adalaj, Gandhinagar-Gujarat. Dr. Patel shared a video of the hospital and the services it will provide and answered questions and received comments from the committee. Copies of the PowerPoint slides are appended to the file copy of these minutes.

OTHER

No other items were presented for consideration by the committee.

ADJOURNMENT

There being no further business to come before the committee, the Educational, Governmental and Community Relations Committee meeting adjourned at 3:24 p.m.

Billie Fitzgerald
Chairperson

REAL ESTATE PURCHASE AND SALE AGREEMENT

This Real Estate Purchase and Sale Agreement ("**Agreement**") is dated as of the Effective Date, as hereinafter defined, by and between **NORTH BREVARD COUNTY HOSPITAL DISTRICT, d/b/a PARRISH MEDICAL CENTER**, a political subdivision of the State of Florida ("**Seller**"), and **AGORA PROPERTY, LLC**, a Florida limited liability company[1] ("**Buyer**"). Buyer and Seller shall sometimes be referred to herein individually as a "**Party**" and collectively as the "**Parties**".

RECITALS:

A. Seller is the owner of certain real property located in Brevard County, Florida and located at 490 N. Washington Avenue, Titusville, Florida 32797 (the "**Building**") and a vacant lot located on N. DeLeon Avenue (with no assigned address) (the "**Ancillary Lot**").

B. Pursuant to the terms of this Agreement, Seller has agreed to sell the Building and Ancillary Lot to Buyer (the "**Sale Transaction**") in accordance with the terms and conditions of this Agreement. The Parties understand and agree that the closing of the Sale Transaction is contingent on the completion of certain conditions as set forth herein.

C. Upon the closing of the Sale Transaction, Seller, as tenant, and Buyer, as landlord, have agreed to enter into a Lease Agreement for the entire Building (the "**Master Lease**"), which Master Lease will have a term of 20 years, with an option to extend the term of the Master Lease.

D. Simultaneous with the Sale Transaction, Seller's affiliated entity, North Brevard Medical Support, Inc., a Florida not for profit corporation ("**NBMS**") and Radiation Oncology Partners, LLC, a Florida limited liability company, will enter into a limited liability company agreement (the "**Joint Venture Agreement**") to operate an oncology center located in a portion of the Building.

E. Simultaneous with the Sale Transaction, Parrish Radiation Oncology, LLC, a Florida limited liability company (the "**Joint Venture Company**") will enter into a Sublease Agreement with Seller, as sublandlord, and the Joint Venture Company, as subtenant, for a portion of the Building containing approximately 5,767.07 square feet of space located on the first and second floors of the Building (the "**JV Sublease").**

NOW, THEREFORE, for $10.00 and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties do hereby agree as follows:

1. **SALE AND PURCHASE**.

Seller agrees to sell, assign, transfer and convey to Buyer, and Buyer agrees to purchase from Seller all of Seller's right, title and interest, if any, in and to the following:

a. **Real Property**. Seller's fee simple title to the real property described on **Exhibit "A"** attached hereto and incorporated herein located at 490 N. Washington Avenue, Titusville, Brevard County, Florida, 32796 and the Ancillary Lot located on N. DeLeon Avenue, Titusville, Florida 32796, which shall be deemed to include all appurtenances, easements, rights-of-way, tenements and hereditaments incident thereto, if any, and any and all title and interest of Seller

[1] Confirm formation of LLC with Florida Department of State.

in and to all strips and gores, any land lying in or under the bed of any adjoining street, and any streets, roads, pipes, utility lines and infrastructure improvements in, on or under the land, if any (collectively the "**Land**");

b. **Improvements**. All buildings, structures, fixtures and other improvements on the Land (collectively the "**Improvements**"), but specifically excluding the medical fixtures (including the linear accelerator and the scanning equipment), and other equipment located within the Building.

Unless the context clearly requires otherwise, the Land and the Improvements are collectively called the "**Property**". Buyer and Seller expressly agree and acknowledge that the Property subject to sale and purchase pursuant to this Agreement shall not include any health care related permits, licenses, or other authorizations obtained from governmental authorities related to the operation of any business located on the Property.

c. **Lease Back**. At the Closing of the transaction Buyer and Seller shall enter into the Master Lease in the form of **Exhibit "B"** attached hereto and incorporated herein.

2. **PURCHASE PRICE, PAYMENT, AND TAX PARCELS**.

In consideration of the conveyance of the Property to Buyer, Buyer shall pay to Seller the sum of EIGHT MILLION NINE HUNDRED THOUSAND AND 00/100 U.S. DOLLARS ($8,900,000.00)[2] (the "**Purchase Price**"), subject to the credits, adjustments and prorations provided for in this Agreement. The Purchase Price shall be payable as follows:

a. **Deposit**. An earnest money deposit in the amount of ONE HUNDRED THOUSAND AND NO/100 U.S. DOLLARS ($100,000.00) shall be paid to the Escrow Agent, as defined below, within seven (7) business days of the Parties' mutual execution of this Agreement (the "**Deposit**"). At Closing, the Deposit shall be credited for the account of Buyer toward the Purchase Price**.**

b. **Cash at Closing**. The balance of the Purchase Price, adjusted in accordance with the provisions of this Agreement, shall be paid by Buyer to Seller at Closing by wire transfer.

c. **Buyer's Failure to Pay Deposit.** If Buyer fails to pay the Deposit into escrow with Escrow Agent on or before the dates set forth in Section 2.a. above, this Agreement shall be terminated and neither party shall have any rights or obligations hereunder.

d. **Escrow Agent**. The Deposit shall be held by GrayRobinson, P.A., whose address is GrayRobinson, P.A., 301 E. Pine Street, Suite 1400, Orlando, FL 32801, Attention. Paul S. Quinn, Jr., Esq. (the "**Escrow Agent**") subject to the terms and conditions of Section 14 below. If the Escrow Agent is also Seller's counsel, the Parties hereby agree that in the event of a dispute between the Parties concerning the disposition of the Deposit or any other provision of this Agreement, the Escrow Agent shall have the right to continue to represent Seller with respect to such dispute and Escrow Agent shall not be disqualified from such representation and such representation shall not constitute a conflict of interest.

3. **REPRESENTATIONS AND WARRANTIES.**

[2] The Purchase Price is subject to Parrish's Board approval.

a. ***PROPERTY CONVEYED "AS IS"***. THE FOLLOWING DISCLAIMER IS ACKNOWLEDGED BY BUYER:

BUYER ACKNOWLEDGES AND AGREES THAT SELLER HAS NOT MADE, DOES NOT MAKE AND SPECIFICALLY NEGATES AND DISCLAIMS ANY REPRESENTATIONS, WARRANTIES, PROMISES, COVENANTS, AGREEMENTS OR GUARANTIES OF ANY KIND OR CHARACTER WHATSOEVER, WHETHER EXPRESS OR IMPLIED, ORAL OR WRITTEN, PAST, PRESENT, OR FUTURE, OF, AS TO, CONCERNING OR WITH RESPECT TO (A) THE VALUE, NATURE, QUALITY OR CONDITION OF THE PROPERTY, INCLUDING, WITHOUT LIMITATION, THE WATER, SOIL AND GEOLOGY THEREOF, (B) THE INCOME TO BE DERIVED FROM THE PROPERTY OR THE TAX CONSEQUENCES OF OWNING SAME, (C) THE SUITABILITY OF THE PROPERTY FOR ANY AND ALL ACTIVITIES AND USES WHICH BUYER MAY CONDUCT THEREON, (D) THE COMPLIANCE OF OR BY THE PROPERTY OR ITS OPERATION WITH ANY LAWS, RULES, ORDINANCES OR REGULATIONS OF ANY APPLICABLE GOVERNMENTAL AUTHORITY OR BODY, (E) THE HABITABILITY, MERCHANTABILITY, MARKETABILITY, OR PROFITABILITY OF THE PROPERTY, (F) THE MANNER OR QUALITY OF THE CONSTRUCTION OR MATERIALS, IF ANY, INCORPORATED INTO THE PROPERTY, (G) THE QUALITY, STATE OF REPAIR OR LACK OF REPAIR OF THE PROPERTY, OR (H) ANY OTHER MATTER WITH RESPECT TO THE PROPERTY. SPECIFICALLY, SELLER HAS NOT MADE, DOES NOT MAKE AND SPECIFICALLY DISCLAIMS ANY REPRESENTATIONS REGARDING COMPLIANCE WITH ANY ENVIRONMENTAL PROTECTION, POLLUTION OR LAND USE, ZONING OR DEVELOPMENT OF REGIONAL IMPACT LAWS, RULES, REGULATIONS, ORDERS OR REQUIREMENTS, INCLUDING THE EXISTENCE IN, ON, OR UNDER THE PROPERTY OF HAZARDOUS MATERIALS (AS DEFINED IN SECTION 3.D BELOW). BUYER FURTHER ACKNOWLEDGES AND AGREES THAT BUYER REPRESENTS THAT IT IS A KNOWLEDGEABLE BUYER OF REAL ESTATE AND WILL BE GIVEN THE OPPORTUNITY TO INSPECT THE PROPERTY AND BUYER IS RELYING SOLELY ON ITS OWN INVESTIGATION OF THE PROPERTY AND NOT ON ANY INFORMATION PROVIDED OR TO BE PROVIDED BY SELLER AND AT THE CLOSING AGREES TO ACCEPT THE PROPERTY AND WAIVE ALL OBJECTIONS OR CLAIMS AGAINST SELLER (INCLUDING, BUT NOT LIMITED TO, ANY RIGHT OR CLAIM OF CONTRIBUTION) ARISING FROM OR RELATED TO THE PROPERTY OR TO THE PRESENCE OF ANY HAZARDOUS MATERIALS IN, ON, OR UNDER THE PROPERTY. BUYER FURTHER ACKNOWLEDGES AND AGREES THAT ANY INFORMATION PROVIDED OR TO BE PROVIDED BY SELLER OR SELLER'S AGENT WITH RESPECT TO THE PROPERTY WAS OBTAINED FROM A VARIETY OF SOURCES AND THAT SELLER HAS NOT MADE ANY INDEPENDENT INVESTIGATION OR VERIFICATION OF SUCH INFORMATION AND MAKES NO REPRESENTATIONS AS TO THE ACCURACY OR COMPLETENESS OF SUCH INFORMATION. EXCEPT AS OTHERWISE PROVIDED HEREIN, SELLER IS NOT LIABLE OR BOUND IN ANY MANNER BY ANY VERBAL OR WRITTEN STATEMENTS, REPRESENTATIONS OR INFORMATION PERTAINING TO THE PROPERTY, OR THE OPERATION THEREOF, FURNISHED BY ANY REAL ESTATE BROKER, AGENT, OR OTHER PERSON. BUYER FURTHER ACKNOWLEDGES AND AGREES THAT TO THE MAXIMUM EXTENT PERMITTED BY LAW, THE SALE OF THE PROPERTY AS PROVIDED FOR HEREIN IS MADE ON AN "AS IS" CONDITION AND BASIS WITH ALL FAULTS. IT IS UNDERSTOOD AND AGREED THAT THE PURCHASE PRICE HAS BEEN ADJUSTED BY PRIOR NEGOTIATION TO REFLECT THAT ALL OF THE PROPERTY IS SOLD BY SELLER AND PURCHASED BY BUYER

SUBJECT TO THE FOREGOING. TO THE EXTENT THAT THE SALE OF THE PROPERTY INCLUDES THE SALE OF ANY INCIDENTAL OR RELATED PERSONAL PROPERTY, SELLER ALSO DISCLAIMS ANY AND ALL WARRANTIES OR REPRESENTATIONS, EXPRESS OR IMPLIED, CONCERNING THE CONDITION THEREOF INCLUDING, BUT NOT LIMITED TO ALL WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. UPON CLOSING, BUYER SHALL ASSUME THE RISK THAT ADVERSE MATTERS, INCLUDING BUT NOT LIMITED TO, ADVERSE PHYSICAL AND ENVIRONMENTAL CONDITIONS, MAY NOT HAVE BEEN REVEALED BY BUYER'S INSPECTIONS AND INVESTIGATIONS. THE PROVISIONS OF THIS SECTION 3.a. SHALL SURVIVE THE CLOSING.

b. **Seller's Representations and Warranties**. Seller represents and warrants to Buyer the following as of the Effective Date (unless any such representation and warranty is specifically limited as being made as of the Closing Date below) and, in all material respects, as of the Closing Date:

i. Seller is a special hospital district of the State of Florida created by special act of the Florida Legislature in 1953 by Chapter 28924, Laws of Florida, re-codified by Ch. 2003-362, Laws of Florida (the "**Enabling Legislation**").

ii. Seller has the right, power and authority to make and perform Seller's obligations under this Agreement. Each of the persons executing this Agreement on behalf of Seller represents and warrants that all persons signing on behalf of the Seller were authorized to do so by appropriate Board of Director Resolutions.

iii. The execution, delivery and performance of this Agreement in accordance with its terms, do not violate Seller's Enabling Legislation.

iv. Seller has not filed for relief as a debtor under any state receivership laws or federal bankruptcy laws.

v. There are no attachments, executions, assignments for the benefit of creditors, or voluntary or involuntary proceedings in bankruptcy or under any other debtor relief laws contemplated by or pending or threatened against Seller or, to the best of Seller's knowledge, the Property.

vi. Seller has received no written notice of any threatened and filed condemnation or similar proceeding affecting the Land or any portion thereof.

vii. Seller is not a party to nor does Seller have any knowledge of any legal actions, suits or other legal or administrative proceedings pending that may directly and adversely affect the Property, or any portion thereof, nor does Seller have any written notice that any such action is contemplated.

viii. Except for the Master Lease and the JV Sublease, there are no leases, contracts or agreements to which Seller is a party or otherwise affecting the Property (except the Permitted Exceptions), which may adversely affect the Property or the closing of the sale under this Agreement, or

which may be binding upon the Property or Buyer after the Closing. Provided, however, Seller may enter into certain service and other contracts which would relate to the Property, such as lawn service or elevator service contracts.

ix. No person other than Seller has any lease or other occupancy rights with respect to the Property.

x. Seller will keep the Property insured through the Closing Date.

xi. Seller agrees while this Agreement is in effect not to enter into any new lease, lease renewal or other agreement for occupancy of all or any portion of the Property without Buyer's consent in Buyer's sole and absolute discretion.

xii. Between the Effective Date and the Closing, Seller shall: (i) promptly following receipt, provide Buyer with copies of all material written notices received from any governmental authority related to the Property; (ii) not sell or otherwise transfer or dispose of all or any part of the Property or any interest therein, nor initiate, consent to, approve or otherwise take any action with respect to zoning or any other governmental rules or regulations presently applicable to all or any part of the Property; (iii) not (and shall cause its affiliates, as well as its and its affiliates' principals, officers, directors, employees, agents and representatives, and any other person acting for it or them, not to) make or accept any offers for (or otherwise negotiate with any third party with respect to) the sale or other disposition (directly or indirectly) of the Property or any other transaction that that would prohibit or adversely affect the sale of the Property to Buyer; and (iv) continue to operate and maintain the Property consistent with Seller's operation and maintenance practices in existence on the date hereof.

xiii. To Seller's knowledge, Seller has not received any written notice any pending or contemplated change in any private restriction applicable to the Property which would result in any material change in the condition of the Property or any part thereof, or would materially limit or impede the operation of the Property.

xiv. Seller shall provide written notice to Buyer at any time and from time to time after the Effective Date through the Closing if it acquires any information that any of the representations or warranties made in this Agreement were inaccurate in any material respect as of the Effective Date, become inaccurate in any material respect after the Effective Date or will be inaccurate in any material respect as of the Closing.

For purposes of this Agreement, including without limitation Sections 3.a. and 3.d., "**Seller's knowledge**" (or any similar phrase as to the knowledge of Seller) means, and is limited to, the personal knowledge of **George Mikitarian** and **Chris McAlpine**, with the understanding that Seller has not been in physical possession of the Property and Seller is only aware of those documents relating to ownership, operation, and use of the Property that are in its actual possession), based solely on the current, conscious, and actual knowledge (as distinguished from implied, imputed, or constructive knowledge) of such persons on the date such representation or warranty was made, without investigation or inquiry or duty thereof, without

attribution of any facts and matters otherwise within the personal knowledge of any other officers or employees of Seller or third parties and is made to the exclusion of any facts disclosed to otherwise know by Buyer and does not include constructive knowledge. So qualifying Seller's knowledge shall in no event give rise to any personal liability on the part of the above-named individuals or any other officer or employee of Seller.

The representations and warranties of Seller as set forth in this Section 3 shall survive the Closing for a period of six (6) months.

c. **Buyer's Representations and Warranties**. Buyer represents and warrants to Seller that:

i. Buyer is a Florida limited liability company and its status is active with the Florida Department of State.

ii. Buyer has the right, power and authority to make and perform Buyer's obligations under this Agreement.

iii. The execution, delivery and performance of this Agreement in accordance with its terms, do not violate Buyer's Articles of Organization, Operating Agreement or any other governing documents of the Buyer.

iv. This Agreement is a valid and binding obligation of Buyer enforceable against Buyer in accordance with its terms.

v. To the best of Buyer's knowledge, there are no actions, lawsuits, litigation or other proceeding pending or threatened with respect to the Buyer that would impact this transaction.

vi. Buyer represents and warrants to Seller that Buyer does not use coercion for labor or services as defined in Section 787.06, Florida Statutes. At Closing, an officer or representative of Buyer agrees to attest under oath that the Buyer does not use coercion for labor or services as defined in Section 787.06, Florida Statutes, by signing an Affidavit in compliance with such statute.

d. **Hazardous Materials**. Seller makes no representations or warranties with respect to Hazardous Materials, the presence of Hazardous Materials on the Property or compliance of the Property with any Environmental Laws.

i. The term "**Hazardous Materials**" shall mean any substance which is or contains (i) any "hazardous substance" as now or hereafter defined in the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, as amended (42 U.S.C. §9601 et seq.) ("**CERCLA**") or any regulations promulgated under or pursuant to CERCLA; (ii) any "hazardous waste" as now or hereafter defined in the Resource Conservation and Recovery Act (42 U.S.C. §6901 et. seq.) ("**RCRA**") or regulations promulgated under or pursuant to RCRA; (iii) any substance regulated by the Toxic Substances Control Act (15 U.S.C. §2601 et seq.); (iv) any "pollutant", "contaminant", "pollution" or "wastes" as no or hereafter defined in Chapters 376 and 403, Fla. Stat.; (v) gasoline, diesel fuel, or other petroleum hydrocarbons; (vi) asbestos and asbestos

containing materials, in any form, whether friable or non-friable; (vii) polychlorinated biphenyls; (viii) radon gas; and (ix) any additional substances or materials which are now or hereafter regulated by Environmental Laws (as hereinafter defined) or classified or considered to be hazardous or toxic under the common law, or any other applicable laws relating to the Property. Hazardous Materials shall include, without limitation, any substance, the presence of which on the Property, (A) requires reporting, investigation or remediation under Environmental Laws; (B) causes or threatens to cause a nuisance on the Property or adjacent property or poses or threatens to pose a hazard to the health or safety of persons on the Property or adjacent property; or (C) which, if it emanated or migrated from the Property, could constitute a trespass. The term "**Environmental Laws**" shall mean all laws, ordinances, statutes, codes, rules, regulations, agreements, judgments, orders, and decrees, now or hereafter enacted, promulgated, or amended, of the United States, the states, the counties, the cities, or any other political subdivisions in which the Property is located, and any other political subdivision, agency or instrumentality exercising jurisdiction over the owner of the Property, the Property, or the use of the Property, relating to pollution, the protection or regulation of human health, natural resources, or the environment, or the emission, discharge, release or threatened release of pollutants, contaminants, chemicals, or industrial, toxic, radioactive or hazardous substances or waste or Hazardous Materials into the environment (including, without limitation, ambient air, surface water, ground water or land or soil).

4. **INSPECTION PERIOD**.

a. Buyer shall have forty-five (45) days from and after the Effective Date in which to conduct engineering, feasibility, zoning, construction, environmental and such other studies and investigations concerning the Property as Buyer desires (the "**Inspection Period**") during which time Buyer and Buyer's agents may review such matters as Buyer deems appropriate, in Buyer's sole and absolute discretion, to determine the feasibility of the acquisition, development and/or use of the Property for Buyer's intended use of the Property as a healthcare facility ("**Buyer's Use**"). During the Inspection Period, Buyer and Buyer's agents, attorneys, accountants, officers, directors, partners, contractors, employees, successors and assigns (collectively, "**Buyer's Representatives**") shall be provided with full access to the Property as deemed reasonably necessary by Buyer, and Buyer and/or Buyer's Representatives may enter upon the Property for the purpose of soil analysis, core drilling, groundwater sampling, environmental audit and studies, structural examination and tests, or other studies, tests, examinations and investigations desired by Buyer; provided, however, no invasive inspection or testing or other penetration of the surface of the Property, or other physical disturbance of any portion of the Property shall be conducted without Seller's prior written consent of the specific inspection or test, which consent shall not be unreasonably delayed or withheld. Buyer and/or Buyer's Representatives shall give Seller notice of their intent to carry out any inspection activities (whether above or below surface) on the Property at least forty-eight (48) hours prior to commencing each such activity and Seller shall have the right to have a representative present at all inspections. Any such examinations and investigations conducted by Buyer and/or Buyer's Representatives during the Inspection Period shall not damage the Property in any manner. In the event the Property is damaged, Buyer and/or Buyer's Representatives shall restore the Property to its pre-existing condition to Seller's reasonable satisfaction. Buyer shall cause all persons or entities furnishing materials or services in connection with the inspection

rights granted hereunder to be promptly paid and, during the term of this Agreement, Buyer and/or Buyer's Representatives shall keep the Property free from any liens arising out of such inspections. Buyer shall indemnify Seller from and against any liens, loss, damage or expense of any nature (including reasonable attorneys' fees) incurred by Seller as a result of or arising out of or in connection with any personal injury or property damage caused by the activities of Buyer and/or Buyer's Representatives in conducting such examinations and investigations; provided, however, that Buyer's obligation to indemnify Seller shall not extend to the discovery or disturbance of pre-existing conditions, including, without limitation, Hazardous Materials of the Property, unless the same results from any Buyer and/or Buyer's Representatives act. During the Inspection Period, Seller agrees to reasonably cooperate with Buyer in order that Buyer may conduct a full analysis of the Property for Buyer's Use. In no event shall Buyer or Buyer's Representatives contact any tenants or prospective tenants of the Property without the prior written consent of Seller, which consent shall not be unreasonably withheld, denied or delayed. Buyer shall not contact any governmental authority having jurisdiction over the Property without Seller's prior written consent except (i) to contact the local fire marshal for the sole purpose of ascertaining whether or not there are any open violations at the Property, but in no event will the Buyer request or schedule any inspections of any portion of the Property by the fire marshal or any other governmental authority (ii) to request zoning and tax assessment confirmation, and (iii) to request evidence that certificates of occupancy exist for all Improvements as required by applicable law. Buyer and Buyer's Representatives shall observe in all material respects, applicable law and Buyer's insurance policy in conducting any inspection(s) of the Property. During such times as Buyer or its representatives are conducting physical inspection of the Property, Buyer and Buyer's Representatives shall maintain (1) commercial general liability insurance with limits of not less than $1,000,000 per occurrence and $2,000,000 in the aggregate for bodily injury or death and property damage including coverage for contractual liability, and personal injury with respect to Buyer's obligations hereunder, (2) if applicable, worker's compensation in statutory prescribed amounts and to provide Seller with evidence of such insurance upon request, and (3) as a condition precedent to Buyer's obtaining a Phase II environmental study pursuant to this Agreement, Buyer's contractor shall carry contractor's pollution liability insurance with limits of at least $2,000,000 per incident and $2,000,000 in the aggregate for those contractors and agents performing any geotechnical and environmental tests; and (4) all covering any accident arising in connection with the presence of Buyer, its contractors, agents and representatives on the Property, which insurance except for workers' compensation and employers' liability shall (A) name as additional insureds thereunder Seller and such other parties holding insurable interests as Seller may designate, and (B) be written by a reputable insurance company having a rating of at least "A-VIII" by Best's Rating Guide (or a comparable rating by a successor rating service), and (C) otherwise be subject to Seller's prior reasonable approval.

b. Seller has made available to Buyer prior to the Effective Date property-related documents to the extent that such materials are within Seller's actual possession (collectively, the "**Diligence Materials**").

Buyer acknowledges that Seller has not made an independent investigation or verification of, and makes no representations with respect to, the accuracy or completeness of any of the Diligence Materials provided to Buyer which were prepared by parties other than Seller, or the methods employed by the preparers of such items. In the event Buyer terminates this Agreement pursuant to this Section 4 or any other express provision of this Agreement, Buyer shall return to Seller within ten (10) days after the exercise of such right of termination the Diligence Materials delivered by Seller to Buyer pursuant to this paragraph above.

Notwithstanding anything to the contrary contained in this Agreement and to the extent not specifically set forth in Section 4.b above, Seller shall have no obligation to make available to Buyer any of the following items: (i) Seller's financial analyses or projections; (ii) material which is subject to attorney client privilege or which is attorney work product; (iii) market valuations, appraisals, insurance policies, or any current operating budgets for the Property; or (iv) material which Seller is legally required not to disclose.

c. If Buyer determines during the Inspection Period that the Property is not suitable to Buyer for Buyer's Use, then no later than 5:30 P.M. Eastern time on the last day of the Inspection Period, Buyer shall notify Seller in accordance with the provisions hereof below that Buyer has elected not to proceed, and Buyer shall return to Seller within ten (10) days thereafter any information that Buyer and/or Buyer's representatives may have obtained with respect to the Property as a result of Buyer's inspections, including, without limitation, all documents, reports, appraisals, surveys and other inspections and diligence materials obtained by Buyer during this Inspection Period. Upon delivery to Seller of the documents described in the immediately preceding sentence, the Deposit shall be promptly returned to Buyer. If Buyer fails to provide to Seller the notice that Buyer has elected not to proceed prior to expiration of the Inspection Period, then Buyer shall conclusively be deemed to have elected to proceed and shall have no further right to terminate this Agreement under this Section 4 and Buyer's Deposit (and any interest earned thereon) shall be non-refundable for any reason whatsoever except in the event of a default by Seller as provided in Section 11 below or as otherwise expressly provided for in other Sections of this Agreement. The Parties' obligations under this Section 4 shall survive the Closing or any termination of this Agreement.

5. **TITLE INSURANCE.**

a. **Commitment.** Within three (3) business days following the Effective Date, Seller shall order an owner's title insurance commitment (the "**Commitment**"), at a cost to be paid for by Seller, in the amount of the Purchase Price issued by a nationally recognized title insurance company selected by Seller ("**Title Company**") agreeing to issue to Buyer, upon the recording of the Deed, a title insurance policy insuring Buyer's title to the Land, subject only to the Permitted Exceptions, as hereinafter defined (the "**Policy**"). The Commitment and copies of all documents referred to as exceptions to title in the Commitment shall be delivered to Buyer (electronic format acceptable). Seller shall not pay or be responsible to secure any endorsements that may be requested by Buyer, such as contiguity, navigational servitude, separate tax parcels, access, or zoning endorsements, all of which shall be Buyer's sole cost and expense if Buyer elects to secure any such endorsements. Notwithstanding the foregoing, Seller shall not be obligated to provide to Title Company or Buyer any indemnity, certifications, covenants, obligations or liabilities beyond those that Seller is providing to Buyer under this Agreement or which go beyond that required for the issuance by Title Company of a standard owner's policy of title insurance, including the deletion of the standard exceptions to the owner's title policy. Provided, however, Seller agrees to provide a Seller's Affidavit in connection with closing in order to delete what is known as the "gap" exception, rights of parties in possession of the Property other than Seller, and other standard representations requested by the Title Company in order to delete the standard exceptions.

b. **Title Defects; Permitted Exceptions**. The Property shall be conveyed subject only to the following described matters on **Exhibit "C"** attached hereto and incorporated herein (collectively, the "**Permitted Exceptions**").

Except as otherwise provided in the Master Lease, Buyer shall be responsible from and after the Closing Date for all obligations of the owner of the Property pursuant to the Permitted Exceptions.

c. **Objections to Title.** If any exceptions appear in the Commitment or any matter appears on the Survey (as defined in Section 6 below) which are unacceptable to Buyer (the "**Objections**"), Buyer shall notify Seller of the Objections in writing (the "**Title Notice**") within ten (10) business days after receipt of the Commitment ("**Title Review Period**"), and the Objections shall be treated as defect(s) in title. Unless Buyer delivers the Title Notice to Seller within the Title Review Period, it shall be conclusively deemed that Buyer has accepted title to the Property in its then-existing condition, and all exceptions to title shown on the Commitment and on the Survey shall be deemed to be "**Permitted Exceptions**". The Title Notice shall state which exceptions to the Commitment and/or the Survey (as defined in Section 6 below) are not acceptable to Buyer, and Seller, in its sole and absolute discretion, may elect to attempt to eliminate such exceptions (but has no obligation to do so). If a Title Notice is delivered by Buyer to Seller within the permitted time period, Seller shall have ten (10) days after receipt of the Title Notice to notify Buyer, in writing, of which objectionable title matters Seller will attempt to cure and of which objectionable title matters Seller does not intend to satisfy or cure ("**Seller's Notice**"). Notwithstanding anything to the contrary contained herein, Seller shall have no obligation to bring any action or proceeding or otherwise to incur any expense whatsoever to eliminate, modify or cure any of the Objections, with the exception of the payment of voluntary liens (which are subject to cure with a monetary payment), such as mortgages. If Seller fails to deliver Seller's Notice to Buyer within the time period specified above, then Seller shall be deemed to have elected not to cure any of the Objections. If Seller does not elect to cure all Objections (or is deemed to have elected not to cure the Objections) then, within five (5) days after the later of (i) receipt of Seller's Notice, or (ii) the expiration of the ten (10) day period for Seller to deliver Seller's Notice to Buyer, as applicable, Buyer, at Buyer's option, as its sole and exclusive remedy, may elect either to: (A) close this transaction in accordance with the terms and provisions hereof and accept title in its then existing condition and without adjustment to the Purchase Price; or (B) terminate this transaction, whereupon the Deposit shall be returned to Buyer, and Seller and Buyer shall be released from any and all further obligations and liabilities arising under or out of this Agreement except for those obligations that expressly survive termination of the Agreement. If, prior to Closing, Seller is unable or unwilling to cure the title defect(s) Seller has elected to cure, Buyer, as its sole and exclusive remedy, shall have the option of either: (a) closing this transaction in accordance with the terms and provisions hereof and accepting title in its then existing condition and without adjustment to the Purchase Price; or (b) terminating this transaction upon notice to Seller, whereupon the Deposit shall be returned to Buyer, and Seller and Buyer shall be released from any and all further obligations and liabilities arising under or out of this Agreement except for those obligations that expressly survive termination of the Agreement.

d. **Title Updates**. To the extent possible, the Commitment shall be updated prior to Closing and shall show no additional exceptions or liens other than the Permitted Exceptions. In the event the updated title commitment shows new or additional exceptions to title, the same procedure for objecting to and curing such title items set forth in Section 5.c. shall apply.

e. **No Encumbrances**. Seller shall not record (or permit or suffer others to record) instruments affecting the Property or otherwise encumber the Property, or Seller's interest therein, that will not be released at or prior to Closing (and the same must be released at or prior to Closing), without Buyer's prior written consent, which consent Buyer may withhold in Buyer's sole and absolute discretion.

6. **SURVEY**.

Buyer shall have the right to have the Property surveyed (the "**Survey**") during the Inspection Period. The Seller shall have no obligation to cure any matters shown on the Survey.

7. **CLOSING.**

a. **Closing**. The closing (the "**Closing**") shall be held fifteen (15) days after the end of the Inspection Period (the "**Closing Date**"). Closing shall take place at the offices of Seller or such other place as the Parties may agree. The Closing may be conducted as an escrow-style, mail-away closing, at the election of either Party to this transaction. Regardless of whether the Closing is mail-away or in person, all conditions of closing must be satisfied by 4:00 P.M. Eastern Time on the Closing Date. If the Closing is conducted as a mail-away closing, the Title Company or Seller's counsel (if it is acting in the capacity of the agent of the Title Company) shall act as closing agent and each of the Parties agrees to provide further instructions to the Title Company in order to effectuate the Closing in accordance with the terms of this Agreement and as otherwise requested by the Title Company or its attorney agent.

b. **Possession**. Possession of the Property shall be delivered to Buyer at the Closing, subject to the Permitted Exceptions.

c. **Proration of Taxes and Other Expenses and Profits**. At Closing, prorations of income and expenses and the apportionment of taxes shall be as follows:

i. The Title Company shall provide the parties, for their review and approval, with an estimate of all prorations and closing adjustments to the extent then ascertainable, together with supporting documents and invoices and such other information as the parties may reasonably request, and the parties shall in good faith attempt to agree on such prorations and adjustments prior to the Closing. To the extent not so ascertainable, Buyer and Seller shall estimate such prorations and adjustments prior to the Closing and the parties agree to work together after the Closing to promptly resolve all outstanding or continuing prorations and adjustments.

ii. The following items shall be apportioned between Seller and Buyer, as of midnight on the day before the Closing Date:

Real property taxes, municipal charges, and installments of special assessments assessed by any governmental authority having jurisdiction over the Property ("**Taxes**") for the year 2025 but prorated in the manner which is customary in the county in the State which the Property is located and shall be based on the most recent bills available. In the event Seller is responsible for the payment of Taxes pursuant to the Master Lease, then Taxes shall not be prorated at Closing.

8. **CLOSING COSTS.**

Unless otherwise set forth herein or in any addendum attached hereto, the closing costs associated with this transaction shall be paid as follows:

Seller shall pay:

a. The cost of curing any title conditions subject to the provisions of this Agreement.

b. Seller's attorney fees.

c. Half of any escrow or closing fees, not to exceed $250.00.

d. The cost of the Commitment and Owner's Title Policy, including all search fees and premiums relating thereto.

e. The cost of a municipal lien search of the Property.

Buyer shall pay:

a. The recording fee required to record the Deed.

b. the documentary stamps to be paid upon the recording of the Deed.

c. All costs for any endorsements and any documentary stamp tax and/or intangible tax on the mortgage and any costs related to a lender's policy of title insurance.

d. The costs of all due diligence inspections and reports obtained by Buyer.

e. Buyer's attorney fees.

f. Half of any escrow or closing fees, not to exceed $250.00.

g. Buyer's loan-related costs.

h. The costs of the Survey.

9. **CLOSING DOCUMENTS AND OBLIGATIONS.**

a. **Seller's Obligations at the Closing**. At the Closing, Seller shall deliver to the Escrow Agent the following documents all in a form reasonably acceptable to the parties, as applicable:

i. **Deed.** Special Warranty Deed (the "**Deed**") executed by Seller conveying the Property to Buyer subject to no exceptions other than the Permitted Exceptions.

ii. **Master Lease**. The Master Lease between Seller and Buyer in the form of **Exhibit "B"** attached hereto and incorporated herein.

iii. **FIRPTA Affidavit.** An affidavit of Seller certifying that Seller is not a "foreign person," as defined in the Federal Foreign Investment in Real Property Tax Act of 1980, and the 1984 Tax Reform Act

iv. **Seller's Affidavit.** An executed affidavit or other document acceptable to the Title Company in issuing the Owner's Policy without exception for possible lien claims of mechanics, laborers and materialmen or for parties in possession (except tenants under written or oral leases), as applicable.

v. **Evidence of Authority.** Such consents and authorizations as Title Company may reasonably deem necessary to evidence authorization of Seller for the sale of the Property, the execution and delivery of any documents required in connection with Closing and the taking of all action to be taken by Seller in connection with Closing, including a Board Resolution evidencing the authority of the Seller to enter into the transaction documents;

vi. **Closing Statement.** A closing statement setting forth the allocation of closing costs, purchase proceeds, etc.

vii. **1099-S**. A form 1099-S in form acceptable to Escrow Agent and/or closing agent.

viii. **Other Documents**. Such other documents and instruments as may reasonably be required by Buyer or the Title Company in order to consummate the transactions contemplated by this Agreement. .

ix. **Seller's Certification**. Seller's Certificate certifying that all of Seller's representations and warranties are true, correct and complete as of the Closing Date in all material respects.

b. **Buyer's Obligations at the Closing**. At the Closing, Buyer shall deliver to Escrow Agent the following:

i. **Purchase Price.** The Purchase Price (as adjusted pursuant to the executed Seller Closing Statement) by confirmed wire transfer of immediately available U.S. funds;

ii. **Evidence of Authority.** Such consents and authorizations as Title Company may reasonably deem necessary to evidence authorization of Buyer for the purchase of the Property, the execution and delivery of any documents required in connection with Closing and the taking of all action to be taken by Buyer in connection with Closing;

iii. **Master Lease**. The Master Lease between Seller and Buyer in the form of **Exhibit "B"** attached hereto and incorporated herein.

iv. **Closing Statement.** A closing statement setting forth the allocation of closing costs, purchase proceeds, etc.

v. **Foreign Buyer Act Affidavit.** An affidavit which complies with the requirements of the Foreign Buyer Act (as defined in Section 16(u)); and

vi. **Other Documentation.** Such other documents as may be reasonable and necessary in the opinion of Seller or Seller's counsel and the Title Company to consummate and close the purchase and sale contemplated herein pursuant to the terms and provisions of this Agreement.

vii. **Buyer's Certification**. Buyer's Certificate certifying that all of Buyer's representations and warranties are true, correct and complete as of the Closing Date in all material respects.

10. **RISK OF LOSS.**

a. **Condemnation**. If, prior to the Closing, action is initiated or threatened to take any of the Property having a value in excess of twenty five percent (25%) of the Purchase Price by eminent domain proceedings or by deed in lieu thereof, Buyer may either (a) terminate this Agreement and receive return of the Deposit by written notice to Seller delivered to Seller within ten (10) days following the date that Seller delivers to Buyer written notice of such proposed taking, or (b) consummate the Closing in accordance with the terms of this Agreement, in which latter event all of Seller's right, title and interest in the award of the condemning authority shall be assigned to Buyer at the Closing (provided that if Seller has already received such award, Seller shall tender the same to Buyer at Closing).

b. **Casualty**. Seller assumes all risks and liability for damage to or injury occurring to the Property by fire, storm, accident, or any other casualty or cause until the Closing has been consummated. If the Property, or any part thereof, suffers any damage in excess of twenty five percent (25%) of the Purchase Price prior to the Closing from fire or other casualty, which Seller, at Seller's sole option, does not repair, Buyer may either (a) terminate this Agreement and receive return of the Deposit by written notice to Seller delivered to Seller within ten (10) days following the date that Seller delivers to Buyer written notice of such casualty and Seller's intent not to repair, or (b) consummate the Closing, in which event the proceeds of any insurance not exceeding the Purchase Price and covering such damage shall be assigned to Buyer at the Closing (less any sums actually expended by Seller in connection with any repair or restoration undertaken by Seller or the prosecution of such claim). If the Property, or any part thereof, suffers any damage less than the aforementioned amount prior to the Closing, Buyer agrees that it will consummate the Closing and accept the assignment of the proceeds of any insurance covering such damage at the Closing. In the event of casualty damage pursuant to this Section 10, the Closing Date shall be postponed for a reasonable period (not to exceed ninety (90) days) to permit Seller to complete such repair.

11. **DEFAULTS.**

a. **Breach by Seller**. If Seller breaches this Agreement, Buyer may, as Buyer's sole and exclusive remedy hereunder, either: (i) terminate this Agreement and thereupon Buyer shall be entitled to the immediate return of the Deposit**;** or (ii) prior to the date that is sixty (60) days following the original scheduled or mutually agreed upon extended Closing Date, bring an action for specific performance of this Agreement (but in connection therewith shall not be entitled to damages as a result of Seller's breach or delay). Seller and Buyer have made the above provision for liquidated damages because it would be difficult to calculate on the date hereof the amount of actual damages for such breach, and that these sums represent reasonable compensation to Buyer for such breach. In no event shall Seller be liable to Buyer for any actual, punitive, speculative, consequential or other damages of any kind. Notwithstanding the above provisions of this Subsection, it is expressly provided, however, that Buyer shall provide Seller with written notice of any breach hereunder which notice shall provide Seller with a ten (10) day grace period within which to cure any breach of which notice has been given or, with respect to a non-monetary breach, such longer period of time as is reasonably necessary to cure the breach if the nature of the breach is such that it cannot be cured within the ten (10) day grace period and Seller is diligently and continuously prosecuting such cure to completion but, in no event, longer than thirty (30) days; provided, however, that notwithstanding the foregoing there shall be no notice requirement or curative opportunity in the event the breach is a failure by Seller to close the transaction contemplated by this Agreement on the Closing Date. Seller's total liability with respect to a default by Seller for

refusal or failure to convey the Property shall be governed by the terms and provisions of this Section 11(a).

b. **Breach by Buyer**. If Buyer breaches this Agreement, Seller may, as Seller's sole remedy and relief hereunder, terminate this Agreement and thereupon be entitled to receive the Deposit as liquidated damages (and not as a penalty). Seller and Buyer have made the above provision for liquidated damages because it would be difficult to calculate on the date hereof the amount of actual damages for such breach, and that these sums represent reasonable compensation to Seller for such breach. Notwithstanding the above provisions of this Subsection, it is expressly provided, however, that Seller shall provide Buyer with written notice of any breach hereunder which notice shall provide Buyer with a ten (10) day grace period within which to cure any breach of which notice has been given with respect to a non-monetary breach, such longer period of time as is reasonably necessary to cure the breach if the nature of the breach is such that it cannot be cured within the ten (10) day grace period and Buyer is diligently and continuously prosecuting such cure to completion but, in no event, longer than thirty (30) days; provided, however, that notwithstanding the foregoing there shall be no notice requirement or curative opportunity in the event the breach is a failure by Buyer to close the transaction contemplated by this Agreement on the Closing Date. In no event shall Buyer be liable to Seller for any actual, punitive, speculative, consequential or other damages of any kind.

c. **Return/Delivery of Deposit**. In the event the Deposit is returned to Buyer, as provided in Subsection 11.a. above, or delivered to Seller, as provided in Subsection 11.b. above, upon the return delivery of the same, the Parties hereto shall have no further rights, obligations or liabilities with respect to each other hereunder, except for those obligations that expressly survive Closing or termination of this Agreement as set forth herein.

12. **NOTICES.**

All notices which are required or permitted to be given by either Party to the other under this Agreement, and any exercise of a right of termination provided by this Agreement, shall be in writing and shall be deemed to be have been given, delivered or made, as the case may be (notwithstanding lack of receipt by the addressee): (i) upon hand delivery to the intended recipient; (ii) three (3) business days after having been deposited in the United States Mail, certified or registered, return receipt requested, addressed to the intended recipient at the address specified herein; (iii) one (1) business day after having been deposited for overnight delivery with a nationally recognized expedited, overnight delivery service (such as by way of example but not limitation, FedEx or UPS), addressed to the intended recipient at the address specified herein;. Notice given in any other manner shall be effective only upon actual receipt by the intended recipient, except for notice of exercise of any right of termination which may only be given in the manner provided in subsections 12(i) through 12(iv) above. Any notice sent as required by this Section 12 and refused by recipient shall be deemed delivered as of the date of such refusal. For purposes of this Section 12, the addresses of the Parties for all notices are as follows (unless changed by similar notice in writing given by the particular person whose address is to be changed):

If to Seller: North Brevard County Hospital District, d/b/a Parrish Medical Center
Attention: President
951 Washington Ave.
Titusville, Florida 32796

with a simultaneous copy to Seller's Counsel:	GrayRobinson, P.A. Attention: William A. Boyles, Esq. 301 E. Pine Street, Suite 1400 Orlando, Florida 32801 Telephone: (407) 244-5636 Email: william.boyles@gray-robinson.com
If to Buyer:	Agora Property, LLC Attention: _____ _____ _____ _____
with a simultaneous copy to Buyer's Counsel:	_____ _____ _____

Furthermore, it is agreed that, if any Party hereto is represented by legal counsel, such legal counsel is authorized to deliver written notice directly to the other Party or the other Party's counsel on behalf of his or her client, and the same shall be deemed proper notice hereunder if delivered in the manner hereinabove specified.

13. **BROKERAGE.**

Seller and Buyer warrant each to the other (and it is agreed that this warranty and the indemnity obligations set forth in this Agreement shall survive delivery of the Deed) that no broker or agent has been employed with respect to the sale of the Property. Each Party agrees to indemnify and hold harmless the other from any claim made by brokers or agents who claim to act for the Party sought to be charged for a commission, compensation, brokerage fees, or similar payment in connection with this transaction and against any and all expense or liability arising out of any such claim other than the Brokers.

14. **ESCROW AGENT.**

The Escrow Agent shall hold the Deposit in accordance with this Agreement. In receiving and maintaining the Deposit, Escrow Agent shall be deemed to be acting only as a stakes holder and shall have no liability for any loss or damage or for the improper delivery of such funds, except where such loss or damage is the result of Escrow Agent's willful misconduct or gross negligence. Escrow Agent may reasonably rely upon the written or oral directions of the Parties without verifying the accuracy thereof. Escrow Agent shall not be responsible for any defaults hereunder by any Party. Escrow Agent may consult with counsel of its own choice and shall have full and complete authorization and protection for any action taken or suffered by Escrow Agent hereunder in good faith and in accordance with the opinion of such counsel. In the event of an actual or potential dispute as to the rights of the Parties hereto under this Agreement, the Escrow Agent may in its sole discretion, continue to hold the Deposit until the Parties mutually agree to the release thereof, or until a judgment of a court of competent jurisdiction shall determine the rights of the Parties thereto, or it may deposit any monies and all instruments held pursuant to this Agreement in the court registry and the Parties agree to indemnify Escrow Agent from reasonable costs and fees associated therewith, and upon depositing any monies and all instruments held pursuant to this Agreement in the court

registry, all liability on the part of the Escrow Agent shall fully terminate, except to the extent of an account of any monies theretofore delivered out of escrow. All Parties agree that Escrow Agent shall not be liable to any Party or person whomsoever for any action taken or omitted by Escrow Agent unless due to willful misconduct or gross negligence on the part of the Escrow Agent. All of the terms and conditions in connection with Escrow Agent's duties and responsibilities and the rights of Seller, Buyer and any lender or anyone else, are contained in this instrument, and the Escrow Agent is not required to be familiar with the provisions of any other instrument or agreement, and shall not be charged with any responsibility or liability in connection with the observance or non-observance by anyone of the provisions of any other such instrument or agreement. Escrow Agent may rely and shall be protected in acting upon any paper or other document which may be submitted to Escrow Agent in connection with its duties hereunder and which is reasonably believed by Escrow Agent to be genuine and to have been signed or presented by the proper party or parties and shall have no liability or responsibility with respect to the form, execution or validity thereof. Escrow Agent shall not be required to institute or defend any action or legal process involving any matter referred to herein which in any manner affects it or Escrow Agent's duties or liabilities hereunder unless or until required to do so by the Buyer or Seller, and then only upon receiving full indemnity in an amount and of such character as Escrow Agent shall require, against any and all claims, liabilities, judgments, attorneys' fees and other expenses of every kind in relation thereto, except in the case of Escrow Agent's own willful misconduct or gross negligence. Escrow Agent shall not be bound in any way or affected by any notice of any modification, cancellation, abrogation or rescission of this Agreement, or any fact or circumstance affecting or alleged to affect the rights or liabilities of any other persons, unless Escrow Agent has received written notice reasonably satisfactory to Escrow Agent signed by all Parties to this Agreement.

15. **RESERVED.**

16. **RADON.**

RADON IS A NATURALLY OCCURRING RADIOACTIVE GAS THAT, WHEN IT HAS ACCUMULATED IN A BUILDING IN SUFFICIENT QUANTITIES, MAY PRESENT HEALTH RISKS TO PERSONS WHO ARE EXPOSED TO IT OVER TIME. LEVELS OF RADON THAT EXCEED FEDERAL AND STATE GUIDELINES HAVE BEEN FOUND IN BUILDINGS IN FLORIDA. ADDITIONAL INFORMATION REGARDING RADON AND RADON TESTING MAY BE OBTAINED FROM YOUR COUNTY PUBLIC HEALTH DEPARTMENT. THIS DISCLOSURE IS REQUIRED BY FLORIDA LAW TO BE CONTAINED IN ALL CONTRACTS FOR SALE OR LEASE OF BUILDINGS.

17. **MISCELLANEOUS.**

a. **Entire Agreement**. This Agreement embodies the entire agreement between the Parties relative to the subject matter hereof, and there are no oral or written agreements between the Parties, nor any representations made by either Party relative to the subject matter hereof, which are not expressly set forth herein.

b. **Amendment**. This Agreement may be amended only by a written instrument executed by all Parties hereto.

c. **Waiver**. No waiver by Buyer or Seller of any failure or refusal to comply with obligations of any other party shall be deemed a waiver of any other or subsequent failure or refusal to so comply.

d. **Headings and Construction**. The captions and headings used in this Agreement are for convenience only and do not in any way limit, amplify, or otherwise modify the provisions of this Agreement. Words of any gender used in this Agreement shall be held and construed to include any other gender and words in the singular shall be held to include the plural, and vice versa, unless the context requires otherwise. The words "herein", "hereof", "hereunder" and other similar compounds of the word "here" when used in this Agreement shall refer to the entire Agreement, and not to any particular provision or section.

e. **Time of Essence**. TIME IS OF THE ESSENCE OF EACH AND EVERY PROVISION OF THIS AGREEMENT; however, if the final date of any period which is set out in any provision of this Agreement falls on a Saturday, Sunday or legal holiday under the laws of the United States or the State of Florida, then, in such event, the time of such period shall be extended to the next day which is not a Saturday, Sunday or legal holiday.

f. **Governing Law**. This Agreement shall be governed by the laws of the State of Florida and the laws of the United States pertaining to transactions in such State. All of the Parties to this Agreement have participated freely in the negotiation and preparation hereof and have contributed substantially and materially to the final preparation of this Agreement and all related instruments; accordingly, this Agreement shall not be more strictly construed against one Party than against another by virtue of the fact that initial drafts were made and prepared by counsel for one of the Parties. Any litigation between Buyer and Seller arising out of this Agreement shall be commenced in a court of competent jurisdiction in the county in which the Property is located, and both Buyer and Seller waive venue outside such county.

g. **Successors and Assigns; Assignment**. This Agreement shall bind and inure to the benefit of Seller and Buyer and their respective heirs, executors, administrators, personal and legal representatives, successors and permitted assigns. Buyer shall not assign Buyer's rights under this Agreement without the prior written consent of Seller, which may be withheld in Seller's sole discretion. Seller may assign this Agreement without the prior written consent of Buyer (but upon written notice to Buyer only to an affiliate of Seller, including North Brevard Medical Support, Inc., a Florida not for profit corporation ("**NBMS**") or an entity wholly owned by Seller or NBMS.

Upon any assignment, the assignee shall succeed to all the rights and assume all the obligations of the assigning party; provided, however, notwithstanding any such assignment, the parties shall remain joint and several primary obligors in respect of the obligations of parties hereunder, and the non-assigning party shall not be required to pursue or otherwise exercise or exhaust remedies against any such assignee before requiring performance by the undersigned party. Any assignment in violation of this Agreement shall be void and without force and effect. This provision shall survive Closing or any termination of this Agreement.

h. **Invalid Provision**. If any provision of this Agreement is held to be illegal, invalid or unenforceable under present or future laws, such provision shall be fully severable; this Agreement shall be construed and enforced as if such illegal, invalid or unenforceable provision had never comprised a part of this Agreement, and the remaining provisions of this Agreement shall remain in full force and effect and shall not be affected by such illegal, invalid, or unenforceable provision or by its severance from this Agreement.

i. **Attorneys' Fees**. In the event it becomes necessary for either Party hereto to file suit to enforce this Agreement or any provision contained herein, the Party prevailing in such suit shall be entitled to recover, in addition to all other remedies or damages, as provided herein, reasonable attorneys' fees, paralegal fees and costs incurred in such suit at trial,

appellate, bankruptcy and/or administrative proceedings. This provision shall survive Closing or any termination of this Agreement.

j. **Multiple Counterparts**. This Agreement may be executed in a number of identical counterparts which, taken together, shall constitute collectively one (1) agreement; but in making proof of this Agreement, it shall not be necessary to produce or account for more than one such counterpart executed by the Party to be charged. A facsimile or e-mail (through scanned or electronically transmitted .pdf, .jpg or .tif files) of this Agreement or any portion thereof, including the signature page of any Party, shall be deemed an original for all purposes. If requested by either party, the other party shall deliver its original signature page to this Agreement within five (5) days after receipt of the other party's written request.

k. **Effective Date of this Agreement**. This Agreement shall not be effective unless signed by both Buyer and Seller. As used in this Agreement, the term "Effective Date" shall mean and refer to the date of execution of the last of Buyer or Seller to execute this Agreement and delivery of a signed copy of the Agreement to the other party.

l. **Authority**. Seller and Buyer represent to each other that each has full power and authority to enter into and perform this Agreement, all related instruments and the documentation contemplated hereby and thereby in accordance with their respective terms and that the delivery and performance of this Agreement, all related instruments and the documentation contemplated hereby and thereby has been duly authorized by all necessary action.

m. **Recording**. Neither this Agreement nor any memorandum hereof may be recorded in the Public Records of the county in which the Property is located.

n. **Survival**. Except for the provisions herein, the terms of which expressly survive Closing or termination, the terms and conditions of this Agreement and any warranties and representations made herein shall not survive the Closing hereof and the delivery of the Deed and other related documents.

o. **Anti-Terrorism Representations**. Neither Buyer nor Seller, nor any of their affiliates, is in violation of any Anti-Terrorism Law (as hereinafter defined) or engages in or conspires to engage in any transaction that evades or avoids, or has the purpose of evading or avoiding, or attempts to violate, any of the prohibitions set forth in any Anti-Terrorism Law. "**Anti-Terrorism Laws**" shall mean any laws relating to terrorism or money laundering, including: Executive Order No. 13224; the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act of 2001, Public Law 107-56, as the same has been, or may hereafter be, renewed, extended, amended or replaced; the applicable laws comprising or implementing the Bank Secrecy Act; and the applicable laws administered by the United States Treasury Department's Office of Foreign Asset Control ("**OFAC**") (as any of the foregoing may from time to time be amended, renewed, extended, or replaced.)

p. **Further Assurances**. In addition to the acts recited in this Agreement to be performed by Seller and Buyer, Seller and Buyer agree to perform or cause to be performed at the Closing or after the Closing any and all such further acts as may be reasonably necessary to consummate the transaction contemplated hereby. This Section 17.p shall survive the Closing.

q. **1031 Exchange**. Seller agrees to cooperate, at Buyer's sole cost and expense, with Buyer's efforts to enter into an Internal Revenue Code Section 1031 exchange involving

the Property; provided, however, Seller shall not incur any costs, expenses, additional liability or financial obligations as a consequence of such 1031 exchange.

r. **No Liability**. Neither Buyer nor Seller shall incur any liability to the other in connection with the selection of the Title Company or the surveyor retained in connection with the transaction contemplated by this Agreement or in connection with the loss by Escrow Agent of the Deposit caused by the failure, suspension, bankruptcy or dissolution of the institution in which the Deposit is deposited.

s. **No Personal Liability**. Any liability for participation in this transaction shall remain with Buyer and Seller only and in no event shall there be any personal liability on the part of any officer, manager or employee of the parties, their partners or their constituent members or entities. This provision shall survive Closing or any termination of this Agreement.

t. **Conveyances to Foreign Buyers**. Part III of Chapter 692, Section 692.201 – 692.205, Florida Statutes (the "**Foreign Buyer Act**"), in part, prohibits the purchase and ownership of certain types of Florida real property to certain buyers who are associated with a "foreign country of concern" specifically, The People's Republic of China, The Russian Federation, The Islamic Republic of Iran, The Democratic People's Republic of Korea, The Republic of Cuba, The Venezuelan regime of Nicolás Maduro, The Syrian Arab Republic and any agency of or any other entity of significant control of such foreign country of concern. It is a crime to buy or knowingly sell property in violation of the Foreign Buyer Act and the Buyer will be required to execute an affidavit at closing which complies with the requirements of the Foreign Buyer Act.

u. **Compliance with Florida Statutes Section 787.06(13)**. Buyer represents and warrants to Seller that Buyer does not use coercion for labor or services as defined in Section 787.06, Florida Statutes. At Closing, an officer or representative of Buyer agrees to attest under other that the Buyer does not use coercion for labor or services as defined in Section 787.06, Florida Statutes, by signing an Affidavit in compliance with such statute.

v. **Recitals**. The Recitals set forth on page 1 of this Agreement are true and correct and are incorporated herein by reference.

w. **Agreement Contingencies**. This Agreement is contingent upon the simultaneous execution, as applicable, and delivery, of the following documents (collectively, the "**Transaction Documents**") and the closing thereunder:

(i) That certain Master Lease involving the Property between Seller, as tenant, and Buyer, as landlord, a copy of which is attached hereto as **Exhibit "B"**.

(ii) All of the documents mentioned in Section 9, above.

(iii) That certain limited liability company agreement and related documents creating the Joint Venture.

(iv) That certain JV Sublease.

This Agreement is also specifically contingent upon Seller receiving Board approval of the transactions contemplated by this Agreement and compliance with the requirements of Florida Statutes Section 155.40 (the "**Approval Contingency**"). In the event the above Transaction Documents are not executed and received by the Closing Date or the Approval Contingency is

not met by the Closing Date, then this Agreement shall be terminated, Buyer shall receive a return of the Deposit, and the parties shall be relieved of all obligations hereunder except for those obligations which specifically survive any termination of the Agreement.

[SIGNATURES CONTAINED ON FOLLOWING PAGE]

SIGNATURE PAGE TO REAL ESTATE PURCHASE AND SALE AGREEMENT

IN WITNESS WHEREOF, Buyer and Seller have executed this Agreement as of the Effective Date.

SELLER:

NORTH BREVARD COUNTY HOSPITAL DISTRICT, d/b/a PARRISH MEDICAL CENTER, a political subdivision of the State of Florida

By: _____
Name: _____
Title: _____

Date Executed: _____, 2025

BUYER:

AGORA PROPERTY, LLC,
a Florida limited liability company

By: _____
Name: _____
Title: _____

Date Executed: _____, 2025

ESCROW AGENT'S ACCEPTANCE

The undersigned agrees to act as Escrow Agent in accordance with the foregoing Agreement and will acknowledge receipt of the Deposit when received.

ESCROW AGENT

GRAYROBINSON, P.A.

By: _____

Date Executed: _____, 2025

EXHIBIT "A"

Legal Description of Land

PARCEL 1:

The West 260 feet of the East 280 feet of the Southeast 1/4, lying South of U.S. Highway No. 1 and North of the Plat of E.H. RICES ADDITION TO TITUSVILLE, recorded in Plat Book 1, Page 6, Section 33, Township 21 South, Range 35 East, Brevard County, Florida. LESS AND EXCEPT the South 215 feet.

AND

The South 215 feet of the North 334.58 feet of the West 260 feet of the East 280 feet of the Southeast 1/4 of the Southeast 1/4 of Section 33, Township 21 South, Range 35 East, Brevard County, Florida.

AND

PARCEL 2:

Lots 13 and 14, Block 1, BRYAN-HELLER ESTATES, according to the plat thereof, as recorded in Plat Book 10, Page 89, of the Public Records of Brevard County, Florida.

EXHIBIT “B”

Master Lease

[ATTACH]

EXHIBIT "C"

List of Permitted Title Exceptions

1. Real estate taxes for the year 2025 and subsequent years;

2. Zoning, building code and other use restrictions imposed by any governmental authority;

3. All matters and facts shown on or disclosed by an accurate survey or personal inspection of the Property;

4. Any other exceptions to title approved or deemed approved by Buyer pursuant to Section 5.c.

5. Reservation of Road Right of Way in favor of the State of Florida by and through the Trustees of the Internal Improvement Trust Fund as set forth in the Deed recorded September 15, 1943, in Deed Book 262, Page 104, Public Records of Brevard County, Florida.

6. Easement in favor of Florida Power & Light Company recorded November 13, 2007, in Official Records Book 5825, Page 368, Public Records of Brevard County, Florida.

7. Easement for utility installation and maintenance as set forth and reserved in Deed Book 382, Page 65, Public Records of Brevard County, Florida.

8. Matters as shown on that certain ALTA/NSPS Land Title Survey dated September 19, 2024, fieldwork completed on August 23, 2024, prepared by John R. Campbell of John R. Campbell Surveying LLC as Project No. 2024-206 as follows:

As to Parcel 1 only:

(a) Entry pad encroachment along the Northerly boundary of subject property (as to Parcel 1);
(b) asphalt driveway crossing the property line on the north and east boundaries of the Property;
(c) one 18-inch underground reinforced concrete pipe crosses the property line on the southern boundary;
(d) Two FP&L utility boxes encroaching out of the FP&L easement and into the property;
(e) Dumpster pad, two block walls, and two ballards encroaching into FP&L easement;
(f) The following utility and service installations without the benefit of a recorded easement: retention pond, 6 drain inlets, 6' PVC drain, MES pipe grate and storm inlet wier & skimmer; and
(g) Phone riser, phone service, electrical utility box, back flow meters, sanitary sewer manhole, water valves, force main, fire hydrant and fire direct connect without the benefit of a recorded easement.

As to Parcel 2 only:

(a) Fence located 0.8 feet north of corner at northwestern corner of the property and 1.0 feet north of corner at southwestern corner of the property (ownership of fence unknown);

(b) concrete apron and parking lot crosses property line bordering N. Deleon Avenue; and

(c) Fence and parking lot within 5’ utility easement recorded in Deed Book 382, Page 65.

9. The Master Lease.

DRAFT AGENDA
BOARD OF DIRECTORS MEETING - REGULAR MEETING
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
APRIL 7, 2025
NO EARLIER THAN 2:00 P.M.,
FOLLOWING THE LAST COMMITTEE MEETING
FIRST FLOOR, CONFERENCE ROOM 2/3/4/5

CALL TO ORDER

I. Pledge of Allegiance

II. PMC's Vision – *Healing Families – Healing Communities*

III. Approval of Agenda

IV. Recognitions(s)

V. Review and Approval of Minutes (February 3, 2025 Regular Meeting)

VI. Open Forum for PMC Physicians

VII. Public Input and Comments***[1]

VIII. Unfinished Business***

IX. New Business***

A. **Environment of Care Annual Review –Mr. Graybill**

Motion: To approve the Annual Environment of Care Report as presented.

X. Medical Staff Report Recommendations/Announcements

XI. Public Comments (as needed for revised Consent Agenda)

XII. Consent Agenda***

. ***[1] Pursuant to PMC Policy 9500-154:

- non-agenda items – 3 minutes per citizen
- agenda items for board action -- 3 minutes per citizen, permitted prior to board discussion for regular agenda action items and prior to board action on consent agenda
- 10 minute total per citizen

- must be related to the responsibility and authority of the board or directly to an agenda item [see items marked ***]

XIII. Committee Reports

A. Quality Committee

B. Finance Committee

C. Executive Committee

D. Educational, Governmental and Community Relations Committee

E. Planning, Physical Facilities & Properties Committee

XIV. Process and Quality Report – Mr. Mikitarian

A. Other Related Management Issues/Information

B. Hospital Attorney - Mr. Boyles

XVI. Other

A. Monthly Media Report (memo included)

XVII. Closing Remarks – Chairman

XVIII. Executive Session (if necessary)

ADJOURNMENT

NOTE: IF A PERSON DECIDES TO APPEAL ANY DECISION MADE BY THE BOARD WITH RESPECT TO ANY MATTER CONSIDERED AT THIS MEETING, HE/SHE WILL NEED A RECORD OF PROCEEDINGS AND, FOR SUCH PURPOSES, MAY NEED TO ENSURE A VERBATIM RECORD OF THE PROCEEDINGS IS MADE AND THAT THE RECORD INCLUDES TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE BASED.

PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT THE ADMINISTRATIVE OFFICES AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6110.

THIS NOTICE WILL FURTHER SERVE TO INFORM THE PUBLIC THAT MEMBERS OF THE BOARD OF DIRECTORS OF NORTH BREVARD MEDICAL SUPPORT, INC. MAY BE IN ATTENDANCE AND MAY PARTICIPATE IN DISCUSSIONS OF MATTERS BEFORE THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS.

ANY MEMBER OF THE PUBLIC THAT WILLFULLY INTERRUPTS OR DISTURBS A MEETING OF THE BOARD OF DIRECTORS IS SUBJECT TO REMOVAL FROM THE MEETING BY AN OFFICER AND SUCH OTHER ACTIONS AS MAY BE DEEMED APPROPRIATE AS PROVIDED IN SECTION 871.01 OF THE FLORIDA STATUTES.

DRAFT
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
BOARD OF DIRECTORS – REGULAR MEETING

A regular meeting of the Board of Directors of the North Brevard County Hospital District operating Parrish Medical Center (the District) was held at 3:31 p.m. on February 3, 2025 in Conference Room 2/3/4/5, First Floor. The following members were present:

Robert L. Jordan, Jr., C.M., Chairperson
Stan Retz, Vice Chairperson
Herman A. Cole, Jr.
Elizabeth Galfo, M.D.
Ashok Shah, M.D.
Dan Aton
Maureen Rupe
Billie Fitzgerald
Billy Specht

Member(s) Absent:
None

A copy of the attendance roster of others present during the meeting is appended to the file copy of these minutes.

CALL TO ORDER

Mr. Jordan called the meeting to order at 3:31 p.m. and determined a quorum was present per Article 1.1.4 of the District Bylaws.

PLEDGE OF ALLEGIANCE

Mr. Jordan led the Board of Directors, staff and public in reciting the Pledge of Allegiance.

PMC'S VISION – *Healing Families – Healing Communities®*

Mr. Jordan led the Board of Directors, staff and public in reciting PMC's Vision – *Healing Families – Healing Communities®.*

APPROVAL OF MEETING AGENDA

Mr. Jordan requested approval of the meeting agenda in the packet as revised. Discussion ensued and the following motion was made by Mr. Cole, seconded by Dr. Galfo, and approved (9 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN*: MOTION APPROVING THE REVISED MEETING AGENDA OF THE BOARD OF DIRECTORS OF THE DISTRICT AS PRESENTED.**

RECOGNITIONS

The Board recognized Mr. Mikitarian for his recent CEO of the Year award presented by Erie Chapman.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Cole, seconded by Dr. Galfo, and approved (9 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN:* MOTION APPROVING THE MINUTES OF THE DECEMBER 2, 2024, REGULAR MEETING OF THE BOARD OF DIRECTORS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT DBA PARRISH MEDICAL CENTER, AS PRESENTED.**

OPEN FORUM FOR PMC PHYSICIANS

There were no physician comments.

PUBLIC COMMENTS

There were no public comments.

UNFINISHED BUSINESS

There was no unfinished business.

NEW BUSINESS

2025 Board of Directors Committee Roster

Discussion ensued and the following motion was made by Mr. Retz, seconded by Dr. Galfo, and approved (9 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN:* MOTION APPROVING THE 2025 BOARD OF DIRECTORS COMMITTEE ROSTER AS PRESENTED**

MEDICAL STAFF REPORT RECOMMENDATIONS/ANNOUNCEMENTS

There were no recommendations or announcements.

CONSENT AGENDA

Discussion ensued regarding the consent agenda, and the following motion was made by Mr. Cole, seconded by Dr. Galfo, and approved (9 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN*: MOTION TO APPROVE THE FOLLOWING REVISED CONSENT AGENDA ITEMS:**

Consent Agenda

A. Audit

1. Motion to recommend the Board of Directors accept the Fiscal Year 2024 audit results and reports:
    - Audited Financial Statements and Supplementary Information
    - Report on Internal Control and Compliance
    - Communications with the Board of Directors and Audit Committee
    - Management Letter

B. Finance

1. Motion: To recommend the Board of Directors approve the Interventional Radiology Lab Project renovation and equipment for an amount not exceed $2,425,100.

2. Motion to recommend to the Board of Directors to declare the equipment listed in the requests for Disposal of Obsolete or Surplus Property Forms as surplus and obsolete and dispose of same in accordance with FS274.05 and FS274.96.

COMMITTEE REPORTS

Quality Committee

Mr. Aton reported all items were covered during the Quality Committee meeting.

Finance Committee

Mr. Cole reported all items were covered during the Finance Committee meeting.

Executive Committee

Mr. Retz reported all items were covered during the Executive Committee meeting.

Educational, Governmental and Community Relations Committee

Ms. Fitzgerald reported that all items were covered during the Educational, Governmental and Community Relations Committee meeting.

Planning, Physical Facilities and Properties Committee

Mr. Jordan reported that all items were covered during the Planning, Physical Facilities and Properties Committee.

Process And Quality Report

No additional information was presented.

Hospital Attorney

Legal counsel had no further report.

OTHER

There was no other business to come before the Board.

CLOSING REMARKS

There were no closing remarks.

ADJOURNMENT

There being no further business to discuss, the Parrish Medical Center Board of Directors meeting adjourned at 3:39 p.m.

Robert L. Jordan, Jr., C.M.
Chairman

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING PARRISH MEDICAL CENTER
MEDICAL EXECUTIVE COMMITTEE MEETING – REGULAR SESSION MINUTES
March 18, 2025

Present: A. Ochoa, MD, M. Navas, MD, G. Mikitarian, K. Patel, MD, C. Manion, MD, L. Stuart, MD, C. Jacobs, MD, P. Carmona, MD, R. Patel, MD, M. Musto, MD, H. Cole, C. McAlpine

Absent: C. Fernandez, MD

A meeting of the Medical Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was called to order on March 18, 2025 at 5:30pm in the Conference Center. A quorum was determined to be present.

CALL TO ORDER.

Dr. Ochoa called the meeting to order at 5:34 pm.

I. REVIEW AND APPROVAL OF MINUTES

Motion to approve the Regular Session minutes of February 18, 2025, as written and distributed ***was made by P. Carmona, MD, seconded by L. Stuart, MD and unanimously approved.***

2. **Old Business:** None

3. New Business:

a. <u>CONSENT AGENDA - STANDING ORDERS</u>

- Neurosurgery Preoperative (E3476ab) - Added Type and Screen order and order for Vancomycin.
- Pain Management Preoperative (E3751ab) - Added Type and Screen order.
- Impella Heparin Drip (E3397) -
  Weight-Based Heparin Drip
  Sliding Scale (E107) - Heparin
  Drip aPTT Monitoring (E1001ac) -

  We have made protocol adjustments to the heparin drip on each order set per request from ICU leadership. We have also updated all instances of "rate" to "dose" on each order set.

MOTION TO APPROVE THE CONSENT AGENDA AS WRITTEN AND DISTRIBUTED WAS MADE BY C. MANION, MD, SECONDED BY L. STUART, MD AND UNANIMOUSLY APPROVED.

4. Report from Administration:

None.

5. Report from the Board: None

6. Reports & Committees:

- Quality Committee - Board of Directors Minutes, January 6, 2025
- Regular Session – Board of Directors Minutes, January 6, 2025
- General Medical Staff Meeting - March 4, 2025
- Regular Session – CMEC – March 10, 2025

MOTION TO ENTER THE ABOVE INTO THE MINUTES AS WRITTEN AND DISTRIBUTED WAS MADE BY DR. P. CARMONA, SECONDED BY M. NAVAS, MD AND UNANIMOUSLY APPROVED.

7. Open Forum: Dr. Carmona shared his sentiment that the March General Medical Staff Meeting was educational, he enjoyed the speakers and thought that it was well received.

Adjournment: There being no further business the meeting adjourned at 5:47pm. Next meeting, April 15, 2025.

Aluino Ochoa, MD	**Christopher Manion, MD**
President, Medical Staff	**Secretary/Treasurer, Medical Staff**

Worker Safety Management Plan 2025

2024 the following performance measures were conducted:

- One Hundred percent (100%) of all care partners have been trained on lift training for bariatric patients and/or retrained on lift equipment. **MET**
- The worker injuries report indicates that bariatric training and retraining have decreased care partners' injuries from 28% to 19% in 2024.**MET**

2025 performance measure will be Health and Wellness:

- Care partner Health nurse will meet with each department to promote health and wellness.
- The goal will be pursued for a 6-8-month timeframe to determine effectiveness.

Health Promotion Initiatives

- Implement health promotion initiatives to encourage healthy lifestyle choices among employees.
- Offer wellness programs, ergonomic assessments, and mental health resources to support care partner well-being.
- Promote a culture of safety and wellness through regular communication, recognition of safe behaviors, and care partner engagement activities.

Utilities Management Plan 2025

FY 2024 GOALS AND PERFORMANCE MANAGEMENT:

- Proper Storage of Full and Empty O2 (E) Cylinders. Our goal for this task would be to test the knowledge of 5 care partners weekly during Environment of Care Rounds, 75% of the care partners asked must have working knowledge of the proper storage of O2 storage process. Note: departments that do not have interactions with oxygens usage are exempted. This will be monitored and tracked monthly through 12-31-2024.**MET**

- Increase Care Partner Knowledge of Med Gas zone valve box locations and shut down procedures during events. Education for Med Gas valve boxes will be discussed during EOC rounding and quarterly fire drills. Our goal for this task would be to test the knowledge of 5 care partners weekly during Environment of Care Rounds, 80% of the care partners asked must understand the shutdown process and locations. Note: departments that do not have interactions with oxygens usage are exempted. This will be monitored and tracked monthly through 12-31-2024. **MET**

FY 2025 GOALS AND PERFORMANCE MANAGEMENT:

- Enhance Plant Services Staff Training on Utility Emergency Procedures and conduct Utility Systems Orientation for all New Plant Services Staff.

    - Provide training on utility emergency procedures for 100% of facility staff by the end of the year.
    - Ensure that at least 100% of new hires complete the orientation within their first month of employment
    - Schedule monthly orientation sessions to accommodate new staff and provide necessary materials for self-study.
    - Provide basic orientation on utility systems for all new plant services Care Partners
    - Training completion will be tracked through attendance records and post-training assessments to evaluate knowledge retention.
    - Ensures that all staff are prepared to respond effectively during utility system failures, which is critical for patient safety.
    - This goal enhances staff understanding of utility systems and emergency procedures, promoting a safer work environment.
    - All training sessions to be completed by December 31, 2025, with ongoing evaluations throughout the year.

Safety and Security Management Plan 2025

2024 GOALS AND PERFORMANCE MANAGEMENT

- Conduct Security Assessments for all PHC locations, two per month with a Goal of 100% completion. To be completed by December 31, 2024. **Unmet**

- Complete WELLE (de-escalation training for healthcare) for PMC Security Officer4s and PMC staff. Training is scheduled monthly. The goal is to train 20 care partners a month by December 31, 2024. **Unmet**

2025 GOALS AND PERFORMANCE MANAGEMENT

- Conduct Security Risk Assessments with Improvement Plan recommendations for six locations to include, (Port St. John, Titus Landing, Main Campus, North Building, South Building, 490) once every other month with a Goal of 100% completion. To be completed by 12-31-2025.

- Conduct Exterior Door and Loading Dock checks every two (2) hours. The goal is to achieve a minimum of 75% (every 24 hours). Will be tracked and trended through hourly reporting until 12-31-2025.

Medical Equipment Management Plan 2025

2024 Medical Equipment Program Goals:

- Medical Equipment battery failure divided by total correctives for the month (Goal is less than or equal to 5%) Will continue to track until 12-31-2024. Trending will show if battery issues begin increasing. **MET**
- Medical Equipment alert documentation – Documentation for all medical alerts that pertain to any medical equipment used at Parrish Medical Center facilities. Risk management and affected departments to be notified within 5 days of receipt until 12-31-24. **MET**

2025 Medical Equipment Program Goals:

- Ensure Compliance with Regulatory Standards for Medical Equipment Specific: Achieve 100% compliance with all local, state, and federal regulatory standards related to the testing, maintenance, and reporting of medical equipment. Achieve 100% compliance by December 31, 2025, with ongoing monitoring and adjustments made as necessary throughout the year
- Enhance Medical Equipment Alert Response Specific: Reduce the average response time for documenting and addressing medical equipment alerts to 3 days from the current 5 days. Achieve this reduction in response time by December 31, 2025.

Life Safety/Fire Safety Management Plan 2025

2024 GOALS & PERFORMANCE MANAGEMENT:

- Increase Care Partner knowledge of the proper use of fire extinguishers during events. Education for proper use of Fire extinguishers is to be discussed during EOC rounding and quarterly fire drills. Our goal for this task would be to test the knowledge of five Care Partners weekly during Environment of Care Rounds with the use of fire extinguisher training checklist. 80% of the Care Partners asked must understand the proper use of the fire extinguisher and locations of extinguishers in their area. This will be monitored and tracked monthly through 12-31-2024. **MET**

- The hospital will achieve compliance with the fire drill program; this will include training on departmental responsibilities with respect to the Fire Response Plans. Training to be accomplished during new hire orientation, computer-based learning (CBL) and quarterly fire drills. Our goal for this task is to test the knowledge of five Care Partners weekly during Environment of Care Rounds and during fire drills. 80% of the Care Partners asked must understand their responsibility during an event. This will be monitored and tracked via rosters and monthly monitoring through 12-31-2024. **MET**

2025 Goals & Performance Management:

- Increase Care Partner knowledge of the proper use of fire extinguishers during events. Education for proper use of Fire extinguishers will be scheduled monthly at each offsite facility. Our goal for this task would be to test the knowledge of five Care Partners monthly. 80% of the Care Partners asked must understand the proper use of the fire extinguisher and locations of extinguishers in their area. This will be monitored and tracked monthly through 12-31-2025.
- Quarterly Fire Safety Meetings with the Emergency Response Team
    - Hold monthly meetings focused on fire safety topics for all staff.
    - Ensure that at least 75% of staff attend these meetings each month.
    - Utilize existing meeting times to integrate fire safety discussions without requiring additional time commitments.
    - This goal reinforces the importance of fire safety knowledge among staff and contributes to a safer environment.
    - Track and monitor through December 31, 2025.

Hazardous Material Waste Management Plan 2025

2024 GOALS

- **Facility Alert – Hazardous Material Spill (Internal) Response Knowledge**

    - 80% of five Care Partners questioned during environmental rounds will be able to speak correctly concerning actions to take when a Facility Alerts, Hazardous Material Spill Internal occurs. ***UNMET***

- **Reduction of Hazardous Waste Disposal Deficiencies**
    - Hazardous waste disposal deficiencies will be reduced in OR, PACU, and Special Procedure areas. Comparing monthly deficiencies from monthly audit reports and reporting to EOCC. This will be achieved through departmental in-service training and updating computer-based learning modules. **UNMET**

2025 GOALS AND PERFORMANCE MANAGEMENT

1. **Facility Alert – Hazardous Material Spill (Internal) Response Knowledge**
    - **Specific:** Increase Care Partners' knowledge of hazardous material spill response protocols.
    - **Measurable:** 80% of 20 Care Partners questioned monthly during environmental rounds will correctly recite proper response protocols.
    - **Achievable:** This will be accomplished through updating the CBL module, using real-time scenario-based training during independent rounds, and completing tabletop exercises.
    - **Relevant:** Proper training ensures staff preparedness and compliance with safety regulations.

    - **Time-bound:** Progress will be monitored and tracked monthly through December 31, 2025.
2. **Reduction of Hazardous Waste Disposal Deficiencies**
    - **Specific:** Reduce hazardous waste disposal deficiencies in the Operating Room (OR), Post Anesthesia Care Unit (PACU), and Special Procedures areas.
    - **Measurable:** Track deficiency reductions using monthly audit reports.
    - **Achievable:** Implement targeted in-service training, update computer-based learning modules with interactive compliance training, and conduct audits.
    - **Relevant:** Reducing deficiencies ensures compliance with regulatory standards and improves safety in high-risk areas.
    - **Time-bound:** Trends and corrective actions will be reported to the EOCC for oversight and continuous improvement by Q4 2025.

Emergency Management Plans 2025

2024 GOALS AND PERFORMANCE MANAGEMENT

- Train 100% of House Supervisors on activation and initial priorities in an emergency incident, this will be achieved by in person training and compiling checklist by 12-31-2024.**UNMET**
- Participation of select Care Partners in training at the Center for Domestic Preparedness by 12-31-2024 **MET (CNO attending 2025)**
    - HCL: CNO; Director of Emergency and Women's Services; Emergency Services Specialist
    - HERT- Clinical Engineering Service Technician
    - HID- Infection Prevention Professional
- Perform emergency drills to include**: MET**
    - Participate in full scale Hospital Medical Surge Exercise with CFDMC by 12-31-2024
    - Cyber-attack Tabletop by 12-31-2024

2025 GOALS AND PERFORMANCE MANAGEMENT

- Train 100% of House Supervisors on activation and initial priorities in an emergency incident, this will be achieved by in person training and compiling checklist together with mission control manager by 12-31-2025
- Perform emergency drill for Internal hazardous material incident by 12-31-2025
- Implementation of Hospital Information Vital Exchange (HIVE) initiative which will target critical departments by raising awareness, strengthening preparedness and building capacity for business continuity during Electronic Medical Record (EMR) outage. This will be achieved through continuity workshops, tabletop exercises and full-scale exercises. This will be monitored through self-rating leaders' surveys on department preparedness and After-Action Reports (AAR) until 12-31-2025.

Worker Safety Management Plan 2025

Amie Walker, Employee Health Nurse

Purpose

The Worker Safety Management Plan is to establish strategies and procedures to maintain a safe and healthy workplace environment at North Brevard County Hospital District d/b/a Parrish Medical Center and its affiliates ("Parrish Healthcare"). By identifying potential hazards, implementing preventive measures, and promoting health and safety awareness, we aim to protect the well-being of all employees and visitors.

Scope

This plan applies to all employees, contractors, and visitors within the premises of North Brevard County Hospital District d/b/a Parrish Medical Center and its affiliates ("Parrish Healthcare"). It incorporates various aspects of occupational health and safety, including hazard identification, risk assessment, emergency response protocols, and health promotion initiatives.

Employee Health Nurse

The Employee Health Nurse at North Brevard County Hospital District d/b/a Parrish Medical Center and its affiliates ("Parrish Healthcare") is responsible for developing, implementing, and monitoring the Worker Safety Management Plan, ensuring compliance with health and safety regulations, conducting regular inspections, and providing training to employees.

Human Resources Department

The HR Department plays a crucial role in supporting the implementation of the Worker Safety Management Plan. The department assists in the recruitment of qualified personnel, maintains care partner records, and facilitate health and safety training programs.

Organization and Responsibility

1. The objectives, scope, performance, and effectiveness of the plan are reviewed annually by the Environment of Care Committee (EOCC).

2. The PHC Board of Directors (Board) receives regular reports of the activities of the Worker Safety Program from the EOCC. The Board provides financial and administrative support to facilitate the ongoing activities of the Worker Safety Management Plan.

Hazard Identification and Risk Assessment

Workplace Hazard Identification

1. Conduct regular workplace inspections to identify potential hazards such as outbreaks of diseases, BBP/chemical exposures, ergonomic risks, and slip/trip hazards.

2. Encourage employees to report any unsafe conditions or near misses to the Employee Health Nurse or their supervisor.

3. Maintain records of identified hazards and prioritize them based on their severity and likelihood of occurrence.

Risk Assessment

1. Assess the risks associated with identified hazards using a risk matrix or similar tool.

2. Determine appropriate control measures to mitigate or eliminate identified risks.

3. Implement control measures and regularly review their effectiveness to ensure continuous improvement.

Safety Training

1. Provide comprehensive health and safety training for all employees upon hire and as needed.

2. Cover topics such as hazard awareness, safe work practices, use of personal protective equipment (PPE), and emergency response procedures.

3. Offer specialized training for employees working in high-risk areas or handling hazardous materials.

Regular Review

1. Schedule regular reviews of the Occupational Health and Safety Plan to assess its effectiveness and identify areas for improvement.

2. Solicit feedback from employees regarding the implementation of health and safety measures and incorporate their input into the plan.

Continuous Improvement

1. Foster a culture of continuous improvement by encouraging care partners to identify and report safety concerns and suggestions for improvement.

2. Implement corrective actions in response to identified deficiencies and track their effectiveness over time.

Performance Measure/-Monitoring

This plan's effectiveness is measured using the performance measurement process and record of courses taught throughout the year 2025. An annual evaluation of the effectiveness is

conducted by the EOCC. Based on the evaluation, performance improvement indicators are established.

2024 the following performance measures were conducted:

- One Hundred percent (100%) of all care partners have been trained on lift training for bariatric patients and/or retrained on lift equipment. **MET**
- The worker injuries report indicates that bariatric training and retraining have decreased care partners' injuries from 28% to 19% in 2024.**MET**

2025 performance measure will be Health and Wellness:

- Care partner Health nurse will meet with each department to promote health and wellness.
- The goal will be pursued for a 6-8-month timeframe to determine effectiveness.

Health Promotion Initiatives

  - Implement health promotion initiatives to encourage healthy lifestyle choices among employees.
  - Offer wellness programs, ergonomic assessments, and mental health resources to support care partner well-being.
  - Promote a culture of safety and wellness through regular communication, recognition of safe behaviors, and care partner engagement activities.

UTILITIES MANAGEMENT PLAN

2025

MISSION
The Utilities Management Plan of Parrish Healthcare provides for a safe, controlled, and comfortable environment of care by provision and maintenance of adequate and appropriate utility services and infrastructure and plans to continue in operation during partial or complete system failure.

SCOPE
This Utilities Management Plan pertains to the activities of the hospital and off-site licensed locations:

The utility systems addressed by this plan include:

- Electrical distribution
- Emergency power
- Vertical and horizontal transport
- Heating, ventilating, air conditioning (HVAC), and refrigeration
- Plumbing
- Boiler and steam
- Piped medical gas and vacuum systems, including waste anesthetic gas disposal
- Communication systems
- Data exchange systems

Facilities/Maintenance personnel are either on site or on call on all shifts.

The hospital does not utilize Alternative Equipment Maintenance (AEM) strategy for utilities equipment.

At a minimum, the hospital utilizes the manufacturers' recommended standards, or the ASHE Maintenance Management for Health Care Facilities plans (where manufacturers guidelines are not available).

The hospital adopts and will comply with the NFPA Life Safety Code 101, 2012 Edition and the NFPA 99, 2012 Edition, effective as of July 5, 2016.

RESPONSIBILITY
The Director of Facilities is responsible for the implementation and maintenance of this Utilities Management Plan. The Facility Director is responsible for identifying and providing regular status reports outlining facility and life safety conditions that need an action plan for repair or replacement. Those responsible for telecommunications management are responsible for telephone, wireless, cellular, and data communications systems. Department Directors are responsible for development, provision, and documentation of department and job-specific utilities training, and maintenance of policies, procedures, and plans affecting their area(s) of responsibility.

Each individual member of the workforce is responsible for maintaining current knowledge of hospital policies and procedures for utilities and to be familiar with any specific utilities emergency procedures for their work area.

FY 2024 GOALS AND PERFORMANCE MANAGEMENT:

- Proper Storage of Full and Empty O2 (E) Cylinders. Our goal for this task would be to test the knowledge of 5 care partners weekly during Environment of Care Rounds, 75% of the care partners asked must have working knowledge of the proper storage of O2 storage process. Note: departments that do not have interactions with oxygens usage are exempted. This will be monitored and tracked monthly through 12-31-2024.**MET**

- Increase Care Partner Knowledge of Med Gas zone valve box locations and shut down procedures during events. Education for Med Gas valve boxes will be discussed during EOC rounding and quarterly fire drills. Our goal for this task would be to test the knowledge of 5 care partners weekly during Environment of Care Rounds, 80% of the care partners asked must understand the shutdown process and locations. Note: departments that do not have interactions with oxygens usage are exempted. This will be monitored and tracked monthly through 12-31-2024. **MET**

FY 2025 GOALS AND PERFORMANCE MANAGEMENT:

- Enhance Plant Services Staff Training on Utility Emergency Procedures and conduct Utility Systems Orientation for all New Plant Services Staff.

    - Provide training on utility emergency procedures for 100% of facility staff by the end of the year.
    - Ensure that at least 100% of new hires complete the orientation within their first month of employment
    - Schedule monthly orientation sessions to accommodate new staff and provide necessary materials for self-study.
    - Provide basic orientation on utility systems for all new plant services Care Partners

    - Training completion will be tracked through attendance records and post-training assessments to evaluate knowledge retention.
    - Ensures that all staff are prepared to respond effectively during utility system failures, which is critical for patient safety.
    - This goal enhances staff understanding of utility systems and emergency procedures, promoting a safer work environment.
    - All training sessions to be completed by December 31, 2025, with ongoing evaluations throughout the year.

ELEMENTS OF THIS PLAN INCLUDE:

WRITTEN MANAGEMENT PLAN

The hospital has developed and implemented this Utilities Management Plan in compliance with all regulatory requirements to describe the processes involved with this function and to manage the safe, effective, and reliable operation of all utility systems.

DESIGN AND INSTALLATION

In accordance with the purpose and objectives of this plan, the hospital provides utility systems that are designed and installed to meet patient care and operational needs. Building systems are designed to meet the National Fire Protection Association's Categories 1–4 requirements. An NFPA 99-2012: Chapter 4 risk assessment for existing and new is completed. (For full text, refer to NFPA 99-2012: Chapter 4 for descriptions of the four categories related to gas, vacuum, electrical systems, and electrical equipment).

INVENTORY INCLUSION

All utility systems components are included in the utility systems management program. Utility components are listed in the inventory, which is separated into high-risk, infection control, and non-high-risk components for calculation of maintenance completion rates.

UTILITY SYSTEMS MAINTENANCE

Maintenance of utility components is included in the hospital's work order program. Maintenance strategies include:

- Preventative Maintenance (PM): The scheduled activities designed to extend equipment reliability based on performing activities prior to equipment failure based on manufacturer's recommendations, risk levels and organization experience
- Interval Based Maintenance: The scheduled activities are based on a preset schedule that is established regardless of need
- Determine Interval Time: Manufacturer's guidelines, accepted industry practices, internal risk assessments, regulatory code requirements and the organization's past experiences
- Corrective Maintenance (CM): Unscheduled activities are undertaken as the result of a component failure or a reported or measured degradation in performance
- Predictive Maintenance: Used to help determine the condition of in-service equipment to predict when maintenance or repairs should be performed. By using predictive strategies, it allows convenient scheduling of corrective maintenance and helps prevent unexpected equipment failures.

The following equipment is maintained on a predictive maintenance strategy:

- Electrical components – thermal scan

Hospital will achieve 100% completion rate for critical equipment.

Maintenance intervals for the utility components are maintained, documented and controlled in the hospital maintenance work order system. Documented procedures are available in the Facilities offices for all maintenance, testing, and inspection activities, as well as in the hospital's maintenance work order system to be printed on all work orders.

EMERGENCY PROCEDURES

The hospital maintains emergency procedures to be used in the event of utility systems disruption or failure, as well as alternate sources of essential utilities.

For all systems, the extent of the utility failure is evaluated, affected areas are identified, and workforce members are notified prior to any planned shutoff and again when the system is functional. Interim Life Safety Measures (ILSM) are conducted for life safety deficiencies or utility risk assessment are completed when warranted.

Piped oxygen and medical gas may only be shut off in an emergency Respiratory Therapist (RT) or Designee. Clinical interventions are unique and dependent upon each type of utility system failure and the clinical situation.

Repair services for utility systems are obtained by submitting work orders to the Facilities Department. Urgent requests are handled by submitting high priority request and contacting House Supervisor at ext 6666.

The hospital's procedures address performing emergency clinical interventions during utility system disruptions.

MAPPING DISTRIBUTION & LABELING CONTROLS

Current technical drawings of utility systems are maintained in the facility department. These include the controls for partial or complete emergency shutdown. Maintenance workforce members are trained to know where emergency shutoff controls are located and what areas they serve.

The fire alarm system's circuit is clearly labeled as Fire Alarm Circuit. The circuit breaker is marked red, and access is restricted to authorized personnel. Information regarding the dedicated branch circuit is clearly marked in the fire alarm panel.

WATERBORNE PATHOGENS

The hospital minimizes pathogenic biological agents in cooling towers, domestic hot- and cold-water systems, and other aerosolizing water systems.

To manage pathogenic biological agents in cooling towers, the hospital implements a water treatment program to minimize:

- Sediment and deposition of airborne solids on heat transfer surfaces
- Scale

- Corrosion
- Microbial growth

Organic and inorganic inhibitors are used to chemically control sediment, scale, and corrosion, and maintain appropriate pH. A broad-spectrum biocide is used to kill and control bacteria. In addition, the system is inspected routinely and flushed and washed out at least annually.

The Infection Prevention Professional will advise the EOC Committee of either a suspected or confirmed case of nosocomial illness from waterborne pathogens when identified. If an outbreak related to the water systems was to occur, it would be managed by the Facilities Department working in conjunction with Infection Prevention and Quality Resource Management. Water sampling may be initiated at that time. The causative agent would be identified, as well as the contributing portion of the domestic hot water system, through appropriate tests and selective culturing of the system.

Hot water in the domestic water system is delivered at a maximum temperature of 120^{o}F. This water temperature serves to minimize pathogens in the system as well as minimize the risk of scalding. Abandoned piping and dead legs are removed when discovered to further reduce pathogens.

Cold water systems can grow bacteria when the temperature exceeds 67°F and becomes stagnant. Insulating pipes, installation of automatic drain devices and recirculation can minimize growth.

Seldom used hot and cold-water lines in faucets, showers, flush sinks, emergency eyewash and safety shower units need to be routinely flushed to prevent stagnation.

Boilers are tested and treated weekly for pH, P alkalinity, M alkalinity, chlorides, hardness, phosphate, sulfite, and hydrates. An oxygen scavenging agent is used to keep the boilers cleaned in warmer weather. Closed loop systems are similarly tested at a quarterly interval.

AIRBORNE CONTAMINANTS

Appropriate maintenance of the heating, ventilation, and air conditioning systems is critical to the control of airborne contaminants. Maintenance of the appropriate pressure relationships, air exchange rates, and filtration efficiencies is part of this process.

While important throughout the facilities, particular attention is paid to those areas where patients may be more susceptible to these contaminants due to the nature of their illness or procedure performed or in areas where certain equipment is processed or stored.

These areas include, but are not limited to:

- Operating Rooms
- Special Procedure Rooms, including Caesarean Section rooms, Catheterization Labs, Interventional Labs, Endoscopy Rooms, Bronchoscopy Procedures rooms.
- Airborne Infectious Isolation Rooms
- Laboratories

- Pharmacy
- Sterile Supply Rooms
- Central Sterile Processing (clean and dirty)
- Clean Supply rooms
- Soiled Utility Rooms

Maintenance of these systems is tracked and documented through the electronic work order system.

Air exchanges in these areas are measured at least annually and pressure gradients in these areas are checked at intervals set by the EOC Committee. Pressure gradients in isolation rooms are checked at intervals set by the EOC Committee when there is an isolation patient in the room. The building air balance and proper exchange ratios are maintained by a combination exhaust fan/damper control system. Operating rooms, Catheterization Labs, Special Procedure Rooms, Central Sterile Processing Endoscopy Procedure Rooms, and Sterile Storage are maintained at temperature and humidity ranges and are monitored at intervals set by the EOC Committees

Parrish Healthcare use the FGI Guideline to maintain compliance, we manage to the year each facility was designed and built. Temperature and/or humidity requirements can change for products used or stored in identified rooms and risk assessments are conducted for those areas. The guidelines in use for each area are identified on the testing documentation. A link to the current adoption of edition guidelines by state can be found at the following website:
https://www.fgiguidelines.org/guidelines/state-adoption-fgi-guidelines/

EMERGENCY POWER SOURCE
For facilities that were constructed, or had a change in occupancy type, or have undergone an electrical system upgrade since 1983, the hospital has a Type 1 or Type 3 essential electrical system in accordance with NFPA 99, 2012 edition. This essential electrical system must be divided into three branches, including the life safety branch, critical branch, and equipment branch. Both the life safety branch and the critical branch are kept independent of all other wiring and equipment, and they transfer within 10 seconds of electrical interruption. Each branch has at least one automatic transfer switch.

4 emergency electrical generators are available on site to provide emergency electrical power to the hospital during a time of commercial power interruption. The hospital provides emergency power within 10 seconds for the following:

- Alarm systems
- Exit route and exit sign illumination
- New buildings equipped with or requiring the use of life support systems (electromechanical or inhalation anesthetics) have illumination of means of egress, emergency lighting equipment, exit, and directional signs supplied by the life safety branch of the electrical system described in NFPA 99
- Emergency communication systems

- Equipment that could cause patient harm when it fails, including life-support systems; blood, bone, and tissue storage systems; medical air compressors; and medical and surgical vacuum systems
- Areas in which loss of power could result in patient harm, including intensive care, emergency rooms, operating rooms, recovery rooms, obstetrical delivery rooms, and nurseries
- Emergency lighting at emergency generator locations

The hospital's emergency power system (EPS) has a remote manual stop station (with an identification label) to prevent inadvertent or unintentional operation. A remote annunciator (powered by storage battery) is located outside the EPS location. The hospital has a policy to provide emergency backup for essential medication dispensing equipment identified by the hospital, such as automatic dispensing cabinets, medication carousels, and central medication robots. The hospital implements a policy to provide emergency backup for essential refrigeration for medications identified by the hospital, such as designated refrigerators and freezers. The hospital provides emergency power for elevators selected to provide service to patients during interruption of normal power (at least one for non-ambulatory patients).

Battery-powered emergency lighting is provided in areas where deep sedation is administered.

Level 1 or Level 2 emergency generator and transfer switch locations shall be equipped with battery-powered emergency lighting.

The emergency power supply system's equipment and environment are maintained per manufacturers' recommendations, including an ambience temperature of not less than 40°F; ventilation supply and exhaust; and water jacket temperature (when required).

MAINTENANCE, TESTING, AND INSPECTION

Utility Component Equipment Inventories Risk are stratified by High Risk (life support, infection control) and Non-High Risk.

Maintenance, testing, and inspection of all utility components are documented through the electronic work order system. Utility components are categorized on the inventory as High Risk (life support), High Risk (Infection Control), and Non-High Risk. Preventive maintenance of components designated as High Risk (life support) and (Infection Control) and (Non-High Risk) are done at a 100% completion rate.

Dates and results of all testing are documented. If testing fails, repairs are made, and the systems are retested.

LINE ISOLATION MONITORS (LIM)

Line Isolation Monitors (LIM) are tested at least monthly by actuating the LIM test switch per NFPA 99-2012, which activates both visual and audible alarms. For LIM circuits with automated self-testing, a manual test is performed at least annually. LIM circuits are tested per NFPA 99-2012 after any repair or renovation to the electrical distribution system. Records are maintained of required tests and associated repairs or modifications containing date, room or area tested and results.

Operating rooms are considered wet procedure locations, unless otherwise determined by a risk assessment authorized by the facility governing body. Operating rooms defined as wet locations are protected by either isolated power or ground-fault circuit interrupters. A written record of the risk assessment is maintained and available for inspection.

EMERGENCY POWER MAINTENANCE AND TESTING

Emergency generators, including all components and batteries, are inspected weekly per NFPA 110-2019. Maintenance, testing, and inspection of the emergency generators are done monthly according to the requirements of NFPA 99-2012. All generators are exercised under load and operating temperature conditions at least monthly for a minimum of 30 continuous minutes. The generators are loaded to at least 30% of the nameplate rating.

At the time of the monthly generator test, all automatic transfer switches are also tested and documented. The transfer switch used to start the generator for that month's test is also documented.

If a generator does not meet 30% of the nameplate rating during any test, then it must be tested once every 12 months using supplemental (dynamic or static) loads of 50% of the nameplate rating for 30 minutes, followed by 75% of the nameplate rating for 60 minutes for a total of 1.5 continuous hours.

At least annually the generator fuel quality is tested to the American Society for Testing and Materials (ASTM) standards, and test results and completion dates are documented.

At least every 36 months, each diesel-powered emergency generator is tested for a minimum of four continuous hours, with a dynamic or static load that is at least 30% of the nameplate rating, documenting the test results and completion dates. Tests for non-diesel-powered generators need only be conducted with available load. See NFPA 110-2010 for additional guidance.

Battery powered egress lighting is tested monthly for 30 seconds and annually for 90 minutes. All records are maintained in the Facility Department.

There are no SEPSS (Stored Emergency Power Supply System) in use at the Parrish Health Care Facilities. If there were, A functional test of Level 1 SEPSS is performed on a monthly basis and Level 2 SEPSS on a quarterly basis. Test duration is for 5 minutes or as specified for its class (whichever is less). An annual test at full load for 60% of the full duration of its class is performed and test results and completion dates are documented.

If any testing fails, ILSM is assessed and implemented as required by assessment, repairs are made, and the systems are retested.

MEDICAL GAS

Annual inspections, testing, and maintenance of the critical components of piped medical gas and vacuum systems are conducted by an outside contractor according to established protocol and procedure. These activities and results are documented.

Critical components of this testing and maintenance for piped medical gas systems include:

- Source
- Distribution
- Inlets/Outlets
- Master signal panels
- Area alarms
- Automatic pressure switches
- Shutoff valves
- Flexible connectors
- Outlets

When piped medical gas and/or vacuum systems are installed, modified, or repaired, they are tested for cross-connections, piping purity, and pressure. The test results and completion dates are documented. All medical gas piping and verification work is in accordance with the requirements set forth in the 2012 edition NFPA 99 for appropriately certified personnel.

The Facilities Director, Nurse Supervisor or designee in conjunction with Respiratory, is authorized to shut off the medical gas emergency shutoff valves.

Medical gas storage rooms and transfer and manifold rooms comply with NFPA 99-2012.

Areas designated for administration of general anesthesia (specifically, inhaled anesthetics) using medical gases or vacuum are in accordance with NFPA 101-2012 and NFPA 99-2012.

PRE-CONSTRUCTION RISK ASSESSMENT

The hospital uses a system of pre-construction risk assessment throughout all projects involving construction, renovation, or demolition. This process is documented on the Pre-Construction Risk Assessment form.

Key individuals involved in this team process (as applicable based on the scope of the project) include:

- Senior Leadership/Administration
- Safety Officer
- Facility Project Manager
- Infection Prevention Professional
- Environmental Services
- Nursing Staff
- Medical Staff
- Architect
- Engineer
- Contractor

For each project, a risk assessment matrix is completed to ensure evaluation of its impact on patient care, based on the type of project and the impacted patient population. Attention is focused on the effect that the proposed activities will have on:

- Air quality
- Infection control
- Utilities
- Noise
- Vibration
- Other hazards that affect care, treatment and services
- Emergency procedures

Controls are implemented and periodically verified over the course of the construction project as appropriate to the outcome of the assessment and/or Feasibility Analysis if one was commissioned.

HOSPITAL GRADE RECEPTACLES

Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered are tested after initial installation, replacement, or servicing.

- In pediatric locations, receptacles in patient rooms (other than nurseries), bathrooms, playrooms, and activity rooms are listed as tamper resistant or have a listed cover.
- Electrical receptacles or cover plates supplied from life safety and critical branches have a distinctive color or marking.

POWER STRIPS AND EXTENSION CORDS

Power strips in a patient care vicinity are only used for components of movable electrical equipment used for patient care that have been assembled by qualified personnel. These power strips meet UL 1363A or UL 60601-1. Power strips used outside of a patient care vicinity, but within the patient care room, meet UL 1363. Power strips are mounted

Extension cords are not used as a substitute for fixed wiring in a building. Extension cords used temporarily are removed immediately upon completion of the intended purpose.

REPORTING PROCESS

Any major deficiency, problem, or failure in a utility system will be reported by the observer to the Facilities Department by submitting work request and notifying House Supervisor at ex. 6666 for investigation and determination of appropriate action. The hospital Safety Officer will take immediate and appropriate actions as necessary and make all site and corporate leadership notifications. Repair is accomplished through maintenance work orders. The EOC Committee will review serious issues and make appropriate recommendations for hospital leadership.

ANNUAL EVALUATION

There will be an annual evaluation of this Utilities Management Plan in terms of its objectives, scope, performance, and effectiveness. This annual evaluation will be completed by the Director of Facilities

during the first quarter of the calendar year and reviewed by the EOC Committee. It will be forwarded to the Board of Directors of the hospital.

ORIENTATION AND EDUCATION

Members of the hospital workforce participate in a new hire orientation and education program that includes:

USERS

- Reporting procedures for problems, failures, and user errors
- Emergency procedures to follow in the event of a system failure
- Location and use of medical gas emergency shutoff controls
- Who to contact in emergencies?

MAINTAINERS

- Knowledge and skill necessary to perform maintenance responsibilities
- Processes for reporting utility systems problems, failures, and user errors
- Location and use of emergency shutoff controls
- Who to contact in emergencies

New members of the workforce receive utilities training as part of the general new hire and departmental orientation.
Training records are kept in the electronic education systems.

Orientation and education on environment of care issues for medical staff members and LIPs is accomplished through the following:

- House staff participation in hospital new hire orientation
- Safety issues are communicated to medical staff members and LIP's through e-mail and organizational publications

SAFETY AND SECURITY MANAGEMENT PLAN

2025

PURPOSE

To establish an annually updated plans towards the processes and goals for the Safety and Security Department within all Parrish Healthcare facilities to provide protection for our patients, visitors, care partners and the continuance in promoting a safe and secure environment of care.

SCOPE

The Safety and Security Management Plan is based on the mission, vision, and values of Parrish Healthcare (PHC). This is accomplished by using a combination of safety and security officers, electronic security, closed circuit TV systems, policy and procedures, and care partner education and training. This plan applies to the hospital and all buildings within the main campus and Parrish Healthcare facilities.

POLICY STATEMENT

To provide an effective and efficient protection plan for our patients, visitors, care partners throughout PHC.

DEFINITIONS

- Parrish Healthcare **(PHC)**
- Environment of Care **(EOC):** Any site where patients are treated, including inpatient and outpatient settings, to provide a safe, functional & effective environment for patients, staff members, and others
- Practical and Tactical Handcuffing **(PATH)**
- TASER: Device used to defuse a hostile situation (person) that has become physically violent and out of control.

PROCEDURES

To establish and maintain security to protect patients, visitors, and care partners from harm, their property from theft or damage and to deter criminal activity and to safeguard the assets of the organization.

- Conduct safety and security patrols throughout the main campus, PHC facilities. These patrols are an integral and effective element of the safety and security plan. It is a necessary and effective method to detect, deter, and prevent property damage, unsafe conditions, and criminal acts.
- Conduct training and improve the level of knowledge, capabilities and performance levels of the Safety and Security Department in handling violence and de-escalating violent situations. Safety and Security Officers are trained and retrained in WELLE (Behavioral Safety Management for Healthcare), PATH (Handcuff Use and care), Taser use, Defensive Training, Patient Restraint Training.
- Educate care partners in areas of violent situations, active shooters, parking lot vulnerability and security sensitive areas. Continued coordination with the Education Department and Department has a positive impact with care partners. We will continue to focus on patient violence de-escalation, drills to train on active shooter events, Infant Abduction, Fire Safety, Bomb Threat, and other drills pertaining to weather conditions and potential lock down events.
- Metal Detectors (Magnetometers)in operation at the ED Entrance 24/7 to detect prohibited

contraband from being brought into Parrish Medical Center. Wanding is also part of the process both enhancing the capabilities of the Parrish Medical Center Safety and Security Department to provide a safe and secure environment for all.

- Track and trend safety and security information. Data tracking provides information, accuracy and opportunities to focus on most urgent or changing needs as a part of our daily responsibilities encompassing WPV Incidents, Contraband form the Magnetometers and data/stats from the Security Operation at Parrish Medical Center.
- Monitor parking areas on campus and areas immediately surrounding the campus. Continue to ensure that ambulance entrance and roadways are kept clear at all times. This objective is effective and will continue as part of our daily responsibilities.
- Monitor Physician, care partner, vendor and visitor entry and access to areas afterwards. All care partners must display proper identification at all times and maintain integrity of secured areas. This objective has proven to be semi effective and going forth is mandatory and will be focused on and closely monitored as part of our security procedures.
- Continue to improve relationships with local law enforcement and fire department. Plan, train, practice and drill together to improve responses and procedures necessary to provide effective response in a real event. We will be conducting quarterly meetings to maintain continuity. This objective has proven to be useful and effective and will continue as part of our security procedures.

2024 GOALS AND PERFORMANCE MANAGEMENT

- Conduct Security Assessments for all PHC locations, two per month with a Goal of 100% completion. To be completed by December 31, 2024. **Unmet**

- Complete WELLE (de-escalation training for healthcare) for PMC Security Officer4s and PMC staff. Training is scheduled monthly. Goal is to train 20 care partners a month by December 31, 2024. **Unmet**

2025 GOALS AND PERFORMANCE MANAGEMENT

- Conduct Security Risk Assessments with Improvement Plan recommendations for six locations to include, (Port St. John, Titus Landing, Main Campus, North Building, South Building, 490) once every other month with a Goal of 100% completion. To be completed by 12-31-2025.

- Conduct Exterior Door and Loading Dock checks every two (2) hours. The goal is to achieve a minimum of 75% (every 24 hours). Will be tracked and trended through hourly reporting until 12-31-2025.

ANNUAL EVALUATION

The Security Management Plan is evaluated annually. The objectives, scope, performance and effectiveness of the overall program are assessed, including: care partner knowledge and skills, monitoring and inspection activity, emergency procedures and incident reporting, level of care partner participation, and inspection, preventive maintenance, and testing of equipment.

SECURITY MANAGEMENT PLAN PROVIDES FOR:

- ***Security issues concerning patients, visitors, care partners, and property:*** Security issues are brought to the attention of the Security Manager. Security policies, security post instructions, and other procedures address specific patient, personnel, and property security. Eloped patients are reported to the Communication Center and Security Officers are dispatched to assist in the search.

- ***Security incidents are documentation***: Security incidents are documented using the Parrish Healthcare Computer Aided Dispatch Software, Investigation and Variance Reports. The Safety and Security Manager, Security Supervisor, or Safety Officer reviews these reports and recommends appropriate action.
    - ***Identification Procedures****:* Visitor Identification - Identification is not required in public areas during normal visiting hours. After hours, access to the hospital is controlled and monitored by the Safety and Security Department. A Visitor Pass is required to be displayed after visiting hours.
    - ***Staff Identification*****:** Care Partners, volunteers, and physicians are issued photo identification badges. These badges are required to be displayed at all times while on duty or in restricted areas.
    - ***Patient Identification:*** a wristband that is fitted at the time of admission identifies patients.
    - ***Vendor Identification****:* Vendors are required to sign in and are issued a vendor badge that is to be worn at all times while on hospital premises.
    - ***Contractor Identification****:* All sub-contractors and workers are issued identification badges by the General Contractor and are required to display them while on premises. Service contractors may be issued a PHC identification badge if their contract requires frequent visits.
- ***Identification Procedure:*** Parrish Healthcare is equipped with state-of-the-art security, access control, and closed-circuit television devices to assist in providing a secure environment. These systems are monitored at all times by Communication Center staff in direct radio contact with Security Officers.
    - ***Identification Procedures****:* Visitor Identification - Identification is not required in public areas during normal visiting hours. After hours, access to the hospital is controlled and monitored by the Safety and Security Department. A Visitor Pass is required to be displayed after visiting hours.
    - ***Staff Identification*****:** Care Partners, volunteers, and physicians are issued photo identification badges. These badges are required to be displayed at all times while on duty or in restricted areas.
    - ***Patient Identification:*** a wristband that is fitted at the time of admission identifies patients.
    - ***Vendor Identification****:* Vendors are required to sign in and are issued a vendor badge that is to be worn at all times while on hospital premises.
    - ***Contractor Identification****:* All sub-contractors and workers are issued identification badges by the General Contractor and are required to display them while on premises. Service contractors may be issued a PMC identification badge if their contract requires frequent visits.
- ***Sensitive Area Access Control:*** Parrish Medial Center is equipped with state-of-the-art security, access control, and closed-circuit television devices to assist in providing a secure environment. These systems are monitored at all times by Communication Center staff in direct radio contact with Security Officers'
    - **Pharmacy** - Access to the Pharmacy is controlled by bio-reader access and high security locking devices and is restricted to pharmacy department staff. Alarm and CCTV systems provide additional security measures.
    - **Emergency Department** – Security devices control entry to the Emergency Treatment area from the patient waiting and triage rooms. Communication Center staff monitors CCTV cameras that are used in this area. All access to the Emergency Department and the inner core of the Emergency Department can be locked down with one button activation by Communications. A Security Officer will be posted in the Emergency Department when possible and security patrols will be done on a frequent basis daily.
    - **Woman's Center** - The Nursery is staffed at all times and access is controlled security with devices. A CCTV system is installed and is continuously monitored. Infants are

protected by an electronic infant protection system that alarms whenever an infant patient is brought within a protected field.
    - **Health Information Services**- This area is controlled by care partners during the day and locked during non-working hours with high security locking devices and monitored by CCTV.
    - **Information Systems** – Access to this area is controlled by security devices and monitored by CCTV.
- ***Emergency Security Procedures***
    - Instructions for care partner response to security incidents (Code Red, Infant Abduction, Security Alert) are contained in the Emergency Operation Plan, specific responses are included in the department SOP plans for each incident.
    - In the event of a civil disturbance or disaster that affects the hospital, all available security staff are called in for duty; requests for assistance from other departments are made; and the Titusville Police Department will be requested to provide additional assistance for perimeter and building access control.
    - Instructions for care partner response to VIP and media events are contained in the Emergency Management Plan and in the Crisis Emergency Management Plan.
        - Lockdown procedure of facility includes the ability to secure all entrances in the entire facility. ED/Facility lockdown procedures designed to preserve the integrity of the facility and specific responses are included in the department SOP plans.
- ***Vehicular Access to Emergency Department Ambulance and Ambulatory Entrances***
    - The driveway to the ambulance entrance is a posted area restricting access to emergency service vehicles only. The Emergency Department walk-in area is posted "No Parking/Loading and Unloading of Passengers Only". These areas are monitored with CCTV and Security Officers patrol frequently.
- ***Orientation and Education***
    - All new hires are oriented to Security issues during initial orientation. Additional security education is provided through NETLEARNING, email, and printed material and will be distributed periodically throughout the year. All Care Partners, volunteers, and medical staff receive security related information and the Security Management Plan during new employee orientation. Employees receive an annual update during their mandatory training. The Education Department provides this training in collaboration with the Manager, Safety and Security. Care Partners receive training that includes:
    - Security risks and hazards
    - General security measures
    - Emergency security procedures
    - Active Shooter training
    - Reporting of security issues
    - Identification and access control procedures
    - Emergency Management Plans

MEDICAL EQUIPMENT MANAGEMENT PLAN

2025

MISSION

Parrish Health Care (PHC) is committed to providing high quality healthcare to the citizens of Brevard County and surrounding areas. Our mission is to continuously improve the care we are able to provide and to exceed the expectations of our patients and customers.

Medical Equipment Policy Mission Statement - The mission, value and purpose of PHC Clinical Engineering department is to create and operate a comprehensive medical equipment program that will ensure the safety and integrity of all medical equipment. To engage a comprehensive plan to manage the medical devices that will provide healthcare and related services for the benefit of the people it serves that is consistent with the mission, values and purpose that the Hospital Board of Directors, Medical Staff, and Administration have established. To provide ongoing support for the Safety Management Program described in this plan.

PURPOSE

The purpose of the Medical Equipment Management Plan is to reduce the risk of injury to patients, employees, and visitors of PHC and its Affiliate Facilities. The plan establishes the parameters within a safe environment of care is developed, maintained and improved.

SCOPE

The Medical Equipment Plan establishes the parameters in which all medical equipment including, but not limited to new, loaned, demo or patient-owned medical equipment that is used to treat, diagnose or monitor patients that enter the hospital system is deemed safe to use through policies and procedures. The plan will minimize clinical and physical risks of equipment through an effective program that provides guidelines for the inspection, testing, and maintenance of medical equipment.
The equipment will be inventoried and tracked while in the hospital system and will be managed for the duration of the life of the equipment while active in the hospital system.
The Medical Equipment Plan includes all of location sites of Parrish Healthcare

OBJECTIVE

The Objectives for the Medical Equipment Program are developed from information gathered during risk assessment activities, annual evaluation of the previous year's program, performance measures, and environmental tours. The Objectives for this Plan are:

- To provide preventive maintenance programs used to schedule testing and inspection of equipment in the program to minimize potential risks to patient care and staff safety, and ensure patient care staff that medical equipment is tested on a regular basis.
- To monitor medical equipment recalls and hazard alerts through the use of appropriate resources, to track corrective actions related to those recalls, and to report the results to the Recall Coordinator, who reports open items and actions to the Environment of Care Committee (EOC) as required.
- To provide summaries of medical equipment problems, such as equipment failures or malfunctions, and user errors are aggregated, evaluated and reported to the Safety Committee at least quarterly.
- To provide an annual summary of effectiveness that provides an evaluation of the scope and objectives of this plan, as well as effectiveness and results against performance indicators, is reported to the Safety Committee annually.
- Results of performance monitoring for Medical Equipment Management are reported to the EOC at each meeting.
- Patient safety issues are reported to Leadership.

RESPONSIBILITY:

The Director of Clinical Equipment is responsible for implementation and maintenance of the Medical Equipment Management Plan to effectively manage the medical equipment risks of the staff, visitors, and patients at PHC.

Medical Equipment Inventory

PHC maintains a written inventory of all medical equipment. Equipment is considered a medical device if it is used in the diagnosis, care, treatment, life support or monitoring of a patient. All other equipment is considered non-medical equipment.

Identify High Risk Equipment

The hospital identifies high-risk medical equipment on the inventory for which there is a risk of serious injury or death to a patient or staff member should the equipment fail. Note: High-risk medical equipment includes life-support equipment.

Maintenance strategies

PHC identifies the activities and associated frequencies, in writing, for maintaining, inspecting, and testing all medical equipment on the inventory. These activities and associated frequencies are in accordance with manufacturers' recommendations or OEM equipment maintenance program.

Maintaining, Inspecting, & Testing Frequencies

PHC monitors activities and frequencies for inspecting, testing, and maintaining the following items are in accordance with manufacturers' safety and performance guidelines:

- Equipment subject to federal or state law or Medicare Conditions of Participation in which inspecting, testing, and maintaining must be in accordance with the manufacturers' recommendations, or otherwise establishes more stringent maintenance requirements - Medical laser devices

Imaging and radiologic equipment (whether used for diagnostic or therapeutic purposes) - New medical equipment with insufficient maintenance history to support the use of alternative maintenance strategies

Hazard Notices and Recalls

Risk Management manages the medical equipment hazard notice and recall process. Clinical Engineering assists Risk Management in their activities along with Safety Management and Materials Management.

Product safety alerts, product recall notices, hazards notices, etc., are received from a variety of external resources such as manufacturers, National Recall Alert Center, ECRI, etc. When a notice is received, Clinical Engineering, as requested, searches for the device(s) in the medical equipment computer management program database for that facility to identify if the facility has any affected equipment. When a piece or type of equipment, subject to a hazard notice or recall is identified, ~~t~~he equipment is handled in accordance with the recall and the proper disposition determined that ensures patient safety. Repairs are made in accordance with the recall or hazard notice, or the equipment is returned to the manufacturer for repair.

Identification of QC and Maintenance for CT, PET, MRI, and Nuclear Medicine

The Medical Physicist has identified the method for the quality control and maintenance activities for maintaining the quality of the diagnostic computed tomography (CT), magnetic resonance imaging (MRI), and nuclear medicine (NM) images produced. They are performed annually.

PROCESS FOR INSPECTING, TESTING, AND MAINTAINING MEDICAL EQUIPMENT

Testing medical equipment prior to initial use

The Clinical Engineering Department will test all medical equipment on the inventory before initial use. PHC Clinical Engineering Department performs safety, operational, and functional checks. The inventory includes, equipment owned by the PHC, leased, and rented from vendors. The inspection, testing and maintenance documents are maintained in the Clinical Engineering Department for review.

Testing of High-Risk Equipment

The Director of Clinical Engineering assures that scheduled testing of all high-risk equipment is performed in a timely manner. Reports of the completion rates of scheduled inspection and maintenance are presented to the Safety Committee each month. If the monthly rate of completion falls below 100%, the Director of Clinical Engineering will also present an analysis to determine what the root cause of the problem and make recommendations for addressing it.

Testing of non-High-Risk Medical Equipment

The Director of Clinical Engineering assures that scheduled testing of all non-high-risk equipment is performed in a timely manner. The inspection completion goal for nonhigh-risk equipment is 100% completion of all scheduled devices which can be located and removed from use for inspection. Inspections are completed within a +/- 30-day window of time, which begins on the first of the month in which a device's inspection is scheduled. At the end of this 30-day window, a listing of any and all devices which could not be located for inspection will be created by the Manager of Clinical Engineering and provided to the device owning department. This list will serve as a request for assistance from the device owning department in locating the listed device(s), and/or determining the device status (i.e. retired, relocated, off-site).

Testing of Sterilizers

Testing and maintenance of all type of sterilizers is performed on a timely basis. This may be accomplished by internal staff or by contract with manufacturer representatives. Service records are maintained by the department, monitored by Infection Control, and administratively audited by Clinical Engineering. Any improper results are documented and reported to the Safety Manager for evaluation and action.

Testing of Dialysis Equipment

Responsibility for maintenance and maintenance records for dialysis equipment is conducted by Mobile Dialysis Staff. The program of maintenance includes, regular cleaning and disinfection of all dialysis equipment, and testing for compliance with biological and chemical standards for the dialysis water supply. Documentation of the testing and maintenance activities is maintained in the Dialysis Department for review.

Electrical Equipment in Patient Care Vicinity

PHC meets all code requirements for electrical equipment in the patient care vicinity related to NFPA 99-2012: Chapter 10.

Inspect, test and calibrate Nuclear Medicine Equipment Annually-

All Equipment used in Nuclear Medicine will be inspected, tested, and calibrated at the intervals recommended by both the United States Nuclear Regulatory Commission and the Department of Environmental Protection, this is coordinated by the Radiation Safety Officer and Clinical Engineering.

Quality Control of CT, MRI, and Nuclear Medicine

The quality of the diagnostic computed tomography (CT), magnetic resonance imaging (MRI), and nuclear medicine (NM) images produced is maintained.

CT Radiation Dose Measurement

The Medical Physicist measures the radiation dose (in the form of volume computed tomography dose index [CTDIvol]) produced by each diagnostic CT imaging system for the following four CT protocols: adult brain, adult abdomen, pediatric brain, and pediatric abdomen. If one or more of these protocols is not used by the hospital, other commonly used CT protocols may be substituted. The Medical Physicist verifies that the

radiation dose (in the form of CTDIvol) produced and measured for each protocol tested is within 20 percent of the CTDIvol displayed on the CT console. The dates, results, and verifications of these measurements are documented.

For diagnostic computed tomography (CT) services: Annually, the Medical Physicist conducts a performance evaluation of all CT imaging equipment. The evaluation results, along with recommendations for correcting any problems identified, are documented.

Performance Evaluation of MRI

Annually, the Medical Physicist conducts a performance evaluation of all MRI imaging equipment. The evaluation results, along with recommendations for correcting any problems identified, are documented.

Performance Evaluation of Nuclear Medicine

Annually, the Medical Physicist conducts a performance evaluation of all nuclear medicine imaging equipment. The evaluation results, along with recommendations for correcting any problems identified, are documented. The evaluations are conducted for all of the image types produced clinically by each NM scanner (for example, planar and/or tomographic) and include the use of phantoms to assess imaging metrics.

Testing of Image Acquisition Monitors

For computed tomography (CT), nuclear medicine (NM), or magnetic resonance imaging (MRI) services: The annual performance evaluation conducted by the Medical Physicist includes testing of image acquisition display monitors for maximum and minimum luminance, luminance uniformity, resolution, and spatial accuracy.

Annual Evaluation

The Medical Equipment Management Plan and all components will be reviewed and evaluated annually by the EOCC to ensure that it continues to meet the needs of the hospital and its staff. The appraisal will identify components of the plan that may need to be initiated, revised or deleted. Policies and procedures supporting this plan will be changed as necessary to ensure compliance with changes to Local, State and Federal regulatory requirements. The annual evaluation will also include the objectives scope,

performance & effectiveness of the plan. Data and reports from January 1 to December 31 will be consolidated the following January, reported to the EOCC and Senior Leadership.

GOALS and PERFORMANCE ACTIVITIES

The performance measurement process is one part of the evaluation of the effectiveness of the Medical Equipment Program. Performance measures have been established to measure at least one important aspect of the Medical Equipment Program.

2024 Medical Equipment Program Goals:

- Medical Equipment battery failure divided by total correctives for the month (Goal is less than or equal to 5%) Will continue to tracking until 12-31-2024. Trending will show if battery issues begin increasing. **MET**
- Medical Equipment alert documentation – Documentation for all medical alerts that pertain to any medical equipment used at Parrish Medical Center facilities. Risk management and affected departments to be notified within 5 days of receipt until 12-31-24. **MET**

2025 Medical Equipment Program Goals:

- Ensure Compliance with Regulatory Standards for Medical EquipmentSpecific: Achieve 100% compliance with all local, state, and federal regulatory standards related to the testing, maintenance, and reporting of medical equipment. Achieve 100% compliance by December 31, 2025, with ongoing monitoring and adjustments made as necessary throughout the year
- Enhance Medical Equipment Alert Response Specific: Reduce the average response time for documenting and addressing medical equipment alerts to 3 days from the current 5 days. Achieve this reduction in response time by December 31, 2025

LIFE SAFETY/FIRE SAFETY MANAGEMENT PLAN

2025

MISSION:
The Life Safety/Fire Safety Management Plan of the Parrish Healthcare serves to minimize the risk of fire and to protect patients, personnel, physicians, and others from fire, smoke, and the products of combustion by cooperating with firefighting authorities.

SCOPE:
The hospital is a healthcare occupancy that may also include sections and locations that are classified as business occupancies. This Life Safety/Fire Safety Management Plan covers the activities of the hospital and licensed off site locations. The hospital adopted and will adhere to Life Safety Code, NFPA 101, 2012 Edition, and the NFPA 99, 2012 Edition. This management plan conforms to these code requirements. References for all NFPA standards are found in NFPA 101 and 99, 2012 edition section 2.2

RESPONSIBILITY:
The Director of Facilities and the Safety Officer is responsible for the implementation and maintenance of this Life Safety/Fire Safety Management Plan and all regulatory requirements. The Safety Officer is appointed by the President/CEO and the Board of Directors.
Department Directors are responsible for development, provision, and documentation of department and job-specific fire safety training, and maintenance of policies, procedures, and plans affecting their area(s) of responsibility.

Each individual staff member is responsible for maintaining current knowledge of hospital policies and procedures for fire safety and to be familiar with any specific fire emergency procedures for their work area.

2024 GOALS & PERFORMANCE MANAGEMENT:

- Increase Care Partner knowledge of the proper use of fire extinguishers during events. Education for proper use of Fire extinguishers is to be discussed during EOC rounding and quarterly fire drills. Our goal for this task would be to test the knowledge of five Care Partners weekly during Environment of Care Rounds with use of fire extinguisher training checklist. 80% of the Care Partners asked must understand the proper use of the fire extinguisher and locations of extinguishers in their area. This will be monitored and tracked monthly through 12-31-2024. This goal was met.

- The hospital will achieve compliance with the fire drill program; this will include training on departmental responsibilities with respect to the Fire Response Plans. Training to be accomplished during new hire orientation, computer-based learning (CBL) and quarterly fire drills. Our goal for this task is to test the knowledge of five Care Partners weekly during Environment of Care Rounds and during fire drills. 80% of the Care Partners asked must

understand their responsibility during an event. This will be monitored and tracked via rosters and monthly monitoring through 12-31-2024. This goal was met.

2025 Goals & Performance Management:

- Increase Care Partner knowledge of the proper use of fire extinguishers during events.
  Education for proper use of Fire extinguishers will be scheduled monthly at each offsite facility. Our goal for this task would be to test the knowledge of five Care Partners monthly. 80% of the Care Partners asked must understand the proper use of the fire extinguisher and locations of extinguishers in their area. This will be monitored and tracked monthly through 12-31-2025.
- Quarterly Fire Safety Meetings with the Emergency Response Team
  Hold monthly meetings focused on fire safety topics for all staff.
  Ensure that at least 75% of staff attend these meetings each month.
  Utilize existing meeting times to integrate fire safety discussions without requiring additional time commitments.
  This goal reinforces the importance of fire safety knowledge among staff and contributes to a safer environment.
  Track and monitor through December 2025.

WRITTEN MANAGEMENT PLAN

The hospital has developed and implemented this Life Safety/Fire Safety Management Plan in compliance with regulatory requirements and adherence to Life Safety Code (LSC), NFPA 101, 2012 Edition. The plan describes the processes involved to effectively provide fire safety for all who use the facility.

PROTECTING INDIVIDUALS AND PROPERTY

Fire safety policies and procedures are developed and implemented in accordance with current regulations, codes, and standards. They provide a system for protecting patients, staff, visitors, and property from fire, smoke, and the products of combustion. Components of this process include:

- Identification and maintenance of all required structural features of fire protection as defined by the *Life Safety Code*®, NFPA 101- 2012 edition
- Inspection, testing, and maintenance of all fire protection systems
- Purchasing only those products that meet appropriate standards to decrease the potential of combustion
- Cooperating and collaborating with firefighting authorities
- Care Partner education in their roles in the event of a fire

Patients, Care Partner, and visitors are required to comply with the hospital smoking policy. Environmental tours evaluate compliance with the policy and procedure requirements.

INSPECTION, TESTING, AND MAINTENANCE

All fire protection and life safety systems, equipment, and components at the hospital are tested according to the applicable regulatory requirements for Fire Safety Maintenance, Testing and Inspection standards and the associated NFPA standards, which include, but are not limited to:

- NFPA 72 – 2010 edition: *National Fire Alarm Code*®
- NFPA 25 – 2011 edition: Inspection, Testing, & Maintenance of Water Based Fire Protection Systems
- NFPA 96 – 2011 edition: Commercial Cooking Operations
- NFPA 10 – 2010 edition: Portable Fire Extinguishers
- NFPA 90A – 2012 edition: Installation of Air Conditioning & Ventilating Systems
- NFPA 80 – 2010 edition: Fire Doors and Fire Windows
- NFPA 105 – 2010 edition: Smoke Door Assemblies
- NFPA 1962, Fire Hose Care, Use, and Service Testing, (if applicable and occupant fire hoses are in use).

Documentation of all maintenance, testing, and inspection includes:

- Name of activity
- Date of activity
- Inventory
- Required frequency
- Name, contact information, and affiliation of individual performing the activity
- NFPA standards referenced for the activity
- Results

The maintenance requirements and schedule for preventative maintenance are maintained in the facility/maintenance department, along with the documentation of their completion. All LSC deficiencies will be managed with the hospital's Computerized Maintenance Management System (work order system).

The hospital has annual inspection and testing of fire door assemblies by individuals who can demonstrate knowledge and understanding of the operating components of the door being tested. Testing begins with a pre-test visual inspection; testing includes both sides of the opening.

Elevators with fire fighters' emergency operations are tested monthly. The test completion dates and results are documented.

FIRE RESPONSE PLAN

The hospital maintains a fire response plan. A written copy of the fire response plan can be found in Security and with the Hospital Mission Control Center. This plan contains information on the response

actions expected of the hospital workforce including physicians and Licensed Independent Practitioner's (LIPs) at or remote from a fire's point of origin and:

- When and how to sound and report fire alarms
- How to contain smoke and fire
- How to use a fire extinguisher
- How to assist and relocate patients
- How to evacuate to areas of refuge

The fire response plan for business occupancies at the hospital is included in the Fire Response Plan.

Departmental fire response plans include appropriate fire evacuation routes based on building compartmentalization and occupancy classification.

The hospital has a fire response plan specific to Surgical Services.

All Care Partners are trained and will cooperate with the local fire departments or the Authority Having Jurisdiction in any fire event.

At least six spare sprinkler heads of each type used, with associated wrenches, are kept in a cabinet that will not exceed 100°F.

REVIEW OF ACQUISITIONS

Materials Management is responsible for requiring evidence of fire safety review for all hospital acquisitions of bedding, draperies, furnishings, wall coverings, decorations, and other appropriate equipment. All of these materials will adhere to the requirements of NFPA 101, the *Life Safety Code®*, 2012 Edition for issues of flammability and flame spread.

Life Safety Code®

The hospital, an acute care hospital, is considered to be a health care occupancy. This facility complies with NFPA 101, the *Life Safety Code®*, 2012 edition. Any areas of non-compliance are identified in a current electronic database document, along with a Plan for Improvement. The hospital partners with an external life safety vendor/consultant who is familiar with the *Life Safety Code®,* who works with the hospital facility director to produce accurate drawings and an assessment of areas needing improvement annually. Life Safety documents are reviewed on an ongoing basis by the Director of Facilities, who is qualified by education and experience, to ensure its accuracy and timeliness of corrective action.

Those sections of the building that are classified as business occupancies are maintained in a fire-safe condition. Free and unobstructed access is maintained to all exits in these areas.

FIRE DRILLS

In the acute care hospital, fire drills will be conducted by the Security team once per shift per quarter in buildings identified as a healthcare occupancy, and quarterly in buildings defined as ambulatory healthcare care occupancy by the Life Safety Code.

The hospital's Security team conducts fire drills every 12 months from the date of the last drill in all free-standing buildings classified as business occupancies and in which patients are seen or treated.

Drills are designed to test the effectiveness of the fire response plan. They will be conducted in various areas and will reflect actual fire situations. The scheduled time of drills are greater than one hour from the previous eight quarters in order to ensure drills are not scheduled in a pattern and continue to be unanticipated by Care Partners. All members of the workforce will be expected to participate as outlined in the fire plan. Response to a drill will include alarm activation, transmission of the fire alarm signal and simulation of emergency fire conditions including, but not limited to containment of smoke and fire by shutting doors, planning for and practicing patient evacuation to areas of refuge (without moving actual patients). Those individuals remote from the site of the drill may not be required to take any action; however, all Care Partners will be trained in appropriate fire response. An attendance sheet will be created, and written critiques will be conducted following each fire drill.

In the business occupancies, fire drills will be done as exit drills. It will be required that one Care Partner go all the way out of each path of egress to ensure that it is not blocked or locked.

INTERIM LIFE SAFETY MEASURES (ILSM)

Interim life safety measures are part of a program that is implemented to temporarily compensate for *Life Safety Code*® deficiencies that occur for any reason, such as construction, renovation, cable installations, normal building operations, or any time the normal fire detection and/or suppression systems are inoperable or non-compliant. All deficiencies noted on the Plan for Improvement are also evaluated for potential ILSM implementation. An ILSM policy is in place to determine which safety measures are implemented based on the type and duration of a construction project or other deficiency. All assessments are documented.

The Director of Facilities is responsible for accurately representing the need to implement ILSM to construction and hospital staff. Any ILSM that is implemented will be reported to the EOC Committee and are in place for the duration of the deficiency or hazard.

REPORTING PROCESS

Life Safety/Fire Safety deficiencies, problems, failures, and user errors are identified through environmental tours and fire drill observations. They are reported directly to the Department Director, who is expected to take immediate action.

ANNUAL EVALUATION

There will be an annual evaluation of this Life Safety/Fire Safety Management Plan in terms of its objectives, scope, performance, and effectiveness. This annual evaluation will be completed by the Director of Facilities during the first quarter of the calendar year and reviewed by the EOC Committee. The report will be forwarded to the respective Board of Directors of the hospital.

ORIENTATION AND EDUCATION

All members of the hospital workforce, including but not limited to physicians and Licensed Independent Practitioners (LIPs), participate in an orientation and education program that includes:

- Area-specific evacuation routes
- Specific roles at and away from a fire's point of origin, including cooperation with firefighting authorities
- Use and functioning of fire alarm systems
- Specific roles and responsibilities in preparing for building evacuation
- Location and use of equipment for evacuation or transportation of patients to areas of refuge
- Building compartmentalization procedures for containing smoke and fire

New members of the hospital workforce receive fire safety training as part of the general new hire orientation and departmental orientation. All members of the hospital workforce receive annual fire safety education.

Staff training records are kept in electronic education systems. .

Orientation and education on environment of care issues for physicians and LIPs is accomplished through the following:

- House staff participation in hospital new hire orientation
- Safety issues are communicated to physicians and LIPs through e-mail and written hospital publications

Hazardous Materials Waste Management Plan
2025

SCOPE

Parrish Healthcare's Hazardous Materials and Waste Management Plan covers all operations owned, leased, or operated by Parrish Healthcare (PHC).

MISSION

Parrish Healthcare's mission is "Healing Experiences for Everyone All the Time." A part of this mission involves improving the health of North Brevard by providing cost-effective, quality health and hospital services. PHC's Hospital Board, Executives, and Care Partners (employees, clinical staff, physicians, volunteers) support PHC's Hazardous Materials and Waste Plan.

PHC's Hazardous Materials and Waste Management Plan covers material that may cause harm to humans or the environment and includes processes to minimize risk. Care Partner education includes a Hazard Communication Program based on the Globally Harmonized System of Chemical Classification and the safe use, storage, disposal, and management of spills and chemical exposures.

PHC is committed to minimizing the use of hazardous materials. PHC ensures hazardous waste is properly segregated, and disposal is consistent with applicable laws and regulations.

PHC promotes a safe, controlled, and comfortable Environment of Care that follows Federal, State, County, and Local regulations and laws for hazardous material and waste management and disposal.

Safety Data Sheets (SDS) are accessible through **OneSource**, which is linked on the **Parrish Medical Center Intranet page**. Care Partners can access SDS at any time to ensure compliance and safety when handling hazardous materials.

PLAN FUNDAMENTALS

- PHC's Environmental Services Manager is the Hazardous Materials Officer (HMO).
- PHC utilizes the Globally Harmonized System of Classification & Labeling of Chemicals (GHS).
- PHC's Environmental Services department (EVS) collects hazardous waste and materials.
- PHC Care Partners who may be exposed to hazardous materials and waste are educated on the nature of those hazards and the proper use of personal protective equipment (PPE) when working with or around hazardous materials and waste.
- In the event of a spill, release, or exposure of hazardous materials or waste, rapid effective response helps to minimize injuries.

- Hazardous waste segregation at the point of generation is the preferred means of controlling exposures and spills.
- Special monitoring systems are required to manage some hazardous gases, vapors, or radiation undetectable by humans.

PLAN OBJECTIVES

- Define procedures to safely transport, store, use, and dispose of hazardous materials.
- Maintain a Hazardous Communication Plan and a hazardous chemical materials inventory.
- Define safe handling practices for the following hazardous materials:
    - Chemical waste
    - Radioactive waste
    - Pharmaceutical waste
    - Chemotherapeutic waste
    - Bio-hazardous waste, including sharps and physical hazards
    - Resource Conservation & Recovery Act (RCRA) Hazardous Waste items
- Monitor gases, vapors, glutaraldehyde, and waste anesthetic gases, and report the results of involved areas/departments to the Environment of Care Committee (EOCC).
- PHC's HMO conducts regular inspections of areas that store hazardous waste to ensure correct space and separation from clean or sterile goods and other hazardous chemicals.
- PHC's HMO reports number, frequency, severity, releases, and exposures to hazardous chemicals and waste to the EOCC.
- Care Partners who handle hazardous materials and waste are trained about the dangerous nature of these materials, PPE required, and proper spill/exposure responses. PPE training is conducted for PHC Care Partners by involved departments and reported to the EOCC. PHC's HMO assists when requested.
- PHC's HMO reports the Hazardous Materials and Waste Performance Indicator (PI) to the EOCC each quarter.
- Care Partners who may be involved with emergency spills are provided appropriate departmental training to recognize when spills require outside agency response, and their knowledge is refreshed annually using PHC's eLearning program.
- PHC's HMO annually evaluates the Hazardous Materials Waste Management Plan performance and makes recommendations to the EOCC.

2024 GOALS

- **Facility Alert – Hazardous Material Spill (Internal) Response Knowledge**

    - 80% of five Care Partners questioned during environmental rounds will be able to speak correctly concerning actions to take when a Facility Alerts, Hazardous Material Spill Internal occurs. ***Unmet The previous director may not have implemented a structured or consistent training approach to ensure Care Partners retained the necessary knowledge. Additionally, environmental***

rounds may not have been conducted with a focus on assessing staff competency in this area, leading to gaps in awareness and preparedness.

- **Reduction of Hazardous Waste Disposal Deficiencies**
    - Hazardous waste disposal deficiencies will be reduced in OR, PACU, and Special Procedure areas. Comparing monthly deficiencies from monthly audit reports and reporting to EOCC. This will be achieved through departmental in-service training and updating computer-based learning modules. ***Unmet***

A lack of dedicated in-service training sessions and insufficient updates to computer-based learning modules could have contributed to this goal being unmet. Additionally, compliance tracking and follow-ups on monthly audit reports may not have been prioritized, preventing necessary corrective actions from being enforced in OR, PACU, and Special Procedure areas.

2025 GOALS AND PERFORMANCE MANAGEMENT

1. **Facility Alert – Hazardous Material Spill (Internal) Response Knowledge**
    - **Specific:** Increase Care Partners' knowledge of hazardous material spill response protocols.
    - **Measurable:** 80% of 20 Care Partners questioned monthly during environmental rounds will correctly recite proper response protocols.
    - **Achievable:** This will be accomplished through updating the CBL module, using real-time scenario-based training during independent rounds, and completing tabletop exercises.
    - **Relevant:** Proper training ensures staff preparedness and compliance with safety regulations.
    - **Time-bound:** Progress will be monitored and tracked monthly through December 31, 2025.
2. **Reduction of Hazardous Waste Disposal Deficiencies**
    - **Specific:** Reduce hazardous waste disposal deficiencies in the Operating Room (OR), Post Anesthesia Care Unit (PACU), and Special Procedures areas.
    - **Measurable:** Track deficiency reductions using monthly audit reports.
    - **Achievable:** Implement targeted in-service training, update computer-based learning modules with interactive compliance training, and conduct audits.
    - **Relevant:** Reducing deficiencies ensures compliance with regulatory standards and improves safety in high-risk areas.
    - **Time-bound:** Trends and corrective actions will be reported to the EOCC for oversight and continuous improvement by Q4 2025.

ORGANIZATION

(Organization details remain unchanged.)

RISK MANAGEMENT PROCESSES

(Risk management details remain unchanged.)

This plan will continue to be reviewed and updated annually to ensure compliance with all applicable regulations and to enhance the safety and effectiveness of PHC’s hazardous materials management program.

EMERGENCY MANAGEMENT PLAN

2025

PURPOSE

To outline the organization's high-level response to situations that pose an immediate danger to the health and safety of all who enter Parrish Healthcare (PHC) doors; to provide organizational planning for the return to normal status; and to comply with regulatory requirements in all phases of such situations.

SCOPE

Applies to any emergencies that may be acts of nature or events humans' occurrences within or outside the organization and affect the safety and security of PHC property and Care Partners.

RESPONSIBILITIES AND REPORTING STRUCTURE

- The PHC Hospital Board approves all the Comprehensive Management Plan (CEMP) elements based on regular reporting of emergency management activities by the Environment of Care Committee (EOCC).

- The PHC CEO receives, and reviews reports of the CEMP drills and the actual implementation of the CEMP for an event. The PHC CEO works with the executive management team to determine needs and actions in support of the CEMP

- The EOCC Chairperson leads the EOCC activities relevant to emergency management and reports on drills and events pertinent to the CEMP to the CEO and hospital board.

- The EOCC, in conjunction with the Emergency Services Specialist, develops, revises, and maintains the PHC CEMP assuring coordination with Brevard County's CEMP. Additionally, EOCC ensures available resources and assets to address the various events under the CEMP.

- The Emergency Services Specialist advises the EOCC regarding emergency management issues that affect PHC, requiring supplies, personnel, orientation, and CEMP procedures.

- The Emergency Services Specialist oversees the implementation of the CEMP in drills and actual events, evaluating the CEMP before and after drills and/or actual events, and provides recommendations regarding all aspects of the CEMP.

- Department leaders are responsible for assuring department Care Partners are educated and oriented to their role during the implementation of the CEMP during any event with such education and orientation provided upon hire and annually.

- All Care Partners participate in education regarding the CEMP and their response to the events within it by participating in the educational activities and participating in drills/actual events following policy

and procedure.

PHC EMERGENCY MANAGEMENT PROCESSES and PLANS

- **Hazard Vulnerability Analysis (HVA)**
  Assess the impact of likely emergencies to guide the EOCC in updating/revision of the Emergency Management Program. Such analysis is done by the EOCC on an annual basis by:
    - Reviewing the prior year's HVA on an annual basis
        - Determine any changes in likely emergencies
        - Collaboration with Brevard County Emergency Management in prioritization of emergencies
    - Communicate needs and vulnerabilities to Brevard County Emergency Management and identify capabilities of all involved to meet the organization's needs
    - Based on the HVA, define mitigation activities and preparedness activities
    - Emergency Response Plans are developed and maintained for each of the emergencies identified as priorities in the HVA and are annually compared to the Brevard County Emergency Management plan(s) to assure consistency and coordination of PHC's role in those plans.

- **Comprehensive Emergency Management Plan (CEMP)**
  The CEMP contains the PHC's overall emergency plan**,** including the resources available and the individual emergency response plans. The CEMP is submitted annually to Brevard County Emergency Management for review and approval according to State Statute. The CEMP may be amended as necessary, based on changing conditions, regulations, standards, and identified needs.

- **Notification to Governmental Authorities**
  The CEMP includes a current list of governmental and commercial organizations to be notified of plan implementation and identifying any immediate or long-term needs, as known.

- **Alternate Roles for Care Partners during Emergencies**
  PHC uses the CEMP and the emergency plan in any specific emergency, which defines the Incident Command Staff who supersede routine PHC management.

  Senior leadership, as available, is assigned responsibilities using the EOP and ensuring critical tasks are completed based on the needs to help mitigate an appropriate response. Most Care Partners perform their usual duties; however, in the emergency at hand, Care Partners may assume additional responsibilities or carry out other obligations based on organizational need and Care Partner competency.

- **Conducting drills to test emergency management**
  PHC tests the response phase of its emergency management plan at least twice a year, either in response to an actual emergency or in planned drills. Emergency event documentation follows the same method used for planned exercises.

  Following the findings from the HVA, drills are planned to test various elements of a particular Emergency Response Plan and the overall CEMP. When practical, full-scale exercises (FSE) are planned

in conjunction with local Emergency Management Agencies and healthcare coalitions.
.

- **Emergency Communications Plan**
  As part of the Emergency Operation Plan, PHC includes communications during emergency situations. Elements addressed related to communications when the Emergency Management Plan is implemented include, but are not limited to:

    - Notification to affected Care Partners regarding the initial implementation of the Emergency Operation Plan and regular updates via overhead announcements, telephones, cell phones, text, employee hotline, email, and iCare communications board.
    - Notification of Brevard County Emergency Management Office, local law enforcement agencies regarding the situation with regular updates regarding new information and conditions
    - Communication with the media and the community
    - Process to communicate with suppliers and vendors of essential supplies
    - Communication with any alternative care site
    - Informing entities assisting with disaster services regarding general condition and location of patients
    - Process to notify families/patient representatives/health care surrogates in the event of an evacuation of patient(s)
    - Current listing of names and contact information for the following:
        - Employees
        - Physicians
        - Hospital Auxilians
        - Other hospitals
        - Organizations with whom PHC has a Memorandum of Understanding or contract for goods and services
        - Relevant federal, state and local emergency preparedness staff
        - Other sources of assistance
    - The Emergency Services Specialist with the assistance of the EOCC assures the following is up to date
        - Contact lists as identified above
        - Criteria for calling Care Partners to assist with any emergency response
        - Assures up to date contact list for all known emergency response organizations

2024 GOALS AND PERFORMANCE MANAGEMENT

- Train 100% of House Supervisors on activation and initial priorities in an emergency incident, this will be achieved by in person training and compiling checklist by 12-31-2024.**UNMET**
- Participation of select Care Partners in training at the Center for Domestic Preparedness by 12-31-2024 **MET (CNO attending 2025)**
    - HCL: CNO; Director of Emergency and Women's Services; Emergency Services Specialist
    - HERT- Clinical Engineering Service Technician
    - HID- Infection Prevention Professional
- Perform emergency drills to include**:MET**
    - Participate in full scale Hospital Medical Surge Exercise with CFDMC by 12-31-2024

- Cyber-attack Tabletop by 12-31-2024

2025 GOALS AND PERFORMANCE MANAGEMENT

- Train 100% of House Supervisors on activation and initial priorities in an emergency incident, this will be achieved by in person training and compiling checklist together with mission control manager by 12-31-2025
- Perform emergency drill for Internal hazardous material incident by 12-31-2025
- Implementation of Hospital Information Vital Exchange (HIVE) initiative which will target critical departments by raising awareness, strengthening preparedness and building capacity for business continuity during Electronic Medical Record (EMR) outage. This will be achieved through continuity workshops, tabletop exercises and full-scale exercises. This will be monitored through self-rating leaders' surveys on department preparedness and After-Action Reports (AAR) until 12-31-2025.

MONTHLY MEDIA REPORT – February 2025

Please note: where you see "impressions" the figure refers to the number of homes or individuals exposed to a message from Parrish Healthcare. The figure is calculated using circulation numbers as reported by the various publishers (where available) multiplied by the number of times PMC was mentioned, pictured, or number of times an advertisement ran in a month.

	Estimated Impressions
Community Outreach (Attendees)	**22,210**

EDC of Florida's Space Coast, Annual Meeting (Feb. 5) ***(Attendance 300)***
Sponsorship, swag items, Parrish-branded signage throughout and dedicated sponsor message presented by Robert Jordan

4 Under 40 Leadership Awards (Feb. 7) ***(Attendance 500)***
Sponsorship, swag items and logo in program

17th Annual Publix Florida Marathon Weekend (Feb.8-9) ***(Attendance 21,000)***
Sponsorship, Parrish-branded tent onsite and Parrish signage

Parrish Healthcare & YMCA Health Fair (Feb. 12) ***(Attendance 40)***
Parrish swag items, Parrish banner and pop-up signage

Galentine – Urban Prime, Viera (Feb. 12) ***(Attendance 50)***
Sponsorship, swag items, pop-up banner and dedicated sponsorship message presented by Samantha Decker

Galentine, Cancer Survivor Gathering – Heritage Hall (Feb. 19) ***(Attendance 20)***
Swag items and Parrish-branded literature

Ride it Down, annual Bike Ride in Titusville (Feb. 22) ***(Attendance 300+)***
Sponsorship, Parrish-branded bags to all at registration, Parrish-branded tent, swag items and sponsorship message presented by Samantha Decker

Print Advertising/Impressions	**499,200**

BoomerGuide (26,000, annual publication – Contact Sylvia Montes ***26,000***

- 2.3.25 – Full Page Back Cover (Your Health Is Your Greatest Asset)

Brevard Business News (40,000/issue – Weekly - Contact: Adrienne Roth) ***80,000***

- 2.3.25 – Full Page Back Cover (New Year, New Goals – Parrish Health & Wellness)
- 2.24.25 – Full Page (Focused on the Future of Patient Care)

Happenings (5,500/issue – Monthly and Weekly - Contact: Randy Rodriquez) ***11,000***

- 2.7.25 – Quarter Page (PHC Community Support Groups Schedule)
- 2.7.25 – Full Page (BE FAST Stroke Symptoms)
- 2.21.25 – Full Page (Your Health is Your Greatest Asset)

Hometown News (14,725/issue – Weekly - Contact: Rodney Bookhardt) ***58,900***

- 2.7.25 – Full Page (Parrish Health & Wellness New Year, New Goals)
- 2.14.25 – Full Page (BE FAST Stroke Symptoms)
- 2.21.25 – Full Page (Focus on the Future)
- 2.28.25 – Full Page (Primary Stroke Center)

Florida Today (50,000/issue – Daily - Contact: Local IQ) ***150,000***

- 2.6.25 – Half Page (BE FAST Stroke Symptoms)
- 2.20.25 – Half Page (Primary Stroke Center)
- 2.23.25 – Full Page (PHC – PSJ Services)

Investing in Your Health Today **(25,000/edition – Monthly - Contact: Barbara Rhoden)** ***25,000***

- 2.2025 – Full Page (BE FAST Stroke Symptoms)
- 2.2025 – Full Page (Primary Stroke Center)
- 2.2025 – Full Page (Be FAST Stroke Symptoms)

Space Coast Living (10,000/edition – 5 Editions Annually - Contact: Lori Weisman) **NA**

- Next Edition – Spring (March 2025)

Space Coast Daily (60,00/edition – Monthly/Digital Daily - Contact: Giles Malone) ***60,000***

- 2.20.2025 – Full Page (Your Health Is Your Greatest Asset)

Ebony News (25,000/print edition; 1500 digital – Monthly - Contact: Barbara Rhoden) ***26,500***

- 2.2025 – Half-Page (Put Your Heart in the Best Hands)

The Great Outdoors – Happenings (3,500/edition – Weekly - Contact: Greg Wostrel) ***7,000***

- 2.7.25 – Full Page (BE FAST Stroke Symptoms)
- 2.7.25 – Full Page (Support Group Events)
- 2.21.25 – Full Page (Health is Your Greatest Asset)

Savings Safari (51,000/edition – Bi-monthly - Contact: Barbara Strickland) ***51,000***

- 2.4.25 – Insert, Side 1 (Cardiology General); Insert Side 2 (PSJ Services)

Lifetimes Newsletter (Mailed quarterly to N. Brevard zip codes; average circulation of 42,000)

- Winter 2025 – In progress; mail date March 2025

Titusville Playhouse Playbill (Based on number of monthly performances) ***3,800***

- 2.2025 – Cardiology General (Jersey Boys Feb. 1 – Feb. 23)

Digital Ad Impressions **495, 190**

WFTV.com

- Impressions: 361,103
- Clicks: 1,094
- CTR: 0.35%

WFTV-OTT (Over the Top)

- Impressions: 28,809
- Video Completes: 28,462
- Video Completion Rate: 98.80%

WFTV (Streaming)

- Impressions: 53,640
- Video Completes: 52,275
- Video Completion Rate: 97.48%

Spectrum Reach (Streaming and TV)

- Impressions: 51,638
- Video Completes: 50,843
- Video Completion Rate: 98.46%

Social Media Channels	**109,550**

Facebook:

- ***Parrish Healthcare:*** *Reach – 94,200; Followers – 7,315*
- ***The Children's Center:*** *Reach – 440; Followers – 96*
- ***Parrish Health & Wellness:*** *Reach – 2,355; Followers – 150*

Instagram: *Reach – 7,982; Total Followers - 662*
X (Twitter): *Followers - 251*
LinkedIn: *Followers – 3,725; Impressions - 5,296*
YouTube:

- Total Views: **597**
- Total Subscribers: **479**
- New Subscribers: **3**

Top 5 YouTube Videos (Total Video Views in February - 597):

- Alzheimer's SOS: Vascular Dementia: **176**
- Inspire sleep Apnea Treatment at Parrish Healthcare's Sleep Center: **70**
- Healthy Bones and Joints – Parrish Medical Center: **56**
- Parrish Healthcare: **36**
- Daily Two Segment Featuring Dr. Matthew Musto: **26**

TV Impressions	**3,302,800**

Station	**Spots**	**Impressions**
WFTV	93	2,982,100
WRDQ	60	320,700
Spectrum News 13	409	See Note Below

Total	**562**	**3,302,800**

Spectrum News 13 does not report impressions because of the magnitude of linear TV impressions they receive (i.e. televisions in businesses/commercial spaces, corporate offices, schools, etc.)

***Commercials that Ran**:*

Service Line	Title	ISCI	Impressions (000) A18+
D2	D2 :120	D2PARRISH1124	1.2
D2	D2 :60	D2PARRISH112460	148.5
Cardio	Cardio :05	PHCCARDIO2505	43
Cardio	Cardio :10	PHCCARDIO2510	302.8
Cardio	Cardio :15	PHCCARDIO2515	836.8
Cardio	Cardio :05	PHCCARDIO2530	951.20
Robotics	Robotics :60	PHCVELYSJAMIE60	72.6
Robotics	Robotics :120	PHCVELYSJAMIE120	1.2
WHEEL SPONSORSHIP			839.6
SQUEEZEBACK			105.90
Grand Total			**3,302.8**

Outdoor Advertising/Billboard/Bus Impressions 1,819,395

Billboards (Lamar – Contact: Jennifer Rzepiejewski, Clear Channel – Contact: Joe Schmitt):

Lamar – 4 Billboards (Messages & Locations) 457,204

- US1/Washington Ave; *(Where New Beginnings Are Born - Women's Health, Maternity)*
- US1 @ Blacks Rd.; (*Your Heart Deserves the Best – Cardiology)*
- US1- Sharpes; (*Your Heart Deserves the Best – Cardiology)*
- US1 N of 528; *(Where New Beginnings Are Born - Women's Health, Maternity)*

Clear Channel – 17 Billboards (Message & Location) 1,362,191

- US 1 WS 3.2mi N/O SR 528 F/N – 1, Cocoa; 81,829 *(The Future of Patient Care)*
- Grissom Pkwy NS 1mi W/O Industry Rd F/E – 2, Cocoa; 47,988 *(Robotic Assisted Surgery)*
- US 1 ES 1.5mi N/O SR 528 F/S – 2; 107,258 *(Robotic Assisted Surgery)*
- US 1 WS 1.3mi N/O SR 406 Garden St F/N – 2; 96,930 *(Reducing Cost. Improving Healthcare. – Women's Health, Maternity)*

- US 1 WS 1.3mi N/O SR 406 Garden St F/S – 1; 75,254 *(Reducing Cost. Improving Healthcare. – Robotic Surgery)*
- US 1 WS 1.5mi N/O SR 406 Garden St F/S – 1; 75,506 *(Reducing Cost. Improving Healthcare. – Senior Care)*
- US 1 WS 1.5mi N/O SR 406 Garden St F/N – 2; 92,942 *(Robotic Assisted Surgery)*
- US 1 WS 0.2mi S/O SR 50 F/S – 1; 77,766 *(Reducing Cost. Improving Healthcare. – Robotic Surgery)*
- US 1 WS 0.7mi N/O SR 528 F/N – 2; 108.105 *(Reducing Cost. Improving Healthcare. – Robotic Surgery)*
- US 1 ES 2.7mi N/O SR 528 F/S – 2; 97,000 *(Reducing Cost. Improving Healthcare. – Maternity, Women's Health)*
- US 1 WS 3.3mi N/O SR 528 F/S – 1; 76,697 *(Reducing Cost. Improving Healthcare. – Robotic Surgery)*
- SR 405 SS 0.5mi W/O SR 407 F/W – 1; 76,193 *(Reducing Cost. Improving Healthcare. – Senior Care)*
- SR 405 SS 0.5mi W/O SR 407 F/E – 2; 63,925 *(Robotic Assisted Surgery)*
- US 1 WS 2.3mi S/O SR 405 F/N – 2; 84,413 *(Robotic Assisted Surgery)*
- US 1 WS 2.3mi S/O SR 405 F/S – 1; 77,547 *(Reducing Cost. Improving Healthcare. – Maternity, Women's Health)*
- US 1 WS 1.4mi S/O SR 405 F/S – 2; 65,656 *(Robotic Assisted Surgery)*
- US 1 WS 1.4mi S/O SR 405 F/S – 1; 57,181 *(Focused on the Future of Patient Care)*

Bus Wraps (Clear Channel – Contact: Joe Schmitt): Not audited by Geopath and no estimate at this time when data will be available.

- Bus 1 (MEL0012222)
- Bus 2 (1086572-MEL)

Summary of Total Impressions	**6,248,345**

News Releases Issued by Parrish	**94,725**

- 2.3.25 – BBN (Parrish Healthcare Announces Community Support Group Meetings for February; Offered Free of Charge)
- 2.7.25 – TGO Happenings (Parrish Healthcare Named Large Business of the Year by Titusville Area Chamber of Commerce); (TGO 5K Run & Walk)
- 2.10.25 – BBN (The Leader of Radical loving Care Presents Mikitarian With its Healing Hospital CEO of the Year Award) ****40,000**
- 2.10.25 – BBN (Fran Gerrett Memorial Goff Classic Set, the Longtime Parrish Medical Center Staffer's Legacy Lives On; Raises Money for The Children's Center)
- 2.14.2025 – Happenings (Parrish Healthcare and Community Partners Participate in National Point in Time Count Uniting to Count and Support Unsheltered Homeless Persons in North Brevard); (Be a Part of Something Special. Be a Parrish Care Partner!)
- 2.14.25 – Hometown News (Parrish Healthcare Names Large Business of the Year)
- 2.17.25 – BBN (Parrish Healthcare, OurLegacy Celebrates Lives Saved in 2024; Six Individuals are Freed From Dialysis Treatment) ****40,000**

- 2.19.25 – Hometown News (Zumpano Patricios Name Title Sponsor of Jess Parrish Medical Foundation Golf Classic) ****14,725**
- 2.21.2025 – Happenings (Parrish healthcare Celebrates Leadership Roles in the Titusville Chamber of Commerce Board of Directors); (Parrish healthcare Congratulated Dr. Kevat Patel on Earning Juris Master's Degree in Healthcare Law and Regulation); (Parrish Medical Center First in Brevard to Pioneer Pulsed Field Ablation); Parrish Healthcare Open Interview & Job Opportunities for Healthcare Workers Affected by Rockledge Hospital Closure)
- 2.21.25 – Hometown News (Zumpano Patricios Named Title Sponsor of Jess Parrish Medical Foundation Golf Classic)
- 2.28.25 – Hometown News (Dr. Kevat Patel Earns Juris Master's Degree in Healthcare Law)

****Editions not included under Print Advertising/Impression section**

News Releases Issued by Others **NA**

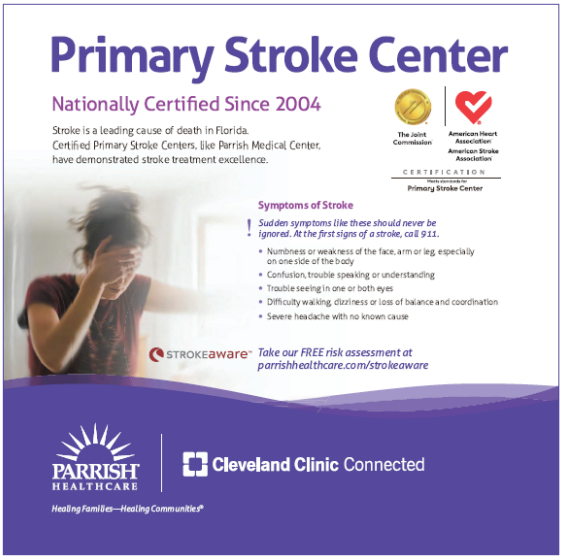
- 2.7.25 – The Great Outdoors, The Happenings (TGO 5k Run & Walk and Fitness Fair)

Creative Examples

GRAPHICS OF ADS FOR THE MONTH

PRINT ADS


PARRISH HEALTHCARE CARDIOLOGY
PUT YOUR HEART IN THE BEST HANDS
Exceptional heart health begins with exceptional providers. Whether you need routine checkups, diagnostic testing or specialized treatment, Parrish Healthcare's experienced team of cardiologists offer personalized treatment plans and compassionate care to keep your heart healthy!
Visit parrishhealthcare.com/cardiovascular
PARRISH HEALTHCARE
Cleveland Clinic Connected
Healing Families—Healing Communities®

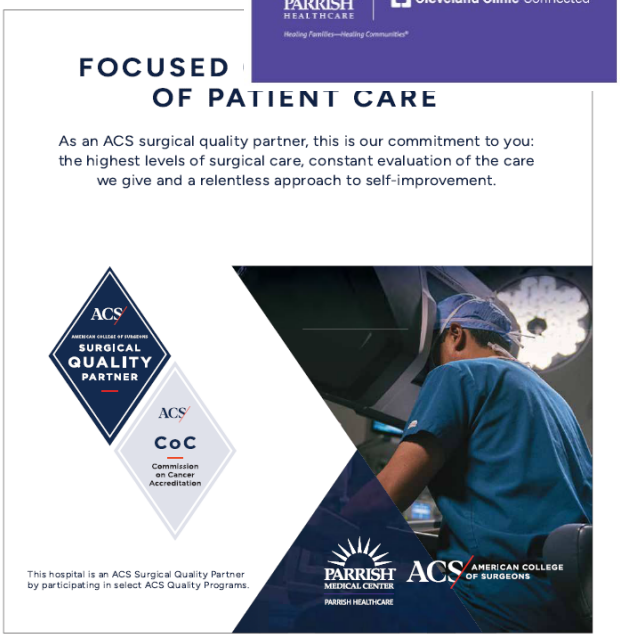

Primary Stroke Center
Nationally Certified Since 2004
Stroke is a leading cause of death in Florida. Certified Primary Stroke Centers, like Parrish Medical Center, have demonstrated stroke treatment excellence.
The Joint Commission
American Heart Association
American Stroke Association
CERTIFICATION
Primary Stroke Center
Symptoms of Stroke
Sudden symptoms like these should never be ignored. At the first signs of a stroke, call 911.
Numbness or weakness of the face, arm or leg, especially on one side of the body
Confusion, trouble speaking or understanding
Trouble seeing in one or both eyes
Difficulty walking, dizziness or loss of balance and coordination
Severe headache with no known cause
STROKEaware
Take our FREE risk assessment at parrishhealthcare.com/strokeaware
PARRISH HEALTHCARE
Cleveland Clinic Connected
Healing Families—Healing Communities®


YOUR HEALTH IS YOUR GREATEST ASSET
At Parrish Healthcare, we're here to support you in being your best and healthiest self—let's thrive together!
Visit parrishhealthcare.com to meet our providers today!
PARRISH HEALTHCARE
Cleveland Clinic Connected
Healing Families—Healing Communities®


YOUR HEALTH IS YOUR GREATEST ASSET
At Parrish Healthcare, we're here to support you in being your best and healthiest self—let's thrive together!
Visit parrishhealthcare.com to meet our providers today!
PARRISH HEALTHCARE
Cleveland Clinic Connected
Healing Families—Healing Communities®


Parrish Healthcare Center at Port St. John
Your Community Healthcare Center
Your Health, Our Mission
Parrish Healthcare Center at Port St. John is proud to serve all of your health care needs. Here you will experience convenient access to superior outpatient services, multi-specialty physicians, digital imaging services and more within a one-of-a-kind LEED certified "green" healing environment.
This location offers the following services and more:
Urgent Care Center
Community Conference Center
Laboratory Services
Parrish Medical Group Physicians
Primary Care
Cardiovascular
Endocrinology
Occupational Health
Orthopedics & Sports Medicine
Parrish Sleep Disorders Center
Digital Imaging Services
Computed Tomography (CT)
Echovascular Ultrasound, X-Ray
Magnetic Resonance Imaging (MRI)
Mammography
Ultrasound
Bone Density DEXA
Rehabilitation Services
Physical Therapy
Occupational Therapy
Speech Therapy
5005 Port St. John Parkway, Port St. John, FL 32927
Located just east of I-95 (Exit 208) on Port St. John Parkway
Visit parrishhealthcare.com or call 321-268-6868 to learn more
PARRISH HEALTHCARE
Cleveland Clinic Connected
Healing Families—Healing Communities®


COMMUNITY SUPPORT GROUP SCHEDULE
Amputee Support Group of Titusville
Meets the second Tuesday monthly, 3-4:30 PM
Parrish Healthcare Center, Manatee Conference Room 5005
Port St. John Parkway, Port St. John
Contact Matthew Julian at 239-850-4117
A.W.A.K.E. Sleep Support Group
Meets the second Monday monthly, 6-7:30 PM
Parrish Healthcare Center, Manatee Conference Room 5005
Port St. John Parkway, Port St. John
Contact our Sleep Center team at 321-268-6408
Cancer and Survivor Support Group
Meets the third Wednesday monthly, 4-5:30 PM
Heritage Hall, Parrish Health Village
931 North Washington Avenue, Titusville
Contact Shannon Luker at 321-268-3544
Caring for Caregivers Support Group
Second and fourth Thursday monthly, 9:30-11:30 AM
Heritage Hall, Parrish Health Village
931 North Washington Avenue, Titusville
Contact Janet Rooks at 321-268-6800
Diabetes Support Group
Meets the second Monday monthly, 3-4:30 PM
Heritage Hall, Parrish Health Village
931 North Washington Avenue, Titusville
Contact Peggy McLaughlin at 321-268-6699
Early Steps Community Play Date
Meets the fourth Wednesday monthly, 9-10:30 AM
The Children's Center, 5650 South Washington Avenue, Titusville
Contact Mary Cancel at 321-292-1370
Fearless Café
Presented by St. Francis Reflections Life Stages Care and Parrish Medical Center.
Meets the first Wednesday monthly, 10-11 AM
Heritage Hall, Parrish Health Village
931 North Washington Avenue, Titusville
Contact Janet Rooks at 321-268-6800
Kidney Smart Class
Meets the last Thursday monthly, 1-2:30 PM
Heritage Hall, Parrish Health Village
931 N. Washington Ave., Titusville
Contact Jackie Torres at 321-383-1245
Mom's Support Group
Meets Mondays, 10-11 AM
The Children's Center, 5650 South Washington Avenue, Titusville
Contact Melinda at Melinda.Hodges@parrishmed.com
Stroke and Heart Failure Survivors Support Group
Meets the third Tuesday monthly, 2-4 PM
Heritage Hall, Parrish Health Village
931 North Washington Avenue, Titusville
Contact Janet Rooks at 321-268-6800
Tools to Quit - Quit Smoking
Meets the last Tuesday monthly, 5:30-7:30 PM
Parrish Medical Center, Conference Room 6
951 North Washington Avenue, Titusville
Facilitated by Jennifer Wolowitz, Tobacco Free Florida
407-889-2292 ext. 102
Visit parrishhealthcare.com/events for information and to register
PARRISH HEALTHCARE
Cleveland Clinic Connected
Healing Families—Healing Communities®


FOCUSED
OF PATIENT CARE
As an ACS surgical quality partner, this is our commitment to you: the highest levels of surgical care, constant evaluation of the care we give and a relentless approach to self-improvement.
ACS
SURGICAL QUALITY PARTNER
ACS
CoC
Commission on Cancer Accreditation
This hospital is an ACS Surgical Quality Partner by participating in select ACS Quality Programs.
PARRISH MEDICAL CENTER
PARRISH HEALTHCARE
ACS AMERICAN COLLEGE OF SURGEONS

DIGITAL ADS


Primary Stroke Center
Take our FREE risk assessment
STROKEaware
The Joint Commission
American Heart Association
American Stroke Association
PARRISH HEALTHCARE
Cleveland Clinic Connected


Primary Stroke Center
Nationally Certified Since 2004
Take our FREE risk assessment
STROKEaware
The Joint Commission
American Heart Association
American Stroke Association
CERTIFICATION
PARRISH HEALTHCARE
Cleveland Clinic Connected


Primary Stroke Center
Take our FREE risk assessment
STROKEaware
PARRISH HEALTHCARE
Cleveland Clinic Connected


Primary Stroke Center
Take our FREE risk assessment
PARRISH HEALTHCARE
Cleveland Clinic Connected


Primary Stroke Center
Nationally Certified Since 2004
The Joint Commission
American Heart Association
American Stroke Association
CERTIFICATION
Primary Stroke Center
STROKEaware
Take our FREE risk assessment at parrishhealthcare.com/strokeaware
PARRISH HEALTHCARE
Cleveland Clinic Connected
Healing Families—Healing Communities®


Primary Stroke Center
The Joint Commission
American Heart Association
American Stroke Association
CERTIFICATION
Primary Stroke Center
Nationally Certified Since 2004
Take our FREE risk assessment
STROKEaware
PARRISH HEALTHCARE
Cleveland Clinic Connected


Primary Stroke Center
The Joint Commission
American Heart Association
American Stroke Association
CERTIFICATION
Primary Stroke Center
Take our FREE risk assessment
STROKEaware
PARRISH HEALTHCARE
Cleveland Clinic Connected


Primary Stroke Center
Nationally Certified Since 2004
The Joint Commission
American Heart Association
American Stroke Association
CERTIFICATION
Primary Stroke Center
Take our FREE risk assessment
STROKEaware
PARRISH HEALTHCARE
Cleveland Clinic Connected


Primary Stroke Center
The Joint Commission
American Heart Association
American Stroke Association
CERTIFICATION
Primary Stroke Center
Take our FREE risk assessment at parrishhealthcare.com/strokeaware
PARRISH HEALTHCARE
Cleveland Clinic Connected


Primary Stroke Center
Take our FREE risk assessment
STROKEaware
The Joint Commission
American Heart Association
American Stroke Association
PARRISH HEALTHCARE
Cleveland Clinic Connected

BILLBOARDS


FOCUSED ON
THE FUTURE OF
PATIENT CARE


Robotic-Assisted
Surgery


Reducing
costs.
Improving
healthcare.


FOCUSED ON
THE FUTURE OF
PATIENT CARE

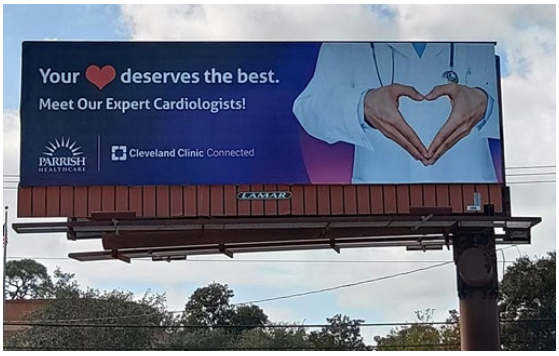

Reducing
costs.
Improving
healthcare.


FOCUSED ON
THE FUTURE OF
PATIENT CARE


Robotic-Assisted
Surgery


Where new beginnings
are born!
Trusted Care for Mom and Baby.
PARRISH
Cleveland Clinic Connected
LAMAR


Your deserves the best.
Meet Our Expert Cardiologists!
PARRISH HEALTHCARE
Cleveland Clinic Connected
LAMAR


Your deserves the best.
Meet Our Expert Cardiologists!
PARRISH HEALTHCARE
Cleveland Clinic Connected
LAMAR


Where new beginnings are born!
Trusted Care for Mom and Baby.
PARRISH HEALTHCARE
Cleveland Clinic Connected
LAMAR