



MEMORANDUM

To: Board of Directors

Cc: Bill Boyles, Esquire
Kevat Patel, M.D.

From: George Mikitarian
President/CEO

Subject: Board/Committee Meetings – August 3, 2026

Date: July 30, 2026

The Retirement Planning Committee will meet at 11:00 a.m. in the first-floor conference room.

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.

Retirement Planning Committee:

Stan Retz, Chairperson (January 1, 2026- December 31, 2028)

Dan Aton (April 1, 2024- April 1, 2028)

Chris McAlpine (February 1, 2025 – January 31, 2028)

Leigh Spradling (March 1, 2024 – March 1, 2028)

Casey Crouch (March 2, 2023 – March 1, 2026)

Jane Hankins (June 1, 2025 – May 31, 2028)

PARRISH MEDICAL CENTER
RETIREMENT PLANNING COMMITTEE MEETING AGENDA
AUGUST 3, 2026 @ 11:00 A.M.
FIRST FLOOR CONFERENCE ROOM 2/3/4/5

CALL TO ORDER

- I. Public Comments
- II. Review and approval of minutes March 2, 2026.

Motion: To recommend approval of the March 2, 2026 meeting minutes as presented.

- III. Amendment and Restatement of Parrish Medical Center 403(b) Plan – Mr. Burke

Motion: To recommend approval of the Resolution of the Retirement Planning Committee of the North Brevard County Hospital District Recommending the Restatement of and the Amendment to the North Brevard County Hospital District d/b/a Parrish Medical Center 403(b) plan.

- IV. Other
- V. Adjournment

**PARRISH MEDICAL CENTER
RETIREMENT PLANNING COMMITTEE MEETING
MARCH 2, 2026**

The members of the Retirement Planning Committee met on March 2, 2026, at 10:35 a.m. The following representing a quorum, were present or participating via phone:

Pension Administrative Committee:

Stan Retz, Chairperson
Chris McAlpine
Leigh Spradling
Casey Crouch
Jane Hankins
Dan Aton

Others Present:

Robert Jordan, Chairman, Board of Directors
Michael Moehring, CFO
Valary Brett, Financial Assistant
Sandra D'Cruz, Controller
Christina Moats, HR, Benefits Coordinator
LaDaria Shorts, HR, Benefits Coordinator
Tim Anderson, Anderson Financial Partners
John Anderson, Anderson Financial Partners
Rick Burke, Gray Robinson
Ray Abbruzzese, MetLife
David Johnson, MetLife

Call to Order

The meeting was called to order by the Chairperson at 10:35 a.m.

Review and Approval of Minutes

The following motion was made by Mr. Crouch and seconded by Ms. Spradling and approved and approved (6 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN: MOTION TO APPROVE THE RETIREMENT PLANNING
COMMITTEE MINUTES OF NOVEMBER 3, 2025, MEETING AS PRESENTED.***

Restated North Brevard Country Hospital District 403(b) Plan

Mr. Burke presented changes to the 403(b) Plan- SECURE 2.0 Act, corresponding documents were available for review and are appended to the file copy of these minutes. The following motion was made by Ms. Spradling and seconded by Mr. Aton and approved (6 ayes, 0 nays, 0 abstentions).

Retirement Planning Committee Meeting

March 2, 2026

ACTION TAKEN: MOTION TO APPROVE THE RESOLUTION OF THE RETIREMENT PLANNING COMMITTEE OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT RECOMMENDING THE RESTATEMENT OF AND THE AMENDMENT TO THE NORTH BREVARD COUNTY HOSPITAL DISTRICT d/b/a PARRISH MEDICAL CENTER 403(b) PLAN.

MetLife Update Review

Mr. Abbruzzese and Mr. Johnson presented changes to the 403(b) MetLife Plan, corresponding documents were available for review and are appended to the file copy of these minutes.

Membership Reappointment for Leigh Spradling

The Committee voted on reappointment of membership for Leigh Spradling. The following motion was made by Mr. McAlpine, seconded by Mr. Aton, and approved (6 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND THE FINANCE COMMITTEE APPROVE THE REAPPOINTMENT OF LEIGH SPRADLING TO RETIREMENT AND PLANNING COMMITTEE FOR A TWO-YEAR TERM FROM MARCH 1, 2026 – MARCH 1, 2028.

Membership Reappointment for Dan Aton

The Committee voted on reappointment of membership for Dan Aton. The following motion was made by Ms. Spradling, seconded by Mr. Crouch, and approved (6 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND THE FINANCE COMMITTEE APPROVE THE REAPPOINTMENT OF DAN ATON TO RETIREMENT AND PLANNING COMMITTEE FOR A TWO-YEAR TERM FROM APRIL 1, 2026 – APRIL 1, 2028.

Membership Reappointment for Casey Crouch

The Committee met on reappointment of membership for Casey Crouch. It was tabled for further discussion and to be voted on at the next Retirement Committee Meeting.

Quarterly 403(b) and the 457(b) Investment Update

Tim Anderson, Anderson Financial Partners, gave a brief overview on MetLife 403 (b) Plan, fund menu review, fiduciary responsibilities and reviewed the summary of performance from the meeting handouts. Handouts are appended to the file copy of these minutes.

Other

Noted for the minutes, no other items discussed.

Adjournment

There being no further business, the meeting was adjourned at 11:45a.m.

Retirement Planning Committee Meeting
March 2, 2026

Stan Retz, Chairperson

**RESOLUTION OF THE
RETIREMENT PLANNING COMMITTEE OF THE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
RECOMMENDING THE RESTATEMENT OF AND THE AMENDMENT
TO THE
NORTH BREVARD HOSPITAL DISTRICT
D/B/A PARRISH MEDICAL CENTER 403(b) PLAN**

The Retirement Planning Committee, (the “Committee”) of North Brevard County Hospital District, d/b/a Parrish Medical Center, at a meeting duly called and held, at which a quorum was present, hereby adopts the following recitals and resolutions:

WHEREAS, the North Brevard County Hospital District (the “District”) 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; and

WHEREAS, the District established the North Brevard County Hospital District, a Special Tax District operating the North Brevard County Hospital District d/b/a Parrish Medical Center 403(b) Plan (the “Plan”), effective as of January 1, 1989; and

WHEREAS, the Committee assists in the administration of the Plan and provides recommendations to the District regarding the Plan; and

WHEREAS, the District reserved the right to amend the Plan; and

RESOLVED, the Committee hereby recommends that the District restate the Plan to permit in-plan Roth conversions and to make certain other minor clarifying amendments to the Plan. The restated Plan (which includes an “Adoption Agreement” and a “Basic Plan Document”) is attached hereto as Exhibit “A”; and

FURTHER RESOLVED, that any and all actions heretofore taken by any officer or director of the District in connection with the actions contemplated herein is, ratified, confirmed and approved in all respects; and be it

FURTHER RESOLVED, that the applicable officers are hereby authorized to take the actions necessary to implement this resolution.

This Resolution shall take effect immediately upon its adoption.

PASSED, APPROVED AND ADOPTED this 3rd^d day of August, 2026.

RETIREMENT PLANNING COMMITTEE
OF NORTH BREVARD COUNTY HOSPITAL
DISTRICT

Sign: _____

Print: _____

Title: _____

ATTEST:

By: _____

QUALITY COMMITTEE

Dan Aton, Chairperson
Robert L. Jordan, Jr., C.M. (ex-officio)
Elizabeth Galfo, M.D.
Billy Specht
Billie Fitzgerald
Melissa Lugo
Herman A. Cole, Jr.
Stan Retz, CPA
Ashok Shah, M.D.
Andre Gabriel, M.D.
Kevat Patel, M.D., President/Medical Staff
Aluino Ochoa, M.D., Immediate Past President/Medical Staff
Christopher Manion, M.D., Designee
Christopher Rajan, D.O. Medical Staff Review Committee
Alphonse Pecoraro, M.D., Designee, Vice Chairperson
George Mikitarian (non-voting)

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
QUALITY COMMITTEE
MONDAY, AUGUST 3, 2026 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 May 4, 2026 and June 1, 2026 meetings.

II. Vision Statement

III. Dashboard

IV. Joint Commission Survey Review – 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 SUPPORT, INC. SHALL BE CONDUCTED.

**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 May 4, 2026, in Conference Room 2/3/4/5, First Floor. The following members were present.

Dan Aton, Chairperson
Robert L. Jordan, Jr., C.M.
Stan Retz, CPA
Billy Specht
Melissa Lugo
Ashok Shah, M.D.
Billie Fitzgerald
Christopher Manion, M.D.
Kevat Patel, M.D., President/Medical Staff
Alphonse Pecoraro, M.D., Vice Chair
Andre Gabriel, M.D.
George Mikitarian (non-voting)

Members absent:
Elizabeth Galfo, M.D. (excused)
Herman A. Cole, Jr (excused)
Christopher Rajan, D.O. (excused)
Aluino Ochoa, M.D., Immediate Past President/Medical Staff (excused)

CALL TO ORDER

Mr. Aton called the meeting to order at 12:04 p.m.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Ms. Fitzgerald, and approved (11 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE MARCH 2, 2026 MINUTES OF THE QUALITY COMMITTEE, AS PRESENTED.

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

QUALITY COMMITTEE

MAY 4, 2026

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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.

JOINT COMMISSION UPDATE

Ms. Cottrell provided a brief update on the recent Total Hip & Knee Core Program Certification conducted on April 13, 2026, noting that the surveyor was very complementary.

NON-EMERGENT CARE ACCESS PLAN

Ms. Cottrell reviewed the Non-Emergent Access to Care Plan, summarizing the regulatory foundation, concept, core requirements and implementation. Ms. Cottrell answered questions and received comments from committee members. Copies of the Power Point slides presented are appended to the file copy of these minutes.

INFECTION PREVENTION AND CONTROL PROGRAM

Ms. Cottrell noted that The Joint Commission standard NPG.12.01.01 requires the Board of Directors to appoint program leadership for the hospital infection control program. Discussion ensued and the following motion was made by Mr. Jordan, seconded by Mr. Retz, and approved (11 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE THAT ALYAH BRIDGES, MPH, CPH, CIC QUALIFIED THROUGH EDUCATION, TRAINING, EXPERIENCE, AND CERTIFICATION IN INFECTION PREVENTION TO BE RESPONSIBLE FOR THE INFECTION PREVENTION AND CONTROL PROGRAM.

OTHER

There was no other business brought before the committee.

ADJOURNMENT

There being no further business, the Quality Committee meeting adjourned at 1:03 p.m.

Dan Aton
Chairperson

**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 June 1, 2026, in Conference Room 2/3/4/5, First Floor. The following members were present.

Dan Aton, Chairperson
Robert L. Jordan, Jr., C.M.
Stan Retz, CPA
Billy Specht
Melissa Lugo
Ashok Shah, M.D. (12:11 p.m.)
Elizabeth Galfo, M.D.
Herman A. Cole, Jr.
Billie Fitzgerald
Christopher Manion, M.D.
Kevat Patel, M.D., President/Medical Staff
Alphonse Pecoraro, M.D., Vice Chair

George Mikitarian (non-voting)

Members absent:
Christopher Rajan, D.O. (excused)
Andre Gabriel, M.D. (excused)
Aluino Ochoa, M.D., Immediate Past President/Medical Staff (excused)

CALL TO ORDER

Mr. Aton called the meeting to order at 12:03 p.m.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Dr. Galfo, and approved (11 ayes, 0 nays, 0 abstentions). Dr. Shah was not present at the time the vote was taken.

ACTION TAKEN: MOTION TO APPROVE THE APRIL 6, 2026 MINUTES OF THE QUALITY COMMITTEE, AS PRESENTED.

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 COMMITTEE

JUNE 1, 2026

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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.

CMS PATIENT SAFETY MEASURES

Ms. Cottrell reviewed the structural measures and resulting performance for the previously added CMS Safety Measures: Patient Safety Structural Measure and Age-Friendly Hospital Measure.

OTHER

There was no other business brought before the committee.

ADJOURNMENT

There being no further business, the Quality Committee meeting adjourned at 12:38 p.m.

Dan Aton
Chairperson



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Quality Agenda

August 3, 2026

1. Approval of minutes
2. Vision Statement
3. Dashboard
4. Joint Commission Survey Review

Quality Committee

Vision Statement

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



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DASHBOARD



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Performance dashboard

Description	Definition	QTR	Rolling YTD	Goal
Stroke	Stroke management compliance	75%	88%	Goal: = 100%
Readmission	All cause 30-day readmissions	12.11% 69/570	11.68% 246/2106	Goal: ≤ 16.2%
Person Centered flow	Emergency department throughput	214.2	199.3	Goal: ≤ 176 minutes
Person Experience	Top box HCAHPs domain score for overall rating	63.8%	61.5%	Target: ≥ 72%
Social Determinants of Health	Percent of patients screened	95.21%	94.78%	Target: 93%
Social Determinants of Health	Percent who screened positive	4.92%	5.55%	

Performance dashboard

Description	Definition	QTR	Rolling YTD	Rolling 3 YR	Goal
Heart Attack	30-day readmission rate	28.57% 6/21	17.28% 14/81	12.93% 19/147	Goal: < 14%
Heart Failure	30-day readmission rate	20% 10/50	21.47% 41/191	21.89% 81/370	Goal: < 20%
COPD	30-day readmission rate	8% 2/25	13.59% 14/103	11.23% 21/187	Goal: < 18%
Pneumonia	30-day readmission rate	10.96% 8/73	12.7% 32/352	11.89% 71/897	Goal: < 16%
Hip/Knee	30-day readmission rate	20% 1/5	18.75% 3/16	9.80% 5/51	Goal: < 4.5%
Combined	30-day readmission rate	15.52% 27/174	16.17% 104/643	14.57% 197/1352	Goal: < 14%

Performance dashboard

Description	Definition	Rolling YTD	Days Since Last Infection	National Rate
CLABSI	Central Line Associated Bloodstream Infection	0.578	109 days	< 0.592
CAUTI	Catheter Associated Urinary Tract Infection	0.576	49 days	< 0.484
MRSA bacteremia	Hospital onset MRSA bacteremia	0.832	54 days	< 0.692
<i>C. difficile</i> infection	Hospital onset <i>C. difficile</i> infection	0.595	30 days	< 0.344
SSI	Combined Abdominal hysterectomy and colon procedures	0.000	824 days	< 0.855

JOINT COMMISSION SURVEY REVIEW



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Accreditation 360

Overview:

- Most significant accreditation overhaul since 1965, shifting from process to outcome accreditation.

Launch Date:

- January 1, 2026

Key structural reforms

Consolidation

- Reduction from 1,551 standards and EPs to 774
- Elimination of 714 hospital requirements

Unified Physical Environment Chapter

- Combined Life Safety and Environment of Care chapters

Clear Regulatory Linkages

- Accreditation manual now distinctly highlights CMS Conditions of Participation (CoPs)

New tools & support models

- National Performance Goals (NPGs)
- Survey process guide
- SAFEST Program

TJC Triennial Survey

Overall theme

- Culture & People
- Quality & Patient Safety
- Operational Excellence & Leading Practices

TJC Triennial Survey

Surveyor Perspective

“Every time I go to survey, I think to myself ‘Is this a hospital my loved ones or myself would go to?’ and I would absolutely come here. You all are so engaged, and I would feel very comfortable!”

— Joint Commission Surveyor

Survey Highlights

Culture of Excellence

- Highly organized document and compliance processes
- Strong Life Safety and ILSM documentation
- Biomed program recognized as a best practice

Survey Highlights

Patient Safety & Quality Improvement

- Strong performance improvement culture
- Effective quality dashboards and visual management
- Data-driven decision making

Survey Highlights

Engaged Teams Creating a Culture of Safety

- Highly engaged, collaborative caregivers
- Strong culture of learning and continuous improvement
- Patient Experience program recognized
- Exceptional patient feedback in the Women's Center (10/10)

Survey Highlights

Examples of Leading Practices

- Emergency preparedness and response
- Surgical safety and OR practices
- Competency tracking and multidisciplinary teamwork

Survey Highlights

SAFEST Program

- Sleep Lab mask processing
- Competency tracking

Survey Findings

Physical environment opportunities

Primary themes:

- Life Safety (ceiling penetrations)
- Building maintenance (flooring)
- Electrical compliance (panel labeling)
- Infection Control (room pressures, dust)

Survey Findings

Clinical care documentation opportunities

- Restraint documentation compliance
- Blood pressure monitoring documentation per protocol
- Timely authentication of telephone orders

Survey

Moving forward

- Successfully maintained Joint Commission accreditation
- Recognized for numerous strengths and three SAFEST Program submissions
- Corrective actions are underway with leadership oversight
- Focus on sustaining excellence through continuous improvement

FINANCE COMMITTEE

Herman A. Cole, Jr. Chairperson
Stan Retz, CPA, Vice Chairperson
Robert L. Jordan, Jr., C.M., (ex-officio)
Billy Specht
Billie Fitzgerald
Dan Aton
Christopher Manion, M.D.
George Mikitarian, President/CEO (non-voting)

**FINANCE COMMITTEE MEETING
NORTH BREVARD COUNTY HOSPITAL DISTRICT OPERATING
PARRISH MEDICAL CENTER
MONDAY, AUGUST 3, 2026
FIRST FLOOR CONFERENCE ROOMS 2/3/4/5**

CALL TO ORDER

- I. Approval of minutes.

Motion: To recommend approval of the May 4, 2026 and June 1, 2026 meetings.

- II. Financial Review – Mr. Moehring

- III. Amendment and Restatement of Parrish Medical Center 403(b) Plan – Mr. McAlpine

Motion: To recommend the Board of Directors approve the Resolution and Secretary's Certificate of the North Brevard County Hospital District Approving the Restatement of and the Amendment to the North Brevard County Hospital District d/b/a Parrish Medical Center 403(b) plan.

- IV. Capital Request, Hospital Flooring Replacement Project – Mr. Graybill

Motion: To recommend to the Board of Directors to approve the Hospital Flooring Replacement Project at Parrish Medical Center at a total cost not to exceed the amount of \$509,701.00.

- V. Public Hearing Dates (**For Information Only**)

- I. 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 May 4, 2026, in Conference Room 2/3/4/5, First Floor. The following members, representing a quorum, were present:

Stan Retz, Vice Chairperson
Robert Jordan, Jr., C.M.
Billy Specht
Billie Fitzgerald
Dan Aton
Christopher Manion, M.D.
George Mikitarian (non-voting)

Member(s) Absent:
Herman A. Cole, Jr., Chairperson (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. Retz called the meeting to order at 1:16 p.m.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Jordan seconded by Mr. Aton and approved (6 ayes, 0 nays, 0 abstentions.)

ACTION TAKEN: MOTION TO APPROVE THE MAY 2, 2026, MEETING MINUTES OF THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT, AS PRESENTED.

FINANCIAL REVIEW

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

FINANCE COMMITTEE

MAY 4, 2026

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ADJOURNMENT

There being no further business to come before the committee, the Finance Committee meeting adjourned at 1:36 p.m.

Stan Retz
Vice Chairperson

**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 June 1, 2026, 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.
Billy Specht
Billie Fitzgerald
Dan Aton
Christopher Manion, M.D.
George Mikitarian (non-voting)

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. Retz called the meeting to order at 12:39 p.m.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: MOTION TO APPROVE THE APRIL 6, 2026, MEETING MINUTES OF THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT, AS PRESENTED.

QUARTERLY INVESTMENT PORTFOLIO UPDATE

Mr. Anderson presented a brief market update and quarterly performance update concerning investment performance. Mr. Anderson answered questions and received comments from the members of the committee.

FINANCIAL REVIEW

Mr. Moehring summarized the April financial statements of the North Brevard County Hospital District and the year-to-date financial performance of the Health System indicating positive

FINANCE COMMITTEE

JUNE 1, 2026

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progress continues. Mr. Moehring answered questions and received comments from the members of the committee.

ADJOURNMENT

There being no further business to come before the committee, the Finance Committee meeting adjourned at 1:09 p.m.

Herman A. Cole, Jr.
Chairperson

**SECRETARY'S CERTIFICATE ACKNOWLEDGING
RESTATEMENT AND AMENDMENT
OF THE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
D/B/A
PARRISH MEDICAL CENTER
403(b) PLAN**

The undersigned Secretary of the North Brevard County Hospital District hereby certifies that the following resolutions were adopted by the North Brevard County Hospital District at a formal meeting for which notice was given in accordance with Florida Statutes Chapter 286.011 and that such resolutions have not been amended or rescinded since that date.

WHEREAS, the North Brevard County Hospital District (the "District") 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; and

WHEREAS, the District established the North Brevard County Hospital District, a Special Tax District operating Parrish Medical Center 403(b) Plan (the "Plan"), effective as of January 1, 1989; and

WHEREAS, the Retirement Planning Committee of the District (the "Committee") assists in the administration of the Plan and provides recommendations to the District regarding the Plan; and

WHEREAS, the District reserved the right to amend the Plan; and

WHEREAS, the Committee has recommended the District restate the Plan to permit in-plan Roth conversions and to make certain other clarifying amendments, a copy of which is attached hereto as Exhibit "A"; and

RESOLVED, that the District hereby adopts the Plan restatement (which includes an ("Adoption Agreement" and a "Basic Plan Document") recommended by the Committee, attached hereto as Exhibit "A".

RESOLVED, that the proper officers of the District are hereby authorized and directed to take any and all actions necessary to effect the foregoing resolutions and that any and all actions heretofore taken by any officer or director of the District in connection to the foregoing resolutions are ratified, confirmed and approved in all respects.

Date: August 3, 2026

By: _____, Secretary
Printed Name: Elizabeth T. Galfo, M.D.
Its Secretary

**RESOLUTION OF THE
BOARD OF DIRECTORS OF THE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
APPROVING THE RESTATEMENT OF AND THE AMENDMENT TO THE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
D/B/A PARRISH MEDICAL CENTER 403(b) PLAN**

The Board of Directors of the North Brevard County Hospital District, d/b/a Parrish Medical Center, at a meeting duly called and held for which notice was given in accordance with Florida Statutes Chapter 286.011, and at which a quorum was present, hereby adopts the following recitals and resolutions:

WHEREAS, the North Brevard County Hospital District (the “District”) 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; and

WHEREAS, the District established the North Brevard County Hospital District, a Special Tax District operating the North Brevard County District d/b/a Parrish Medical Center 403(b) Plan (the “Plan”), effective as of January 1, 1989; and

WHEREAS, the Pension Administrative Committee of the District (the “Committee”) assists in the administration of the Plan and provides recommendations to the District regarding the Plan; and

WHEREAS, the District reserved the right to amend the Plan; and

WHEREAS, the Committee has recommended the District restate the Plan to permit in-plan Roth conversions and to make certain other minor clarifying amendments to the Plan, a copy of which is attached as Exhibit “A”.

RESOLVED, that the District hereby adopts the Plan restatement (which includes an “Adoption Agreement” and a “Basic Plan Document”) recommended by the Committee, attached hereto as Exhibit “A”.

RESOLVED, that the proper officers of the District are hereby authorized and directed to take any and all actions necessary to effect the foregoing resolutions and that any and all actions heretofore taken by any officer or director of the District in connection to the foregoing resolutions are ratified, confirmed and approved in all respects.

This Resolution shall take effect immediately upon its adoption.

PASSED, APPROVED AND ADOPTED this 3rd day of August, 2026.

BOARD OF NORTH BREVARD COUNTY
HOSPITAL DISTRICT

By: _____
Printed Name: Robert L. Jordan, Jr.
Its: Chairman

ATTEST:

By: _____
Printed Name: Elizabeth T. Galfo, M.D.
Its: Secretary



MEMORANDUM

To: Finance Committee

From: Matthew F. Graybill, AVP, Operations

Subject: FY26 Capital Budget Request – Hospital Flooring Replacement Project

Date: August 3, 2026

Executive Management respectfully requests the Board Finance Committee's approval to fund the Hospital Flooring Replacement Project in an amount not to exceed \$509,701.

The project will replace aging flooring throughout designated patient care and public areas that has reached the end of its useful life. The existing flooring is worn, stained, and no longer repairable or replaceable with matching materials, resulting in an appearance that negatively impacts the patient experience and perception of our facilities. The proposed replacement with modern, durable flooring is expected to improve safety, aesthetics, maintainability, and long-term operational performance.

The total project cost, including materials, installation, and associated equipment and furniture relocation, will not exceed \$509,701. Management has evaluated available flooring options and recommends proceeding with the proposed solution based on its durability, lifecycle value, and reduced maintenance requirements. Approval is respectfully requested to proceed with the project and associated expenditures.

Motion: To recommend to the Board of Directors to approve the Hospital Flooring Replacement Project at Parrish Medical Center at a total cost not to exceed the amount of \$509,701.

AD VALOREM TAXES
PUBLIC HEARING DATES

1ST PUBLIC HEARING DATE

Regulations:

Must be conducted not before 65 days after 6/30/26 and within 80 days after 6/30/26.

Tentative date set for September 14, 2026 (Monday) at 5:01 p.m. in Conference Room 2/3/4/5. The regular meetings of the Board of Directors and the Committees of the Board of Directors are also set for September 14th (Monday).

2ND PUBLIC HEARING DATE

Regulations:

Must be conducted not before two days after newspaper add and not more than five days after newspaper add.

Tentative date set for September 28, 2026 (Monday) at 5:01 p.m. in Conference Room 2/3/4/5.

Note: The newspaper ad for the 2nd public hearing is to be published within 15 days of the 1st public hearing. The tentative date for this publishing is set for September 24, 2026 (Thursday).

ATTACHMENT: Confirmation from Brevard County Board of County Commissioners
re: Public Hearings on County and School Budgets.

July 30, 2026



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/ Budget Office

Budget Office

Adopted Budget

Proposed Budget

Line Item Budget

The Brevard County Budget Office is responsible for the development of the annual Operating and five year Capital Improvement Program budgets. Through coordination with departments and County Administration, we strive to present a budget that adheres to the vision and guidance of the Brevard County Board of County Commissioners while maximizing limited resources. Our goal on this website is to provide transparent and comprehensive budget information that is easily accessible by our stakeholders; residents, visitors, staff and County Management.

On our website, users can access proposed (July through September), current year (effective October 1st each year) and prior year budgets. Readers may also find information about the budget process, applicable state and local directives, a budget-in-brief, frequently asked questions and links to associated websites.

We are committed to making our website as informative and as user-friendly as possible, and welcome suggestions that will enhance its appearance and/or content.

Menu

Budgets

ARPA Recovery Plan

Citizen Budget Guide

Reports

County Charter

Fiscal Year Adopted Budget 2025-2026

The **adopted budget** for fiscal year beginning October 1, 2025 and ending September 30, 2026 is \$ 2,509,876,505.

Public Hearings on County and School Budgets for Fiscal Year 2026-2027

In accordance with the requirements of Florida Statutes, Chapter 200.065, notice is given concerning the dates of the scheduled public hearings on the ad valorem tax rates and budgets of the Brevard County School Board and the Brevard County Board of County Commissioners for the fiscal year beginning October 1, 2026.

The Brevard County School Board will hold public hearings on its ad valorem tax rates and budget: for the fiscal year beginning July 1, 2026, on:

28
JUL
2026
5:30 PM

Brevard County School Boar...
2700 Judge Fran Jamieson Way, Viera, FL 32940

10
SEP
2026
5:30 PM

Brevard County School Boar...
2700 Judge Fran Jamieson Way, Viera, FL 32940

The Brevard County Board of County Commissioners will hold public hearings on its ad valorem tax rates and budget for the fiscal year beginning October 1, 2026, on:

21
JUL
2026
9:00 AM

Brevard County Board of Co...
2725 Judge Fran Jamieson Way, BLDG C, 1st Flr,...

08
SEP
2026
5:05 PM

Brevard County Board of Co...
2725 Judge Fran Jamieson Way, BLDG C, 1st Flr,...

22
SEP
2026
5:05 PM

Brevard County Board of Co...
2725 Judge Fran Jamieson Way, BLDG C, 1st Flr,...

If there are any questions concerning these meetings, please call the Brevard County Budget Office at (321) 633-2153 .

Helpful Links

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Budgets

ARPA Recovery Plan

Citizen Budget Guide

Reports

County Charter

Financial Reports Clerk of Courts & County
Access Brevard County financial reports, audits, budgets and investment summaries from the Clerk of Courts & County.
[View Reports](#)

County Budget (FL Statute 129)
Florida Statutes Chapter 129 on county annual budget laws, requirements, and procedures.
[Read FL Statute 129](#)

Taxation and Finance (FL Statute 200)
Florida Statutes Chapter 200 on property tax millage rates, limits, notices and tax-setting procedures.
[Read FL Statute 200](#)

County Charter
Brevard County Charter, the county's governing framework, powers, structure, and citizen rights under home rule government.
[View Charter](#)

Archived Budgets

Select the fiscal year you wish to view.

[2024-2025](#)

[2023-2024](#)

[2022-2023](#)

[2021-2022](#)

[2020-2021](#)

[2019-2020](#)

[2018-2019](#)

[2017-2018](#)

Budget Office
Director
Keith Neterer

Email

Keith.Neterer@BrevardFL.gov

Phone

(321) 633-2153

Location

2725 Judge Fran Jamieson Way
Viera, FL 32940



Brevard County Board of County Commissioners
2725 Judge Fran Jamieson Way
Viera, FL 32940

Helpful Links

- About Brevard County
- ADA Notice
- Brevard Employee Central
- County Webmail
- Legal Ads and Public Notices
- Privacy
- Sitemap
- SucessFactors
- Using Our Site

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AlertBrevard is used by Brevard County Emergency Management, Utilities, and Fire Rescue to notify businesses and residents for public safety purposes.

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711 FLORIDA RELAY



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- ARPA Recovery Plan
- Citizen Budget Guide
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parrishmed.com

Finance Committee

FYTD June 30, 2026 – Performance Dashboard

Indicator	FYTD 2026 Actual	FYTD 2026 Budget	FYTD 2025 Actual
ED Visits	26,666	24,389	23,749
IP Admissions	3,817	3,824	3,656
Surgical Cases	4,187	4,068	4,166
LOS	5.02	5.00	5.34
OP Volumes	77,295	73,647	67,751
Hospital Margin %	13.13%	12.23%	12.42%
Investment Income \$	\$3.3 Million	\$1.3 Million	\$2.2 Million

EXECUTIVE COMMITTEE

Stan Retz, CPA, Chairman

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

Herman A. Cole, Jr.

Elizabeth Galfo, M.D.

Billy Specht

George Mikitarian, President/CEO (non-voting)

DRAFT AGENDA EXECUTIVE COMMITTEE NORTH BREVARD COUNTY HOSPITAL DISTRICT OPERATING PARRISH MEDICAL CENTER MONDAY, AUGUST 3, 2026 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 May 4, 2026 and June 1, 2026 meetings.

- II. Reading of the Huddle

- III. Report from Titusville City Council Liaison – Tom Abbate

- IV. Attorney Report – Mr. Boyles

- V. 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 May 4, 2026, 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
Billy Specht
George Mikitarian (non-voting)

Members Absent:
Herman A. Cole, Jr. (excused)
Elizabeth Galfo, 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. Retz called the meeting to order at 1:05 p.m.

CITY LIAISON

City Manager Abbate provided the latest edition of Titusville Talking Points and addressed questions from the committee regarding the City of Titusville and its activities. The Executive Committee recessed at 1:15 p.m.

The Executive Committee reconvened at 1:36 p.m. to continue its agenda.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Jordan, seconded by Mr. Specht, and approved (3 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE MARCH 2, 2026, MEETING MINUTES OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, AS PRESENTED.

READING OF THE HUDDLE

Ms. Lugo presented the Weekly Huddle.

EXECUTIVE COMMITTEE

MAY 4, 2026

PAGE 2

ATTORNEY REPORT

Mr. Boyles provided an update on the proposed changes to the State of Florida Sovereign Immunity limits, noting that the bill has been passed by legislature but has not yet been signed by the Governor. Gray Robinson will continue to monitor activity and keep the Board informed.

OTHER

There was no other business to come before the committee.

ADJOURNMENT

There being no further business to discuss, the committee adjourned at 1:41 p.m.

Stan Retz, CPA
Chairman

**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 June 1, 2026, 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.
Billy Specht
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 1:32 p.m.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Cole, seconded by Mr. Specht, and approved (5 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE APRIL 6, 2026, MEETING MINUTES OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, AS PRESENTED.

READING OF THE HUDDLE

Dr. Galfo presented the Weekly Huddle.

ATTORNEY REPORT

Mr. Boyles provided a status update on the proposed changes to the State of Florida Sovereign Immunity law, noting that the bill has still not yet been presented to or signed by the Governor. Gray Robinson will continue to monitor activity and keep the Board informed.

EXECUTIVE COMMITTEE

JUNE 1, 2026

PAGE 2

OTHER

There was no other business to come before the committee.

ADJOURNMENT

There being no further business to discuss, the committee adjourned at 1:44 p.m.

Stan Retz, CPA
Chairman

EDUCATION COMMITTEE

Billie Fitzgerald, Chairperson
Melissa Lugo, Vice Chairperson
Robert L. Jordan, Jr., C.M. (ex-officio)
Elizabeth Galfo, M.D.
Billy Specht
Herman A. Cole, Jr.
Dan Aton
Stan Retz, CPA
Ashok Shah, M.D.
Mahmoud Barbarawi, M.D.
George Mikitarian, President/CEO (Non-voting)

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE
MONDAY, AUGUST 3, 2026
FIRST FLOOR CONFERENCE ROOM 2/3/4/5**

CALL TO ORDER

I. Review and Approval of Minutes

Motion to approve the minutes of May 4, 2026, and June 1, 2026 meetings.

II. Digital Innovation Update– Mr. Gachago

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.

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**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 May 4, 2026, at 1:55 p.m. in Conference Room 2/3/4/5, First Floor. The following members were present:

Billie Fitzgerald, Chairperson
Robert L. Jordan, Jr., C.M.
Billy Specht
Dan Aton
Stan Retz, CPA
Ashok, Shah, M.D.
Melissa Lugo
Mahmoud Barbarwai, M.D.
George Mikitarian (non-voting)

Member(s) Absent:
Herman A. Cole, Jr. (excused)
Elizabeth Galfo, M.D. (excused)

CALL TO ORDER

Ms. Fitzgerald called the meeting to order at 1:55 p.m.

REVIEW AND APPROVAL OF MINUTES

The following motion was made by Mr. Specht seconded by Mr. Aton, and approved (8 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION APPROVING THE MINUTES OF THE MARCH 2, 2026 EDUCATION COMMITTEE MEETINGS, AS PRESENTED.

MEMORANDUM OF UNDERSTANDING WITH FIT

Mr. Gachago provided an overview of the MOU between Parrish Healthcare and FIT, detailing the partnership, phased approach, governance and next steps. Mr. Gachago answered questions and received comments from committee members. Copies of the Power Point slides presented by Mr. Gachago 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 2:21 p.m.

Billie Fitzgerald,
Chairperson

**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 June 1, 2026, at 1:49 p.m. in Conference Room 2/3/4/5, First Floor. The following members were present:

Billie Fitzgerald, Chairperson
Robert L. Jordan, Jr., C.M.
Herman A. Cole, Jr.
Elizabeth Galfo, M.D.
Billy Specht
Dan Aton
Stan Retz, CPA
Ashok, Shah, M.D. (1:54 p.m.)
Melissa Lugo
George Mikitarian (non-voting)

Member(s) Absent:
Mahmoud Barbarawi, M.D. (excused)

CALL TO ORDER

Ms. Fitzgerald called the meeting to order at 1:49 p.m.

REVIEW AND APPROVAL OF MINUTES

The following motion was made by Mr. Cole seconded by Mr. Specht, and approved (8 ayes, 0 nays, 0 abstentions). Dr. Shah was not present at the time the vote was taken.

***ACTION TAKEN: MOTION APPROVING THE MINUTES OF THE APRIL 6, 2026
EDUCATION COMMITTEE MEETINGS, AS PRESENTED.***

LOCAL NURSING WORKFORCE PIPELINE UPDATE

Ms. Dickerson provided an update on the current conditions in Brevard County regarding the nursing workforce. Ms. Dickerson answered questions and received comments from committee members. Copies of the Power Point slides presented by Ms. Dickerson 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 2:38 p.m.

Billie Fitzgerald,
Chairperson



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parrishhealthcare.com

Digital Innovation Portfolio

Prepared for the Parrish Healthcare Board of Directors (BOD)

Presenter: John W Gachago VP Digital Innovation

Date: August 3, 2026

Focus: BOD REPORTING MODEL FOR DIGITAL INNOVATION



Healing Experiences for Everyone All the Time®
parrishhealthcare.com

Why This Portfolio Matters

One portfolio. Seven initiatives. Four enterprise goals.



Improve access and outcomes: RPM and care-at-home models



Reduce burden: ambient documentation, Copilot, AI training



Modernize the foundation: migration to Meditech Expanse



Prepare for the future: agentic AI with governance first

Executive Dashboard

A monthly view the BOD can read in one minute

 Every initiative reports the same way: phase, value, adoption, risk, decision

 Near-term value: RPM, ambient clinical intelligence, Copilot

 Closest oversight: Expanse migration, agentic AI, ACI governance

How We Keep the Portfolio Organized

One standard reporting structure for every initiative

- ① Why: strategic objective and the outcome we expect
- ② Where: current phase from idea to assess to pilot to rollout
- ③ How we know: KPIs, adoption, and measurable value
- ④ What we need: risks, next steps, and the BOD decision

Portfolio Risk Heat Map

Where the BOD should focus its attention

HIGH – needs board attention

Meditech Expanse
migration
Agentic AI
Ambient documentation
governance

MEDIUM – watch closely

Remote patient monitoring
Ambient clinical intelligence
pilot
Workflow redesign and
change management

LOW – manageable today

Copilot licensing
AI training for clinicians
AI training for nurses

Common thread: the risk sits with people and process – adoption, workflow, and governance – not the technology itself.

Executive Summary

Bottom line for the Board of Directors

- ✅ Ready to show value: RPM, ambient clinical intelligence, Copilot
- 👁️ Needs close oversight: Expanse, agentic AI, and ACI governance
- 🧩 Ties it together: training, change management, executive accountability
- 📅 Recommended cadence: monthly dashboard; deep dive only when a decision is needed
- ❓ Questions and discussion

**DRAFT AGENDA
BOARD OF DIRECTORS MEETING - REGULAR MEETING
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
AUGUST 3, 2026
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)
 - A. New Providers (memo included)
 - B. Shining Star Awards
- V. Review and Approval of Minutes (May 4, 2026, and June 1, 2026 Regular Meetings)
- 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 – Dr. Patel
- XI. Public Comments (as needed for revised Consent Agenda)
- XII. Consent Agenda***
 - A. Finance
 - 1. **Motion to recommend the Board of Directors approve the Hospital**

Flooring Replacement Project at Parrish Medical Center at a total cost not to exceed the amount of \$509,701.00.

2. **Motion to recommend the Board of Directors approve the Resolution and Secretary's Certificate of the North Brevard County Hospital District Approving the Restatement of and the Amendment to the North Brevard County Hospital District d/b/a Parrish Medical Center 403(b) plan.**

***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

XV. Other

- A. Monthly Media Report (memo included)

XVI. Closing Remarks – Chairman

ADJOURNMENT

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Healing Families – Healing Communities®

parrishhealthcare.com

Dwarka Nath, MD – Gastroenterology

Parrish Medical Group

**Mysore Medical College and
Research Institute, Mysore, India**

**Residency: John H. Strong Cook
County Hospital, Chicago**

**Fellowship: Baylor College of
Medicine**



Praveen Maheshwari, MD

Anesthesiology – North American Partners in Anesthesia

- **Bachelor of Medicine and Surgery (MBBS)**
Jawaharlal Nehru Medical College, Aligarh, India
- **Residency: Anesthesiology (MD)** Jawaharlal Nehru Medical College, Aligarh, India
- **Fellowship: Cardiothoracic and Vascular Anesthesiology**, The University of Texas Medical School, Houston, TX
- **Internship: General Surgery – North Shore Hospital – LIJ Health System – Manhasset, NY**
- **Residency: Anesthesiology – The University of Texas Medical School, Houston Texas**



Timothy Maier, DO

Anesthesiology – North American Partners in Anesthesia

- Lake Erie College of Osteopathic Medicine, Erie, PA
- Rotating Internship: HCA Port St. Lucie Medical Center, Port St. Lucie, FL
- Residency: HCA/USF Morsani College of medicine – Oak Hill Hospital, Brooksville, FL



Hosang Kim, MD

Hospitalist – Apogee Physicians

- **Bachelor of Medicine and Bachelor of Surgery, MBChB
Makerere University,
Kampala, Uganda**
- **Residency – Internal Medicine
University of Nevada, Reno**



Wayne Simmons, DO

Anesthesiology – North American Partners in Anesthesiology

- **Doctor of Osteopathic Medicine,
Nova Southeastern University
COM, Ft. Lauderdale, FL**
- **Anesthesiology Residency and TY
Internship – HCA Healthcare
GME/USF Morsani COM GME
Programs, Oak Hill Hospital**



Brian Schultz, MD

Anesthesiology – North American Partners in Anesthesiology

- **Doctor of Osteopathic Medicine,
Michigan State University College of
Osteopathic Medicine, Lansing, MI**
- **Dual Internship (ACGME & AOA)
Henry Ford Hospital, Detroit, MI
and Bi-County Hospital, Warren, MI**
- **Residency: Henry Ford Hospital,
Detroit MI**



Joshua Herskovic, MD

North American Partners in Anesthesiology

- **Wayne State University
School of Medicine**
- **Internship & Residency:
University of Illinois at
Chicago Medical Center,
Chicago IL**



Nikea Frith, MD

Emergency Medicine – TeamHealth

- **Albert Einstein College of Medicine – NY**
- **Residency: St. Barnabas Hospital Emergency Medicine**



**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 2:22 p.m. on May 4, 2026 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
Dan Aton
Billy Specht
Billie Fitzgerald
Melissa Lugo
Ashok Shah, M.D.

Member(s) Absent:
Herman A. Cole, Jr. (excused)
Elizabeth Galfo, 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. Jordan called the meeting to order at 2:22 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 included in the packet as revised. Discussion ensued and the following motion was made by Mr. Retz, seconded by Dr. Shah, and approved (7 ayes, 0 nays, 0 abstentions).

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

RECOGNITIONS

Dr. Kevat Patel recognized Dr. Imran Rashid for maintaining 30 years of Board Certification.
Ms. Sellers recognized the Shining Stars Care Partner of the Quarter Award recipients: Latisha Harris, Alexis Bennet and Theo Hamilton.

Mr. Jordan recognized national Nurses' Week and National Teacher Appreciation Week, noting that today and every day, we appreciate the important work of our Parrish Healthcare nurses, our Children's Center teachers and all of our Parrish Care Partners.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: MOTION APPROVING THE MINUTES OF THE MARCH 2, 2026, 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

There was no new business.

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. Specht, seconded by Mr. Aton and approved (7 ayes, 0 nays, 0 abstentions).

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

Consent Agenda

A. Quality Committee

1. Motion to recommend that the Board of Directors approve Alyah Bridges, MPH, CPH CIC, qualified through education, training, expertise and certification in infection prevention to be responsible for the infection prevention and control program.

COMMITTEE REPORTS

Quality Committee

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

Finance Committee

Mr. Retz 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 all items were covered during the Educational, Governmental and Community Relations Committee.

Planning, Physical Facilities and Properties Committee

Mr. Jordan reported the Planning Physical Facilities and Properties Committee did not meet.

Process And Quality Report

No additional information was presented.

BOARD OF DIRECTORS

MAY 4, 2026

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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 2:37 p.m.

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

**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 2:22 p.m. on June 1, 2026 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.
Dan Aton
Billy Specht
Billie Fitzgerald
Melissa Lugo
Ashok Shah, M.D.

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 2:38 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 included 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

There were no recognitions.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: MOTION APPROVING THE MINUTES OF THE APRIL 6, 2026, 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

North Brevard Medical Support Liaison Report

Mr. Retz presented the North Brevard Medical Support Liaison report of its May 7, 2026, meeting and answered questions presented.

MEDICAL STAFF REPORT RECOMMENDATIONS/ANNOUNCEMENTS

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 NEWLY DEVELOPED OPTOMETRY PRIVILEGES, AS PRESENTED.

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 ADDITIONAL PRIVILEGES TO RADIATION ONCOLOGY OF PROSTATE BRACHYTHERAPY, BREAST BRACHYTHERAPY, AND CERVICAL BRACHYTHERAPY.

CONSENT AGENDA

There were no items for the consent agenda.

COMMITTEE REPORTS

Quality Committee

Mr. Jordan 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 all items were covered during the Educational, Governmental and Community Relations Committee.

Planning, Physical Facilities and Properties Committee

Mr. Jordan reported the Planning Physical Facilities and Properties Committee did not meet.

Process And Quality Report

No additional information was presented.

Hospital Attorney

Mr. Boyles noted that he has been working to update the Board Bylaws to reflect statutory changes and plans to send a draft to each Board member in the coming weeks.

OTHER

Ms. Sellers shared that the Circle of Giving Campaign kickoff will be Friday June 5th.

Mr. Morak shared that this year's theme is *Turning Back Time for a Healthier Tomorrow*.

Mr. Morak noted that the Jess Parrish Medical Foundation Benefit Gala will be held on October 17, 2026 at the Valiant Air Command Event Hangar.

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 2:59 p.m.

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

**NORTH BREVARD COUNTY HOSPITAL DIST
OPERATING PARRISH MEDICAL CENTER
MEDICAL EXECUTIVE COMMITTEE MEETING – REGULAR SESSION MINUTES
June 16, 2026**

Present: Dr. Ochoa, Dr. Manion, Dr. Navas, Dr. Musto, C. McAlpine, Dr. K. Patel, H. Cole, Dr. Gabriel, P. Carmona, MD

Absent: Dr. Ochoa, Dr. Rajan, Dr. Stuart, Dr. Jacobs, Dr. Motolenich, Dr. Bhola, G. Mikitarian

A meeting of the Medical Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was called to order on June 16, 2026 at 5:30pm in the Conference Center. A quorum was determined to be present.

CALL TO ORDER.

Dr. K. Patel called the meeting to order at 5:35p.

I. REVIEW AND APPROVAL OF MINUTES

Motion to approve the Regular Session minutes of May 19, 2026 as written and distributed *was made by Dr. Carmona, seconded by Dr. Joseph and unanimously approved.*

2. Old Business: None.

3. New Business:

CONSENT AGENDA - STANDING ORDER

- Atomized Fentanyl for Pediatric Patients E3727 - Triennial Review. No changes made.
- Hypoglycemia Protocol for Children E5b - Triennial Review. No changes made.
- Labor Epidural Analgesia E672ab - Under Medications, ROPivacaine was updated from 0.12% 250 ml to 0.2% 200 ml, and from 0.12% to 0.2% under "Epidural Infusion".
- Hemodialysis Orders E287ae - Dialysis Orders Chronic patient, Initial treatment protocol #1, Initial Treatment Protocol #2- the Dialyzer options have been updated to include options for F160, F180, and Cellentia TM-17H.
- Peritoneal Dialysis E3624 - The solutions have all been completely updated and should be reviewed as if new.
- Invasive Line Procedure Note E4006 – New anesthesia form.

- Regional Anesthesia/Post-Op Pain Block Procedure Note E4007 – New anesthesia form.
- Anesthesia Record E4008ai – New anesthesia form.
- Continuous Labor Epidural Record E4009ac – New anesthesia form.

MOTION TO APPROVE THE CONSENT AGENDA AS WRITTEN AND DISTRIBUTED WAS MADE BY DR. MUSTO, SECONDED BY DR. CARMONA AND UNANIMOUSLY APPROVED.

Policies for review: PolicyStat 11107783

*****RETIRE***** Evacuation Plan

Retire: Evacuation is covered in the EOP and in the Fire Response Plan.

MOTION TO APPROVE THE RETIREMENT OF THE POLICY WAS MADE BY DR. JOSEPH, SECONDED BY DR. NAVAS AND UNANIMOUSLY APPROVED.

Report from the Board of Directors:

THE MINUTES OF THE BOARD OF DIRECTORS' REGULAR SESSION AND QUALITY COMMITTEE WERE ENTERED INTO THE MINUTES.

Report from Administration: None

Open Forum: None

NEXT MEETING: JULY 21, 2026

Kevat Patel, MD
President, Medical Staff

Christopher Manion, MD
Secretary/Treasurer

**NORTH BREVARD COUNTY HOSPITAL DIST
OPERATING PARRISH MEDICAL CENTER
MEDICAL EXECUTIVE COMMITTEE MEETING – REGULAR SESSION MINUTES
July 21, 2026**

Present: Dr. Ochoa, Dr. Manion, Dr. Navas, Dr. Musto, G. Mikitarian, Dr. K. Patel, H. Cole, Dr. Gabriel, P. Carmona, MD, D. Bhola, DO, Dr. Stuart, Dr. Rajan

Absent: C. McAlpine, Dr. Joseph

A meeting of the Medical Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was called to order on July 21, 2026 at 5:30pm in the Conference Center. A quorum was determined to be present.

CALL TO ORDER.

Dr. K. Patel called the meeting to order at 5:32p.

I. REVIEW AND APPROVAL OF MINUTES

Motion to approve the Regular Session minutes of June 16, 2026 as written and distributed *was made by Dr. Carmona, seconded by Dr. Manion and unanimously approved.*

2. Old Business: None.

3. New Business:

CONSENT AGENDA - STANDING ORDER

- Peritoneal Dialysis E3624 - The solutions have all been completely updated and should be reviewed as if new.
- Alcohol Withdrawal Protocol E157ab - Revised Thiamine HCL [Vitamin B1] order to pre-selected 100 mg PO DAILY and unchecked 100 mg IV DAILY. Implemented Dr. Mathur's Sedation Scale changes. Substantial overhaul to most other content, especially Medications. Should review as if new
- Cholecystectomy - Post Op E3777ac - Completely updated and should be reviewed as if new.
- Mastectomy - Postop E1057ab - Completely updated and should be reviewed as if new.

MOTION TO APPROVE THE CONSENT AGENDA AS WRITTEN AND DISTRIBUTED WAS MADE BY DR. RAJAN, SECONDED BY DR. STUART AND UNANIMOUSLY APPROVED.

Policies for Review

Use and Management of Patient Restraints

Updated references and added new restraint type (lockable). This was reviewed and approved as part of a workgroup to include Nursing Directors and Education

Pharmacy Emergency Preparedness Plan

New Policy: Approved by P&T 6/3/26

Look alike Sound alike Medications

New Policy: Approved by P&T 6/3/26

Pharmacy Department Downtime Procedures

New Policy: Approved by P&T 6/3/26

Department Procedure IV to PO Conversion

Change inclusion and exclusion criteria. Added table of approved conversions for pharmacist protocols.

Respiratory Therapy Arterial Blood Gas

No edits.

Therapeutic Substitution for Outpatient Infusion Center

New Policy: Approved by P&T 6/3/26

Formulary Management

New Policy: Approved by P&T 6/3/26

MOTION TO APPROVE THE POLICIES AS WRITTEN AND DISTRIBUTED WAS MADE BY DR. BHOLA, SECONDED BY DR. RAJAN AND UNANIMOUSLY APPROVED.

Report from the Board of Directors: Mr. Cole noted the passing of Bill and Rachel Terry.

Report from Administration: None

Open Forum: None

NEXT MEETING: AUGUST 18, 2026

Kevat Patel, MD
President, Medical Staff

Christopher Manion, MD
Secretary/Treasurer



MEMORANDUM

To: Board of Directors

From: Matthew F. Graybill, AVP, Operations

Subject: Fiscal Year 2026 Environment of Care Goals and Outcomes

Date: August 3, 2026

The Environment of Care (EOC) Program is designed to ensure a safe, functional, and compliant environment for patients, visitors, care partners, and providers. The program focuses on continuous improvement in safety, regulatory readiness, emergency preparedness, and facility readiness.

Included within are the Fiscal Year (FY) 2026 goals, plans and outcomes associated with each EOC functional area, including Safety and Security, Plant/Facilities Operations, Emergency Management, Life Safety, Hazardous Materials and Waste, Infection Prevention Support and Utilities Management.

The FY 2026 EOC Program remained focused on maintaining a safe, compliant and resilient care environment while supporting organizational readiness and operational continuity. Ongoing interdisciplinary collaboration and proactive risk management efforts contributed to continued improvement across safety, facilities, emergency preparedness, and regulatory compliance initiatives.

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



Origination 12/1996
 Last Approved 11/2025
 Effective 11/2025
 Last Revised 11/2025
 Next Review 11/2026

Initiator **Natalie Sellers:
 SR. VP COMM,
 COMMUNITY &
 COR**

Areas **Human
 Resources**

Applicability **Parrish
 Healthcare
 System-Wide**

Tags **EOCManagementPlans**

Employee Health and Safety Plan

I. PURPOSE

The purpose of the Employee Health and Safety Plan is to improve and maintain employee health by providing information and guidance for the proactive identification of health and safety risks and implementation of processes and mitigation actions to prevent accidents, injuries, illness and outlines program for safe return to work after accident or injury.

II. SCOPE

This policy applies to North Brevard County Hospital District d/b/a Parrish Medical Center and its affiliates ("Parrish Healthcare").

III. POLICY STATEMENT

- A. It is the policy of Parrish Healthcare to provide a safe and healing work environment. For this reason, Care Partners are expected to assist Parrish Healthcare in maintaining safe working conditions. Care Partners are accountable to follow common sense safety practices, know and follow Parrish Healthcare policies and procedures, and to correct or report any unsafe condition to their supervisors. Employee Health and Safety requires constant vigilance and common sense. Safety is everyone's responsibility.
- B. In order to be assured employee health and safety is maintained the following elements have been included in the program:
 1. Pre-employment/placement health review
 2. Care Partner health and safety education
 3. Immunization programs
 4. Protocols for surveillance and management of job related illness, exposures to infectious diseases, or injury

5. Counseling services for care partners regarding potential health and safety risks related to employment or special conditions
6. Guidelines for work restriction(s) and return to work program associated with work-related illness or injury
7. Maintenance of health records

IV. DEFINITIONS

- A. Parrish Healthcare: Is an inclusive term referring to North Brevard County Hospital District d/b/a Parrish Medical Center and its affiliates and North Brevard Medical Support, Inc. d/b/a Parrish Medical Group and its affiliates.
- B. Parrish Medical Center: North Brevard County Hospital District d/b/a Parrish Medical Center (PMC) is a 501c3 special District of the State of Florida established pursuant to the authority of Chapter 2003-361, Laws of Florida, and has as its not-for-profit purpose to serve the medical needs of patients within North Brevard County, Florida.
- C. Care Partner: Is an inclusive term referring to Parrish Healthcare Care Partners, medical staff members, auxiliary members, and Board of Directors members, as well as any person working for or on behalf of Parrish Healthcare, including but not limited to temporary personnel, consultants, vendors, and independent contractors, regardless of position.
- D. Health care provider: According to Provider: 2025 Florida Statutes: 456.053 (3) (h), means a physician licensed under chapter 458, chapter 459, chapter 460, or chapter 461; an advanced practice registered nurse registered under s. 464.0123; or any health care provider licensed under chapter 463 or chapter 466. Reference: https://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0456/Sections/0456.053.html
- E. Transitional Work: temporary, modified work assignments within the worker's physical abilities, knowledge and skills.
- F. Accident shall mean an unexpected and unforeseen event, happening suddenly and/or violently, with or without human fault.
- G. Work injury is defined as an injury resulting from an accident, event, or exposure in the work environment and arising out of and in the course of the employment.
- H. Abbreviations: ADA, Americans with Disabilities Act; HCO, Healthcare Organization; HCP, Healthcare Personnel; HICPAC, Healthcare Infection Control Practices Advisory Committee; IPC, Infection Prevention and Control; OHS, Occupational Health Services

V. PROCEDURE

- A. **Pre-employment/placement health review.** Parrish Healthcare requires a pre-employment-placement health review designed to ensure that employees have no health problems that could potentially endanger their safety at work or compromise or create health risks to patients, visitors, other care partners, or the work environment in general. Such health reviews must be completed prior to beginning work. **Confidential medical records are maintained in the Employee Health Office.**
 1. **Substance mis-use screening:** Parrish Healthcare requires a pre-employment-placement screening for the presence of illegal drugs/substances in compliance with federal, state or organizational rules and regulations. Testing will occur through the use of urine (drug) screening. Individuals who do not pass this screening will not be hired and are not eligible to reapply for hire for one-year. New hires that refuse testing will not be employed.
 2. Pre-employment vaccination records:

- a. Parrish Healthcare requires upon hire either proof of vaccination or qualified exemption (medical or religious exemption) for certain infectious diseases in accordance with established immunization program (e.g. COVID-19, Influenza).
- b. Parrish Healthcare requires upon hire proof of required vaccination records for HCP in compliance with the most current federal Advisory Committee on Immunization Practices guidelines (ACIP): General Best Practice Guidelines and Guidelines for Healthcare Personnel.
- c. All U.S. health care personnel should be screened for TB upon hire (i.e., preplacement). The local health department should be notified **immediately** if TB disease is suspected. Annual TB testing of health care personnel is **not** recommended unless there is a known exposure or ongoing transmission.
- d. **Pre-employment laboratory testing** may include, but is not limited to:
 - i. Hepatitis Bs Antibody
 - ii. Varicella Zoster Screening
 - iii. Rubella, Rubeola and Mumps Antibody
 - iv. T-Spot (TB test)

B. Care Partner Health and Safety Education

1. Parrish Healthcare provides health and safety education during new hire orientation; annual required training; emergency management drills; among other learning techniques. Education is offered through a computer based learning system as well as in person learning.
2. Parrish Healthcare also provides access to the Employee Assistance Program (EAP) for all Care Partners free of charge.

C. Immunization Program

1. To prevent and control the spread of infections/infectious diseases, Parrish Healthcare will provide, at no cost to the employee Care Partners, vaccines for diseases for which the employee has no documented immunity as per the following:
 - a. Hepatitis B vaccine - offered to Employee Care Partners not immune to Hepatitis B. See protocol for "Hepatitis B Vaccine Protocol".
 - b. MMR vaccine - required if Employee Care Partner is not immune to rubeola, rubella or mumps. See protocol for "Measles, Mumps and Rubella Vaccination".
 - c. Influenza vaccine - offered to all Care Partners annually. See Annual Care Partner Vaccination Program policy and procedure.
 - d. COVID-19 vaccination - proof of vaccination or documentation of approved exemption required for all Care Partners at the time of hire. See Annual Care Partner Vaccination Program policy.
 - e. Tetanus toxoid (with acellular pertussis) - offered to employees as needed.
 - f. Varicella - Immunizations are required if Employee Care Partner is not immune to varicella. See protocol for "Varicella Vaccination Protocol".
 - g. Meningococcal vaccine- offered to Microbiology workers only.
2. Blood and Body Fluid Exposure - CDC guidelines are the basis for this policy when an employee is exposed to potential bloodborne pathogens. See "Blood and Body Fluid Exposure Policy and Procedure" for details.
3. Infections or conditions that require absence from work:

- a. Skin infections where draining wounds are present. The Care Partner may return to work when the drainage ceases and/or upon receiving return to work release from the Occupational Health Office or Care Partner's Primary Care Provider.
- b. Respiratory tract infections including but not limited to:
 - i. Group A Strep - Screening and treatment services available through Occupational Health Office or Care Partner's Primary Care Provider; return to work upon release from his/her Primary Care Provider or Occupational Health Office.
 - ii. Pneumonia - Screening and treatment services through Occupational Health Office or Care Partner's Primary Care provider; return to work upon release from his/her Primary Care Provider or Occupational Health Office.
 - iii. Active Pulmonary TB - Screening and treatment services available through Occupational Health Office or Care Partner's Primary Care Provider; return to work upon release from his/her Primary Care Provider or Occupational Health Office following CDC guidelines.
 - iv. Influenza/COVID-19 - Screening and treatment services available through Occupational Health Office or Care Partner's Primary Care Provider; return to work upon release from his/her Primary Care Provider or Occupational Health Office following CDC guidelines.
 - v. Mumps - Screening and treatment services available through Occupational Health Office or Care Partner's Primary Care Provider; return to work upon release from his/her Primary Care Provider or Occupational Health Office following CDC guidelines.
 - vi. Pertussis - Screening and treatment services available through Occupational Health Office or Care Partner's Primary Care Provider; return to work upon release from his/her Primary Care Provider or Occupational Health Office following CDC guidelines.
- c. Active viral exanthems including but not limited to:
 - i. Varicella - Screening and treatment services available through Occupational Health Office or Care Partner's Primary Care Provider; return to work upon release from his/her Primary Care Provider or Occupational Health Office following CDC guidelines.
 - ii. Herpes Zoster - Care Partners with Zoster may work if the lesions are covered and the Care Partner can be restricted from care of high-risk patients.
 - iii. Rubella - Care Partner may return to work upon release from his/her Primary Care Provider or the Occupational Health Office following CDC guidelines.
 - iv. Enteric infections with associated vomiting or diarrhea. The employee may return to work when the diarrhea or vomiting abates. (See Clostridium difficile guidelines below)
 - v. Conjunctivitis: The employee may return to work when the drainage ceases.
 - vi. Scabies/Lice: The employee may return to work after 24 hours of effective treatment.
- d. Any condition suspected to be infectious or contagious as determined by Employee

Health/Infection Control until the employee is determined to be noninfectious. The Employee Health Office may be contacted if there is a question on work restrictions for illnesses. Infections or conditions with limited patient assignments:

- i. Herpes Simplex - restricted from care for immunosuppressed patients, pregnant patients or infants.
- ii. Herpes Zoster - may work if the lesions are covered and the employee can be restricted from care of high-risk patients.
- iii. Poison Ivy/Contact Dermatitis - Care Partner with contact dermatitis due to poison ivy/oak or other plants may be allowed to render patient care providing Care Partner washes the affected body area to remove all plant oils and if the lesions are not draining. If the dermatitis becomes infected, Care Partner must attain and submit to the Employee Health Office a return to work release from his/her Primary Care Provider or Occupational Health Office.
- iv. Methicillin-Resistant Staph Aureus (MRSA) - Care Partners with an open lesion are restricted from work. All other employees are reviewed for restrictions. Any employee determined to be a carrier of the infection is permitted to work during their treatment. All employees diagnosed with MRSA are required to attain and provide Employee Health with a return to work release from his/her Primary Care Provider or Occupational Health Office.
- v. Hepatitis A- Care Partners in direct patient care or food service are restricted from work. Care Partners diagnosed with Hepatitis A are required to attain and provide Employee Health with a return to work release from his/her Primary Care Provider or Occupational Health Office.
- vi. Clostridium difficile – Care Partner with active diarrheal stools resulting from Clostridium difficile infection are restricted from work until diarrheal symptoms are resolved. If diagnosed with Clostridium difficile Infection, Care Partner must attain and submit to Employee Health a return to work release from his/her Primary Care Provider or Occupational Health Office.

e. Follow-up For Exposure to Communicable Disease

- i. Infection Control identifies the infection and determines exposure to the employee.
- ii. Infection Control in conjunction with Head Nurse/Charge Nurse/Nurse Supervisor determines span of exposure.
- iii. Infection Control notifies the Employee Health Office of persons that were exposed. The Employee Health Office is responsible to follow-up with employee notifications, regarding the determination of exposure and need for follow up if appropriate.
- iv. If a disease is NOT listed in the above list, monitoring and intervention will be handled on an individual basis.

D. Protocols for surveillance and management of job-related illness, exposures to infectious diseases, or injury

1. Surveillance is done on many aspects of Employee Health to assure Care Partner well-being including but not limited to tracking diseases, injuries and workplace exposures; identifying new and emerging problems in the workplace; providing evidence used to direct intervention

and prevention activities; and monitoring the overall effectiveness of our injury and illness prevention and mitigation strategies. Surveillance is done in the following areas:

- a. Care Partner Illness/Return to Work Information, from office visits and leave support calls, is kept in a computerized database and analyzed monthly.
- b. If a Care Partner is absent from work greater than 3 days due to an illness, a physician's statement is required.
- c. Tuberculosis Skin Test Converters
 - i. This information is kept in a computerized database and analyzed monthly for departmental trends and this information is reported to the Infection Control Committee bimonthly.
- d. Blood and Body Fluid Exposures
 - i. All blood and body fluid exposures are reported to the Employee Health Office and kept in a computerized database and analyzed monthly for trends. This information is reported to the Infection Control Committee.
- e. Infectious Diseases Exposures
 - i. Infectious disease exposures are reported to the Employee Health Office and kept in a computerized database and analyzed monthly for trends. This information is reported to the Infection Control Committee.

E. Reporting Injury or Illness to Employee Health Services

1. A nurse is available at the Employee Health Office to address employee health and safety matters from work-related injuries to communicable diseases and has authority to implement work restrictions as needed.
2. All work-related injuries, regardless of severity, must be reported to Employee Health within 24 hours of the illness/injury.
3. Care Partners must report an injury or illness to their supervisor immediately or as soon as practical, but no later than the conclusion of the Care Partner's shift. The supervisor will refer the injured Care Partner to the Employee Health Office if medical attention is needed. For urgent/life-threatening injuries Care Partners are to use PMC's Emergency Department.
4. Within the first 24 hours of the illness/injury the supervisor must complete an incident report using Parrish Healthcare's on-line incident reporting system (link is located on iCare). Report of illness/injury should be detailed and thorough to allow for appropriate post-event review and investigation.
 - a. Incident report should include whether or not established policies/procedures were followed; safety equipment (e.g. lift equipment) was properly used; if slip/fall was evidence of wet floor; were proper shoes worn; take photo evidence if possible to support the safety review.
 - b. Employee Health together with Risk Management will conduct post-event safety review to identify trends; opportunities for improvement.
5. The Employee Health Office is not to replace the employee's personal physician for primary care.

F. Return to Work Clearance

1. In the event that a work injury is not severe to warrant emergency room, the Care Partner will be sent to the Occupational Medical Office by the Employee Health Nurse (EH RN) for clearance before return to work.

2. If a Care Partner refuses treatment after the injury, they will sign an Employee Refusal of Medical treatment form.
 3. Care partners are subject to drug testing after an occupational work accident, injury or illness regardless of the accident severity or refusing treatment. Testing must take place within two hours following the accident, if not sooner. Refusal by Care Partner will be treated as a positive drug test result and will result in progressive discipline up to and including termination of employment.
- G. **Transitional Work Assignment** [link to the Transitional Work Policy]
- H. Maintenance of Confidential Medical Records
1. **Confidential medical records are maintained in the Employee Health Office.**
- I. It is the Care Partners responsibility to follow established safety policies, procedures and protocols. Care Partners who repeated fail to follow safety protocols will be subject to progressive discipline/corrective action up to an including termination.

VI. REFERENCES

CDC: Guidelines for Infection Control in Healthcare Personnel, 1998 and subsequent updates

www.cdc.gov/vaccines/hcp/acip-recs/index.html

www.cdc.gov/vaccines/hcp/acip-recs/recs-comprehensive.html

www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm

www.cdc.gov/tb/topic/testing/healthcareworkers.htm

[www2a.cdc.gov/vaccines/statevaccsApp/](http://www2a.cdc.gov/vaccines/statevaccsApp/AdministrationbyPatientType.asp?PatientType=Hospital%20Employees;)

[AdministrationbyPatientType.asp?PatientType=Hospital%20Employees;](http://www2a.cdc.gov/vaccines/statevaccsApp/AdministrationbyPatientType.asp?PatientType=Hospital%20Employees;)

www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm?s_cid=mm6819a3_w

Department of Labor/OSHA Occupational Health Guidelines

Light Duty Accommodation Did Not Have to be Continued https://www.shrm.org/resourcesandtools/tools-and-samples/policies/pages/work-comp-light-duty-return.aspx?_ga=2.118526409.1577962780.1679408000-868914432.1667919320&_gac=1.246745392.1679408002.EAlaIQobChMlZ5SCmJrt_QIViStMCh2NSw2BEAAYASAAEgLewfD_BwE

7 -Steps to Improve Light - Duty Programs <https://www.shrm.org/resourcesandtools/legal-and-compliance/employment-law/pages/steps-to-improve-light-duty-programs.aspx>

All Revision Dates

11/2025, 11/2022, 05/2013, 01/2012, 09/2009, 06/2006, 12/2004, 12/2003, 12/2002, 12/2001, 12/2000, 12/1999, 12/1998, 12/1997, 12/1996

Attachments

[A-4: Exposure to Bloodborne Pathogens](#)

Approval Signatures

Step Description	Approver	Date
President/CEO	George Mikitarian: PRESIDENT/ CEO [AJ]	11/2025
Chief Corporate Compliance Officer	Anual Jackson: INSPECTOR GENERAL CHIEF CORPORATE COMPLIANCE OFFIC	11/2025
Executive Management Committee	Executive Management Committee [AM]	11/2025
Policy Management	Policy Management [AM]	11/2025
Executive Management	Natalie Sellers: SR. VP COMM, COMMUNITY & COR	11/2025
	Natalie Sellers: SR. VP COMM, COMMUNITY & COR	11/2025

Applicability

North Brevard Medical Support, Parrish Medical Center



Origination 12/2020
Last Approved 05/2026
Effective 05/2026
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Next Review 05/2027

Initiator **Jim Walker:
DIRECTOR OF
FACILITIES
MANAGEMENT**

Areas **Plant Services**

Applicability **Parrish
Healthcare
System-Wide**

Tags **EOCManagementPlans**

Fire Response Plan

I. PURPOSE

This plan describes the specific roles of care partners, licensed independent practitioner (LIPs) at and away from the point of origin, including when and how to sound and report fire alarms, how to contain smoke and fire, how to use fire extinguishers, how to assist and relocate patients and how to evacuate to areas of refuge.

II. SCOPE

Parrish Healthcare minimizes the potential for harm from fire, smoke and other products of combustion in all its facilities.

III. POLICY STATEMENT

The policy of Parrish Healthcare is to provide for the safety and health of patients, employees, and visitors, to the extent possible, during an event within our facilities.

IV. DEFINITIONS

When used in this policy these terms have the following meanings:

- A. Parrish Healthcare: Is an inclusive term referring to North Brevard County Hospital District d/b/a Parrish Medical Center and its affiliates and North Brevard Medical Support, Inc. d/b/a Parrish Medical Group and its affiliates.
- B. Parrish Medical Center: North Brevard County Hospital District d/b/a Parrish Medical Center (PMC) is a 501c3 special District of the State of Florida established pursuant to the authority of Chapter 2003-361, Laws of Florida, and has as its not-for-profit purpose to serve the medical needs of

patients within North Brevard County, Florida.

- C. Care Partner: Is an inclusive term referring to Parrish Healthcare employees, medical staff members, auxiliary members, and Board of Directors members, as well as any person working for or on behalf of Parrish Healthcare, including but not limited to temporary personnel, consultants, vendors, and independent contractors, regardless of position.
- D. LIPs: Licensed Independent Practitioners
- E. AOC: Administrator on Call

V. PROCEDURES

A. RACE and PASS

LIPs, volunteers, vendors, and students are expected to participate in a fire emergency as directed by the in-house fire response team or person in charge. Response of these individuals, until directed otherwise, is to follow RACE:

R - RESCUE: patients/persons. Move patients and visitors away from the fire area.

A - ALERT: by pulling the nearest manual pull station and dialing "1-1" on any hospital telephone away from fire, alerting the Communications Center of the related facts.

C - CONTAIN: the fire by closing the doors to prevent the spread of heat and smoke.

E - EXTINGUISH: the fire by using the proper extinguisher. Before entering the fire area, use the back of your hand to check the door and entryway for heat and smoke. If it is too hot and smoky, do not enter. Clear the area and evacuate if necessary.

Parrish Healthcare is equipped with four general types of fire extinguishers. It is important that all personnel familiarize themselves with the proper technique of operating this equipment and what kind of fire each extinguisher may be used on.

- Dry Chemical ABC - For Use on burning wood, paper, cloth, rubber and many plastics, burning liquids for smothering action, or live electrical fires where non conductive extinguishing agents must be used.
- Carbon Dioxide (CO₂) - For use with electrical or flammable liquids, (halon types of extinguishers may be found near some high value electronics equipment).
- Pressurized Water - For use on paper, wood, excelsior, cloth, and general combustible fires requiring cooling and quenching. NEVER USE PRESSURIZED WATER ON BURNING LIQUID OR ELECTRICAL FIRES.
- Wet Chemical KType - For suppressing cooking oil and grease fires in commercial kitchens. This extinguisher is made to complement existing pre engineered hood systems.

Extinguish the fire using a portable fire extinguisher, only if the fire is small and you have been trained to do so using the PASS process:

- **P** - Pull the pin.
- **A** - Aim at the base of the fire.
- **S** - Squeeze the handle.

- **S** - Sweep from side to side.

B. Call Identification:

The Communications Center announces the code three times on the overhead paging system at the time of the emergency.

First Alert: "Facility Alert + Code Red + [Location]" - This overhead page is used whenever the fire alarm has been sounded to alert all care partners to the location of the fire alarm and to stand by for possible evacuation of patients .

All Clear Alert: "Facility Alert + Code Red + All Clear" - This overhead page is used whenever the fire alarm has been cleared by the Fire Department, Security or Plant Engineering care partners.

If after hours, weekend or holiday. The Communications Center places a call to the AOC to communicate the situation.

C. Emergency Response Team (ERT):

The ERT is made up of any combination from Security, Facilities, Respiratory Therapy, Environmental Services, and Administrative House Supervisor. The team is available 24/7.

The Emergency Response Team has the following responsibilities:

1. Report immediately to the fire scene, aid facility personnel and evacuate patients if necessary.
2. Check all fire system components to ensure operating properly.
3. Only if it is safe to do so, take corrective action regarding any complication that may interfere with the rapid control, containment or extinguish of the fire.
4. Leave firefighting to trained responding firefighters. Assist the responding firefighters only as instructed.

D. Recommended Actions for All Care Partners At Location of Fire:

- Activate fire alarm system by utilizing a pull station or dialing "1-1" at hospital or "9-1-1" for off site properties, if the system does not activate on its own.
- Care partners should utilize fire extinguishers to attempt to extinguish the fire if fire is small enough to handle otherwise leave firefighting to trained firefighters.
- All doors are to be kept closed to lessen smoke transmission.
- All other doors may **ONLY** be closed if it has been ascertained that **NO PERSONS** are in the room at the time of the alarm.
- Smoke compartment doors must be closed if they did not close when fire alarm system activated.
- Do **NOT** use elevators. Use stairways only. Elevators are to be utilized only by the Fire Department.
- Care partners should attempt to reassure patients and visitors that the situation is under control and that they will be attended to throughout the event.
- Visitors already in the hospital should remain with the patient in their room unless instructed otherwise by the person in charge of the area.

- All visitors/vendors attempting to enter the hospital should be intercepted and instructed to wait outside in the parking lot until the alarm is cleared.
- Telephone use should be limited during a Code Red. The paging system and any telephone conversation deemed essential should be limited to fire directives and emergencies only.
- All nonessential electrical equipment should be turned off.
- All care partners should be prepared to follow their plan to evacuate their department upon orders from the person in charge as conditions warrant.
- All items must be removed from the egress corridors and into any available space (work stations, rooms, etc.).
- All care partners should remain in the area to which they are assigned and should follow the directions of the person in charge of that area.

E. Recommended Actions for All Care Partners Away from Location of Fire

- Secure your work area as needed and exit to the next fire compartment. If necessary, exit the building to your muster point and notify the Command Center of your location.
- If you are not in your department, report back to your unit.
- Do **NOT** use elevators. Use stairways only. Elevators are to be utilized only by the Fire Department.
- Care partners should not be traversing through the corridors unless they have specific fire-related duties.
- All patient room and other doors are to be kept closed to aid in smoke transmission containment. Other doors may be closed **ONLY** if it has been ascertained that **NO PERSONS** are in the room at the time of the alarm.
- Smoke compartment doors must be closed if they did not close when fire alarm system activated.
- Care partners should attempt to reassure patients and visitors that the situation is under control and that they will be attended to throughout the event.
- Visitors already in the hospital should remain with the patient in their room unless instructed otherwise by the person in charge of the area.
- All visitors/vendors attempting to enter the hospital should be intercepted and instructed to wait outside in the parking lot until the alarm is cleared.
- The hospital paging system and telephone usage should be limited to fire directives and emergencies only.
- All care partners should remain in the area to which they are assigned and should follow the directions of the person in charge of that area.
- All care partners should be prepared to follow their plan to evacuate their department upon orders from the person in charge as conditions warrant.
- All items must be removed from the egress corridors and into any available space (work stations, rooms, etc.).
- All care partners should know the nearest location of fire extinguishers and how to properly use them

F. Special Assignments and Responsibilities

Assignments

- If a fire is reported within the facility, the Communications Center alerts the appropriate Emergency Response members who will report directly to the scene of the fire.
- The AOC or designee initiates the Incident Command Center set up as necessary.
- The AOC or designee supervises the execution of the fire plan and works with the Fire Department to determine when the "All Clear" notice should be announced.
- The AOC is part of the ERT and responds to the fire scene to assist with coordination efforts.
 - NOTE: The Safety Officer, Administrative Supervisor or Administration representative direct this action if necessary. This notifies key personnel, who may not be on duty at the time of the fire and enable them to respond to the facility, if necessary.

Incident Command Center

- Receive calls from within the facility, when necessary, relay messages to the fire scene via radio communications and or phone.
- Records calls and documents all activities on the Command Center's log.
- In the event of a confirmed fire, the Communications Center may initiate the Disaster Recall List.
 - NOTE: The Command Center is located in Mission Control. In the event that the fire is near this location, an alternative site is announced as necessary.

Department Directors/Managers/Supervisors

- Ensure all department care partners follow the Fire Plan as written.

All Departments

- Remain calm.
- Secure your work area as needed and exit to the next fire compartment. Exit the building to your muster point if necessary and notify the Command Center of your location.
- Assist with evacuations as directed by the Command Center.

Nursing Areas (Charge Nurse or designee)

- When appropriate, direct visitors to exit the building through the nearest exit.
- Designate a care partner to secure charts and medications for all patients.
- Inform care partners responding to the scene as to the situation.
- The care partners assigned to the location check for signs of heat, fire or smoke in patient rooms and other spaces in the immediate work zone. Once verified, the care partners close all doors in the area, and places a glove over the door handles to indicate rooms have been cleared. They then proceed to moving/relocating all items out of the corridor and out of the path of egress.

Intensive Care Unit

- Stabilize patients and relocate to the Perioperative Services area as necessary.

Perioperative Services

- Stay alert to the nature of the activated alarm.
- Plan for the potential need to cancel surgeries and/or finish cases during an actual fire.
- If there is a fire near or in the Surgery Department, all cases are safely stopped or canceled and patients prepared for safe transition to a patient care area to meet the patient needs.
- If fire is on a patient in surgery, please follow your departmental procedure

Cath Lab

- Stay alert to the nature of the activated alarm.
- If there is a confirmed fire within the facility, Cath Lab care partners may cancel procedures and/or finish cases during an actual fire.
- If there is a fire near or in the Cath Lab, all cases are safely stopped or canceled and patients prepared for safe transition to a patient care area to meet the patient needs.

Respiratory Therapy

- Remain alert and aware of exact location of the fire alarm.
- In the event of a confirmed fire, assess the patient care area affected, determine any critical needs, shut down medical gases as required, and provide oxygen therapy and/or manual ventilation to patients who require it.

MRI

- Complete procedure, if possible.
- In case of a fire in the MRI suite, non-ferrous extinguishers are provided for responding to a small fire.
- In case of a large fire, in addition to the steps outlined above, the MRI staff also turn off the power to the MRI unit.
- Any emergency responders must be screened for any metallic items until it has been confirmed that the magnet has been completely shut down.

Nuclear Medicine

- Complete procedure, if possible.
- The department Director/Manager has an inventory of all radioactive sealed sources located in nuclear medicine and can provide as necessary.
- The Fire Department should be made aware that radioactive material is present in the area, but not at levels that would cause a health concern. The radioactive material used in nuclear medicine is short lived and breaks down quickly.
- Fire suits and respirators provide adequate protection in case of a release and are available for trained personnel.

Pharmacy

- Secure all medications as necessary.

Concierge Desk, Patient Services & Volunteers

- Keep all visitors and outpatients in the main lobby until the "All Clear" is announced on the overhead paging system.
- Do not allow visitors to use elevators.

Health Information Management (Medical Records)

- Assist care partners in movement or evacuation of the fire area as directed by the Command Center.
- If evacuation of the area is necessary:
 - Direct visitors to the next fire compartment or the nearest exit as directed by Command Center.
 - Ensure all staff has cleared the area.
 - Report to the Command Center when area has been cleared.

Dietary

- Ensure gases are secured.

Cardiopulmonary

- Complete procedure if possible, for patient safety.
- Ensure gases are secured.

Outpatient Services (Infusion Center, Wound Care Center, etc.)

- Complete procedure, if possible.
- If patient safety is compromised, stabilize the patient and follow departmental process for transporting patients to the Emergency Department.
- If Fire is located within the hyperbaric chamber, follow your departmental procedure for safe shutdown and evacuation of the chamber.

Security, Plant Operations and Environmental Services, Administrative Supervisors

- All security, Plant Operations, and EVS care partners as well as Administrative Supervisor on duty are part of the Emergency Response Team and immediately respond to the fire scene to assess the situation and assist in response. Staff are assigned to escort responding fire personnel to the location of the fire alert.
- Fire Department personnel have been educated on the layout of the hospital and the locations of departments. In the event of a fire, they arrive and enter the facility at one of three locations:
 - Emergency Department
 - South Entrance
 - Loading Dock
- In some fire situations, it may be necessary to shut off Life Safety Utility Systems. This may include medical gases, electricity, natural gas and/or water. Before shutting off any Life Safety Utility System, ensure Administration, Administrative Supervisor, and Respiratory Therapy are included in the decision. to close the medical gas valve

- To Close Medical Gas Valve Care Partners Should:
 - Immediately notify the charge nurse, respiratory therapy and facilities, (These are the only care-partners authorized to shut off medical gas valves).
 - Apply supplemental oxygen to patients requiring oxygen therapy that are on the medical gas zone that will be shut down.
 - Turn off the medical gases supplying the room or rooms involved.

Communications Center

At the sound of the fire tone or bell, the telephone operator:

- Identifies the alarm by viewing the active alarm on the fire monitor panel.
- Using the overhead paging system, overhead pages the location of the fire three times clearly by stating, "Facility Alert + Code Red + [Location]".
 - This call is used whenever the fire alarm has been sounded to alert those in the facility personnel as to the location of the fire alarm.
- Dials "9-1-1" to alert dispatch operator of location of fire and location the Fire Department shall respond to.
- Operates emergency phones.
- Refers media telephone calls/inquiries to the Command Center for response by Public Information Officer or designee.
- Fire Alarm "All Clear" Notice:
 - Clearance provided by Security, Plant Operations or the Fire Department.
 - Clearly announce, "Facility Alert + Code Red + All Clear", three times using the overhead paging system.

Evacuation

Three types of evacuation may be ordered:

1. Horizontal: The movement of patients from one fire compartment to another, on the same floor.
2. Vertical: The movement of patients down fire exit stairways, designated by "EXIT" signs, to a lower level floor.
3. Total: The complete removal of all patients, visitors and care partners from the designated facility.

In the event an evacuation is necessary, the facility is evacuated horizontally, from one smoke compartment to another, and when applicable, horizontally and/or vertically, when the environment cannot support adequate patient care and treatment.

- The Incident Commander or AOC will determine an evacuation of a smoke compartment, floor, or facility.
- In the event of a fire situation, it may be necessary to evacuate occupants from one smoke compartment to another. Such evacuation would be made on the same level to an adjacent fire smoke compartment. DO NOT USE STAIRS OR ELEVATORS unless instructed and assisted by the Fire Department.
- If evacuation is on the same level as an exterior exit to outside, ensure ALL patients and care partners are accounted for. Regardless of which evacuation method is followed, it is the

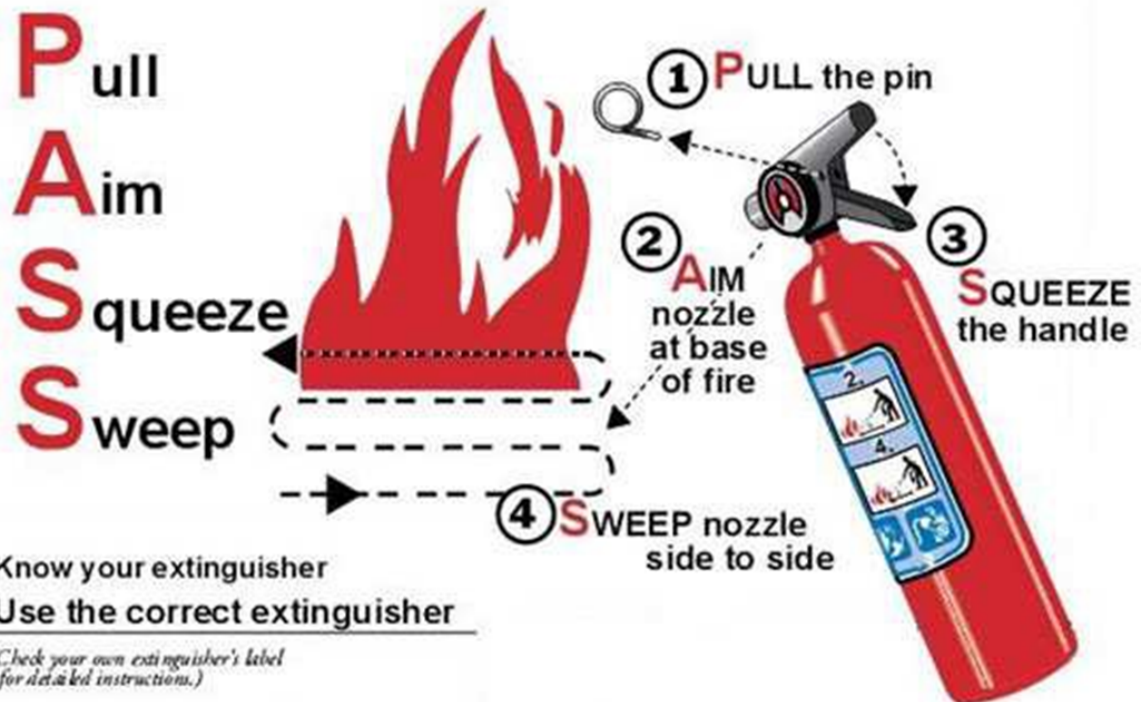
responsibility of hospital staff to account for ALL patients, care partners and visitors.

- When evacuating an area, teams should conduct the evacuation as follows:
 - One half of the team responds to the receiving area to account for all receiving occupants.
 - The other half of the team responds to the area being evacuated to close doors of rooms/areas once it is confirmed that those areas are clear of people.
 - Once all occupants are removed from one smoke compartment to the adjacent one, place wet linen (towels/sheets/etc.) at the bottom of each fire door to prevent smoke intrusion.
 - Keep all occupants as far away from the recently evacuated smoke compartment as possible.
 - Notify the Command Center of actions performed and current situation upon completion of evacuation responsibilities.

VI. REFERENCES

- The Joint Commission <https://www.jointcommission.org/>
- National Fire Protection Association (NFPA) 101, Life Safety Code, 2012 Edition
- National Fire Protection Association (NFPA) 10, Standard for Portable Fire Extinguishers
- Example: How to Operate a Fire Extinguisher

To operate an extinguisher:



All Revision Dates

05/2026, 06/2023, 01/2021, 12/2020

Approval Signatures

Step Description	Approver	Date
Executive Management Operations Division Leader	Matthew Graybill: Assistant VP of Operations	08/2024
Executive Management Committee	Executive Management Committee [AM]	08/2024
Policy Management	Policy Management [AM]	08/2024
Executive Management Operations	Matthew Graybill: Assistant VP of Operations	08/2024
	Alan Riley: CONTRACT (HHS)	08/2024

Applicability

North Brevard Medical Support, Parrish Medical Center



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Initiator **Jim Walker:**
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FACILITIES
MANAGEMENT

Areas **Plant Services**

Applicability **Parrish Medical**
Center

Tags **9500,**
EOCManagementPlans,
TJC

Department Procedure: Responding to Utility System Disruption

I. PURPOSE

The purpose of this procedure is to outline means for Parrish Healthcare Care Partners to report Utility System failures, respond and establish methods of emergency clinical intervention.

II. SCOPE

All Parrish Healthcare Facilities.

III. POLICY STATEMENT

It is the policy of Parrish Healthcare to ensure compliance with regulations, and mandates required by any authority having jurisdiction regarding the management of the Utility Systems.

IV. DEFINITIONS

When used in this policy these terms have the following meanings:

- A. Parrish Healthcare: Is an inclusive term referring to North Brevard County Hospital District d/b/a a Parrish Medical Center and its affiliates and North Brevard Medical Support, Inc. d/b/a Parrish Medical Group and its affiliates.
- B. Parrish Medical Center: North Brevard County Hospital District d/b/a Parrish Medical Center (PMC) is a 501c3 special District of the State of Florida established pursuant to the authority

of Chapter 2003-361, Laws of Florida, and has as its not-for-profit purpose to serve the medical needs of patients within North Brevard County, Florida.

- C. Care Partner: Is an inclusive term referring to Parrish Healthcare Care Partners, medical staff members, auxiliary members, and Board of Directors members, as well as any person working for or on behalf of Parrish Healthcare, including but not limited to temporary personnel, consultants, vendors, and independent contractors, regardless of position.
- D. Utility Systems: Systems that are required for the safe and efficient operation of hospital facilities including: Elevators Chiller Medical Vacuum, Pneumatic Tube Ventilation/Exhaust Boiler, Fire Control Medical Air Steam Distribution, Fire Detection Hydrogen Natural Gas, Fire Pump Nitrogen Electrical Distribution, Fire Protection Nitrous Oxide Emergency Power, Air Handling Oxygen Sewer, Chilled Water, Domestic Water.
- E. Downtime: Any planned interruption of a utility system, or any planned maintenance operation or modification of a utility system, which, in the judgment of the System Facilities Director, or Facility Manager, creates a reasonable risk of potentially causing an interruption.
- F. Critical Utility Systems: Systems that result in a direct, immediate, and serious impact to patients or staff, including:
Electrical Distribution, Medical Vacuum, Fire Detection, Emergency Power, Nitrogen, Fire Protection, Domestic Water, Nitrous Oxide, Fire Pump, Fire Control, Ventilation/Exhaust, Medical Air, Oxygen, Pneumatic Tube.
- G. Non-Critical Utility Systems are those systems for which an unexpected shutdown would not have a direct, immediate, serious impact on patients or staff. These include systems, which have inherent redundant components, are typically of low risk, or are backed up by other systems. For example, the Elevator system contains multiple elevators, so that if an elevator is taken out of service, the other elevators can continue to provide the necessary service. Non-Critical Utility Systems include the following:
Chilled Water, Elevators, Convectors, Natural Gas, Air Handling, Chillers, Steam Distribution, Sewer, Boiler, Control Air.
- H. Non-Critical to Critical Conversion: occurs if abnormal conditions cause a non-critical utility system to become a critical system. For example, a Chiller is not a critical component during normal operations and thus the Chiller system is considered Non-Critical because of multiple redundant systems. However, if there is only one operable Chiller, then that Chiller must be considered as Critical.

V. PROCEDURES

Failed System	What to Expect	Method for Notifying Clinical Staff	Emergency Clinical Intervention	Plant Engineering Response
Electrical Power Failure (Emergency Generators)	Many lights are out Only RED plug outlets and UPS systems work and will experience	· A call will be made from the Director or Operations Manager of Facilities to the Administrative House Supervisor.	· If the outlet the medical equipment is plugged into does not work try the other two types of outlets (there are three types of	· Plant Engineering will send Qualified Technician to the area and assess. · If technician is able

work)	reduced building cooling.	· The Administrative House Supervisor will notify affected Clinical Staff and inform of the situation	- outlets – red, maroon and white – try all three). · If your ventilator does not have a battery – manually ventilate. · Oxygen delivery is not impacted. · Medical Air and Suction will be impacted (see below).	- to restore Fire alarm system to normal operation, problem will be resolved at this point. · In the event technician is unable to restore, plant engineering will call our contractor in to assist with resolving the issue.
Complete Electrical Power Failure	Loss of all utilities except for cold water.	· A call will be made from the Director or Operations Manager of Facilities to the Administrative House Supervisor. · The Administrative House Supervisor will notify affected Clinical Staff and inform of the situation	· If the outlet the medical equipment is plugged into does not work try the other two types of outlets (there are three types of outlets – red, maroon and white – try all three). · Evaluate moving patient to other areas of building. · Evaluate surgical cases and schedule.	· Plant Engineering will send Qualified Technician to the area and assess. · If technician is able to restore Fire alarm system to normal operation, problem will be resolved at this point. · In the event technician is unable to restore, plant engineering will call our contractor in to assist with resolving the issue.
Complete Failure of Elevator System	All vertical movement will have to be by stairwells	· A call will be made from the Director or Operations Manager of Facilities to the Administrative House Supervisor.	· Use stairwells. · Use tube system · Use electronic (e.g., scan) and fax capabilities.	· Plant Engineering will send Qualified Technician to the area and assess. · If technician is able to restore Fire alarm

		· The Administrative House Supervisor will notify affected Clinical Staff and inform of the situation		system to normal operation, problem will be resolved at this point. · In the event technician is unable to restore, plant engineering will call our contractor in to assist with resolving the issue.
Elevator System and Passenger Entrapment	Elevator alarm bell sounding	· A call will be made from the Director or Operations Manager of Facilities to the Administrative House Supervisor. · The Administrative House Supervisor will notify affected Clinical Staff and inform of the situation	· Keep verbal contact with passengers trapped in the elevator and let them know help is on its way. · Contracted elevator vendor called to perform extraction	· Plant engineering will notify security and elevator vendor in order to assist with extracting the entrapped person.
Fire Alarm System	No fire alarms.	· A call will be made from the Director or Operations Manager of Facilities to the Administrative House Supervisor. · The Administrative House Supervisor will notify affected Clinical Staff and inform of the situation	· Institute Fire Watch; minimize fire hazards and use phone to report fire · Fire sprinklers are still operational. · Refer to the Interim Life Safety Measures procedure	· Plant Engineering will send Qualified Technician to the area and assess. · If technician is able to restore Fire alarm system to normal operation, problem will be resolved at this point. · In the event technician is unable to restore, plant engineering will call our contractor in to

				assist with resolving the issue.
Fire Sprinkler System	No Fire Sprinkler	· A call will be made from the Director or Operations Manager of Facilities to the Administrative House Supervisor. · The Administrative House Supervisor will notify affected Clinical Staff and inform of the situation	· Institute Fire Watch; minimize fire hazards and use phone to report fire · Fire sprinklers are still operational. · Refer to the Interim Life Safety Measures procedure	· Plant Engineering will send Qualified Technician to the area and assess. · If technician is able to restore Fire alarm system to normal operation, problem will be resolved at this point. · In the event technician is unable to restore, plant engineering will call our contractor in to assist with resolving the issue.
Medical Gases and Vacuum System	Gas alarms, no oxygen or medical air or Nitrous Oxide	· A call will be made from the Director or Operations Manager of Facilities to the Administrative House Supervisor. · The Administrative House Supervisor will notify affected Clinical Staff and inform of the situation	· Manually ventilate patients and transfer patients to another area if necessary. · Use portable oxygen and other gases, call for additional portable cylinders. · Use portable vacuum units on crash carts	· Plant Engineering will send Qualified Technician to the area and assess. · If technician is able to restore Fire alarm system to normal operation, problem will be resolved at this point. · In the event technician is unable to restore, plant engineering will call our contractor in to assist with resolving the issue.

Natural Gas System Failure or Leak	Odor, no flames on burners, etc	· A call will be made from the Director or Operations Manager of Facilities to the Administrative House Supervisor. · The Administrative House Supervisor will notify affected Clinical Staff and inform of the situation	· Turn off gas equipment, don't use any spark producing devices, electric motors, switches, etc. · Potential impact to sterilization process, HVAC and domestic hot water. · Consider cold meals.	· Plant Engineering will send Qualified Technician to the area and assess. · If technician is able to restore Fire alarm system to normal operation, problem will be resolved at this point. · In the event technician is unable to restore, plant engineering will call our contractor in to assist with resolving the issue.
Nurse Call System/ Patient Alarms	No patient contact	· A call will be made from the Director or Operations Manager of Facilities to the Administrative House Supervisor. · The Administrative House Supervisor will notify affected Clinical Staff and inform of the situation	· Use bedside patient telephone if appropriate · Move patients into corridor · More frequent rounds · Use of bell or other device · Evaluate Fall Risk patient location and options. · Code Blue – Call Operator to report · Bathroom alarm – rounding and being aware of who is in the	· Plant Engineering will send Qualified Technician to the area and assess. · If technician is able to restore Fire alarm system to normal operation, problem will be resolved at this point. · In the event technician is unable to restore, plant engineering will call our contractor in to assist with resolving the issue.

			bathroom · Call lights and local alarms may still work	
Water System Failure	No Water Pressure	· A call will be made from the Director or Operations Manager of Facilities to the Administrative House Supervisor. · The Administrative House Supervisor will notify affected Clinical Staff and inform of the situation	· Dietary can assist with providing bottle water for drinking. · EVS can provide assistance with flushing toilets by bring buckets of water in to dump in toilets.	· Plant Engineering will send Qualified Technician to the area and assess. · If technician is able to restore Fire alarm system to normal operation, problem will be resolved at this point. · In the event technician is unable to restore, plant engineering will call our contractor in to assist with resolving the issue. · If determined issue is result of city utilities, Plant Engineering will notify their contracted potable water supplier to bring tanker trucks with potable water to pump into our building until city resolves issues.
HVAC	No Cooling	· A call will be made from the Director or Operations Manager of Facilities to the Administrative House Supervisor.	· Clinical Care Partners can explain to the patients the issue at hand. · Pass out water and Ice.	· Plant Engineering will send Qualified Technician to the area and assess. · If technician is able to restore Fire alarm

		· The Administrative House Supervisor will notify affected Clinical Staff and inform of the situation		system to normal operation, problem will be resolved at this point. · In the event technician is unable to restore, plant engineering will call our contractor in to assist with resolving the issue.
Boilers	No Steam, heating or hot water	· A call will be made from the Director or Operations Manager of Facilities to the Administrative House Supervisor. · The Administrative House Supervisor will notify affected Clinical Staff and inform of the situation	· Clinical Care Partners can explain to the patients the issue at hand.	· Plant Engineering will send Qualified Technician to the area and assess. · If technician is able to restore Fire alarm system to normal operation, problem will be resolved at this point. · In the event technician is unable to restore, plant engineering will call our contractor in to assist with resolving the issue.
Pneumatic Tube System	Not sending or receiving	· A call will be made from the Director or Operations Manager of Facilities to the Administrative House Supervisor. · The Administrative House Supervisor will notify affected Clinical	· Department can send a runner for items needed or to send out.	· Plant Engineering will send Qualified Technician to the area and assess. · If technician is able to restore Fire alarm system to normal operation, problem will be resolved at this

		Staff and inform of the situation		point. · In the event technician is unable to restore, plant engineering will call our contractor in to assist with resolving the issue.
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VI. REFERENCES

- The Joint Commission. <https://www.jointcommission.org/> EC.02.05.01 - The hospital manages risk associated with its utility systems

All Revision Dates

05/2026, 09/2022, 12/2020

Approval Signatures

Step Description	Approver	Date
Executive Management AVP Operations	Matthew Graybill: Assistant VP of Operations	05/2026
	Jim Walker: DIRECTOR OF FACILITIES MANAGEMENT	05/2026

Applicability

Parrish Medical Center



Origination 05/2026
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 Next Review 05/2027

Initiator Clyde Bunting: Director, Clinical Engineering
 Areas Clinical Engineering
 Applicability Parrish Healthcare System-Wide
 Tags EOCManagementPlans

Department Procedure: Medical Equipment Management Plan

I. PURPOSE

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

II. SCOPE

The Medical Equipment Management 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 Management Plan includes all of location sites of Parrish Healthcare.

III. POLICY STATEMENT

The objectives for the Medical Equipment Management Plan 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:

- 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.
- 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.
- Provide summaries of medical equipment problems, such as equipment failures or malfunctions, and user errors are aggregated, evaluated and reported at least quarterly.
- Results of performance monitoring for Medical Equipment Management are reported to the EOC at each meeting.
- Patient safety issues are reported to leadership.
- 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.

IV. DEFINITIONS

When used in this policy these terms have the following meanings:

- A. Parrish Healthcare: Is an inclusive term referring to North Brevard County Hospital District d/b/a Parrish Medical Center and its affiliates and North Brevard Medical Support, Inc. d/b/a Parrish Medical Group and its affiliates.
- B. Parrish Medical Center: North Brevard County Hospital District d/b/a Parrish Medical Center (PMC) is a 501c3 special District of the State of Florida established pursuant to the authority of Chapter 2003-361, Laws of Florida, and has as its not-for-profit purpose to serve the medical needs of patients within North Brevard County, Florida.
- C. Care Partner: Is an inclusive term referring to Parrish Healthcare Care Partners, medical staff members, auxiliary members, and Board of Directors members, as well as any person working for or on behalf of Parrish Healthcare, including but not limited to temporary personnel, consultants, vendors, and independent contractors, regardless of position.

V. PROCEDURES

A. 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.

B. 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.

C. 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.

D. 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.

E. 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, the 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.

F. Identification of Quality Control and Maintenance for CT, PET, MRI, and Nuclear Medicine

The Medical Physicist has identified the method for the quality control (QC) 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.

G. Testing of 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.

H. 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.

I. 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 non-high-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).

J. 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.

K. Testing of Dialysis Equipment

Responsibility for maintenance and maintenance records for dialysis equipment is conducted by contracted 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.

L. 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.

M. Testing of 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.

N. 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.

O. 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.

P. 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.

Q. 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.

R. 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.

S. 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.

T. Annual Evaluation

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.

VI. REFERENCES

- The National Fire protection Association.(2023)
- The Joint Commission 2025 Hospital Accreditation Standards. (2025)
- The Joint Commission 2025 Hospital Accreditation Standards.(PE.02.01.01, EP 4)
- The Joint Commission 2025 Hospital Accreditation Standards.(PE.04.01.01, EP 4)

All Revision Dates

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Approval Signatures

Step Description	Approver	Date
Executive Management AVP Operations	Matthew Graybill: Assistant VP of Operations	05/2026
	Clyde Bunting: Director, Clinical Engineering	05/2026

Applicability

North Brevard Medical Support, Parrish Medical Center



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Initiator Leigh Spradling:
 SAFETY &
 EMERGENCY
 PREPAREDNESS
 SENIOR
 SPECIALIST
 Areas Security
 Applicability Parrish
 Healthcare
 System-
 Wide
 Tags EOCManagementPlans

Emergency Management Plan

I. PURPOSE

The purpose of this Emergency Management Plan (EMP) is to establish a comprehensive, all-hazards framework that ensures the Parrish Healthcare (PHC) can prevent, mitigate, prepare for, respond to, and recover from emergencies or disasters. This plan ensures compliance with:

- A. Joint Commission (TJC) 2026 Emergency Management (EM) Standards
- B. TJC 2026 Physical Environment (PE) Standards
- C. CMS Emergency Preparedness Rule
- D. Florida AHCA Comprehensive Emergency Management Plan (CEMP) Requirements

II. SCOPE

This plan applies to all PHC departments, units, and service lines; all Care Partners, , and contractors; all patients, visitors, and on-site partners; and all hazards including natural, technological, human-caused, public health, cyber, and infrastructure failures. It covers all phases of emergency management: mitigation, preparedness, response, and recovery.

III. POLICY STATEMENT

Parrish Healthcare maintains an all-hazards Emergency Management Program that meets or exceeds

TJC 2026 EM/PE standards and AHCA CEMP requirements, including:

- A. Ensuring the safety of patients, Care Partners, and visitors
- B. Maintaining essential clinical and business operations
- C. Using the Hospital Incident Command System (HICS) for coordinated response
- D. Conducting annual Hazard Vulnerability Assessments (HVA)
- E. Participating in community-based emergency planning
- F. Maintaining emergency power and critical utilities
- G. Documenting all emergency events, exercises, and after-action improvements

IV. DEFINITIONS

When used in this policy these terms have the following meanings:

- A. **All-Hazards Approach** A planning method that prepares the hospital for a broad range of emergencies rather than relying solely on hazard-specific plans.
- B. **AHCA CEMP** Florida's required Comprehensive Emergency Management Plan for licensed hospitals.
- C. **Care Partner:** An inclusive term referring to Parrish Healthcare Care Partners, medical staff members, auxiliary members, and Board of Directors members, as well as any person working for or on behalf of Parrish Healthcare, including but not limited to temporary personnel, consultants, vendors, and independent contractors, regardless of position.
- D. **Continuity of Operations (COOP)** Processes that ensure essential hospital services continue during disruptions.
- E. **Emergency Operations Plan (EOP)** The actionable component of the EMP that guides real-time response activities.
- F. **Hospital Incident Command System (HICS)** A standardized incident management structure used by hospitals to coordinate emergency response.
- G. **Incident Commander (IC)** The individual responsible for overall incident management during an emergency.
- H. **Parrish Healthcare (PHC):** An inclusive term referring to North Brevard County Hospital District d/b/a Parrish Medical Center and its affiliates and North Brevard Medical Support, Inc. d/b/a Parrish Medical Group and its affiliates.
- I. **Surge Capacity** The hospital's ability to expand services to meet increased patient volume during emergencies.

V. HAZARD VULNERABILITY ASSESSMENT(HVA)

- A. **Method** - The hospital conducts an annual HVA evaluating probability, impact on life safety, operational disruption, infrastructure vulnerability, and mitigation readiness.
- B. **Summary** - Primary risks include hurricanes, flooding, power failures, IT outages, active shooter incidents, infectious disease outbreaks, water supply failures, and supply chain

disruptions.

VI. PROCEDURES

- A. **Emergency Activation** - The Administrator on Call (AOC) or Incident Commander activates the Emergency Operations Plan. Activation levels:
 - 1. Level 1: Full activation
 - 2. Level 2: Partial activation
 - 3. Level 3: Monitoring
- B. **Incident Command System (HICS)** - Upon activation, the Incident Commander establishes command, assigns Section Chiefs, and initiates the Incident Action Plan (IAP) cycle.
- C. **Communication Procedures**
 - 1. **Internal Communication** - Includes mass notification systems, overhead paging, radios, satellite phones, and HICS-structured communication channels.
 - 2. **External Communication** - Includes EMS, fire, law enforcement, the County Emergency Operations Center, public health agencies, partner hospitals, utility providers, and media coordination through the Public Information Officer. The hospital reports status updates to AHCA's Health Facility Reporting System (HFRS).
- D. **Evacuation Procedures** - Includes horizontal and vertical evacuation routes, patient tracking, transportation resources, and agreements with receiving facilities.
- E. **Shelter-in-Place Procedures** - Includes securing interior safe zones, adjusting HVAC systems, assigning staff roles, and ensuring adequate supplies.
- F. **Surge Capacity Procedures** - Includes expanding bed capacity, converting non-traditional areas into treatment spaces, implementing crisis standards of care when directed, and augmenting staffing.
- G. **Resource & Supply Management** - Includes maintaining a 96-hour sustainability plan, redundant vendors, and emergency power systems compliant with AHCA and TJC PE standards.
- H. **Business Continuity Procedures** - Includes identifying essential functions, implementing downtime procedures, relocating services, restoring IT systems, and documenting financial impacts.
- I. **Recovery Procedures** - Includes demobilizing HICS, conducting after-action reviews, implementing improvement plans, restoring normal operations, and submitting required reports.

VII. TRAINING, DRILLS & EXERCISES

- A. **Requirements** - The hospital conducts two annual emergency exercises, including at least one community-based exercise. Additional training includes fire drills, active shooter training, and cyber security tabletop exercises.
- B. **Documentation** - All exercises and real events are documented through after-action reports and improvement plans.

VIII. PLAN MAINTENANCE

The EMP, HVA, and COOP are reviewed annually by the Emergency Management Committee and updated after major incidents. Document control includes version tracking, controlled distribution, and secure storage.

IX. REFERENCES

- A. Joint Commission (TJC) Standards
 - 1. The Joint Commission. *Emergency Management (EM) Standards, 2026 Edition*.
 - 2. The Joint Commission. *Physical Environment (PE) Standards, 2026 Edition*.
- B. Florida Agency for Health Care Administration (AHCA)
 - 1. AHCA. *Emergency Management Planning Criteria for Hospitals (Form 3130-8005)*.
 - 2. Florida Administrative Code 59A-3.078 – *Emergency Preparedness*.
 - 3. AHCA Health Facility Reporting System (HFRS) Guidance.
- C. Federal Emergency Management Agency (FEMA)
 - 1. FEMA. *National Incident Management System (NIMS)*.
 - 2. FEMA. *Hospital Incident Command System (HICS) Guidebook*.
- D. National Fire Protection Association (NFPA)
 - 1. NFPA 99 – *Health Care Facilities Code*.
 - 2. NFPA 101 – *Life Safety Code*.

All Revision Dates

04/2026

Approval Signatures

Step Description

Approver

Date

Executive Management Operations Division Leader	Matthew Graybill: Assistant VP of Operations	04/2026
Executive Management Committee	Executive Management Committee [AJ]	04/2026
Policy Management	Policy Management [AM]	03/2026
Executive Management Operations	Matthew Graybill: Assistant VP of Operations	03/2026
	Leigh Spradling: SAFETY & EMERGENCY PREPAREDNESS SENIOR SPECIALIST	03/2026

Applicability

North Brevard Medical Support, Parrish Medical Center



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Next Review 02/2027

Initiator Daniel Taverne:
DIRECTOR OF
SAFETY &
SECURITY
Areas Security
Applicability Parrish Medical
Center
Tags EOCManagementPlans

Security Management Plan

POLICY TYPE: DEPARTMENT

I. PURPOSE

The purpose of this Security Management Plan is to establish a comprehensive, risk-based framework for protecting Care Partners, patients, visitors, and organizational assets while supporting uninterrupted healthcare operations. The plan defines how security risks are identified, mitigated, governed, and continuously improved through a layered system of controls, trained security officers, dispatchers, integrated security technologies, and executive leadership oversight.

II. SCOPE

This plan applies to:

- The main Parrish Medical Center campus and all clinical areas
- Parking facilities and exterior grounds
- Support and administrative buildings
- Off-site facilities
- All Safety & Security Department personnel, systems, and operations

III. POLICY STATEMENT

To establish a comprehensive, risk-based framework for protecting Care Partners, patients, visitors, and organizational assets while supporting uninterrupted healthcare operations.

IV. DEFINITIONS

- A. Care Partner: An inclusive term referring to Parrish Healthcare Care Partners, medical staff members, auxiliary members, and Board of Directors members, as well as any person working for or on behalf of Parrish Healthcare, including but not limited to temporary personnel, consultants, vendors, and independent contractors, regardless of position.
- B. Parrish Healthcare (PHC): An inclusive term referring to North Brevard County Hospital District d/b/a Parrish Medical Center and its affiliates and North Brevard Medical Support, Inc. d/b/a Parrish Medical Group and its affiliates.
- C. Security Care Partner: A Care Partner employed specifically to provide security services.

V. PROCEDURES

A. Program Authority, Leadership & Accountability

- 1. Department Leadership
 - a. The Safety & Security Department is led by the Director of Safety & Security, who reports to the Vice President of Operations.
 - b. The Director reviews and approves/disapproves of all security-related expenditures including but not limited to purchases of security devices, locks, electronic access controls, alarms, cameras, and safes.
 - c. The Director leads all security and emergency preparedness functions.
- 2. Workplace Violence Prevention Governance
 - a. The Director of Safety & Security chairs the Workplace Violence Prevention (WPV) Committee.
 - b. The WPV Prevention Committee is a multidisciplinary group with representation from clinical, operational, human resources, risk management, and support services.
 - c. The organization maintains a formal Workplace Violence Prevention Policy governing prevention, reporting, response, and non-retaliation.
- 3. Collaboration & Oversight
 - a. Security collaborates with Clinical Leadership, Facilities, Risk Management, Human Resources, and local law enforcement.
 - b. Security risks, incidents, assessments, and exercise outcomes are reviewed with executive leadership and operational risk-management processes.
 - c. Residual security risk is formally acknowledged and managed through prioritization and strategic planning.

B. Identification of Security Sensitive Areas

1. Based upon Security Risk Assessment, the following areas are deemed Security Sensitive:
 - a. Emergency Room - at-risk populations
 - b. Women's Services - at-risk populations
 - c. Human Resources - protected information
 - d. Information Services - protected information and critical infrastructure
 - e. Pharmacy - controlled substances
 - f. Central Energy Plant - critical infrastructure

C. Risk Environment & Historical Context

1. **Primary Risk Drivers**
 - a. The following primary risk drivers were identified through the Security Risk Assessment (SRA) process:
 - i. Workplace violence in public and clinical environments
 - ii. Weapons introduction into the facility
 - iii. Behavioral health crises in the Emergency Department
 - iv. After-hours and exterior staff safety
 - v. Transitional spaces (parking areas, entrances)
 - vi. Limited on-site security presence at off-site locations
2. **Historical Armed Violence**
 - a. Previous events involving armed violence reinforce the need for layered controls.
3. **Behavioral Health Risk Indicator**
 - a. The Emergency Department averages 2.4 involuntary psychiatric or substance-abuse-related holds per day (approximately 875 annually).
 - b. While not predictive of violence, this sustained volume increases the likelihood of escalation and security intervention.

D. Risk Assessment & Planning Cadence

1. Hazard Vulnerability Analysis (HVA)
 - a. The organization's HVA was completed in 2025 and is conducted annually.
 - b. HVA results inform emergency preparedness and security planning priorities.
2. Security Risk Assessment (SRA)

- a. A comprehensive Security Risk Assessment was completed in 2025.
 - b. Security risk assessments will be conducted every two years, or sooner if significant operational or environmental changes occur.
 - c. Findings are incorporated into strategic planning.
- 3. Workplace Violence Prevention Gap Analysis
 - a. A WPV Gap Analysis was completed in 2025.
 - b. Findings were reviewed and incorporated into the Security Strategic Plan.
- 4. Security Strategic Plan (SSP)
 - a. The Security Strategic Plan maintains a four-year planning horizon (2026–2029).
 - b. Strategic priorities are informed by the HVA, Security Risk Assessment, WPV Gap Analysis, exercises, and incident trends.
- 5. Technology Standards Integration
 - a. Updated standards for electronic access control installation and deployment and video surveillance (camera) deployment have been incorporated into the Security Strategic Plan.
 - b. These standards guide:
 - i. Selection of access-controlled doors
 - ii. Camera coverage expectations and analytics capability
 - iii. Integration with centralized monitoring
 - iv. Future operational/capital planning and phased implementation

E. Security Staffing & Organizational Structure

- 1. Approved Security Officer FTEs
 - a. Approximately 21 FTEs support Security's 24/7 operations, weapons screening, fixed posts, patrol, off-site support, courier duties, and emergency response.
 - b. Included in this number are security team members responsible for training and supervision.
- 2. Security Communications & Dispatch
 - a. Hospital PBX / Switchboard
 - i. The PBX / Switchboard is assigned to the Safety & Security Department.
 - ii. Approximately 4 FTEs support all PBX / Switchboard operations.
 - iii. PBX / Switchboard typically operates 18 hours/day on weekdays and 12 hours/day on weekends.
 - iv. Outside of PBX / Switchboard active hours, operations roll over

to Security Communications.

b. Security Communications Center (Dispatch)

- i. Provides 24/7 monitoring of alarms (fire, generator, security, medical gases), access control, and video surveillance.
- ii. Documents and coordinates response to all requests for security services.
- iii. Monitors and documents all Security Care Partner activities at all times.
- iv. Documents and announces overhead all emergency codes.

c. Manager of Security Communications & Technology

- i. The Manager provides operational direction for:
 - a. Hospital switchboard (PBX)
 - b. Security Communications Center (Dispatch)
 - c. Security communications technologies (radios)
 - d. Security technologies (access control, alarms, video surveillance)

d. Emergency Preparedness Leadership

- i. Emergency preparedness is led by a Senior Specialist for Emergency Preparedness, responsible for:
 - a. Training, education, and exercises
 - b. Maintenance of the Emergency Management Plan
 - c. Integration of HVA results into planning

e. Organizational Chart

- i. The Safety & Security Department organizational structure is documented in an attachment to this plan.

F. Duties & Responsibilities of the Safety & Security Department

1. Security Operations

- a. Security Operations include but are not limited to the following activities carried out by Security Care Partners:
 - i. Weapons screening
 - ii. Visitor management
 - iii. Interior and exterior patrol
 - iv. Alarm and emergency call response
 - v. Response to disorderly conduct and threats

- vi. Staff, patient, and visitor escorts
 - vii. Courier activities in support of Pharmacy and Infusion Center
- 2. Access, Keys & Lock Management
 - a. The Department oversees all electronic access control.
 - b. The Department oversees all physical keys and mechanical locks, including:
 - i. Key issuance and authorization
 - ii. Ongoing inventory and control
 - iii. Management of lost or compromised keys
 - iv. Coordination of re-keying and lock changes
- 3. Patient & Property Safeguarding
 - a. Security Care Partners:
 - i. Provide safe-keeping for patient valuables
 - ii. Provide safe-keeping for lost and found property
 - iii. Help to keep safe legal hold patients and their belongings
 - iv. Secure and provide authorized access to the Morgue for appropriate release of deceased patients
- 4. Clinical & Infrastructure Support
 - a. Restraints (per policy and clinical direction)
 - b. Transportation of chemotherapy drugs to North Titusville infusion center
 - c. Fire alarm monitoring
 - d. Generator monitoring
 - e. Medical gas monitoring
 - f. Monthly fire extinguisher inspection
 - g. Ad hoc fire watch
- 5. Communications & Emergency Notification
 - a. Hospital switchboard operations
 - b. Emergency notification
 - c. Overhead paging of all emergency codes

G. Hospital Public Access, Visitor Management & Weapons Screening

- 1. Public Points of Entry
 - a. Visitor access is limited to:

- i. Main Lobby
 - ii. Emergency Department Lobby
 - iii. Cardiac Services Entrance
- 2. Visitor & Patient Identification
 - a. All persons entering the hospital through public access points are required to provide:
 - i. Identification, when available
 - ii. Intended destination within the facility
 - iii. Reason for visiting
 - b. This information supports visitor management, access accountability, and staff situational awareness.
 - c. Temporary visitor badges are issued and include:
 - i. Visitor name
 - ii. Photograph
 - iii. Destination
 - d. Reasonable exceptions are made for individuals not carrying identification at the time of entry, including patients, family members, or others whose circumstances warrant accommodation. In such cases, alternative verification or documentation methods are used consistent with policy and operational judgment.
 - e. Approximately 170,000 people were processed at the Main Lobby and Emergency Department in 2025.
 - f. Cath Lab Exception: badges issued for Cath Lab access do not include photographs due to work flow and procedural considerations.
 - g. Weapons Screening:
 - i. Walk-through magnetometers and visual inspection at Main Lobby and ED Lobby
 - ii. EMS arrivals screened with hand-held metal detectors and visual inspection when appropriate

H. **Electronic Access Control**

- 1. Parrish Healthcare has deployed 97 access-controlled doors
- 2. Access is provided on role-based model
- 3. Privileges are managed in coordination with Human Resources
- 4. Access data supports auditing and investigations as needed
- 5. Access control needs were identified in the Security Risk Assessment and addressed in the Security Management Plan.

I. Video Surveillance

1. Operational cameras are deployed across multiple sites, some analytics-capable
2. Coverage Gaps were identified in the Security Risk Assessment and addressed in the Security Strategic Plan.

J. Duress & Emergency Alerting

1. Operational alarms are deployed across multiple sites.
2. Coverage Gaps were identified in the Security Risk Assessment and addressed in the Security Strategic Plan.

K. Integrated Security Systems & Technology

1. The Safety & Security Department uses the following systems of record:
 - a. Omnigo – incident reporting and case management
 - b. Verkada Command – access control, video surveillance, alarms
 - c. Threshold e-Visitor – visitor registration and badging

L. Training, Certification & Competency

1. In addition to training in post orders, standard operating procedures, and competencies, the follow trainings and certifications are required of members of the Safety & Security Department care partners:
 - a. IAHSS Basic, Advanced, and Supervisory certifications (role-based)
 - b. De-escalation, defensive tactics, handcuffing, CED (TASER), baton
 - c. FEMA IS-100, IS-200, IS-700, IS-800, IS-906, IS-907 (role-based)
 - d. Stop the Bleed training
 - e. RQI (CPR) certification

M. Workplace Violence Prevention Program

1. The Workplace Violence Prevention Program consists of the following components:
 - a. Workplace Violence Prevention Policy
 - b. Multidisciplinary WPV Committee chaired by the Director of Safety & Security
 - c. WPV gap analysis completed in 2025 and incorporated into strategic planning

N. Exercises, Preparedness & Program Evolution

1. The following activities were completed in 2025:

- a. Emergency Department lock down exercise
- b. Facility-wide lock down exercise with Titusville Police participation
- c. Infant abduction response exercise
- d. Exercise findings have been incorporated into the Security Strategic Plan.

O. Active Shooter / Hostile Event Response (ASHER)

1. ASHER go-kits are in locked cabinets at two key entry points.
2. Contents include emergency badges, master keys, and floor plans.

P. Off-Site Facilities Security Coverage

1. Off-site patrols are conducted on an ad hoc basis.
2. Security responds to calls for assistance when feasible.
3. In emergencies, off-site staff are instructed to call 911, with Security notified concurrently or as soon as practicable.

VI. 2025 GOALS AND PERFORMANCE MANAGEMENT

- A. 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. Goal was met. Security Risk Assessment and Strategic Plan completed.
- B. 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. Partially met.

VII. 2026 GOALS AND PERFORMANCE MANAGEMENT

- A. Conduct one security alert drill each month including a simulated security alert call from a unit/department followed by a timed security response with a goal response time of less than 180 seconds from the initiation of the call to the on-scene arrival of the first security care partner.
- B. Complete installation of 27 security cameras identified as Priority 1 in the 2026-2029 Security Strategic Plan.
- C. Expand duress alarm deployments to identified areas of higher-risk or security sensitive areas by 50%.

VIII. Annual Environment of Care (EC) Plan

Evaluation

- A. The Security Management Plan is evaluated annually as part of the organization's Environment of Care (EC) management process to assess effectiveness, identify gaps, and ensure continued alignment with organizational risk and operational conditions.
- B. The annual evaluation considers:
 - 1. The scope of the Security Management Plan and its applicability to current operations
 - 2. The effectiveness of security controls, staffing, systems, and response processes
 - 3. Performance data, including incident trends, response activity, and system utilization
 - 4. Findings from risk assessments, including the Hazard Vulnerability Analysis (HVA), security risk assessments, and Workplace Violence Prevention gap analysis
 - 5. Changes in services, facilities, patient populations, or off-site operations
 - 6. Lessons learned from incidents, drills, and exercises conducted during the evaluation period
- C. Results of the annual evaluation are used to:
 - 1. Validate continued appropriateness of the Security Management Plan
 - 2. Identify opportunities for improvement or risk mitigation
 - 3. Inform updates to policies, procedures, training, and resource allocation
 - 4. Support prioritization within the four-year Security Strategic Plan
- D. The annual evaluation is documented and retained in accordance with organizational policy and regulatory requirements. Identified improvement actions are tracked through established governance and planning processes.
- E. **Residual Risk Statement**
 - 1. Despite layered controls, residual risk remains due to:
 - a. Open healthcare access
 - b. Behavioral health demand
 - c. Variable system coverage
 - d. Exterior and off-site environments
 - 2. Residual risk is acknowledged and managed through governance, prioritization, and strategic planning.

IX. REFERENCES

- A. *Workplace Violence Prevention Program*, PolicyStat ID19083129
- B. *Parrish Healthcare Safety & Security Department 2026-2029 Proposed Security Strategic Plan* (December 2025)

- C. *Parrish Healthcare Safety & Security 2026 Security Risk Assessment* (December 2025)
- D. *Parrish Medical Center Security & Safety Assessment 2025* (August 2025)
- E. *IAHSS Healthcare Security Industry Guidelines, 13th Edition*, International Association for Healthcare Security and Safety

All Revision Dates

02/2026, 12/2018, 01/2013

Attachments

 [PHC Safety and Security Org Chart Rev1-2026.pdf](#)

Approval Signatures

Step Description	Approver	Date
Executive Management Operations Division Leader	Matthew Graybill: Assistant VP of Operations	02/2026
Executive Management Committee	Executive Management Committee [AM]	02/2026
Policy Management	Policy Management [AM]	02/2026
Executive Management Operations	Matthew Graybill: Assistant VP of Operations	01/2026
	Daniel Taverne: DIRECTOR OF SAFETY & SECURITY	01/2026

Applicability

Parrish Medical Center



Origination	07/1993	Initiator	Devin Smith: DIRECTOR EVS
Last Approved	10/2025	Areas	Environmental Services
Effective	10/2025	Applicability	Parrish Healthcare System- Wide
Last Revised	10/2025	Tags	9500, EOCManagementPlans
Next Review	10/2026		

Hazardous Materials & Waste Management Plan

I. PURPOSE

To ensure the safe and compliant management, handling, storage, and disposal of hazardous materials and waste at Parrish Healthcare Center (PHC), protecting patients, Care Partners, and the environment while aligning with regulatory requirements.

II. SCOPE

This policy applies to all PHC departments and Care Partners who manage, handle, or are exposed to hazardous materials and waste, including but not limited to chemical, radioactive, pharmaceutical, chemotherapeutic, and biohazardous waste. It also applies to all contractors who manage hazardous waste disposal on behalf of PHC.

III. DEFINITIONS

- Parrish Healthcare: Is an inclusive term referring to North Brevard County Hospital District d/b/a Parrish Medical Center and its affiliates and North Brevard Medical Support, Inc. d/b/a Parrish Medical Group and its affiliates.
- Parrish Medical Center: North Brevard County Hospital District d/b/a Parrish Medical Center (PMC) is a 501c3 special District of the State of Florida established pursuant to the authority of Chapter 2003-361, Laws of Florida, and has as its not-for-profit purpose to serve the medical needs of patients within North Brevard County, Florida.

- Care Partner: Is an inclusive term referring to Parrish Healthcare Care Partners, medical staff members, auxiliary members, and Board of Directors members, as well as any person working for or on behalf of Parrish Healthcare, including but not limited to temporary personnel, consultants, vendors, and independent contractors, regardless of position.
- Health care provider: According to Provider: 2025 Florida Statutes: 456.053 (3) (h), means a physician licensed under chapter 458, chapter 459, chapter 460, or chapter 461; an advanced practice registered nurse registered under s. 464.0123; or any health care provider licensed under chapter 463 or chapter 466. Reference: https://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0456/Sections/0456.053.html
- HMO (Hazardous Materials Officer): Director of Environmental Services is designated to oversee hazardous materials and waste.
- RCRA: Resource Conservation and Recovery Act regulating hazardous waste disposal.
- GHS: Globally Harmonized System of Classification & Labeling of Chemicals.
- PIMW: Potential Infectious Medical Waste.

IV. POLICY STATEMENT

PHC is committed to minimizing the use of hazardous materials and ensuring safe handling, storage, segregation, and disposal practices in accordance with applicable federal, state, and local laws. PHC provides appropriate training and resources to Care Partners to manage hazardous materials and waste safely and effectively. The Hazardous Materials and Waste Management Plan supports a safe Environment of Care (EOC) and promotes regulatory compliance and operational safety across all departments.

V. PROCEDURES

1. Hazard Communication

- Care Partners are trained in GHS labeling and SDS methodology.
- New materials require HMO review and approval prior to procurement.
- SDS available on the Helpful Links tab

2. Roles and Responsibilities

- The HMO operates under the direction of the Assistant Vice President of Operations (or designee) and reports to the EOC Committee.
- Department Managers are responsible for maintaining inventories, safe storage, and use of hazardous materials.
- Department Heads train Care Partners on PPE use and safe handling protocols.

3. Waste Identification and Handling

- Hazardous materials include chemical, pharmaceutical, radioactive, chemotherapeutic, and biohazardous wastes.

- Waste is labeled at the point of generation using GHS and regulatory-compliant labels.
- Storage conditions are routinely inspected by the HMO for compliance.

4. Collection, Storage, and Disposal

- Care Partners trained in hazardous waste will collect and transport the waste to the waste holding rooms.
- Only licensed contractors are permitted to transport and dispose of hazardous and biohazardous waste.
- Manifest documentation is completed and retained for three years.
- Weekly inspections of the Hazardous Waste Room are conducted by the HMO.

5. Emergency Response for Chemical Spills

- In the event of any chemical spill, all Care Partners and individuals in the immediate area must clear the area immediately to ensure personal safety. Contact the Hazardous Materials Officer (HMO), who is also the Director of Environmental Services (EVS), at extension 6629 for further guidance and spill response coordination.
- PHC's HMO develops emergency procedures for hazardous materials and waste management. Spill procedures determine when outside assistance is necessary. Minor (incidental) spills that may be cleaned up by Care Partners trained in the proper use of PPE do not require outside agency response.
- Spill kits are not maintained in each department. When a spill occurs, the HMO, along with EVS Care Partners, will assess the situation and determine whether a spill kit is required. If a spill kit is needed, EVS Care Partners will bring the appropriate kit and necessary supplies to the location of the spill, accompanied by the HMO to oversee the cleanup.
- PHC maintains permits and licenses for handling, storage, and disposal of hazardous, chemical, radioactive, chemotherapeutic, bio-hazardous, and infectious medical wastes from federal, state, municipal, and local agencies.
- Federal regulation requires each hazardous waste shipment from PHC to be manifested. A manifest copy is retained at the time of hazardous waste removal, a copy also travels with the waste, and is returned to EVS after disposal for cross-matching with the top copy. The DOT, EPA, and EOC Task Force Chairman are notified of manifests not returned within 120 days.
- Hazardous wastes are labeled from point of generation to removal. Biohazardous wastes, such as Potential Infectious Medical Waste (PIMW), are labeled before placement in red or orange bags; other wastes are labeled with specific GHS labels.
- Biohazardous waste is put in red or orange bags and then placed into cardboard boxes or plastic bins with external labeling as biohazardous waste or in a labeled roll-away container provided by the vendor. These are also labeled with OSHA Biohazardous labeling and DOC-required placarding. The red and orange labeled bags must display Parrish Medical Centers address. These bags may not be used for any other purpose. Any material placed in a red or orange bag becomes biohazardous waste and may never be removed from the bag. Biohazardous waste is treated in accordance with Florida Administrative Code 64C-16.

- Chemotherapeutic wastes are placed in containers labeled with OSHA/GHS symbols for carcinogenic wastes and handled along with red bag waste but packaged separately and labeled for "Incineration Only." Bulk quantities are handled as chemical waste and must be dated while held at PHC. PHC's chemotherapeutic waste program has been converted to reusable sharps containers.
- Yellow liners are utilized for all soft wastes generated during the treatment of patients with chemotherapeutic agents, resulting in the elimination of using disposable containers and a cost reduction for less soft waste disposal.
- Hazardous chemical materials and waste are labeled during their use and handling in PHC and dated upon storage in the PMC back dock holding area. Labels are placed on containers filled or mixed within PMC. Labeling and dating are checked for legibility. Chemical waste containers are labeled and dated. In some cases, the waste is labeled with the original chemical name. At other times, especially when collection cans or containers are used, the container itself is labeled with labels that meet DOT/GHS requirements for shipment of hazardous and universal waste materials so they are identified for proper handling and disposal. The date on the container must reflect the actual date the container was placed in the storage/holding area.
- Black RCRA hazardous pharmaceutical waste containers and white, universal pharmaceutical waste containers with blue lids have been placed in PHC medication rooms and dispensing areas. Full black containers are moved to Hazardous Waste storage by EVS, as are universal pharmaceutical waste containers on PHC's back dock. Both waste streams are disposed of at least every 6 months as required by PMC's registered hazardous generator status.
- Radioactive materials are labeled with the magenta and yellow symbols required by OSHA. These materials are handled and stored in accordance with PHC's NRC regulations and license. Wastes are held to decay to background levels, and when the labels are removed or covered, the wastes are handled, as required.
- PHC has separate hazardous waste handling and storage areas to minimize contamination of clean and sterile goods and to prevent contact with Care Partners or patients.
- Hazardous wastes are moved through PHC using covered and closed containers to designated storage spaces.
- Hazardous materials transport routes are designed to minimize contact with patients, visitors, and Care Partners and to protect PHC from contamination. Food, clean and sterile materials, and Care Partners are not transported in the same vehicle as hazardous waste streams. Regular storage areas and transport route inspections are included as part of EOC Task Force Rounding. Problems are identified, documented, and corrected.

6. Specific Waste Stream Protocols

- **Chemotherapeutic Waste:** Segregated into sharps and soft waste, placed in yellow liners, and labeled for incineration.
- **Narcotics Waste:** Segregated into Green Containers with added neutralizer.
- **Pharmaceutical Waste:** Segregated into black (RCRA) and white with blue lid (universal); removed by EVS biannually.
- **Biohazardous Waste:** Collected in red/orange bags and transported in labeled containers to secure storage.

7. Training

- Orientation includes hazardous waste segregation, PPE use, and emergency spill response.
- Annual refresher training is required and delivered via hospital approved learning system (i.e. Netlearning).

8. Monitoring and Performance

- Air contaminants such as formaldehyde, glutaraldehyde, and waste anesthetic gases are monitored.
- The HMO recommends a Hazardous Materials PI (Performance Indicator) annually.
- Reports of spills, incidents, and trends are submitted quarterly to the EOC Task Force Chairman.

VI. Care Partner Orientation

PHC Care Partners must attend new employee orientation within 30 days of hire which addresses the seven (7) EOC areas, and where to obtain copies of the management plans. New PHC employees receive departmental safety orientation in their respective work areas regarding hazards and their EOC responsibilities. All Care Partners must take annual EOC refresher training. New care partner orientation, includes education on waste segregation and the pharmaceutical waste programs.

VII. REFERENCES

- Occupational Safety and Health Administration’s Blood Borne Pathogens & Hazard Communications Standards. (2023).
- The National Fire protection Association. (2023).
- The 2026 Joint Commission Hospital Accreditation standards (2026) EP 1: The hospital maintains a written, current inventory of hazardous materials and waste that it uses, stores, or generates. The only materials that need to be included on the inventory are those whose handling, use, and storage are addressed by law and regulation.
- The 2026 Joint Commission Hospital Accreditation standards (2026) EP 2: For managing hazardous materials and waste, the hospital has the permits, licenses, manifests, and Safety Data Sheets required by law and regulation.

All Revision Dates

10/2025, 05/2016, 04/2014, 10/2013, 11/2012, 11/2011, 11/2009, 09/2008, 09/2007, 09/2006

Approval Signatures

Step Description

Approver

Date

President/CEO	George Mikitarian: PRESIDENT/CEO [AJ]	10/2025
Chief Corporate Compliance Officer	Anual Jackson: INSPECTOR GENERAL CHIEF CORPORATE COMPLIANCE OFFIC	10/2025
Executive Management Committee	Executive Management Committee [AM]	10/2025
Policy Management	Policy Management [AM]	09/2025
Executive Management	Matthew Graybill: Assistant VP of Operations	09/2025
Initiator	Devin Smith: DIRECTOR EVS	09/2025

Applicability

North Brevard Medical Support, Parrish Medical Center

MONTHLY MEDIA REPORT – May 2026



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 Parrish Healthcare is mentioned, pictured, or number of times an advertisement ran in a month.

Summary of Total Impressions	8,534,079
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	<u>Estimated Impressions</u>
Community Outreach (Attendees)	2,751
<i>Annual USA Beach Running Championship 10k (May 10)</i>	(Attendance 1,500)
Presenting Sponsor - \$5,000. Parrish Healthcare highlighted as Presenting Sponsor in event’s marketing collateral; social media posts; logo on event website; logo on t-shirt and signage.	
<i>Cocoa High School Sports Physicals (May 12)</i>	(Attendance 88)
Dr. Allotta, Rebecca Fagan, APRN and Dr. Storey provided sport physicals to 44 students; parents/guardians in attendance with students.	
<i>Titusville Area Chamber of Commerce Luncheon (May 13)</i>	(Attendance 105)
Erika Jacobs, Director Emergency and Women’s Services, delivered the sponsor message (signs and symptoms of stroke) and provided BE FAST magnets to all.	
<i>Astronaut High School Sports Physicals (May 14)</i>	(Attendance 172)
Dr. Allotta, Rebecca Fagan, APRN and Dr. Storey provided pre-participation sports physicals to 86 students; parent/guardians in attendance with students.	
<i>Blood Drive (May 14)</i>	(Attendance 9)
Nine donors provided 9 units of blood providing the potential to save 27 lives. To date this year, 24 units have been collected during two blood drives with the potential to save 75 lives.	
<i>Astronaut High School Project Graduation (May 20)</i>	(Attendance 176)
Sponsorship: \$1,000; Parrish promoted on social media and print materials, to school staff and at athletic events.	
<i>Space Coast High School Project Graduation (May 21)</i>	(Attendance 200)
Sponsorship: \$1,000: Parrish promoted on social media and print materials, to school staff and at athletic events.	
<i>Titusville High School Sports Physicals (May 19)</i>	(Attendance 226)
Dr. Allotta, Rebecca Fagan, APRN and Dr. Storey provided sport physicals to 113 students; parent/guardians in attendance with students.	

Titusville High School Project Graduation (May 22)**(Attendance 275)**

Sponsorship: \$1,000; Parrish name included on graduation t-shirts; promotion on social media and print materials.

Print Advertising/Impressions		1,439,125
<i>Happenings (5,500/Issue – Monthly and Weekly - Contact: Randy Rodriquez)</i>		5,500
• 5.2026 – Cover Ad (Mahmoud Barbarawi, MD - Cardiologist) • 5.2026 – Full Page Back Cover (Women’s Health OB/GYN) • 5.2026 – Full Page (Support Groups)		
<i>Hometown News (14,725/Issue – Weekly - Contact: Rodney Bookhardt)</i>		73,625
• 5.01.2026 – Full Page (da Vinci Robotic-Assisted Surgery) • 5.08.2026 – Full Page (Hospital Week – May 10-16) • 5.15.2026 – Full Page (SQP Focused on the Future) • 5.22.2026 – Full Page (Women’s Health OB/GYN) • 5.29.2026 – Full Page (PMG Primary Care Partners)		
<i>Florida Today (50,000/Issue – Daily - Contact: Local IQ)</i>		900,000
• 5.07.2026 – Half Page (Nurses Week – May 6-12) • 5.14.2026 – Half Page (Hospital Week – May 10-16) • 5.24.2026 – Full Page (Lifelong Primary Care Partners) • 5.01.2026 – Front Page Strip Ad (Lifelong Wellness. We’re With You.) • 5.03.2026 – Front Page Strip Ad (Lifelong Wellness. We’re With You.) • 5.06.2026 – Front Page Strip Ad (Lifelong Wellness. We’re With You.) • 5.08.2026 – Front Page Strip Ad (Lifelong Wellness. We’re With You.) • 5.06.2026 – Front Page Strip Ad (Lifelong Wellness. We’re With You.) • 5.13.2026 – Front Page Strip Ad (Lifelong Wellness. We’re With You.) • 5.15.2026 – Front Page Strip Ad (Lifelong Wellness. We’re With You.) • 5.17.2026 – Front Page Strip Ad (Lifelong Wellness. We’re With You.) • 5.20.2026 – Front Page Strip Ad (Lifelong Wellness. We’re With You.) • 5.22.2026 – Front Page Strip Ad (Lifelong Wellness. We’re With You.) • 5.24.2026 – Front Page Strip Ad (Lifelong Wellness. We’re With You.) • 5.27.2026 – Front Page Digital (Changing Lives One Step at a Time) • 5.27.2026 – Digital Ad (Your Primary Care Partner) • 5.29.2026 – Front Page Digital (Changing Lives One Step at a Time) • 5.31.2026 – Front Page Digital (Changing Lives One Step at a Time)		
<i>Investing in Your Health Today (25,000/Issue –Monthly - Contact: Barbara Rhoden)</i>		25,000
• 5.2026 – Full Page (PHC-North Titusville Services) • 5.2026 – Full Page (Women’s Health OB/GYN) • 5.2026 – Full Page (Support Groups)		
<i>Ebony News (1,500/Digital – Monthly - Contact: Barbara Rhoden)</i>		1,500
• 5.2026 – Digital Ad (Your Heart Care Partners)		

The Great Outdoors – Happenings (3,500/Edition – Weekly - Contact: Greg Wostrel) 18,000

- 5.01.2026 – Full Page (SQP Focused on the Future)
- 5.15.2026 – Full Page (Women’s Health OB/GYN)
- 5.27.2026 – Full Page (Compassionate Care of Every Stage of Womanhood)
- 5.29.2026 – Full Page (Your Health is Your Greatest Asset)
- 5.2026 – 14th Hole Granite Tee Marker (48,000 golfers annually; 4,000 monthly)

Savings Safari (51,000/Edition – Bi-monthly - Contact: Barbara Strickland) 102,000

- 5.12.2026 – Full Page (Lifelong Primary Care Partners)
- 5.26.2026 – Full Page (Women’s Health OB/GYN)

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

- 5.15.2026 – Full Page (Health is Your Greatest Asset)

Space Coast Daily (60,00/edition – Monthly/Digital Daily - Contact: Giles Malone) 300,000

- 5.15.2026 – Full Page (Health is Your Greatest Asset)
- 5.06.2026 – Front Page Digital (Changing Lives One Step at a Time)
- 5.11.2026 – Front Page Digital (Changing Lives One Step at a Time)
- 5.14.2026 – Front Page Digital (Changing Lives One Step at a Time)
- 5.26.2026 – Front Page Digital (Changing Lives One Step at a Time)

Titusville Playhouse Playbill (Based on number of monthly performances) 3,500

- 5.2026 – Spring Awakening (May 1 – 24) – Full Page (Health is Your Greatest Asset)

Lifetimes Newsletter (Mailed Quarterly to North Brevard Zip Codes) Spring Issue NA

- 5.2026 – Next Printing, July – Summer Issue

Broadcast and Digital Ad Impressions	994,085
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WFTV.com

- Impressions: 199,310
- Clicks: 1,042
- CTR: 0.78%

WFTV-OTT (Over the Top)

- Impressions: 40,048
- Video Completes: 39,686
- Video Completion Rate: 99.10%

WFTV (Amazon Streaming)

- Impressions: 135,328
- Video Completes: 129,592
- Video Completion Rate: 95.89%

Cumulus DNA Digital Ads and Radio Spots:

- Digital Impressions: 72,439; Clicks: 83; CTR: 0.11

- WHKR 102.7FM – HitKicker Reach: 61,200; Radio: 76 Monthly (:30 second spots this year!)
- WHKR 102.7FM – Streaming (added this year) HitKicker Reach: 10,500; Radio: 76 Monthly (:30 second spots this year!)
- WA1A 107.1FM – A1A Contemporary Pop: Reach: 86,800; 76 Monthly (:30 second spots this year!)
- WA1A 107.1FM – (Streaming added this year) A1A Contemporary Pop: Reach: 11,375; 76 Monthly (:30 second spots this year!)
- WA1A 107.1FM – Parrish Healthcare’s “Healthy Tips in 26”” Healthy Living Radio Ads Reach: 75,600; 60 Monthly (60 second spots)

Spectrum Reach (Streaming and TV)

- Impressions: 112,010
- Video Completes: 109,915
- Video Completion Rate: 98.13%

iHeart

- WLRQ-FM: Reach 34,600; Spots: 148 (30 seconds)
- iHeart Radio App Impressions: 154,875

Social Media Channels	1,297,823
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Facebook:

- **Parrish Healthcare:** Views –1,223,182; Followers – 8,448
- **The Children’s Center:** View – 4,382; Followers – 163
- **Parrish Health & Fitness:** Views – 4,181; Followers – 379

Instagram: Reach –35,869; Followers - 801

X (Twitter): Followers – 718

LinkedIn: Followers – 4,635; Impressions – 29,670

YouTube:

- Total Views: 539
- Total Subscribers: 500
- New Subscribers: 0

Top 5 YouTube Videos (Total Video Views in May – 539):

- Happy Doctors’ Day: 61
- Healthy Bones and Joints -Parrish Medical Center: 57
- Alzheimer’s SOS: Vascular Dementia: 35
- Daily Two Featuring Dr. Swierzewski: 33
- Patient Testimonial – Voncile Franklin: 30

TV Impressions	2,565,000
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Station	Spots	Impressions
WFTV	111	2,183,300

WRDQ	97	382,300
Spectrum News 13	238	See Note Below
Total	482	2,565,600

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 Aired:

Service Line	Title	ISCI	Impressions (000) A18+
D2	D2 Parrish 1024 2:00	D2PARRISH1024	71.3
D2	D2 Parrish 1024 :60	D2PARRISH102460	82.3
Johana	Johana :60	PHCJOHANA60	83
Women's Health	Womens :05	PHCWOMENS05	68.5
Women's Health	Womens :10	PHCWOMENS10	273.1
Women's Health	Womens :15	PHCWOMENS15	843.7
Women's Health	Womens :30	PHCWOMENS30	315.6
FAMILY FEUD			709.8
SQUEEZEBACK			118.3
Grand Total			2,565.6

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

Billboards (Lamar – Contact: Jennifer Rzepiejewski, Lamar – 4 billboards; Contact: Joe Schmitt: Lamar – 17 Billboards (Messages & Locations) 457,204

- **3666:** US1/Washington Ave. 1 MI N/O Garden St NB; (Where New Beginnings Are Born - Women's Health, Maternity)
- **3406:** US1 @ Blacks Rd. N/B; (Your Heart Deserves the Best – Cardiology)
- **1360:** US1-E/S N/O SR 528 S/B; (Your Heart Deserves the Best – Cardiology)
- **3667:** Washington Ave 1 MI n/o Garden St S/B; (Where New Beginnings Are Born - Women's Health, Maternity)

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

- **5839:** US 1 WS 3.2mi N/O SR 528 F/N – 1, Cocoa; 81,829 (Open Interviews)
- **5584:** Grissom Pkwy NS 1mi W/O Industry Rd F/W - 2, Cocoa; 47,988 (Emergency? We're Ready)

- **5514:** US 1 ES 1.5mi N/O SR 528 F/S – 2; 107,258 988 (*Emergency? We're Ready*)
- **5333:** US 1 WS 1.3mi N/O SR 406 Garden St F/N – 2; 96,930 (*Fast, Expert. Emergency Care.*)
- **5332:** US 1 WS 1.3mi N/O SR 406 Garden St F/S – 1; 75,254 (*Restoring Comfort, Renewing Confidence*)
- **5331:** US 1 WS 1.5mi N/O SR 406 Garden St F/S – 1; 75,506 (*Emergency? We're Ready*)
- **5330:** US 1 WS 1.5mi N/O SR 406 Garden St F/N – 2; 92,942 (*Your Heart Deserves the Best*)
- **5329:** US 1 WS 0.2mi S/O SR 50 F/S – 1; 77,766 (*Restoring Comfort, Renewing Confidence*)
- **5306:** US 1 WS 0.7mi N/O SR 528 F/N – 2; 108,105 (*Get Back to What Moves You*)
- **5006:** US 1 ES 2.7mi N/O SR 528 F/S – 2; 97,000 (*Fast, Expert. Emergency Care.*)
- **3321:** US 1 WS 3.3mi N/O SR 528 F/S – 1; 76,697 (*Restoring Comfort, Renewing Confidence*)
- **1904:** SR 405 SS 0.5mi W/O SR 407 F/W – 1; 76,193 (*Emergency? We're Ready*)
- **1903:** SR 405 SS 0.5mi W/O SR 407 F/E – 2; 63,925 (*Fast, Expert. Emergency Care.*)
- **1538:** US 1 WS 2.3mi S/O SR 405 F/N – 2; 84,413 (*Get Back to What Moves You*)
- **1537:** US 1 WS 2.3mi S/O SR 405 F/S – 1; 77,547 (*Emergency? We're Ready*)
- **1155:** US 1 WS 1.4mi S/O SR 405 F/S – 2; 65,656 (*Your Heart Deserves the Best*)
- **1034:** US 1 WS 1.4mi S/O SR 405 F/S – 1; 57,181 (*Fast. Expert. Emergency Care.*)

Bus Wraps (Clear Channel – Contact: Joe Schmitt)

**Not audited by Geopath for metrics and no estimate at this time when data will be available.*

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

Brevard County Public Schools Van Wrap (Contact: Yvette Cruz)

**Not audited by Geopath for metrics and no estimate at this time when data will be available.*

- 3-Year Commitment (Aug. 1, 2025 – July 31, 2028). Van wrap will be prominently displayed on vehicles used by North Brevard high schools — Astronaut, Space Coast, and Titusville. These vans serve as transportation for athletic teams and student extracurricular groups, traveling thousands of miles annually throughout Brevard County and across Florida for regional and state competitions.

News Releases Issued by Parrish

83,000

- 5.01.26 – Happenings (Parrish Medical Center Earns 2025 Gold Environmental Excellence Award from Stryker) ****5,500**
- 5.07.26 – Hometown News (Parrish Healthcare Among United Way Space Coast's Top Contributors) ****5,500**
- 5.08.36 – Happenings (Parrish Healthcare Open Interviews) ****5,500**
- 5.15.26 – Happenings (Parrish Healthcare Honored as a Top 25 Most Generous Contributor to the United Way Space Coast; Parrish Medical Group Welcomes Family Nurse Practitioner and Registered Nurse Erik Swanson, FNP-C, RN-BSN, to Orthopedic and Sports Medicine Team) ****5,500**
- 5.21.26 – Florida Today (Swanson Joins Parrish Healthcare) ****50,000**

- 5.22.26 – Happenings (Parrish Healthcare Center at Titus Landing is Ready to Resume Normal Operations; Parrish Healthcare Open Interviews) ****5,500**
- 5.29.26 – Happenings (Jess Parrish Medical Foundation Awards 22 Scholarships to Aspiring healthcare Professionals; Parrish Healthcare is First in Brevard County to Earn The Joint Commission’s Core Certification for Hip and Knee Joint Replacement; Parrish Healthcare Open Interviews) ****5,500**

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

News Releases Issued by Others	332,900
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- 5.01.26 – Space Coast Daily (Parrish Health & Fitness Center Reopens in Titusville Through YMCA Partnership) ****14,725**
- 5.05.26 – Space Coast Daily (TIME IS LIFE: Health First and Parrish Healthcare Form Lifesaving Strike Network Partnership) ****60,000**
- 5.07.2026 – Viera Voice (Health First, Parrish, Establish Stroke Network Partnership) ****24,000**
- 5.08.26 – Florida Today (Stroke Signs and Symptoms that Should Never be Overlooked)
- 5.10.26 – Hometown News (Parrish Medical Group Adds Orthopedic Nurse Practitioner Erik Swanson; Joins Parrish Healthcare’s Orthopedic and Sports Medicine Team in Port St. John) ****14,725**
- 05.14.26 – Florida Today (Health First and Parrish Sign Agreement on Stroke Care) ****50,000**
- 5.17.26 – Florida Today (Health First, Parrish sign Agreement on Stroke Care)
- 5.18.26 – Brevard Business News (Health First, Parrish Healthcare Form Lifesaving Stroke Network partnership; to Enhance Care Across Space Coast) ****40,000**
- 5.19.26 – Florida Today (Training and Teamwork Help Emergency Responders When It Matter Most) ****50,000**
- 5.20.26 – Hometown News (Health first, Parrish Partner to Strengthen Stroke Care Across Brevard) ****14,725**
- 5.21.26 – Florida Today (Emergency Responders Hep When It Matters Most Through Training & Teamwork) ****50,000**
- 5.31.26 – Hometown News (Parrish Healthcare at Titus Landing Resumes Operations) ****14,725**

Editions not included under Print Advertising/Impression section.

PRINT ADS

PARRISH HEALTHCARE WOMEN'S HEALTH

Compassionate Care for Every Stage of Womanhood

Whether you need maternity care or a complex surgical procedure, we have all the services you need for every phase of life. Right here, close to home.

- Gynecology
- Gynecologic Surgery
- Hysteroscopy and Imaging
- Menopause
- Pregnancy and Birthing
- Reproductive Medicine

Visit parrishhealthcare.com/womenshealth



PARRISH HEALTHCARE | **Cleveland Clinic Connected**
Healing Experiences for Everyone All the Time®

PARRISH HEALTHCARE WOMEN'S HEALTH

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PARRISH HEALTHCARE | **Cleveland Clinic Connected**
Healing Experiences for Everyone All the Time®

FOCUSED ON THE FUTURE 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

PARRISH MEDICAL CENTER
PARRISH HEALTHCARE

ACS AMERICAN COLLEGE OF SURGEONS

This hospital is an ACS Surgical Quality Partner by participating in select ACS Quality Programs.

Changing Lives One Step at a Time



PARRISH HEALTHCARE
ORTHOPEDICS

Fast. Expert. Emergency Care.



PARRISH MEDICAL CENTER
PARRISH HEALTHCARE
951 N. Washington Avenue
Tallahassee, FL 32306

Lifelong Primary Care Partners

Lifelong health starts here. Your Parrish Medical Group primary care physician is your partner in lifelong wellness. As your first point of contact within our trusted health care network, they ensure you have seamless access to the care, resources, and support you need to live well—today and for years to come.

Primary Care Physicians Will:

- Conduct Yearly Check-ups
- Prescribe Medications and Order Necessary Lab Tests
- Administer Immunizations
- Help Patients Establish and Achieve Health Goals
- Educate Patients About Health Issues
- Provide Advice and Insight Into Health Concerns
- Introduce and Connect Patients to Local Health Programs
- Facilitate Referrals to Specialized Care—Connecting You with Experts in Cardiology, Urology, Orthopedics and More

Same-Day and Next-Day Appointments

Your health can't always wait. That's why our primary care team offers same-day and next-day appointments for patients who need prompt, but non-emergency medical attention. Whether it's an unexpected illness, a flare-up of a chronic condition, or simply a concern you'd like addressed quickly, we're here to provide care when you need it, without the long wait.

To preview our primary care providers, visit parrishhealthcare.com/providers

OUR PRIMARY CARE OFFICE

**Parrish Healthcare Center
Port St. John**
5001 Port St. John Parkway
Port St. John, FL 32927

For a same-day or next-day appointment, please call our scheduling office at 321-268-6868



Healing Experiences for Everyone All the Time®

Cleveland Clinic Connected

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!

We are proud to offer the following services and more:

- Primary Care
- Cardiovascular
- Oncology
- Women's Health & Obstetrics
- Orthopedics & Sports Medicine
- Urology
- Gastroenterology
- General Surgery
- Geriatrics & Senior Health
- Diagnostic Imaging
- Lab Services
- Sleep Services



To learn more or schedule an appointment call 321-268-6868 or visit parrishhealthcare.com



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- Geriatrics & Senior Health
- Diagnostic Imaging
- Lab Services
- Sleep Services

To learn more or to schedule an appointment call 321-268-6868 or visit parrishhealthcare.com



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Cleveland Clinic Connected

PARRISH HEALTHCARE WOMEN'S HEALTH

Compassionate Care for Every Stage of Womanhood

Whether you need maternity care or a complex surgical procedure, we have all the services you need for every phase of life. Right here, close to home.

- Gynecology
- Gynecologic Surgery
- Mammography and Imaging
- Menopause
- Pregnancy and Birthing
- Reproductive Medicine



Visit parrishhealthcare.com/womenshealth



Healing Experiences for Everyone All the Time®

Cleveland Clinic Connected



WOMEN'S HEALTH

Lifelong Wellness. We're With You.

parrishhealthcare.com/womenshealth



Celebrating National Hospital Week

May 10–16, 2026

Parrish Healthcare proudly celebrates the men and women who make healing possible every single day. You are the heart of our organization and the foundation of our community's health. Thank you for going above and beyond and for making a difference when it matters most.

Please join us in honoring
the heroes in health care—
today and every day.



Cleveland Clinic Connected

Healing Experiences for Everyone All the Time®

Celebrating National Nurses Week

May 6–12, 2026

We extend our heartfelt gratitude to the nurses of Parrish Healthcare's integrated system for their steadfast commitment to delivering exceptional care to our patients daily. Your selflessness, resilience and dedication to the nursing profession is appreciated beyond just this week!

Please thank a nurse this week in celebration!



Cleveland Clinic Connected

Healing Experiences for Everyone All the Time®

PARRISH HEALTHCARE CENTER | NORTH TITUSVILLE

MORE ROOM TO CARE, MORE WAYS TO HELP

Parrish Healthcare Center, North Titusville is designed to provide even greater access to the quality care you know and trust. Totalling 24,588 square feet, the center offers comprehensive cancer care and more. Right here, close to home.

- Oncology Cancer Care: Radiation, Infusion Services and Cancer Reimbursement
- General Surgery
- Hematology
- Infusion Services
- Laboratory Services: Fully accredited by the College of American Pathologists, we offer blood, drug, glucose and urine tests, body panels, urine cell screenings, blood bank services and more.
- Medical Offices

180 North Washington Avenue
Titusville, FL 32786

Visit parrishhealthcare.com/northtitusville
or call 321-268-6868



Cleveland Clinic Connected

Healing Experiences for Everyone All the Time®

PARRISH HEALTHCARE CANCER PROGRAM



REDEFINING CANCER CARE ONE PATIENT AT A TIME

Right here, close to home.

At Parrish Healthcare, we've redefined cancer care with a focus on individual needs. By combining leading-edge treatments with personalized care, we'll build a care plan tailored just for you.

Visit parrishhealthcare.com/oncology



Cleveland Clinic Connected

Healing Experiences for Everyone All the Time®

“

If your actions inspire others
to dream more, learn more,
do more and become more,
you are a leader.”

— John Quincy Adams,
6th President of the United States

”

Congratulations to LEAD Brevard on 40 incredible years of
building, mentoring and celebrating leaders across Brevard County.
We celebrate your legacy and look forward to the future leaders
you will continue to inspire. Cheers to 40 years of leadership,
partnership and progress!



Cleveland Clinic Connected

Healing Experiences for Everyone All the Time®

PARRISH HEALTHCARE WOMEN'S HEALTH

Compassionate Care for Every Stage of Womanhood

Whether you need advanced care or a complete
surgical procedure, we have all the services you need
for every phase of life. Right here, close to home.

- Gynecology
- Gynecologic Surgery
- Menopausal and Aging
- Menopause
- Pregnancy and Birthing
- Reproductive Medicine

Visit parrishhealthcare.com/womenshealth



Cleveland Clinic Connected

Healing Experiences for Everyone All the Time®

MAY COMMUNITY SUPPORT GROUP SCHEDULE

Parrish Healthcare offers a variety of support groups as a resource for the community.

ALZHEIMER'S Support Group

Meets the 1st and 3rd Thursdays monthly, 9-10 AM
Parrish Healthcare Center, Main Lobby Room
3000 Port St. John Parkway, Port St. John
Contact: Jeanne Smith at 321-268-6666

Cancer and Survivor Support Group

Meets the 1st and 3rd Thursdays monthly, 9-10 AM
Parrish Healthcare Center, Main Lobby Room
3000 Port St. John Parkway, Port St. John
Contact: Jeanne Smith at 321-268-6666

Caring for Caregivers Support Group

Meets the 1st and 3rd Thursdays monthly, 9-10 AM
Heritage Hall, 201 N. Washington Avenue, Titusville
Contact: Jeanne Smith at 321-268-6666

Diabetes Support Group

Meets the 1st and 3rd Thursdays monthly, 10-11 AM
Heritage Hall, 201 N. Washington Avenue, Titusville
Contact: Jeanne Smith at 321-268-6666

Early Stage Community Play Date

Meets the 1st and 3rd Thursdays monthly, 9-10 AM
The Children's Center
3000 Port St. John Parkway, Port St. John
Contact: Jeanne Smith at 321-268-6666

Fearless Café

Meets the 1st and 3rd Thursdays monthly, 10-11 AM
Heritage Hall, 201 N. Washington Avenue, Titusville
Contact: Jeanne Smith at 321-268-6666

Heart Support Group

Meets the 1st and 3rd Thursdays monthly, 10-11 AM
The Children's Center
3000 Port St. John Parkway, Port St. John
Contact: Jeanne Smith at 321-268-6666

Stroke and Heart Survivor Support Group

Meets the 1st and 3rd Thursdays monthly, 10-11 AM
Heritage Hall, 201 N. Washington Avenue, Titusville
Contact: Jeanne Smith at 321-268-6666

Tobacco Quit Smoking Now

Meets the 1st and 3rd Thursdays monthly, 10-11 AM
Heritage Hall, 201 N. Washington Avenue, Titusville
Contact: Jeanne Smith at 321-268-6666



Visit parrishhealthcare.com/supportgroups
to learn more and to register.



Cleveland Clinic Connected

Healing Experiences for Everyone All the Time®

PARRISH HEALTHCARE CENTER | NORTH TITUSVILLE

MORE ROOM TO CARE, MORE WAYS TO HELP

Parrish Healthcare Center, North Titusville is designed to provide
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Adding 24,500 square feet, the center offers comprehensive
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- Oncology: Cancer Care, Radiation, Infusion Services
and Cancer Boutique
- General Surgery
- Hematology
- Infusion Services
- Laboratory Services: Fully accredited by the
College of American Pathologists, we offer blood,
drug, glucose and urine tests, lipid panels, sickle cell
screenings, blood bank services and more.
- Medical Offices

400 North Washington Avenue
Titusville, FL 32796

Visit parrishhealthcare.com/northtitusville
or call 321-268-6666



Cleveland Clinic Connected

Healing Experiences for Everyone All the Time®



Meet Your New Urologist!

Mark Swierzewski, MD

Dr. Swierzewski is a board-certified urologist with more than 37 years of experience. He sees both male and female patients for the care of all urological conditions.

PARRISH HEALTHCARE UROLOGY

845 Century Medical Drive
Suite A
Titusville, FL 32796
Phone: 321-268-6868

For more information visit
parrishhealthcare.com/Swierzewski



Medicare, Medicaid and most insurances accepted.
parrishhealthcare.com/urology



DIGITAL ADS

PARRISH HEALTHCARE
WOMEN'S HEALTH

Every Stage, Every Story.



PARRISH
HEALTHCARE

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PARRISH HEALTHCARE
WOMEN'S HEALTH

Every Stage, Every Story.



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WOMEN'S HEALTH

Every Stage, Every Story.



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PARRISH HEALTHCARE
WOMEN'S HEALTH

Every Stage, Every Story.



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PARRISH HEALTHCARE WOMEN'S HEALTH

Every Stage, Every Story.



PARRISH
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Care for Every Woman.
Every Stage,
Every Story.

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PARRISH HEALTHCARE WOMEN'S HEALTH

Care for Every Woman. Every Stage, Every Story.



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PARRISH HEALTHCARE WOMEN'S HEALTH

Every Stage, Every Story.



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PARRISH HEALTHCARE
WOMEN'S HEALTH

Every Stage, Every Story.



PARRISH
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BILLBOARDS



CURRENT

BULLETIN #005839



CURRENT

BULLETIN #005584



CURRENT

BULLETIN #005514



CURRENT

BULLETIN #005333



BULLETIN #005332



CURRENT

BULLETIN #005331

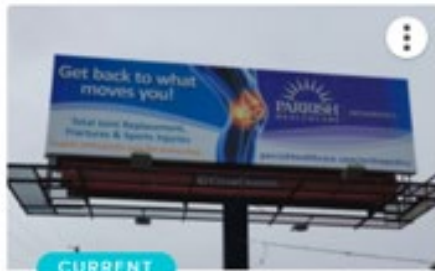


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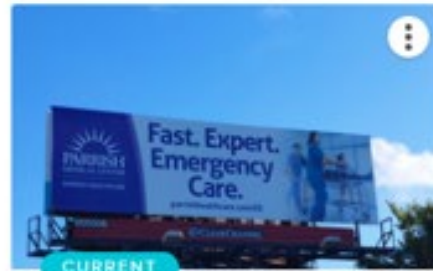


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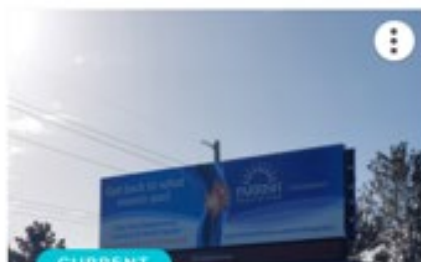
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MONTHLY MEDIA REPORT – June 2026



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 Parrish Healthcare is mentioned, pictured, or number of times an advertisement ran in a month.

Summary of Total Impressions	142,089,388
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	<u>Estimated Impressions</u>
Community Outreach (Attendees)	1,164

Latin American Club of Titusville Gala (June 6) (Attendance 100)

Platinum Sponsor: \$1,500; reserved table for 10; logo on promotional tables; stage recognition; social media recognition; preferred seating placement; exclusive logo placement on Facebook group page. Parrish literature and swag provided.

Brevard's Got Talent (June 6) (Attendance 700)

Sponsor: \$2,500; Second Row VIP Dinner Table, logo printed in program, 10 VIP dinner tickets to event, 10 event glasses, two complimentary bottles of wine. Event benefitted the Brevard County Sheriff's Office Charity, Inc. and Sheriff's Pet Posse.

Chamber of Commerce Luncheon (June 10) (Attendance 60)

Kim Tolley, Director of Occupational Health Services, delivered the sponsor message. Rack cards distributed.

Pilot Club: Titusville Playhouse Respite for Caregivers (June 20) (Attendance 176)

Sponsor: \$1,500; Janet Rooks provided sponsor message at matinee performance of 1776 to North Brevard care givers. 100 BE FAST stroke magnets provided for goodie bags.

City of Titusville Mini Health Fair (June 24) (Attendance 128)

Abigail Bleam and Ann Williams attended for cardiology, orthopedics and occupational health. Parrish marketing literature and swag were distributed at the event to City employees.

Print Advertising/Impressions	1,212,000
--------------------------------------	------------------

Happenings (5,500/Issue – Monthly and Weekly - Contact: Randy Rodriquez) 5,500

- 6.2026 – Cover Ad (Rebecca Fobes – Geriatric Medicine)
- 6.2026 – Full Page Back Cover (Men's Health)
- 6.2026 – Full Page (Support Groups)

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

- 6.05.2026 – Full Page (PHC North Titusville Services)
- 6.12.2026 – Full Page (Men's Health)

- 6.19.2026 – Full Page (Women’s Health OB-GYN)
- 6.26.2026 – Full Page (Lifelong Primary Care Partners)

Florida Today (50,000/Issue – Daily - Contact: Local IQ) 850,000

- 6.03.2026 – Half Page (Oncology General)
- 6.18.2026 – Half Page (Men’s Health)
- 6.28.2026 – Full Page (PHC-Port St John Services)
- 6.03.2026 – Front Page Strip Ad (Lifelong Wellness. We’re With You.)
- 6.05.2026 – Front Page Strip Ad (Lifelong Wellness. We’re With You.)
- 6.07.2026 – Front Page Strip Ad (Lifelong Wellness. We’re With You.)
- 6.10.2026 – Front Page Strip Ad (Lifelong Wellness. We’re With You.)
- 6.12.2026 – Front Page Strip Ad (Lifelong Wellness. We’re With You.)
- 6.14.2026 – Front Page Strip Ad (Lifelong Wellness. We’re With You.)
- 6.17.2026 – Front Page Strip Ad (Lifelong Wellness. We’re With You.)
- 6.19.2026 – Front Page Strip Ad (Lifelong Wellness. We’re With You.)
- 6.21.2026 – Front Page Strip Ad (Lifelong Wellness. We’re With You.)
- 6.24.2026 – Front Page Strip Ad (Lifelong Wellness. We’re With You.)
- 6.24.2026 – Digital Ad (Changing Lives One Step at a Time)
- 6.26.2026 – Front Page Strip Ad (Lifelong Wellness. We’re With You.)
- 6.28.2026 – Front Page Strip Ad (Lifelong Wellness. We’re With You.)
- 6.29.2026 – Digital Ad (Changing Lives One Step at a Time)

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

- 6.2026 – Full Page (Lifelong Primary Care Partners)
- 6.2026 – Full Page (Men’s Health)
- 6.2026 – Full Page (Open Interviews)

Ebony News (1,500/Digital – Monthly - Contact: Barbara Rhoden) 1,500

- 6.2026 – Digital Ad (Your Heart Care Partners)

The Great Outdoors – Happenings (3,500/Edition – Weekly - Contact: Greg Wostrel) 11,000

- 6.12.2026 – Full Page (Men’s Health)
- 6.26.2026 – Full Page (Lifelong Primary Care Partners)
- 6.2026 – 14th Hole Granite Tee Marker (48,000 golfers annually; 4,000 monthly)

Savings Safari (51,000/Edition – Bi-monthly - Contact: Barbara Strickland) 102,000

- 6.09.2026 – Full Page (Men’s Health)
- 6.23.2026 – Full Page (A Great Place for Healthcare)

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

- 6.2026 – Full Page (Your Health is Your Greatest Asset)

Space Coast Daily (60,00/edition – Monthly/Digital Daily - Contact: Giles Malone) 120,000

- 6.11.2026 – Front Page Digital (Fast. Expert. Emergency Care)
- 6.29.2026 – Front Page Digital (Fast. Expert. Emergency Care)

Titusville Playhouse Playbill (Based on number of monthly performances)	2,100
6.2026 – Full Page 1776; June 19 – June 30 – (Center Stage for Your Health)	
Lifetimes Newsletter (Mailed Quarterly to North Brevard Zip Codes) Spring Issue	NA
6.2026 – Next Printing, July – Summer issue	
Boomer Guide (Annual Publication)	26,000
6.2026 – Full Page (Your Health Is Your Greatest Asset)	
Broadcast and Digital Ad Impressions	951,592

WFTV.com

- Impressions: 303,094
- Clicks: 670
- CTR: 0.28%

WFTV-OTT (Over the Top)

- Impressions: 40,050
- Video Completes: 39,420
- Video Completion Rate: 98.43%

WFTV (Amazon Streaming)

- Impressions: 143,846
- Video Completes: 137,559
- Video Completion Rate: 97.15%

Cumulus DNA Digital Ads and Radio Spots:

- Digital Impressions: 72,439; Clicks: 83; CTR: 0.11
- WHKR 102.7FM – HitKicker Reach: 61,200; Radio: 76 Monthly (:30 second spots this year!)
- WHKR 102.7FM – Streaming (added this year) HitKicker Reach: 10,500; Radio: 76 Monthly (:30 second spots this year!)
- WA1A 107.1FM – A1A Contemporary Pop: Reach: 86,800; 76 Monthly (:30 second spots this year!)
- WA1A 107.1FM – (Streaming added this year) A1A Contemporary Pop: Reach: 11,375; 76 Monthly (:30 second spots this year!)
- WA1A 107.1FM – Parrish Healthcare’s “Healthy Tips in 26”” Healthy Living Radio Ads Reach: 75,600; 60 Monthly (60 second spots)

Spectrum Reach (Streaming and TV)

- Impressions: 113,088
- Video Completes: 110,498
- Video Completion Rate: 97.71%

iHeart

- WLRQ-FM: Reach 33,600; Spots: 119 (30 seconds)
- iHeart Radio App Impressions: 185,829

Social Media Channels

1,083,437

Facebook:

- **Parrish Healthcare:** Views – 1,009,211; Followers – 8,479
- **The Children’s Center:** View – 2,139; Followers – 167
- **Parrish Health & Fitness:** Views – 7,915; Followers – 399

Instagram: Reach –53,506; Followers - 814

X (Twitter): Followers – 720

LinkedIn: Followers – 4,678; Impressions – 9,903

YouTube:

- Total Views: 763
- Total Subscribers: 502
- New Subscribers: 2

Top 5 YouTube Videos (Total Video Views in June – 763):

- Daily Two Featuring Dr. Rahul Lohana: **245**
- Happy Doctors’ Day: **66**
- Alzheimer’s SOS: Vascular Dementia: **39**
- Daily Two Featuring Dr. Andre Gabriel: **32**
- Daily Two Featuring Dr. Mark Swierzewski: **29**

TV Impressions

2,399,800

Station	Spots	Impressions
WFTV	111	2,177,100
WRDQ	97	222,700
Spectrum News 13	250	See Note Below
Total	458	2,399,800

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 Aired:

Service Line	Title	ISCI	Impressions (000) A18+
D2	D2 Parrish 0526 2:00	D2PARRISH0526	59.2
D2	D2 Parrish 1024 2:00	D2PARRISH1024	16.9
D2	D2 Parrish 1024 :60	D2PARRISH102460	36.2
Johana	Johana :60	PHCJOHANA60	23.1
Women's Health	Womens :05	PHCWOMENS05	645.2
Women's Health	Womens :10	PHCWOMENS10	157.3
Women's Health	Womens :15	PHCWOMENS15	504.9
Women's Health	Womens :30	PHCWOMENS30	222.2
SQUEEZEBACK			734.8
Grand Total			2,399.8

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

Billboards (Lamar – Contact: Jennifer Rzepiejewski, Lamar – 4 billboards; Contact: Joe Schmitt: 457,204)

- **1360:** US1-E/S N/O SR 528 S/B; (Your Heart Deserves the Best – Cardiology)
- **3406:** US1 @ Blacks Rd. N/B; 697 (Orthopedics – Hip Replacement; Patient, Stuart)
- **3666:** US1/Washington Ave. 1 MI N/O Garden St NB; (Oncology – Parrish Treats Me Like Family; Patient, Wanda)
- **3667:** Washington Ave 1 MI n/o Garden St S/B; 105 (Labor & Delivery - Parrish Exceeded My Expectations; Patient, Johana)

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

- **5839:** US 1 WS 3.2mi N/O SR 528 F/N – 1, Cocoa; 81,829 (Open Interviews)
- **5584:** Grissom Pkwy NS 1mi W/O Industry Rd F/W - 2, Cocoa; 47,988 (Cardiology – The Right Place for Heart Care; Patient, Voncile)
- **5514:** US 1 ES 1.5mi N/O SR 528 F/S – 2; 107,258 988 (Surgery - Parrish Exceeded My Expectations; Patient, Lindsey)
- **5333:** US 1 WS 1.3mi N/O SR 406 Garden St F/N – 2; 96,930 (Fast, Expert. Emergency Care.)
- **5332:** US 1 WS 1.3mi N/O SR 406 Garden St F/S – 1; 75,254 (Restoring Comfort, Renewing Confidence)
- **5331:** US 1 WS 1.5mi N/O SR 406 Garden St F/S – 1; 75,506 (Emergency? We're Ready)

- **5330:** US 1 WS 1.5mi N/O SR 406 Garden St F/N – 2; 92,942 (*Your Heart Deserves the Best*)
- **5329:** US 1 WS 0.2mi S/O SR 50 F/S – 1; 77,766 (*Oncology – Parrish Treats Me Like Family; Patient, Wanda*)
- **5306:** US 1 WS 0.7mi N/O SR 528 F/N – 2; 108,105 (*Labor & Delivery - Parrish Exceeded My Expectations; Patient, Johana*)
- **5006:** US 1 ES 2.7mi N/O SR 528 F/S – 2; 97,000 (*Cardiology – The Right Place for Heart Care; Patient, Voncile*)
- **3321:** US 1 WS 3.3mi N/O SR 528 F/S – 1; 76,697 (*Orthopedics – Hip Replacement; Patient, Stuart*)
- **1904:** SR 405 SS 0.5mi W/O SR 407 F/W – 1; 76, (Surgery - Parrish Exceeded My Expectations; Patient, Lindsey)
- **1903:** SR 405 SS 0.5mi W/O SR 407 F/E – 2; 63,925 (*Cardiology – The Right Place for Heart Care; Patient, Voncile*)
- **1538:** US 1 WS 2.3mi S/O SR 405 F/N – 2; 84,413 (*Get Back to What Moves You*)
- **1537:** US 1 WS 2.3mi S/O SR 405 F/S – 1; 77,547 (*Emergency? We're Ready*)
- **1155:** US 1 WS 1.4mi S/O SR 405 F/S – 2; 65,656 (*Surgery - Parrish Exceeded My Expectations; Patient, Lindsey*)
- **1034:** US 1 WS 1.4mi S/O SR 405 F/S – 1; 57,181 (*Oncology – Parrish Treats Me Like Family; Patient, Wanda*)

Bus Wraps (Clear Channel – Contact: Joe Schmitt)

**Not audited by Geopath for metrics and no estimate at this time when data will be available.*

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

Brevard County Public Schools Van Wrap (Contact: Yvette Cruz)

**Not audited by Geopath for metrics and no estimate at this time when data will be available.*

- 3-Year Commitment (Aug. 1, 2025 – July 31, 2028): Van wrap will be prominently displayed on vehicles used by North Brevard high schools — Astronaut, Space Coast, and Titusville. These vans serve as transportation for athletic teams and student extracurricular groups, traveling thousands of miles annually throughout Brevard County and across Florida for regional and state competitions.

News Releases Issued by Parrish

134,582,000

- 6.05.26 – Happenings (Parrish Healthcare ICU Nurse Embily Smith Named a DASIIY Award® Honoree as Part of an International Nurse Recognition Program); (Hurricane Season is Here: Be Prepared and Stay Safe) ****5,500**
- 6.09.26 - PR NewsWire (Parrish Medical Center is Nationally Recognized as a Top 100 Great Community Hospital) ****134,500,000**
- 6.12.26 – Happenings (Parrish Healthcare Launches Bi-Annual Hopeful Hearts Supply Drive to Support Individuals Experiencing Homelessness in North Brevard); (Parrish Medical Center is Nationally Recognized as a Top 100 Great Community Hospital), (Parrish Healthcare Open Interviews) ****5,500**
- 6.12.26 – Hometown News (Parrish Healthcare at Titus Landing Resumes Operations)

- 6.19.26 – Happenings (Dr. Gary Oh Earn Blue Zones® Certified Physician Designation and Type 2 Diabetes Remission Certificate); (Parrish Healthcare Welcomes Fellowship-Trained Hand and Upper Extremities Orthopedic Surgeon Tyle Tantillo, DO, to Orthopedic and Sports Medicine Team) ****5,500**
- 6.26.26 – Happenings (Jess Parrish Medical Foundation Announces Annual Gala Boots & Bowties Benefitting the Advancement of Healthcare Technologies and Services); (Parrish Healthcare and LEAD Brevard Foster Leadership Growth Through Collaborative Learning Experiences); (Parrish Healthcare Open Interviews) ****5,500**
- 6.30.26 – Space Coast Daily (Parrish Healthcare Supports Brevard County Teachers with Second Annual Back-to-School Supplies Giveaway) ****60,000**

Parrish Medical Center is nationally recognized as a Top 100 Great

Community Hospital

English | Release ID: FL77209 | Distributed: Jun 9, 2026 9:05 AM ET

 Pickup

549

 Traffic

2.7K

 Engagement

604

 Audience

134.5M

Pickup by PR Newswire Media Partner Websites - Top Outlets

Outlet Name	Location	Source Type	Industry	Potential Audience
 Yahoo! Finance	Global	Online News Sites & Other Influencers	Media & Information	42,495,963 ⁽¹⁾ visitors/month
 AP NEWS [The Associated Press]	United States	News & Information Service	Media & Information	32,123,623 ⁽¹⁾ visitors/month
 KTLA [Los Angeles, CA]	United States	Broadcast Media	Media & Information	4,225,988 ⁽¹⁾ visitors/month
 PR Newswire	Global	PR Newswire	Media & Information	3,229,399 ⁽¹⁾ visitors/month
 Benzinga	United States	Online News Sites & Other Influencers	Financial	2,484,142 ⁽¹⁾ visitors/month

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

News Releases Issued by Others

40,000

- 6.01.26 – Brevard Business News (Health First and Parrish Partner to Enhance Stroke Care Across Region) ****40,000**
- 6.14.26 – Florida Today (Local Hospitals Earn Mention in Becker's Great Community Hospitals List)

Editions not included under Print Advertising/Impression section.

PRINT ADS

PARRISH HEALTHCARE WOMEN'S HEALTH

Compassionate Care for Every Stage of Womanhood

Whether you need maternity care or a complex surgical procedure, we have all the services you need for every phase of life. Right here, close to home.

- Gynecology
- Gynecologic Surgery
- Hysteroscopy and Imaging
- Menopause
- Pregnancy and Birthing
- Reproductive Medicine

Visit parrishhealthcare.com/womenshealth



PARRISH HEALTHCARE | **Cleveland Clinic Connected**
Healing Experiences for Everyone All the Time®

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!

We are proud to offer the following services and more:

- Primary Care
- Cardiovascular
- Oncology
- Women's Health & Obstetrics
- Orthopedics & Sports Medicine
- Urology
- Gastroenterology
- General Surgery
- Geriatrics & Senior Health
- Diagnostic Imaging
- Lab Services
- Sleep Services

To learn more or to schedule an appointment call 321-268-6868 or visit parrishhealthcare.com



PARRISH HEALTHCARE | **Cleveland Clinic Connected**
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Lifelong Primary Care Partners

Lifelong health starts here. Your Parrish Medical Group primary care physician is your partner in lifelong wellness. As your first point of contact within our trusted health care network, they ensure you have seamless access to the care, resources, and support you need to live well—today and for years to come.

Primary Care Physicians Will:

- Conduct Yearly Check-ups
- Prescribe Medications and Order Necessary Lab Tests
- Administer Immunizations
- Help Patients Establish and Achieve Health Goals
- Educate Patients About Health Issues
- Provide Advice and Insight Into Health Concerns
- Introduce and Connect Patients to Local Health Programs
- Facilitate Referrals to Specialized Care—Connecting You with Experts in Cardiology, Urology, Orthopedics and More

Same-Day and Next-Day Appointments

Your health can't always wait. That's why our primary care team offers same-day and next-day appointments for patients who need prompt, but non-emergency medical attention. Whether it's an unexpected illness, a flare-up of a chronic condition, or simply a concern you'd like addressed quickly, we're here to provide care when you need it, without the long wait.

To preview our primary care providers, visit parrishhealthcare.com/providers



PARRISH HEALTHCARE | **Cleveland Clinic Connected**
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Changing Lives One Step at a Time



PARRISH HEALTHCARE
ORTHOPEDICS

Fast. Expert. Emergency Care.



PARRISH MEDICAL CENTER
PARRISH HEALTHCARE
951 N. Washington Avenue
Titusville, FL 32796

PARRISH HEALTHCARE CANCER PROGRAM



REDEFINING CANCER CARE ONE PATIENT AT A TIME

Right here, close to home.

At Parrish Healthcare, we've redefined cancer care with a focus on individual needs. By combining leading-edge treatments with personalized care, we'll build a care plan tailored just for you.

Visit parrishhealthcare.com/oncology



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- Urology
- Gastroenterology
- General Surgery
- Geriatrics & Senior Health
- Diagnostic Imaging
- Lab Services
- Sleep Services

To learn more or schedule an appointment call 321-268-6868 or visit parrishhealthcare.com



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PARRISH HEALTHCARE WOMEN'S HEALTH

Compassionate Care for Every Stage of Womanhood

Whether you need maternity care or a complex surgical procedure, we have all the services you need for every phase of life. Right here, close to home.

- Gynecology
- Gynecologic Surgery
- Menstrual and Imaging
- Menopause
- Pregnancy and Birthing
- Reproductive Medicine

Visit parrishhealthcare.com/womenshealth



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PARRISH HEALTHCARE WOMEN'S HEALTH

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Visit parrishhealthcare.com/womenshealth



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Lifelong Wellness. We're With You.

parrishhealthcare.com/womenshealth



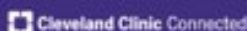
PARRISH HEALTHCARE MEN'S HEALTH

Compassionate Care for the Men in Our Lives

Parrish Healthcare celebrates the strength, love and dedication of men everywhere! Men's health matters—not only for them, but for everyone who counts on them. Take your first step today and let us support your journey to wellness.

- Annual Wellness Exams
- Blood Pressure and Cholesterol Checks
- Diabetes Screenings and Management
- Heart Health Assessments
- Injury Prevention and Joint Health
- Prostate Health and PSA Screenings
- Sleep Health and Fatigue Evaluations

Find a provider and learn more about our services today! Visit parrishhealthcare.com



Healing Experiences for Everyone All the Time®



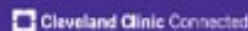
Center Stage for Your Health

Every performance starts with a strong foundation

At Parrish Healthcare, your health is always center stage. Our compassionate team provides personalized care and comprehensive services designed to support you through every act of life, from wellness programs and preventive care to specialized treatments and recovery support. We're dedicated to helping North Brainerd residents stay healthy, active and ready for their next performance.



Discover how we can help you achieve your healthiest performance yet! Visit parrishhealthcare.com



Healing Experiences for Everyone All the Time®

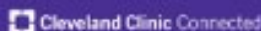
PARRISH HEALTHCARE CARDIOVASCULAR

Put Your Heart in the Best Hands

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!

- Heart Attack (Acute Myocardial Infarction)
- Electrophysiology (Arrhythmias, Atrial Fibrillation and Irregular Heartbeat)
- Interventional and Peripheral
- Primary Stroke Care
- Heart Failure and Heart Valves
- Cardiovascular Rehabilitation
- Sleep Disorders
- Respiratory Therapy
- Chronic Obstructive Pulmonary Disease

Visit parrishhealthcare.com/cardiovascular



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A Great Place for Health Care

Find a Location Near You



Parrish Medical Center
921 N. Washington Ave.
Thurville, FL 32796
321-268-6111

Parrish Wound Healing Center
921-1 N. Washington Ave.
Thurville, FL 32796
321-268-6793

Senior Consultation Center
235 Century Medical Cn.
Thurville, FL 32796
321-268-6800

Parrish Healthcare Center
Obstetrics and Gynecology
843 Century Medical Cn.
Thurville, FL 32796
321-268-6868

Parrish Occupational Health
484 N. Washington Ave.
Thurville, FL 32796
321-268-6868

Parrish Healthcare Center
North Thurville
480 N. Washington Ave.
Thurville, FL 32796
321-268-6868

Parrish Healthcare Center
at Times Landing
250 Harrison St.
Thurville, FL 32796
321-268-6868

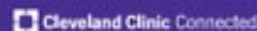
Parrish Health & Fitness Center
Sponsored by the YMCA
of Central Florida
2203 Cheney Way
Thurville, FL 32796
321-267-8924

The Children's Center
A service of Parrish Healthcare
1601 S. Washington Ave.
Thurville, FL 32796
321-264-0815

Parrish Sleep Center
1005 Port St. John Road
Port St. John, FL 32917
321-268-6408

Parrish Healthcare Center
at Port St. John
1005 Port St. John Road
Port St. John, FL 32917
321-268-6868

Visit parrishhealthcare.com/locations



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JUNE COMMUNITY SUPPORT GROUP SCHEDULE

Parrish Healthcare offers a variety of support groups as a free service to the community.

A.W.A.K.E. Sleep Support Group

Meets the second Monday monthly, 6-7:30 PM
Parrish Healthcare Center, Marston Conference Room
9000 Port St. John Parkway, Port St. John
Contact our Sleep Support team at 321-268-6668

Cancer and Survivor Support Group

Meets the third Wednesday monthly, 4-5:30 PM
Parrish Healthcare Center, North Titusville
4951 N. Washington Avenue, Titusville
Contact Shannon Lohr at 321-268-6121, ext. 3544

Caring for Caregivers Support Group

Meets the second and fourth Thursday monthly
9:30-11:30 AM
Heritage Hall, 951 N. Washington Avenue, Titusville
Contact Janet Asala at 321-268-6800

Decoding Diabetes Class

Meets the fourth Monday monthly, 2:30-4:30 PM
Heritage Hall, Parrish Health Village
951 N. Washington Avenue, Titusville
Contact Beth Goveva at 321-268-6116, ext. 4265

Early Steps Community Play Date

Meets the fourth Wednesday monthly, 9-10:30 AM
The Children's Center
5050 S. Washington Avenue, Titusville
Contact Mary Givoli at 321-268-2170

Fearless Café

Presented by St. Francis Hospital and
Parrish Healthcare
Meets the first Wednesday monthly, 10-11 AM
Heritage Hall, Parrish Health Village
951 N. Washington Avenue, Titusville
Contact Janet Asala at 321-268-6800

Men's Support Group

Meets Mondays, 10-11 AM
The Children's Center
5050 S. Washington Avenue, Titusville
Contact Heather Johnson at 321-268-6800

Stroke and Heart Survivors Support Group

Meets the third Tuesday monthly, 2-4 PM
Heritage Hall, Parrish Health Village
951 N. Washington Avenue, Titusville
Contact Janet Asala at 321-268-6800

Tools to Quit Smoking Now

Meets the first Tuesday monthly, 9:30-11:30 AM
Parrish Medical Center, Conference Room 6
951 N. Washington Avenue, Titusville
Facilitated by Jennifer Wykowski, Tobacco-Free Florida
407-899-2282, ext. 332



Visit parrishhealthcare.com/supportgroups
to learn more and to register



Healing Experiences for Everyone All the Time®



PARRISH HEALTHCARE CENTER | NORTH TITUSVILLE

MORE ROOM TO CARE, MORE WAYS TO HELP

Parrish Healthcare Center, North Titusville is designed to provide even greater access to the quality care you know and trust. Totalling 34,586 square feet, the center offers comprehensive cancer care and more. Right here, close to home.

- Oncology: Cancer Care, Radiation, Infusion Services and Cancer Boutique
- General Surgery
- Hematology
- Infusion Services
- Laboratory Services: Fully accredited by the College of American Pathologists, we offer blood, drug, glucose and urine tests, Alpha panels, sickle cell screenings, blood bank services and more.
- Medical Offices

4951 North Washington Avenue
Titusville, FL 32780

Visit parrishhealthcare.com/northtitusville
or call 321-268-6668



Healing Experiences for Everyone All the Time®



PARRISH HEALTHCARE CENTER | NORTH TITUSVILLE

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- Infusion Services
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- Medical Offices

4951 North Washington Avenue
Titusville, FL 32780

Visit parrishhealthcare.com/northtitusville
or call 321-268-6668



Healing Experiences for Everyone All the Time®



Open Interviews

EVERY TUESDAY 9 AM - 12 PM

Know someone who'd make a great
Care Partner at Parrish Healthcare?

We're hiring for multiple clinical and
non-clinical roles. Visit Parrish Medical Center
at 951 N. Washington Ave. in Titusville or visit
parrishhealthcare.com/careers to learn more.



Be a Parrish Care Partner



Healing Experiences for Everyone All the Time®



Senior Care You Can Trust

Rebecca Fobes, APRN, DNP, AGPCNP-C

Specializing in geriatric medicine, Rebecca is dedicated to helping seniors maintain interdependence, manage chronic conditions and enjoy a better quality of life.

**PARRISH HEALTHCARE
SENIOR CONSULTATION CENTER**

836 Century Medical Drive
Titusville, FL 32796
Phone: 321-383-9393

For more information visit
parrishhealthcare.com/Fobes



Medicare, Medicaid and most insurances accepted.
parrishhealthcare.com



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, diagnostic imaging services and more within a one-of-a-kind LEED certified "green" healing environment.

5005 Port St. John Parkway, Port St. John, FL 32917
Located just east of I-95 Exit 20B on Port St. John Parkway



This location offers the following services and more:

- Urgent Care Center
- Community Conference Center
- Laboratory Services
- Parrish Medical Group Physicians
 - Cardiology
 - Endocrinology
 - Geriatric Medicine
 - Orthopedics & Sports Medicine
 - Pain Management
 - Pathology
 - Primary Care
- Parrish Sleep Disorders Center
- Diagnostic Imaging Services
 - Bone Density DEXA
 - Computed Tomography (CT)
 - Echocardiogram/Ultrasound, X-Ray
 - Magnetic Resonance Imaging (MRI)
 - Mammography
 - Ultrasound
- Rehabilitation Services
 - Occupational Therapy
 - Physical Therapy
 - Speech Therapy

Visit parrishhealthcare.com or call 321-268-6868 to learn more



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DIGITAL ADS

PARRISH HEALTHCARE
WOMEN'S HEALTH

Every Stage, Every Story.



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Every Stage, Every Story.



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PARRISH HEALTHCARE WOMEN'S HEALTH

Every Stage, Every Story.



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Care for Every Woman.
Every Stage,
Every Story.

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PARRISH HEALTHCARE WOMEN'S HEALTH

Care for Every Woman. Every Stage, Every Story.



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Every Stage, Every Story.



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Every Stage, Every Story.



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BILLBOARDS



“Parrish Healthcare is definitely the right place for heart care.”

CARDIOLOGY PATIENT

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Your Health. Our Purpose.
parrishhealthcare.com

Panels 001903, 005584, 005006



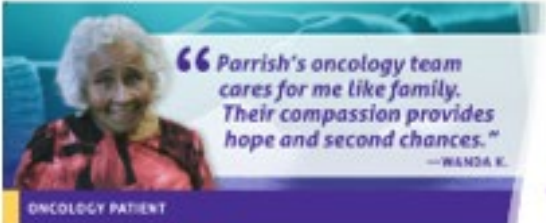
“My first visit at the Women’s Center was amazing, they took me in like family.”

—JONAH C.

MATERNITY PATIENT

PARRISH HEALTHCARE
Your Health. Our Purpose.
parrishhealthcare.com

Panels 3667, 005306



“Parrish’s oncology team cares for me like family. Their compassion provides hope and second chances.”

—WANDA K.

ONCOLOGY PATIENT

PARRISH HEALTHCARE
Your Health. Our Purpose.
parrishhealthcare.com

Panels 3666, 001034, 001904, 005329



“Everything feels possible again. Hip replacement restored my ability to truly enjoy life.”

—STUART B.

ORTHOPEDICS PATIENT

PARRISH HEALTHCARE
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parrishhealthcare.com

Panels 003321, 3406



“The staff at Parrish completely exceeded my expectations.”

—LINDSEY C.

SURGERY PATIENT

PARRISH HEALTHCARE
Your Health. Our Purpose.
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Panels 001155, 005514



Your ❤️ deserves the best.
Meet Our Expert Cardiologists!

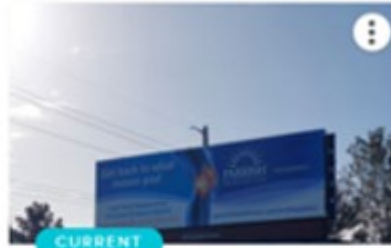
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Cleveland Clinic Connected

Panel 1360



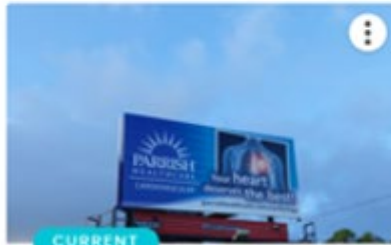
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BULLETIN #005331



BULLETIN #005332



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BULLETIN #005333



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