



MEMORANDUM

To: Board of Directors

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

From: George Mikitarian
President/CEO

Subject: Board/Committee Meetings – January 5, 2026

Date: January 1, 2026

The Audit 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, and then Executive 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 Education and Planning Committee meetings have been canceled.

Members:

Stan Retz, Chairperson

Robert L. Jordan, Jr., C.M. (ex-officio)

Herman Cole, Jr.

Dan Aton

TENTATIVE AGENDA
AUDIT COMMITTEE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
JANUARY 5, 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 (May 5, 2025 and November 3, 2025)

Motion: To recommend approval of the May 5, 2025 and the November 3, 2025 minutes as presented.

III. FY2025 Final Audit Report- MSL

Motion: To recommend the Board of Directors to accept the Fiscal Year 2025 audit results and reports:

- ***Audited Financial Statements and Supplementary Information***
- ***Report on Internal Control and Compliance***
- ***Communications with the Board of Directors and Audit Committee***
- ***Management Letter***

IV. Adjournment

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
AUDIT COMMITTEE**

A regular meeting of the Audit Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on May 5, 2025. The following members were present:

Stan Retz, Chairperson
Robert Jordan, Jr., C.M.
Herman Cole (excused)
Dan Aton

Other Attendees:

Michael Moehring, CFO
Tommi Middleton, Director of Finance
Stephanie Parham, Executive Office Manager
Anual Jackson, Compliance & Audit Officer
George Mikitarian, President/CEO

Call to Order

Mr. Retz called the meeting to order at 11:03 a.m.

Review and Approval of Minutes

The following motion was made by Mr. Jordan, seconded by Mr. Cole, and approved without objection.

Action Taken: Motion to approve the minutes of the February 3, 2025 meeting as presented.

Audit Engagement Letter Forvis Mazars

Mr. Moehring presented to the committee the engagement letter with Forvis Mazars for the upcoming audit for FY25. Discussion ensued regarding retaining audit services from Forvis Mazars. The following motion was made by Mr. Cole, seconded by Mr. Aton, and approved without objection.

Motion: To recommend approval of the Forvis Mazars Engagement Letter for the FY25 audit as presented.

Adjournment

There being no further business, the meeting adjourned at 11:12 a.m.

Stan Retz, Chairperson

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
AUDIT COMMITTEE**

A regular meeting of the Audit Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on November 3, 2025. The following members were present:

Stan Retz, Chairperson
Robert Jordan, Jr., C.M.
Herman Cole (excused)
Dan Aton (excused)

Other Attendees:

Michael Moehring, CFO
Tommi Middleton, Director of Finance
Sandra D'Cruz, Controller
Stephanie Parham, Executive Office Manager
Anual Jackson, Compliance & Audit Officer
Valary Brett, Financial Assistant
Michael Sitowitz, Interim Controller
Jeff Goolsby, Forvis Mazars

Call to Order

Mr. Retz called the meeting to order at 10:34 a.m.

Review and Approval of Minutes

The review and approval of the May 5, 2025 meeting minutes has been tabled to the next meeting as there was no quorum.

FY 2025 Audit Plan- Forvis Mazars

Mr. Goolsby presented to the committee the FY25 Audit Plan. Discussion ensued regarding the year end audit process from Forvis Mazars.

Adjournment

There being no further business, the meeting adjourned at 11:00 a.m.

Stan Retz, Chairperson

QUALITY COMMITTEE

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

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
QUALITY COMMITTEE
MONDAY, JANUARY 5, 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 November 3, 2025 meeting.

II. Vision Statement

III. Dashboard

IV. Digital Transformation Roadmap – Mr. Gachago

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.

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

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

Robert L. Jordan, Jr., C.M.
Stan Retz, CPA
Elizabeth Galfo, M.D.
Billy Specht
Maureen Rupe
Ashok Shah, M.D. (12:12 p.m.)
Billie Fitzgerald
Alphonse Pecoraro, M.D., Vice Chair
Christopher Manion, M.D.
Aluino Ochoa, M.D., President/Medical Staff
George Mikitarian (non-voting)

Members absent:
Dan Aton, Chairperson (excused)
Herman A. Cole, Jr. (excused)

CALL TO ORDER

Dr. Pecoraro called the meeting to order at 12:05 p.m.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: MOTION TO APPROVE THE SEPTEMBER 8, 2025 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 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.

STROKE OUTCOMES AND DISEASE SPECIFIC CERTIFICATION

Ms. Cottrell reviewed the mission, goals and benefits of the Stroke Program. Ms. Cottrell summarized data from the Community Health Needs Assessment, Stroke Performance Standards and ongoing Performance Improvement Projects, adding that the window for certification opens December 6, 2025 and the Hospital plans to continue its certification. Copies of the Power Point slides presented are appended to the file copy of these minutes.

OTHER

There was no other business brought before the committee.

ADJOURNMENT

There being no further business, the Quality Committee meeting adjourned at 12:48 p.m.

Alphonse Pecoraro, M.D.,
Vice Chairperson



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Quality Agenda

January 5, 2026

1. Approval of Minutes
2. Vision Statement
3. Dashboard
4. Introduction
5. Digital Transformation Roadmap

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	100%	87%	Goal: = 100%
Readmission	All cause 30-day readmissions	11.4% 29/255	12.1% 130/1075	Goal: ≤ 14.6%
Person Centered flow	Emergency department throughput	196	195	Goal: ≤ 176 minutes
Person Experience	Top box HCAHPs domain score for overall rating	61%	61.4%	Target: ≥ 72%
Social Determinants of Health	Percent of patients screened	97.34%	95.32%	Target: 93%
Social Determinants of Health	Percent who screened positive	6.04%	7.90%	

Performance dashboard

Description	Definition	QTR	Rolling YTD	Rolling 3 YR	Goal
Heart Attack	30-day readmission rate	37.5% 3/8	14.3% 6/42	8.2% 8/97	Goal: < 14%
Heart Failure	30-day readmission rate	22.2% 6/27	17.3% 14/81	21.6% 56/259	Goal: < 20%
COPD	30-day readmission rate	7.7% 1/13	6.3% 3/48	10.6% 13/123	Goal: < 18%
Pneumonia	30-day readmission rate	3.8% 1/26	11.4% 19/167	11.2% 52/463	Goal: < 16%
Hip/Knee	30-day readmission rate	25.0% 1/4	18.2% 2/11	8.7% 4/46	Goal: < 4.5%
Combined	30-day readmission rate	15.4% 12/78	12.6% 44/349	13.5% 133/988	Goal: < 14%

Performance dashboard

Description	Definition	Rolling YTD	Days Since Last Infection	National Rate
CLABSI	Central Line Associated Bloodstream Infection	0.596	145 days	< 0.663
CAUTI	Catheter Associated Urinary Tract Infection	0.893	191 days	< 0.539
MRSA bacteremia	Hospital onset MRSA bacteremia	0.829	182 days	< 0.721
<i>C. difficile</i> infection	Hospital onset <i>C. difficile</i> infection	0.296	22 days	< 0.390
SSI	Combined Abdominal hysterectomy and colon procedures	0.000	673 days	< 0.873

Introduction



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John Gachago, MS, DHA

Vice President, Digital Innovation



- Digital Health Expert
- Global Health Informatics Consultant
- AI Management Professional
- Business Innovator
- Educator
- Author

Professional Experience

Executive Director – Institute of Telehealth and Digital Innovation

Texas Tech University Health Sciences Center



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Professional Experience

Digi-Health Senior Technology Consultant

International Finance Corporation

The World Bank Group



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Professional Experience

Digital and Technology Advancement Scholar

National Institutes of Health (Office of Data Science Strategy)



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Professional Experience

CEO/Co-founder: Hybrid Telemedicine/Mobile Health App:

E-Health Solutions LLC/JWG Global Ltd



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Professional Experience

eHealth Consultant/Telemedicine Project Director

Teledokta.azurewebsites



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Professional Experience

Electronic Health Record Implementation Consultant

Phreesia/JWG Global. Ltd



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Education

DHA – Digital Health

M.S. – Hi-tech Organizations

BSBA – International Business



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Our Digital Transformation Roadmap

From Insights To Action



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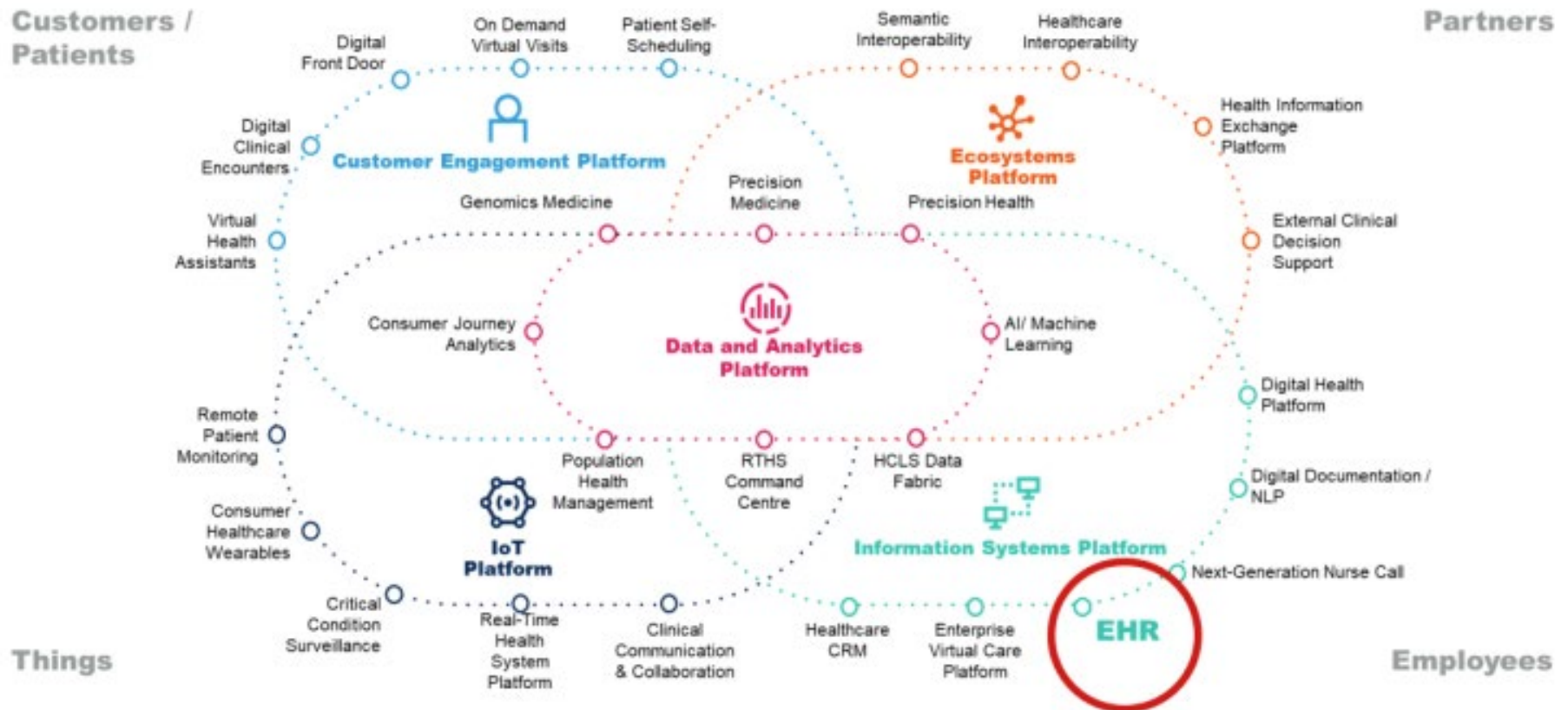
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Content

1. A Unified Digital Health Platform(DHP) – What Success Looks Like In 5-10 Years
2. Why Digital Transformation Matters
3. Digital Transformation Tools – What Will Work For PHC
4. Current Healthcare Challenges – CHNA, Game Plan
5. Key Learnings from The Digital Excellence, Baseline And IT Assessments
6. How the Current Healthcare Challenges And Assessments Informed the PHC Digital Transformation Roadmap
7. High Level Strategic Recommendations Based On The PHC Digital Transformation Roadmap
8. The Communication Strategy – A Key To Effective Digital Transformation
9. Summary Of The Digital Transformation Roadmap
10. Expected Impact
11. Why Digital Transformation is a Smart Investment
12. Key Success Factors
13. Closing, Next Steps, And Board Request
14. The End/Questions
15. Evidence Base in favor of Digital Transformation In Healthcare







What Success Looks Like in 5-10 Years

A unified digital health platform



WHERE WE ARE

Today: Fragmented & Reactive

-  Fragmented systems & reactive care
-  Departmental silos
-  Disjointed patient journey
-  Burnout & inefficiencies
-  High cost of technology
-  Limited data exchange

WHERE WE'RE GOING

Tomorrow: Connected & Proactive

-  Unified digital health platform
-  Patient-centric, proactive care
-  Enterprise-wide collaboration
-  Cloud-first, API-driven
-  \$20M annual ROI
+Improved patient outcomes

WHY DIGITAL TRANSFORMATION



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Why digital transformation matters



- 1. Patient-Centered Care**
- 2. Operational Efficiency**
- 3. Innovation and Compliance**
- 4. Future-Ready Healthcare System**

TOOLS THAT EXIST FOR DIGITAL TRANSFORMATION AND HOW WE GET THERE



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RANGE OF DIGITAL TECHNOLOGIES AVAILABLE FOR HEALTH AND HEALTH CARE



DIGITAL TRANSFORMATION STRATEGY

Baseline assessment

Goal setting

Digital excellence

Cost benefit analysis

Digital solutioning

Digital strategy

Change management

WHAT ARE OUR CURRENT HEALTHCARE CHALLENGES?



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CHNA key health priorities



- (1) Access to Health Care Services
- (2) Heart Disease & Stroke
- (3) Cancer (Oncology)
- (4) Respiratory Diseases (Asthma, COPD)

GAME PLAN STRATEGIC DRIVERS

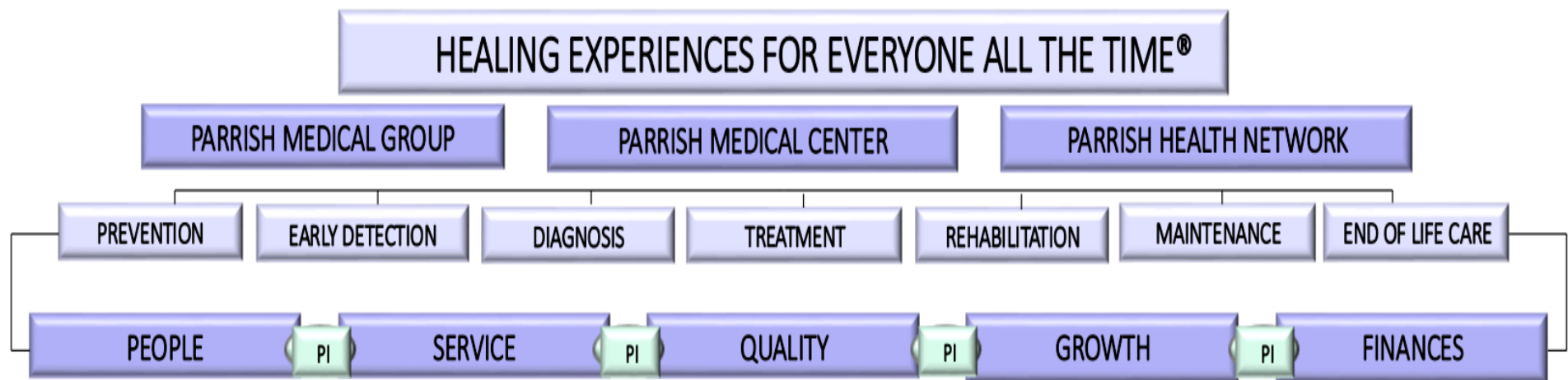


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Three-Year Game Plan*

***FY26 Update.** The Game Plan is Parrish Healthcare's strategic plan. It is implemented/monitored by all care partners (board, medical staff, employees, and volunteers)

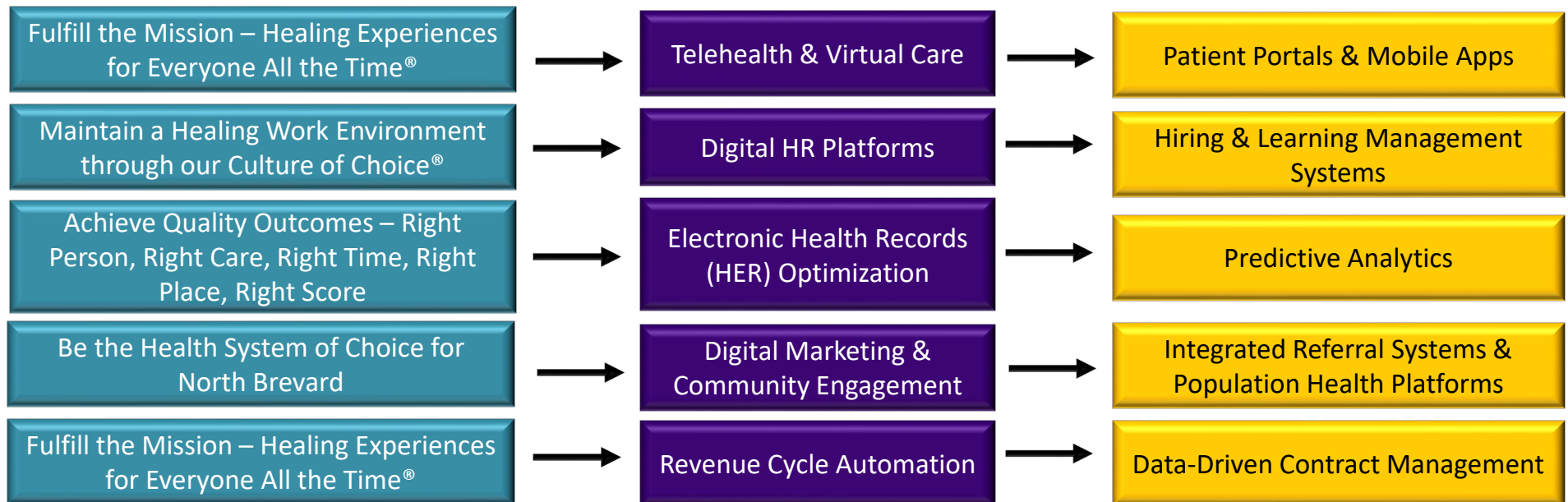


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How Digital Transformation Helps Realize Our Game Plan



WHAT WE LEARNED

THREE ASSESSMENTS - ONE VISION



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Baseline Assessment

Pain points: Patient access, workflow inefficiencies, limited data analytics, training gaps

Focus: Stabilize operations and close gaps

DEX Survey

Unified digital strategy and system modernization: Enhance patient experience and foster innovation partnerships

Focus: Achieve digital maturity and drive innovation

IT Assessment

Platform consolidation and interoperability: (HL7/FHIR)
Advanced analytics, AI in clinical care, IoT for smart facilities

Focus: Build a secure, scalable tech foundation



DIGITAL TRANSFORMATION ROADMAP

HOW WE DEVELOPED PHCS DIGITAL HEALTH TRANSFORMATION ROADMAP



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Integration of assessments

INPUT

KEY CONTRIBUTIONS

CHNA/Game Plan

Community Priorities, Strategic Drivers

Baseline Survey

Pain Points, Workflow Gaps, Operational Inefficiencies

DEX Survey

Future Vision, Digital Maturity Goals, Unified Strategy

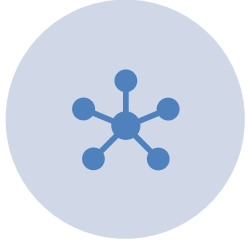
IT Assessment

Technology Enablers, Interoperability, Advance Analytics

Outcome

Integrated Digital Transformation Roadmap

High level strategic recommendations



Upgrade EHR & enhance system interoperability



Strengthen Cybersecurity



Upskill/Develop Workforce Skills



Establish Governance Structures

Communication

Targeted messaging for key audiences



1. Patient-Centered Messaging
2. Clinician Engagement
3. Executive Communication
4. Community Inspiration

SUMMMARY OF DIGITAL TRANSFORMATION ROADMAP PHASES



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Digital transformation plan summary

10 years and 3 phases

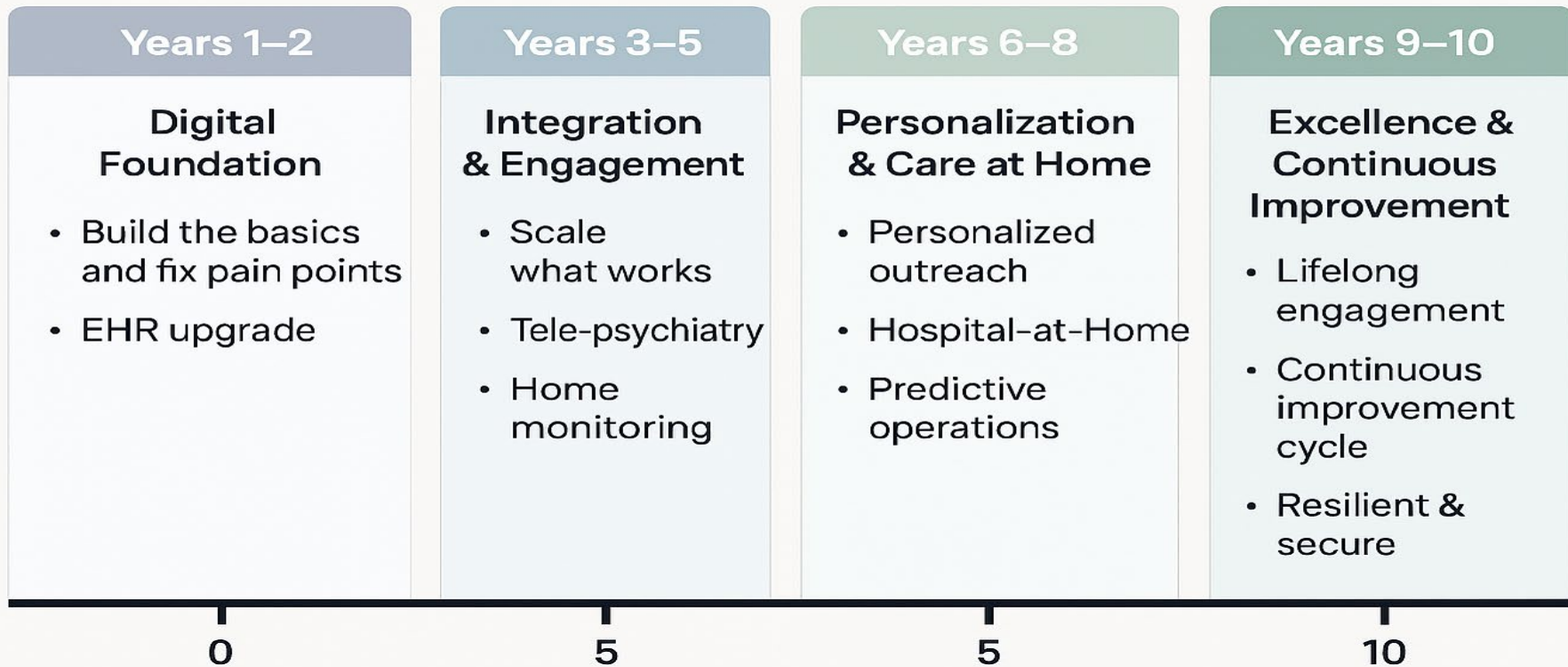


Phase 1	Digital Foundation. EHR Upgrade (Years 1-2)
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Phase 2	Integration and Engagement (Years 3-5)
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Phase 3	Innovation and Optimization (Years 6-10)
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10-Year Digital Transformation Roadmap



EXPECTED IMPACT



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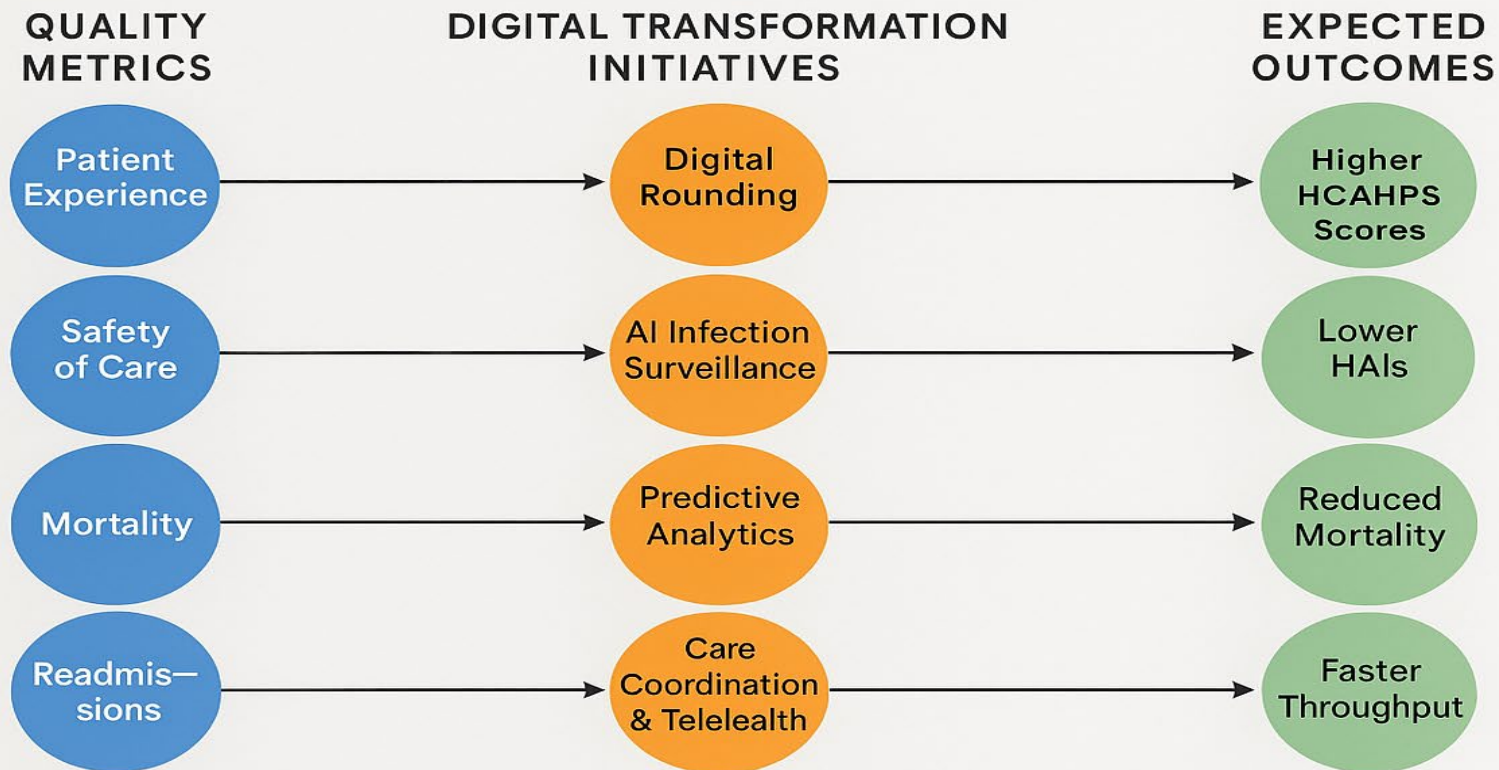
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Benefits of EHR upgrade to one platform vs status quo

ASPECT	WHY UPGRADE?	IF WE DON'T UPGRADE
Security	Enhanced protection, HIPAA compliance	High vulnerability, risk of breaches
Integration	Modern interoperability with FHIR/API	No connectivity, costly workarounds
Patient Experience	Mobile access, telehealth, intuitive design	Poor usability, limited access
Efficiency	Streamlined workflows, reduced burnout	Slow processes, clinician frustration
Financial Impact	Lower maintenance costs, ROI opportunities	Escalating costs, missed savings
Strategic Position	Future-ready, competitive advantage	Lagging behind peers, lost opportunities

Digital Transformation Impact on Quality Metrics

PMC

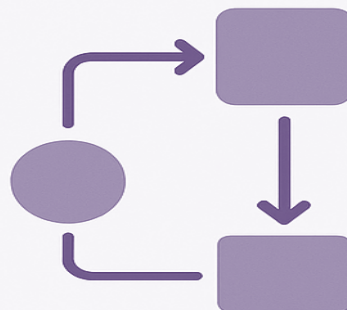


Why This Is a Smart Investment



Improved Health Outcomes

Digital transformation enhances health outcomes by improving access and enabling preventive care.



Operational Efficiency

Streamlined workflows and automation drive operational efficiency in healthcare delivery.



Financial Performance

Cost savings and optimized revenue cycles strengthen financial performance in healthcare organizations.

CLOSING, NEXT STEPS AND BOARD ACTIONS REQUESTED



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Key success factors

It's 80% change management 20% about the technology.

Better off with an average business plan and brilliant execution than you are with a brilliant business plan and mediocre execution.

Implementation and adoption are not synonymous – and equivalent investment needs to be made in both.

Collaboration, collaboration, collaboration.

You do not rise to the level of your technology; you fall to the level of your data.

Critical next steps

Governance and Implementation



1. Board Approval and Resource Allocation
 - a. Governance and Compliance

The End/Questions

Thank You/Gracias/ Merci Beaucoup/Danka/Asante Sana



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Glossary – common digital health terms

TERM

DEFINITION

Mobile applications

Medical devices that are mobile apps, meet the definition of a medical device, and are an accessory to a regulated medical device or transform a mobile platform into a regulated medical device.

Digital Therapeutics

Regulated, evidence-based software intervention that can be independent or complementary to other therapies.

Telehealth

Delivery and facilitation of health and health-related services including medical care, provider and patient education, health information services, and self-care via digital communication technologies.

Wearable Devices

Wearable electronics are devices that can be worn or mated with human skin to monitor an individual's activities continuously and closely, without interrupting or limiting the user's motion.

Sensors

Hardware-software based measurement of physiological data in real time for prognostic or diagnostic measurements.

Emerging technologies: IoT, AI and Blockchain Technology

Nascent software related technologies associated with the collection, aggregation, analysis and security of data with a view to securing meaningful manipulation that would drive improved safety, efficacy, patient-centricity, timeliness, efficiency and equity in healthcare.

Interoperability

Systems sharing data easily and safely

FHIR- Fast Healthcare Interoperability Resources

A set of rules that makes it easier for different healthcare systems to share information safely and consistently—like everyone agreeing to speak the same language when exchanging data.

API Economy

Connectors that let apps and systems work together

Evidence

1. Alawiye, T. R. (2024). The impact of digital technology on healthcare delivery and patient outcomes. *E-Health Telecommunication Systems and Networks*, 13(2), 13–22. <https://doi.org/10.4236/etsn.2024.132002>
2. Alawiye, T. R. (2024). The impact of digital technology on healthcare delivery and patient outcomes. *E-Health Telecommunication Systems and Networks*, 13(2), 13–22. <https://doi.org/10.4236/etsn.2024.132002>
3. Appleby, J., et al. (2021). *Digital transformation in healthcare*. Deloitte Insights.
Chartis Group. (2021). *2021 Digital Transformation Survey*.
4. Duncan, R., Eden, R., Woods, L., Wong, I., & Sullivan, C. (2022). Synthesizing dimensions of digital maturity in hospitals: Systematic review. *Journal of Medical Internet Research*, 24(3), e32994. <https://doi.org/10.2196/32994>
5. Enahoro, I., et al. (2024). The impact of electronic health records on healthcare delivery and patient outcomes: A review. *World Journal of Advanced Research and Reviews*, 21(1), 123–135.
6. Gazzarata, G., et al. (2024). HL7 FHIR in digital healthcare ecosystems for chronic disease management: A scoping review. *International Journal of Medical Informatics*, 180, 105–118.
7. Griffin, A., et al. (2022). Clinical, technical, and implementation characteristics of real-world apps using FHIR. *JAMIA Open*, 5(3), 1–10.
8. Hügler, T., & Grek, A. (2023). Digital transformation of an academic hospital department: A case study on strategic planning using the balanced scorecard. *PLOS Digital Health*, 2(4), e0000123.
9. Kakale, M. M. (2023). Of digital transformation in healthcare: Systematic review of the current state of the literature. *Health and Technology*, 13(4), 123–145. <https://doi.org/10.1007/s12553-023-00803-w>
10. Kakale, M. M. (2023). Of digital transformation in healthcare: Systematic review of the current state of the literature. *Health and Technology*, 13(4), 123–145.

Evidence

11. Koebe, P., & Bohnet-Joschko, S. (2023). The impact of digital transformation on inpatient care: Mixed methods study. *JMIR Public Health and Surveillance*, 9, e40622. <https://doi.org/10.2196/40622>
12. Koebe, P., & Bohnet-Joschko, S. (2023). The impact of digital transformation on inpatient care: Mixed methods study. *JMIR Public Health and Surveillance*, 9, e40622. <https://doi.org/10.2196/40622>
13. Kraus, S., et al. (2021). Digital transformation in healthcare: Analyzing the current state-of-research. *Journal of Business Research*, 123, 557–567.
14. Lee, S., et al. (2023). The impact of electronic medical record systems on hospital efficiency: Evidence from DEA analysis. *International Journal of Technology, Policy and Management*, 23(2), 145–162.
15. Natakusumah, K., Maulina, E., Muftiadi, A., & Purnomo, M. (2022). Digital transformation of health quality services in the healthcare industry during disruption and society 5.0 era. *Frontiers in Public Health*, 10, 971486. <https://doi.org/10.3389/fpubh.2022.971486>
16. Natsis, K., et al. (2020). Health professionals' attitudes towards digital transformation: The case of an oncology hospital. *Open Journal of Social Sciences*, 8(6), 1–12.
17. Richwine, C., Strawley, C., Chang, W., & Everson, J. (2025). Assessing the value of health information exchange organizations to hospital interoperability. *Health Affairs Scholar*, 3(7), qxaf133. <https://doi.org/10.1093/haschl/qxaf133>
18. Schiffelers, R., et al. (2025). Best practices in organizing digital transformation: Qualitative case study in Dutch hospital care. *Journal of Medical Internet Research*, 27, e123456.
19. Snowdon, A., Hussein, A., Olubisi, A., & Wright, A. (2024). Digital maturity as a strategy for advancing patient experience in US hospitals. *Journal of Patient Experience*, 11, 1–7. <https://doi.org/10.1177/23743735241228931>
20. Surabhi, S. (2025). Digital transformation in healthcare technology: A technical perspective. *European Journal of Computer Science and Information Technology*, 13(2), 45–60.

Evidence

21. Tabari, P., Costagliola, G., De Rosa, M., & Boeker, M. (2024). State-of-the-art FHIR-based data model and structure implementations: Systematic scoping review. *JMIR Medical Informatics*, 12, e58445. <https://doi.org/10.2196/58445>
22. Vorisek, J., et al. (2022). Fast Healthcare Interoperability Resources (FHIR) for interoperability in health research: Systematic review. *JMIR Medical Informatics*, 10(3), e34567.

Questions?



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FINANCE COMMITTEE

Herman A. Cole, Jr. Chairperson

Stan Retz, CPA, Vice Chairperson

Robert L. Jordan, Jr., C.M., (ex-officio)

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, JANUARY 5, 2026
FIRST FLOOR CONFERENCE ROOMS 2/3/4/5**

CALL TO ORDER

- I. Approval of minutes.

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

- II. Financial Review – Mr. Moehring

- III. Electronic Medical Record Project – Mr. Moehring

- IV. 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 November 3, 2025, 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.
Billie Fitzgerald
Maureen Rupe
Christopher Manion, M.D.
Aluino Ochoa, M.D.
George Mikitarian (non-voting)

Member(s) Absent:
Herman A. Cole, Jr., Chairperson (excused)
Dan Aton (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 1:14 p.m.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: MOTION APPROVING THE SEPTEMBER 8, 2025, MEETING MINUTES OF THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT, AS PRESENTED.

PUBLIC COMMENTS

There were no public comments.

FINANCIAL REVIEW

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

RESTATED NORTH BREVARD COUNTY HOSPITAL DISTRICT 403(B) PLAN

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

ACTION TAKEN: MOTION TO RECOMMEND THAT 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.

RESTATED NORTH BREVARD COUNTY HOSPITAL DISTRICT 457(B) PLAN

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

ACTION TAKEN: MOTION TO RECOMMEND THAT THE BOARD OF DIRECTORS APPROVE THE RESOLUTION AND SECRETARY'S CERTIFICATE OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT APPROVING A RESTATEMENT OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT D/B/A PARRISH MEDICAL CENTER 457(B) PLAN.

FY 26 CAPITAL BUDGET REQUEST – HEALTH AND FITNESS CENTER

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

ACTION TAKEN: MOTION TO RECOMMEND TO THE BOARD OF DIRECTORS TO APPROVE THE HEALTH AND FITNESS RENOVATION PROJECT AT 2210 CHENEY HIGHWAY AT A TOTAL COST NOT TO EXCEED THE AMOUNT OF \$350,000.00.

FY26 CAPITAL BUDGET REQUEST – CT SCANNER REPLACEMENT

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

ACTION TAKEN: MOTION TO RECOMMEND TO THE BOARD OF DIRECTORS TO APPROVE THE REPLACEMENT OF THE CT SCANNER AT PARRISH HEALTHCARE CENTER AT PORT ST. JOHN AT A TOTAL COST NOT TO EXCEED THE AMOUNT OF \$400,000.00.

MEMBERSHIP REAPPOINTMENT FOR STAN RETZ

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

ACTION TAKEN: MOTION TO RECOMMEND THAT THE BOARD OF DIRECTORS APPROVE THE REAPPOINTMENT OF STAN RETZ TO THE RETIREMENT AND PLANNING COMMITTEE FOR A TWO-YEAR TERM BEGINNING JANUARY 1, 2026 THROUGH DECEMBER 31, 2028.

DISPOSALS

ACTION TAKEN: MOTION TO RECOMMEND THAT THE BOARD OF DIRECTORS DECLARE THE EQUIPMENT LISTED IN THE REQUESTS FOR DISPOSAL OF OBSOLETE OR SURPLUS PROPERTY FORMS AS SURPLUS AND OBSOLETE AND DISPOSE OF SAME IN ACCORDANCE WITH FS 274.05 AND FS 274.96.

ADJOURNMENT

There being no further business to come before the committee, the Finance Committee meeting adjourned at 1:38 p.m.

Stan Retz,
Vice Chairman

Hospitals struggle as clinical-financial gap widens

Advertisement

By: Laura Dyrda Wednesday, December 3rd, 2025

Share

Health systems nationwide are navigating a growing number of payer-driven rules that influence how care is delivered, documented and reimbursed. For clinical and financial leaders, these pressures have become central to both daily operations and long-term strategy.

At New York City-based Mount Sinai Health System, Stephen Teitelbaum, MD, senior vice president and chief medical finance officer, said the cumulative effect of policies such as DRGs, preauthorization and observation criteria has reshaped the relationship between physicians, hospitals and insurers.

Dr. Teitelbaum spent three decades as a practicing urologist before moving into health system leadership, and the intersection of clinical judgment and financial structures is more pronounced today than at any point in his career. He believes these pressures increasingly place physicians and hospitals in positions where medical care is shaped less by clinical expertise and more by administrative frameworks.

"My career has been about bridging the gap between clinical practice and the financial realities of healthcare, because when those worlds collide, patient care is often caught in the middle," he said during an interview with the "Becker's Healthcare Podcast." "I'm passionate about how policy- and pay-driven decisions impact physicians, hospitals, and most importantly, our patients."

One of the most significant trends in healthcare is the leadership shift away from clinical judgment and toward payer oversight. This shift happened slowly, built over decades as insurers expanded utilization management requirements and administrative expectations. The result is a system where physicians must navigate criteria that limit autonomy and constrain decision-making.

"One of my biggest concerns, and really something I find most concerning in health is how healthcare leadership is evolving," he said. "Historically, physicians were the architects of care and policy. Clinical judgment drove decisions and leadership was rooted in patient centered values. But today, that leadership is seeded to payers through a series of policies and practices that prioritize cost containment over clinical autonomy."

Those payer-defined requirements surface daily in physician workflows. Clinicians now encounter a framework of administrative checkpoints around medical necessity, imaging guidance, appropriateness and utilization rules. These

frequently supersede clinical reasoning and delay care.

"We're talking about insurance companies and managed care organizations," he said. "So instead of physicians determining what's best for our patients, payers use cost algorithms and administrative hurdles to dictate care pathways. And what's the result? We're drowning in documentation, hospitals are losing revenue, and patients are stuck in a system where cost containment trumps clinical judgment."

But clinical judgement can be unchecked, either. Rising costs, an aging population, increased chronic disease burden, and growing demand for services contribute to the challenging economic situation hospitals are in. Together, these factors place pressure on the entire system and have forced hospitals to shed service lines, workforce reductions and closures. Clinicians need a financially stable organization to keep providing care.

"One reality we can't ignore is that healthcare operates within a finite pool of dollars," he said. "That limited pool is being stretched thinner every day as costs rise dramatically. We have an aging population that requires more complex and chronic care, skyrocketing drug prices, rapid adoption of expensive technologies, and an unchecked demand for services. These pressures create a perfect storm where every stakeholder is competing for a share of resources, and payers use cost containment strategies to manage this imbalance. Unfortunately, these strategies often come at the expense of clinical autonomy and patient centered care."

The tone for today's coverage model was set by CMS in the 1980s, when the agency released the prospective payment system. The model was designed to reward efficiency, but subsequent layers of policy have altered how hospitals are reimbursed and how care is judged. As the model evolved into MS-DRGs and became recalibrated annually by CMS, hospitals were expected to manage resource use within fixed payments while documenting increasingly complex clinical pictures. This structure, when combined with modern utilization management tools, shifted control away from clinicians and toward payer rules.

"Preauthorization was introduced as a utilization management tool intended to prevent unnecessary procedures and control costs," he said. "But over time, it has become one of the most disruptive forces in healthcare delivery. Instead of streamlining care, it has created a choke point that delays treatment, increases administrative burden, and erodes physician autonomy."

Payers now shape how diagnoses are validated, how long patients should remain in the hospital, and what constitutes "medical necessity." Those determinations often conflict with clinical experience.

"Medical necessity was once clinical judgment," he said. "Physicians determined what care was appropriate based on patient needs and evidence based practice. Today, that concept has been hijacked by payers, insurers define medical necessity using proprietary algorithms and rigid criteria that often ignore clinical nuance."

Other big issues include:

1. Observation status rules, the ambulatory surgery 24-hour category and the two-midnight rule further eroded reimbursement integrity. Efficient care can inadvertently penalize hospitals under DRG structures.
2. Medicare Advantage plans often diverge from CMS rules despite requirements to follow the two-midnight standard, contributing to denials and forcing hospitals and physicians into additional rounds of documentation.
3. Clinical validation audits have eroded the integrity of clinical decisions by challenging medical necessity

judgments as well as coding assignments. "Clinical validation audits take this erosion of integrity even further," he

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so when financial penalties aren't enough, these rules contribute to physician burnout.

"To protect revenues, hospitals have had to impose ever-increasing administrative and documentation demands on physician requirements for detailed medical necessity justification, compliance with the two midnight rule, and exhaustive clinical documentation requirements and queries," he said. "These layers of bureaucracy strain relationships, erode trust, and shift the focus from collaborative patient care to defensive documentation and compliance."

What can be done?

"Physician leaders need to acknowledge that we've ceded control of healthcare decision making to payers," he said. "And that this shift has fundamentally changed how care is delivered. Ignoring the problem won't make it go away."

He added that changing the trajectory will require collective action.

"The next question is, is it worth the effort to reverse this trend?," he said. "Because make no mistake, this will be an exhaustive uphill battle. It requires a unified physician voice, collaboration with hospitals, and engagement in policy advocacy at both state and federal levels."

He encouraged physicians to deepen their understanding of payer policy and join coalitions that can influence rules and legislation.

"Physician leaders must understand the mechanics of payer policies, medical necessity criteria, observation status, the two midnight rule, clinical validation audits, and preauthorization requirements, and how these erode autonomy," he said. "We need to build coalitions. We can't fight this alone. Partner with hospitals, professional societies, and patient advocacy groups to push for reforms like prior authorization policy and governance, join committees, influence legislation, and participate in paying negotiations. Leadership means having a seat at the table where the rules are written."

Despite the scale of the challenge, Dr. Teitelbaum remains committed to supporting emerging leaders and contributing to the broader movement to restore clinical leadership in healthcare. Incremental progress is possible with sustained effort.

"We have tools, we have to organize and it's potentially exciting," he said. "It's gonna be a fight, but it's not something we should shy away from."



Orchestrating the Future: From Forecast to Action

Recommended Whitepaper

More In:

Becker's Hospital Review

Are hospitals prepared for site-neutral payments? 7 things to know

Oregon hospital price cap shows minimal impact on hospitals: Study

Why nonprofit hospitals keep a year of cash on hand



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Finance Committee

FYTD November 30, 2025 – Performance Dashboard

Indicator	FYTD 2026 Actual	FYTD 2026 Budget	FYTD 2025 Actual
ED Visits	5,698	5,501	4,975
IP Admissions	861	792	760
Surgical Cases	942	887	946
LOS	4.88	5.00	5.74
OP Volumes	17,499	16,796	14,667
Hospital Margin %	9.82%	10.97%	5.73%
Investment Income \$	\$0.4 Million	\$0.3 Million	\$1 Million



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Meditech Expanse Upgrade Project

Agenda

1. Current State
2. Future State
3. Project Approach
4. Project Timeline
5. Project Costs
6. Questions
7. Project Approval Motion Request

Parrish Healthcare Current State



Non Integrated Environment

- Disparate Systems
- Challenges during transition of Care
- De-Centralized Revenue Cycle
- Multiple MU Vendor Update
- Interfaced to external systems vs. INTEGRATED
- Potential Points of Failure
- Multiple Allergy Files
- No Single Source of Truth
- Multiple Back End Processes

Current State (con't)

Challenges/Barriers

- Not internet based
- Inconsistent terminology across disparate systems
- Fragmented patient clinical information
- Variances in documentation
 - Variance in coding = variance in revenue
- Abstracting data for Process Improvement
 - Quality and safety purposes

MEDITECH Integrated Expanse Environment Future State



MEDITECH *Expanse*

- Single EHR
- Single Medication File
- Single Allergy File
- Single Problem List
- Single Scheduling System
- Single eMAR
- Single Revenue Cycle
- Single Data Repository
- Streamlined Transitions of Care

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Project Approach

- Prepare a Total Cost of Ownership (TCO) analysis
 - Engaged Tegria to assist with TCO
 - Evaluated environment solution
 - Evaluated Hardware needs
 - Evaluated Staffing resource requirements
 - Internal, External and Change Management
 - Evaluated 3rd Party applications
 - Evaluated offsets
 - Existing staff resources, 3rd Party application rationalization

Project Timeline

Planning

Building/Testing

Post Go-Live

TCO
Completion
(Jan 2026)

Planning
Workflow
Documentation
(Feb-Sep 2026)

Expanses Build
(Oct 2026-July
2027)

Go-Live
October 1,
2027

Expanses Fair
(Feb 2026)

Code Delivery
(Oct 2026)

Pre Go-Live
Readiness
(Aug-Sep 2027)

Post Go-Live
(Oct 2027-Jan
2028)

Project Costs

FY2026 & FY2027 Implementation Cost Summary Rollup

MEDITECH Expanse - On-Prem Project (Implementation Spend)	
MEDITECH Expanse - On-Prem (in Millions) Implementation Costs & Offset Estimates	
	Implementation
Capital Expenses	
Non-Hardware/Infrastructure Capital Costs Total	\$ 4.76
Hardware/Infrastructure Capital Costs Total	4.12
Capital Resource Total	12.16
Capital Sub-Total	\$ 21.04
Operational Expenses	
Operational Resource Total	\$ 0.85
Operational Costs Total	0.81
Operating Sub-Total	\$ 1.66
Contingency (10%)	2.27
All-In Project Cost	\$ 24.97
	Offsets
Capital Offsets	\$ 6.62
Operational Offsets	\$ 0.00
	Total
GRAND TOTAL PROJECT ESTIMATE	\$ 18.35

MEDITECH Expanse - Cloud Hosted Project (Implementation Spend)	
MEDITECH Expanse - Cloud Hosted (in Millions) Implementation Costs & Offset Estimates	
	Implementation
Capital Expenses	
Non-Hardware/Infrastructure Capital Costs Total	\$ 4.76
Hardware/Infrastructure Capital Costs Total	2.66
Capital Resource Total	12.16
Capital Sub-Total	\$ 19.58
Operational Expenses	
Operational Resource Total	\$ 0.85
Operational Costs Total	1.05
Operating Sub-Total	\$ 1.90
Contingency (10%)	2.15
All-In Project Cost	\$ 23.63
	Offsets
Capital Offsets	\$ 6.62
Operational Offsets	\$ 0.94
	Total
GRAND TOTAL PROJECT ESTIMATE	\$ 16.06

Project Costs

FY2026 & FY 2027 Estimated Spend

MEDITECH Expense - On-Prem Project Estimate Details	FY2026	FY2027	Implementation Total
Non-Hardware/Infrastructure Capital Costs Total	\$ 493,426	\$ 4,264,703	\$ 4,758,129
Hardware/Infrastructure Capital Costs Total	\$ 3,394,340	\$ 725,000	\$ 4,119,340
Capital Resource Total	\$ 343,500	\$ 11,816,659	\$ 12,160,159
Total Capital Costs	\$ 4,231,266	\$ 16,806,362	\$ 21,037,628
Operational Resource Total	\$ -	\$ 853,533	\$ 853,533
Operational Costs Total	\$ 349,737	\$ 459,258	\$ 808,995
Total Operating Expenses	\$ 349,737	\$ 1,312,791	\$ 1,662,529
Total Project Cost	\$ 4,581,003	\$ 18,119,154	\$ 22,700,156
10% Contingency	\$ 458,100	\$ 1,811,915	\$ 2,270,016
MEDITECH Expense - On-Prem Project Estimate Details Project: Grand Total	\$ 5,039,103	\$ 19,931,069	\$ 24,970,172

MEDITECH Expense - Cloud Hosted Project Estimate Details	FY2026	FY2027	Implementation Total
Non-Hardware/Infrastructure Capital Costs Total	\$ 493,426	\$ 4,264,703	\$ 4,758,129
Hardware/Infrastructure Capital Costs Total	\$ 1,935,000	\$ 725,000	\$ 2,660,000
Capital Resource Total	\$ 343,500	\$ 11,816,659	\$ 12,160,159
Total Capital Costs	\$ 2,771,926	\$ 16,806,362	\$ 19,578,288
Operational Resource Total	\$ -	\$ 853,533	\$ 853,533
Operational Costs Total	\$ 319,846	\$ 729,024	\$ 1,048,870
Total Operating Expenses	\$ 319,846	\$ 1,582,557	\$ 1,902,403
Total Project Cost	\$ 3,091,771	\$ 18,388,920	\$ 21,480,691
10% Contingency	\$ 309,177	\$ 1,838,892	\$ 2,148,069
MEDITECH Expense - Cloud Hosted Project Estimate Details Project: Grand Total	\$ 3,400,949	\$ 20,227,812	\$ 23,628,760

Project Costs

5-Year Implementation Cost Summary Rollup

MEDITECH Expense - On-Prem Project (Five-Year Spend)

MEDITECH Expense - On-Prem (in Millions) Implementation Costs & Offset Estimates

	<i>Implementation</i>
Capital Expenses	
Non-Hardware/Infrastructure Capital Costs Total	\$ 5.35
Hardware/Infrastructure Capital Costs Total	5.70
Capital Resource Total	13.85
Capital Sub-Total	\$ 24.89
Operational Expenses	
Operational Resource Total	\$ 11.27
Operational Costs Total	5.00
Operating Sub-Total	\$ 16.27
<i>Contingency (10%)</i>	4.12
All-In Project Cost	\$ 45.28
	<i>Offsets</i>
Capital Offsets	\$ 7.23
Operational Offsets	\$ 10.29
	<i>Total</i>
GRAND TOTAL PROJECT ESTIMATE	\$ 27.76

MEDITECH Expense - Cloud Hosted Project (Five-Year Spend)

MEDITECH Expense - Cloud Hosted (in Millions) Implementation Costs & Offset Estimates

	<i>Implementation</i>
Capital Expenses	
Non-Hardware/Infrastructure Capital Costs Total	\$ 5.35
Hardware/Infrastructure Capital Costs Total	3.77
Capital Resource Total	13.85
Capital Sub-Total	\$ 22.96
Operational Expenses	
Operational Resource Total	\$ 11.27
Operational Costs Total	6.10
Operating Sub-Total	\$ 17.37
<i>Contingency (10%)</i>	4.03
All-In Project Cost	\$ 44.37
	<i>Offsets</i>
Capital Offsets	\$ 7.23
Operational Offsets	\$ 13.48
	<i>Total</i>
GRAND TOTAL PROJECT ESTIMATE	\$ 23.66

Project Costs

5-Year Implementation Costs by Fiscal Year

MEDITECH Expanse - On-Prem Project Estimate Details	FY2026	FY2027	FY2028	FY2029	FY2030	5 Year Total
Non-Hardware/Infrastructure Capital Costs Total	\$ 493,426	\$ 4,264,703	\$ 515,926	\$ 34,980	\$ 37,079	\$ 5,346,113
Hardware/Infrastructure Capital Costs Total	\$ 3,394,340	\$ 725,000	\$ 470,000	\$ 546,364	\$ 562,754	\$ 5,698,458
Capital Resource Total	\$ 343,500	\$ 11,816,659	\$ 1,689,136	\$ -	\$ -	\$ 13,849,295
Total Capital Costs	\$ 4,231,266	\$ 16,806,362	\$ 2,675,061	\$ 581,344	\$ 599,833	\$ 24,893,866
Operational Resource Total	\$ -	\$ 853,533	\$ 3,258,802	\$ 3,524,700	\$ 3,630,441	\$ 11,267,477
Operational Costs Total	\$ 349,737	\$ 459,258	\$ 1,359,741	\$ 1,379,293	\$ 1,454,326	\$ 5,002,355
Total Operating Expenses	\$ 349,737	\$ 1,312,791	\$ 4,618,543	\$ 4,903,993	\$ 5,084,767	\$ 16,269,832
Total Project Cost	\$ 4,581,003	\$ 18,119,154	\$ 7,293,604	\$ 5,485,336	\$ 5,684,601	\$ 41,163,697
10% Contingency	\$ 458,100	\$ 1,811,915	\$ 729,360	\$ 548,534	\$ 568,460	\$ 4,116,370
MEDITECH Expanse - On-Prem Project Estimate Details Project: Grand Total	\$ 5,039,103	\$ 19,931,069	\$ 8,022,965	\$ 6,033,870	\$ 6,253,061	\$ 45,280,067

MEDITECH Expanse - Cloud Hosted Project Estimate Details	FY2026	FY2027	FY2028	FY2029	FY2030	5 Year Total
Non-Hardware/Infrastructure Capital Costs Total	\$ 493,426	\$ 4,264,703	\$ 515,926	\$ 34,980	\$ 37,079	\$ 5,346,113
Hardware/Infrastructure Capital Costs Total	\$ 1,935,000	\$ 725,000	\$ -	\$ 546,364	\$ 562,754	\$ 3,769,118
Capital Resource Total	\$ 343,500	\$ 11,816,659	\$ 1,689,136	\$ -	\$ -	\$ 13,849,295
Total Capital Costs	\$ 2,771,926	\$ 16,806,362	\$ 2,205,061	\$ 581,344	\$ 599,833	\$ 22,964,526
Operational Resource Total	\$ -	\$ 853,533	\$ 3,258,802	\$ 3,524,700	\$ 3,630,441	\$ 11,267,477
Operational Costs Total	\$ 319,846	\$ 729,024	\$ 1,637,600	\$ 1,665,487	\$ 1,749,107	\$ 6,101,064
Total Operating Expenses	\$ 319,846	\$ 1,582,557	\$ 4,896,402	\$ 5,190,187	\$ 5,379,548	\$ 17,368,541
Total Project Cost	\$ 3,091,771	\$ 18,388,920	\$ 7,101,463	\$ 5,771,531	\$ 5,979,381	\$ 40,333,067
10% Contingency	\$ 309,177	\$ 1,838,892	\$ 710,146	\$ 577,153	\$ 597,938	\$ 4,033,307
MEDITECH Expanse - Cloud Hosted Project Estimate Details Project: Grand Total	\$ 3,400,949	\$ 20,227,812	\$ 7,811,610	\$ 6,348,684	\$ 6,577,319	\$ 44,366,373

Questions?

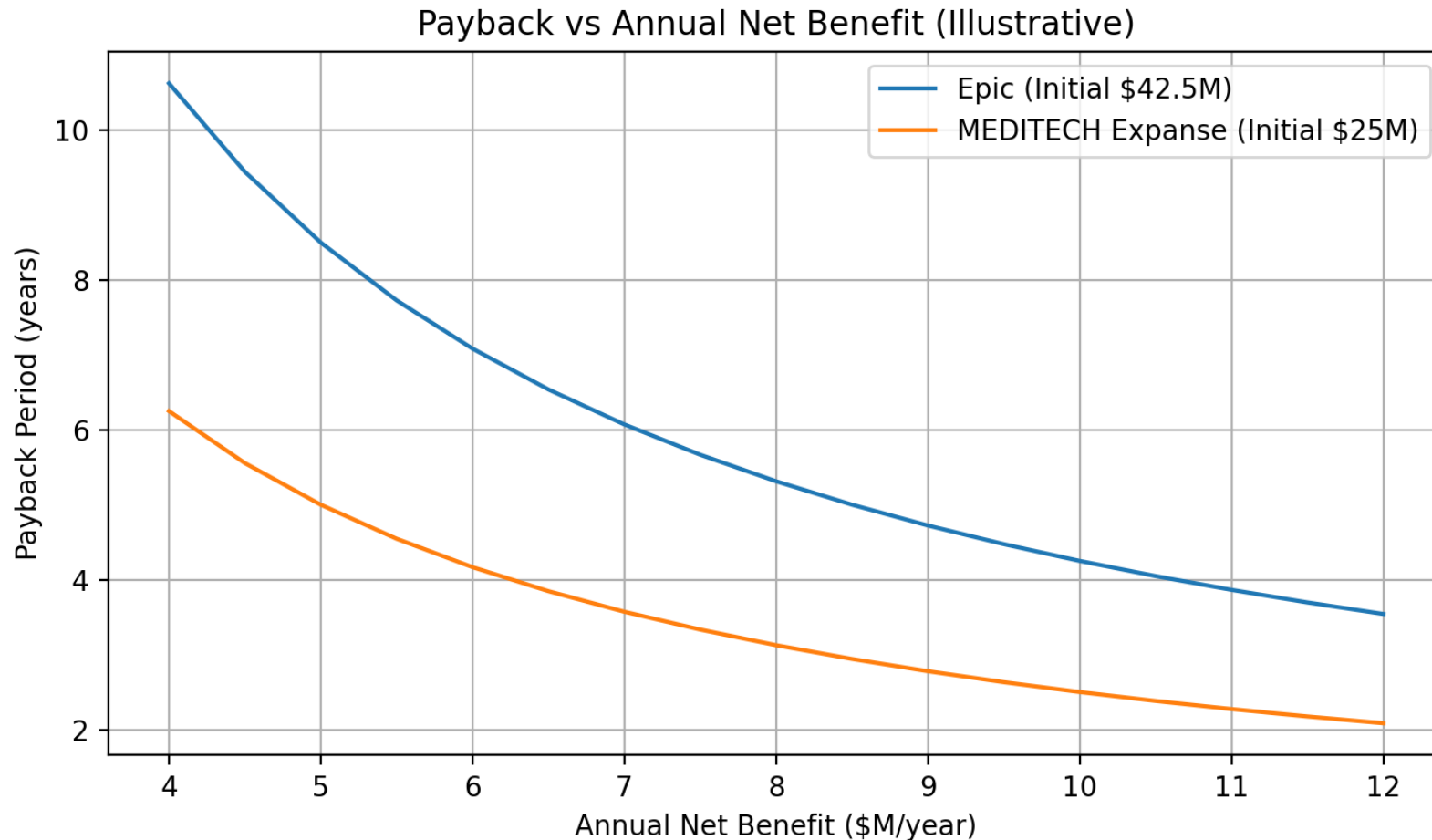
Project Approval Motion Request

- Motion: To recommend the Board of Directors approve the implementation costs of the Meditech Expanse Upgrade Project in the amount not to exceed \$25,000,000, which represents an incremental capital investment not to exceed \$18,350,000.

Appendix

Payback Period- Meditech vs EPIC

Initial implementation Investment



Cash Flow Analysis

Parrish Medical Center						
Projected Unrestricted Cash Flow - FY26-FY29	Projected	Projected	Projected	Projected	Projected	Projected
Based on Budget/Projected FY26	2026	2027	2028	2029	2030	2031
Beginning Cash Balance @ 9/30/2025	70,135,703	72,433,552	68,025,090	71,646,899	71,966,203	68,674,861
DPP incremental	5,000,000	4,500,000	4,050,000	3,645,000	3,280,500	2,952,450
Waiver Days	5,700,000	-	-	-	-	-
FEMA Payment	3,260,000	-	-	-	-	-
State of Florida appropriations	-	2,500,000	2,500,000	-	-	-
Net Revenue - Projected 2026	209,884,625	216,131,741	222,535,034	229,098,410	235,825,870	242,721,517
Less Operating Expenses - Projected 2026	(184,918,795)	(193,240,141)	(201,935,947)	(211,023,065)	(220,519,103)	(230,442,462)
Net Physician Activity - Budget 2026	(19,209,418)	(19,593,606)	(19,985,478)	(20,385,188)	(20,792,892)	(21,208,750)
Depreciation - Budget 2026	5,495,004	5,659,854	5,829,650	6,004,539	6,184,675	6,370,216
Increase/(Decrease) in AP	(1,000,000)	(1,000,000)	(1,000,000)	(750,000)	(500,000)	(500,000)
(Increase)/Decrease in AR	(1,500,000)	(1,000,000)	(1,000,000)	(750,000)	(500,000)	(500,000)
Less Capital Expenditures - Budget	(9,250,000)	(4,000,000)	(4,000,000)	(4,000,000)	(3,500,000)	(3,500,000)
Less Capital Expenditures - Carryover from 2025	(4,250,000)					
Less Meditech Expense Incremental	(2,148,535)	(11,502,758)	(1,241,428)	-	-	-
Less Debt Payments (Bonds 2017 & 2014)	(5,265,032)	(5,263,551)	(5,780,022)	(5,770,393)	(7,270,393)	(7,270,393)
Plus: Incremental Net Revenue (less penalty, improved charge capture, Zotec, Cancer Ctr, etc)	500,000	1,400,000	2,650,000	3,250,000	3,500,000	3,500,000
Plus: Expense efficiency savings (elimination of redundant systems & other savings initiatives)		1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Plus: Additional Debt (for capital)	-	-	-	-	-	-
Ending Cash Balance	72,433,552	68,025,090	71,646,899	71,966,203	68,674,861	61,797,439
Average Operating Expense	491,572	513,919	537,278	561,695	587,218	613,897
DCOH	147.35	132.37	133.35	128.12	116.95	100.66
Excess DCOH - Bond Covenant (90 days)	57.35	42.37	43.35	38.12	26.95	10.66
	28,192,069	21,772,417	23,291,922	21,413,690	15,825,276	6,546,748

EXECUTIVE COMMITTEE

Stan Retz, CPA, Chairman

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

Herman A. Cole, Jr.

Elizabeth Galfo, M.D.

George Mikitarian, President/CEO (non-voting)

DRAFT AGENDA EXECUTIVE COMMITTEE NORTH BREVARD COUNTY HOSPITAL DISTRICT OPERATING PARRISH MEDICAL CENTER MONDAY, JANUARY 5, 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 November 3, 2025 meeting.

- II. Reading of the Huddle

- III. Attorney Report – Mr. Boyles

- IV. 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 November 3, 2025, in Conference Room 2/3/4/5, First Floor. The following members were present:

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

Members Absent:
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 12:49 p.m.

CITY LIAISON

City Manager Larese provided the latest edition of Titusville Talking Points and addressed questions from the committee regarding the City of Titusville. The Executive Committee recessed at 12:58 p.m.

The Executive Committee reconvened at 1:54 p.m. to continue its agenda.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Cole, seconded by Dr. Galfo, and approved (4 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE SEPTEMBER 8, 2025 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 summary of HB145 new legislation concerning Sovereign Immunity limits that was recently filed. This bill proposes to increase Sovereign Immunity limits substantially which could adversely impact the Hospital System. Gray Robinson will continue to monitor this bill and keep the board informed of its status.

OTHER

There was no other business to come before the committee.

ADJOURNMENT

There being no further business to discuss, the committee adjourned at 2:03 p.m.

Stan Retz, CPA
Chairman

**DRAFT AGENDA
BOARD OF DIRECTORS MEETING - REGULAR MEETING
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
JANUARY 5, 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. Secretary's Report and Election of Member-at-Large
- IV. Approval of Agenda
- V. Recognitions(s)
 - A. Dr. Aluino Ochoa
- VI. Review and Approval of Minutes (November 3, 2025 Regular Meeting)
- VII. Open Forum for PMC Physicians
- VIII. Public Input and Comments***₁
- IX. Unfinished Business***
- X. New Business***

- A. 2026 Board of Directors Committee Roster

Motion to approve the 2026 Board of Directors Committee Roster, as presented.

- B. Motion to Recommend the Board of Directors approve the Board of Directors – Fund Development Policy, as presented.**
 - C. Motion to Recommend the Board of Directors approve the Board of Directors – Bill of Rights Policy, as presented.**
 - D. Motion to Recommend the Board of Directors approve the Administrative Services Coverage Policy, as presented.**

XI. Medical Staff Report Recommendations/Announcements

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

XIII. Consent Agenda***

A. Audit

1. Motion to recommend the Board of Directors accept the Fiscal Year 2025 audit results and reports:

- **Audited Financial Statements and Supplementary Information**
- **Report on Internal Control and Compliance**
- **Communications with the Board of Directors and Audit Committee**
- **Management Letter**

***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 ***]

XIV. Committee Reports

A. Quality Committee

B. Finance Committee

C. Executive Committee

D. Educational, Governmental and Community Relations Committee

E. Planning, Physical Facilities & Properties Committee

XV. 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

BOARD OF DIRECTORS MEETING

JANUARY 5, 2026

PAGE 3

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.

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

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

A regular meeting of the Board of Directors of the North Brevard County Hospital District operating Parrish Medical Center (the District) was held at 2:21 p.m. on November 3, 2025 in Conference Room 2/3/4/5, First Floor. The following members were present:

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

Member(s) Absent:
Herman A. Cole, Jr.(excused)
Dan Aton (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 2:39 p.m. and determined a quorum was present per Article 1.1.4 of the District Bylaws.

PLEDGE OF ALLEGIANCE

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

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

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

APPROVAL OF MEETING AGENDA

Mr. Jordan requested approval of the meeting agenda in the packet as revised. Discussion ensued and the following motion was made by Mr. Retz, seconded by Mr. Specht, 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

There were no recognitions.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: MOTION APPROVING THE MINUTES OF THE SEPTEMBER 8, 2025, REGULAR MEETING, THE MINUTES OF THE SEPTEMBER 8, 2025 FIRST PUBLIC HEARING, AND THE MINUTES OF THE SEPTEMBER 22, 2025 SECOND PUBLIC HEARING 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.

CONSENT AGENDA

Discussion ensued regarding the consent agenda, and the following motion was made by Mr. Retz, seconded by Dr. Galfo, and approved (7 ayes, 0 nays, 0 abstentions).

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

Consent Agenda

I. Consent Agenda***

A. Finance Committee

1. 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.
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 the North Brevard County Hospital District d/b/a Parrish Medical Center 457(b) plan.
3. Motion to recommend the Board of Directors approve the Health and Fitness renovation project at 2210 Cheney Highway at a total cost not to exceed the amount of \$350,000.00.
4. Motion to recommend the Board of Directors approve the replacement of the CT Scanner at Parrish Healthcare Center at Port St. John at a total cost not to exceed the amount of \$400,000.00.
5. Motion to recommend the Board of Directors approve the reappointment of Stan Retz to the Retirement and Planning Committee for a two-year term beginning January 1, 2026 through December 31, 2028.
6. Motion: To recommend to the Board of Directors to declare the equipment listed in the requests for Disposal of Obsolete or Surplus Property Forms as surplus and obsolete and dispose of same in accordance with FS 274.05 and FS 274.96.

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

Planning, Physical Facilities and Properties Committee

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

Process And Quality Report

No additional information was presented.

Hospital Attorney

Legal counsel had no further report.

OTHER

Ms. Prigge noted that Cardiology would be relocating back to Titus Landing as a soft opening.

Mr. Gachago noted that internal assessments have been completed and will be shared in the coming months,

Ms. Sellers recognized Mr. Morak as a finalist for 4 under 40.

Ms. Sellers thanked Gray-Robinson and Mr. and Mrs. Boyles for their continued support and sponsorship, noting that the Gala raised \$116,000.

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 2:48 p.m.

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

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING PARRISH MEDICAL CENTER
MEDICAL EXECUTIVE COMMITTEE MEETING – REGULAR SESSION MINUTES
December 16, 2025**

Present: Dr. Carmona, Dr. Ochoa, Dr. Rajan, Dr. Manion, Dr. Navas, Dr. Musto, Dr. R. Patel, C. McAlpine

Absent: K. Patel, MD, L. Stuart, MD, G. Mikitarian, H. Cole, C. Jacobs, MD

A meeting of the Medical Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was called to order on December 16, 2025 at 5:30pm in the Conference Center. A quorum was determined to be present.

CALL TO ORDER.

Dr. A. Ochoa called the meeting to order at 6:32pm.

I. REVIEW AND APPROVAL OF MINUTES

Motion to approve the Regular Session minutes of November 18, 2025 as written and distributed *was made by C. Rajan, DO, seconded by M. Musto, DO, and unanimously approved.*

2. Old Business: None.

3. New Business:

CONSENT AGENDA - STANDING ORDERS

- PCU Admit Orders (E3913ad) - New Order Set.
- Nerve Block Orders (E3914) - New Order Set.
- Pre-Biopsy Orders (E359) - Retiring.
- Kcentra - Anticoagulant Reversal (E3215ab) - Retiring.
- Anticoagulation Reversal - Balfaxar (E3100ab) - New, replacing E3215ab.
- Total Hip Replacement - Postop - Adult (E3281ad) - Retiring.
- Total Knee Replacement - Postop - Adult (E3283ae) - Retiring.
- Joint Replacement Postop (E4002ae) - New, combination of/replacing E3281ad and E3283ae.

- ICU Cardiac Patient Admit (E1016ab) - Retiring.
- ICU Hypertensive Crisis (E3222) - Retiring.
- tPA Activase Stemi (3650) - Triennial Review.
- MSE Change in Mental Status (E3404) - Triennial Review.
- MSE GI Bleed (E3407) - Triennial Review.
- MSE Hip Fracture (E3408) - Triennial Review.
- MSE Lower Abdominal Pain (E3410) - Triennial Review.
- MSE Nausea Vomiting Diarrhea (E3411) - Triennial Review.
- MSE Renal Colic (E3438) - Triennial Review.
- Basal-Bolus Insulin (E1270ab) - Triennial Review.
- Impella Weaning Orders (E3398) - Triennial Review.
- Post Biopsy (E358) - Triennial Review.
- Post Liver Biopsy (E333) - Triennial Review.
- GI Bleed - Lower & Upper- Adult (E1256ae) & (E1257ae) - The blood product orders now reflect the Blood Products Order Set E3788. The "Daily" option was removed from the Type and Screen order as well as the blood products. The transfusion orders now include the reason for transfusion as it is in E3788. The COVID19 Convalescent Plasma under the "Order to Transfuse" section has been removed. The VTE section has been updated. Added the Massive Transfusion Protocol order after the transfusion orders.
- EMLA Cream - Sentinel Node Map (E752) - Making the previously paper-only order set electronic. Review as if new.
- Skin Infection - Adult (E1266ac) - Added antibiotic removal note to Blood Culture, Quantity 2 order on page 3. Substantial overhaul to most medications.

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

5. Report from Administration: None

6. Report from the Board: None

7. Open Forum: Mixed feedback regarding Northern Light Imaging. Outpatient turn around times appear to have improved considerably. Urology and General Surgery continue to advocate for lack of permanent on site Interventional Radiology. Thank you to Dr. Ochoa for having met the continued need for Thorocentesis and Paracentesis.

There being no further business the meeting was adjourned at 5:46pm.

Next meeting: January 19, 2026

Aluino Ochoa, MD
President, Medical Staff

Christopher Manion, MD
Secretary/Treasurer

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER**

2026 BOARD OF DIRECTORS, OFFICERS AND COMMITTEES

BOARD OF DIRECTORS

Robert L. Jordan, Jr., C.M.
Herman A. Cole, Jr.
Elizabeth Galfo, M.D.
Billie Fitzgerald
Dan Aton
Stan Retz, CPA
Melissa Lugo
Billy Specht
Ashok Shah, M.D.

OFFICERS

Robert L. Jordan, Jr., C.M., Chairman
Stan Retz, CPA, Vice Chairman
Elizabeth Galfo, M.D., Secretary
Herman A. Cole, Jr., Treasurer

COMMITTEES

EXECUTIVE COMMITTEE

Stan Retz, CPA, Chairperson
Robert L. Jordan, Jr., C.M., Vice Chairperson
Elizabeth Galfo, M.D., Secretary
Herman A. Cole, Jr., Treasurer
TBD, Member-at-Large
George Mikitarian, President/Chief Executive Officer (Non-voting)

EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS

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

FINANCE COMMITTEE

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

2026 BOARD OF DIRECTORS, OFFICERS AND COMMITTEES

PAGE 3

PLANNING, PHYSICAL FACILITIES AND PROPERTIES COMMITTEE

Robert L. Jordan, Jr., C.M. (ex-officio)
Herman A. Cole, Jr.
Stan Retz, CPA
Billy Specht
Dan Aton
Kevat Patel, M.D., President/Medical Staff*
George Mikitarian, President/Chief Executive Officer (Non-voting)

AUDIT COMMITTEE

Robert L. Jordan, Jr., C.M. (ex-officio)
Herman A. Cole, Jr.
Stan Retz, CPA
Dan Aton

QUALITY COMMITTEE

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

JOINT CONFERENCE COMMITTEE

Board Member
Board Member
Board Member
Board Member
President/Medical Staff, Chairman
Vice President/Medical Staff
MEC Member – To Be Determined
MEC Member – To Be Determined
George Mikitarian, President/Chief Executive Officer (Ex-Officio with Vote)

2026 BOARD OF DIRECTORS, OFFICERS AND COMMITTEES
PAGE 4

BOARD OF DIRECTORS AD HOC CREDENTIALS COMMITTEE

Robert L. Jordan, Jr., C.M. (ex-officio)
Elizabeth Galfo, M.D.
Billie Fitzgerald
Ashok Shah, M.D.
Dan Aton

INVESTMENT COMMITTEE

Robert L. Jordan, Jr., C.M. (ex-officio)
Stan Retz, CPA
Herman A. Cole, Jr.
Dan Aton

BOARD LIAISON APPOINTMENTS

Joint Risk Management Committee

Ashok Shah, M.D.

Medical Staff Review Committee

Ashok Shah, M.D.

North Brevard Medical Support, Inc.

Stan Retz, CPA

*Medical Staff Representatives

**Designated as the alternate to represent Medical Staff in absence of primary delegate.
The Vice President of the Medical Staff will represent the President of the Medical Staff
in his absence at all Board meetings.

2026 BOARD OF DIRECTORS, OFFICERS AND COMMITTEES

PAGE 5

SCHEDULE OF MEETINGS

Ad Hoc Credentials Review Committee Executive Session	–	First Monday TBD
Quality Committee	–	First Monday Noon
Finance Committee	–	First Monday (Immediately following Quality)
Executive Committee	–	First Monday (Immediately following Finance)
Board of Directors Executive Session	–	First Monday (To commence no earlier than 1:30 p.m.)
Education Committee	–	First Monday
Planning Committee	–	First Monday (Immediately following Education Committee)
Board Meeting	–	First Monday (To begin no earlier than 2:00 p.m. or immediately following the last Committee meeting)
Audit Committee	–	TBA
Joint Conference Committee	–	TBA
Medical Executive Committee	–	Third Tuesday 5:30 p.m.
Medical Staff	–	First Tuesday March, June, September, December 5:30 p.m.



Status **Pending** PolicyStat ID **12153784**



Origination	05/2004	Initiator	George Mikitarian: PRESIDENT/CEO
Last Approved	N/A	Areas	Administration
Effective	Upon Approval	Applicability	Parrish Medical Center
Last Revised	12/2025		
Next Review	2 years after approval		

Board of Directors – Fund Development

~~POLICY TYPE: ADMINISTRATIVE~~

I. PURPOSE:

The purpose of this Policy is to identify the Board's role in Fund Development to benefit Parrish Medical Center.

II. SCOPE

This policy applies to the members of the Board of Directors of North Brevard County Hospital District d/ b/a Parrish Medical Center (~~the Board~~ "Parrish Medical Center").

~~III. PHILOSOPHY:~~

IV. POLICY STATEMENT

Parrish Medical Center (~~PMC~~) believes in exploring means to enhance the organization's financial well-being. Given the current and evolving nature of the ~~healthcare~~ health care field, Parrish Medical Center also believes that each member of its Board ~~represents~~ of Directors represent an organizational resource that can enhance its position in this area by becoming involved in fund development.

V. BOARD'S ROLE IN FUND DEVELOPMENT:

Parrish Medical Center encourages its Board members to support the Jess Parrish Medical Foundation by identifying potential benefactors (at any level) and fund sources in order to motivate and influence charitable contributions that will enhance ~~PMC~~ Parrish Medical Center's resources and further its mission

and objectives. This includes ~~an~~ active support of the efforts of the Jess Parrish Medical Foundation, ~~the~~ **Auxiliary** and any other program or organization that supports Parrish Medical Center.

In connection with its ~~annual~~ self-evaluation, each Board member shall consider the extent to which he/she has contributed to the identification and solicitation of donors to Parrish Medical Center.

VI. STANDARD OF CARE

Board members are fiduciaries of Parrish Medical Center and those that engage in fund development are expected to perform such functions in good faith, in the best interests of Parrish Medical Center, and with the utmost care. Board members are in a special position of trust with Parrish Medical Center. Thus, each Board member is expected to make informed judgments about decisions whether to solicit charitable contributions and the manner in which activities and solicitation under this Policy are carried out.

All Revision Dates

12/2025, 04/2009

Approval Signatures

Step Description	Approver	Date
Policy Management	Policy Management George Mikitarian: PRESIDENT/CEO [AJ]	Pending 12/2025

Applicability

Parrish Medical Center



Status **Pending** PolicyStat ID **12153640**



Origination	10/1998	Initiator	George Mikitarian: PRESIDENT/CEO
Last Approved	N/A	Areas	Administration
Effective	Upon Approval	Applicability	Parrish Medical Center
Last Revised	12/2025		
Next Review	2 years after approval		

Board of Directors - Bill of Rights

I. PURPOSE:

The purpose of this policy is to establish a procedure for the initiation of a review and possible disciplinary action when a member of the Board of Directors is believed to have violated the Board Code of Ethics or any federal regulation, any state law or a Hospital policy.

II. SCOPE

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

III. POLICY STATEMENT

~~The purpose of this policy is to establish a procedure for the initiation of a review and possible disciplinary~~any ~~action when a member of~~by ~~the Board of Directors is believed to have violated the Board Code of Ethics or any federal regulation, state law or Hospital policy. The initiation of any action by the Board of Directors~~ pursuant to Section 1.8 of the Bylaws of the North Brevard County Hospital District shall require that the procedures established by the Hospital District Bylaws and by this policy be followed, ~~it being~~. It is the intent of this policy that any member of the Board of Directors accused of violating the Board Code of Ethics or any federal regulation, any state law or a Hospital policy be provided due process and a fair hearing.

IV. INITIATING A REQUEST FOR REVIEW:

Any member of the Board of Directors or Administration who believes that a member of the Board of

Directors has violated any federal regulation, state law or Hospital policy shall first confer with the general legal counsel to the Board of Directors concerning the circumstances which warrant an investigation. The member of the Board of Directors or Administration requesting such investigation shall not be obligated to present their request in writing, but shall be required to cooperate fully in the disclosure of all facts to assure a fair and complete investigation. The member of the Board of Directors or Administration initiating such request shall be entitled to confidentiality to the extent permitted under the ~~Attorney~~Attorney/Client privilege. ~~The~~ with the knowledge that the general legal counsel ~~to~~ the represents Parrish Medical Center and its Board of Directors as a whole. The general legal counsel to the Board of Directors may request ~~of that~~ such member of the Board of Directors or Administration ~~that~~ such waive confidentiality ~~be waived~~ if appropriate under the circumstances. The member of the Board of Directors or Administration is free to consult an attorney at any time to represent his/her interests.

V. CONDUCT OF INITIAL REVIEW OR INVESTIGATION:

The general legal counsel to the Board of Directors shall be responsible to conduct a preliminary investigation within ten (10) days following the initial request and during such period of time may confer with the Board Chairman or Vice Chairman, members of Administration and any other third parties relevant to the matter. At the request of the general legal counsel to the Board of Directors, the Chairman or Vice Chairman may approve an extension of time beyond ten (10) days to conduct such preliminary investigation.

VI. REPORT ON INITIAL FINDINGS:

The general legal counsel to the Board of Directors shall confer with the Chairman or Vice Chairman upon completion of the preliminary investigation and recommend one of the following actions:

- A. ~~That the Board schedule the matter for discussion and possible action. Any meeting of the Board shall be conducted in public, absent an express statutory exemption applicable to such matter.~~
That the Board schedule the matter for discussion and possible action. Any meeting of the Board shall be conducted in public, absent an express statutory exemption to 286.011 Florida Statutes and Article I, Section 26 of the Florida Constitution (the Florida Government in the Sunshine Law) applicable to such matter.
- B. That general legal counsel to the Board of Directors submit the matter to the State of Florida Attorney General's Office for an advisory opinion.
- C. That general legal counsel to the Board of Directors report the matter to the appropriate outside agencies (e.g., Commission on Ethics, State Attorney's Office, etc.) if the initial findings warrant such referral or will require action beyond the legal authority of the Board of Directors.
- D. That general legal counsel to the Board of Directors confer with the member of the Board of Directors or Administration who made the initial request for an investigation in order to provide for final disposition without further action.

VII. BOARD REVIEW:

In the event discussion is scheduled by the Board following completion of the initial investigation by the general legal counsel to the Board of Directors or following the completion of any outside review, all documentation relevant to the matter shall be provided to each Board member not less than five (5) days in advance of any meeting scheduled by the Board to review the matter.

Any member of the Board of Directors who is the subject of such investigation shall be entitled on written request to the Chairman or Vice Chairman to delay any discussion scheduled by the Board and if such delay is necessary to permit that member to assemble information or outside assistance. Any requested delay may be granted by the Chairman or Vice Chairman for a period not to exceed thirty (30) days.

During any meeting scheduled by the Board, unless otherwise noted below, any one of the following actions may be approved by a majority vote of the total Board:

- A. ~~That no action be taken;~~
That no action be taken;
- B. That a letter of warning be issued to the affected member of the Board of Directors advising such member of the corrective action or avoidance of future actions appropriate under the circumstances;
- C. That a letter of reprimand be issued censuring such member for acts contrary to the interests of the North Brevard County Hospital District; or
- D. Adoption of a resolution recommending to the appointing authority removal of such member from the Board of Directors with such resolution being approved by a 2/3 majority of the membership of the Board of Directors per Article 1.8 of the Amended and Restated Bylaws of Parrish Medical Center.

VIII. RIGHTS OF REPRESENTATION AND DUE PROCESS:

Any member of the Board of Directors who may be adversely affected by any review or investigation conducted pursuant to this policy shall be afforded due process at all stages of any investigation.

The Board of Directors shall have the discretion to reimburse any member of the Board of Directors who ~~maybe~~may be affected by any review or investigation conducted pursuant to this policy ~~and~~ for all or part of any reasonable attorney's fees and expenses incurred in obtaining legal representation.

IX. OTHER REMEDIES AND THIRD PARTIES:

This policy shall not preclude the use of any other administrative procedures or legal remedies available under state or federal law. This policy may not be implemented by any person other than a member of the Board of Directors or Administration without the prior approval of the Board of Directors.

Last Reviewed: 04/2009

All Revision Dates

12/2025, 10/1998

Approval Signatures

Step Description	Approver	Date
Policy Management	Policy Management George Mikitarian: PRESIDENT/CEO [AJ]	Pending 12/2025

Applicability

Parrish Medical Center

COPY



Status **Pending** PolicyStat ID **17809559**



Origination	02/1980	Initiator	Natalie Sellers: SR. VP COMM, COMMUNITY & COR
Last Approved	N/A	Areas	Administration
Effective	Upon Approval	Applicability	Parrish Medical Center
Last Revised	12/2025	Tags	9500
Next Review	1 year after approval		

Administrative Services Coverage

I. PURPOSE

The purpose of this policy is to provide clarity for Administrative Services Coverage for North Brevard County Hospital District d/b/a Parrish Medical Center and its affiliates ("Parrish Healthcare") for twenty-four (24) hours a day, seven (7) days a week.

II. SCOPE

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

III. POLICY STATEMENT

There will be a representative of Administration on duty or on call twenty-four (24) hours a day, seven (7) days a week. The ~~representatives will include~~representative includes members of the Executive Team as defined by the President/CEO.

The Administrative Office will generally be open from 8:00 am until 5:00 p.m., Monday through Friday. During other hours , including weekends, one (1) ~~of the Administrative representatives~~representative of Administration will be on call and available as needed.

All Revision Dates

12/2025, 03/2023, 12/2018, 08/1993

Approval Signatures

Step Description	Approver	Date
Board of Directors	Robert Jordan: Board Member	Pending
President/CEO	George Mikitarian: PRESIDENT/CEO [AJ]	12/2025
Chief Corporate Compliance Officer	Anual Jackson: INSPECTOR GENERAL CHIEF CORPORATE COMPLIANCE OFFIC	12/2025
Executive Management Committee	Executive Management Committee [AM]	12/2025
Policy Management	Policy Management [AM]	04/2025
	Natalie Sellers: SR. VP COMM, COMMUNITY & COR	03/2025

Applicability

Parrish Medical Center

MONTHLY MEDIA REPORT – November 2025



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

	<u>Estimated Impressions</u>
Community Outreach (Attendees)	3,063
<i>Ron Jon Cocoa Beach Half Marathon & 10k (November 2)</i>	<i>(Attendance 1,500)</i>
Annual sponsor (sponsorship includes 5 races); logo and website link on all race websites, logo on all athlete and volunteer t-shirts; 10 complimentary race entries; onsite signage; social media exposure; logo on all event marketing materials and logo on race tape at finish line	
<i>TGO-LGA Annual Meeting; Check Presentation (November 4)</i>	<i>(Attendance 45)</i>
Check presentation of proceeds from October event, The Great Outdoors Ladies Golf Association (GO-LGA) tournament. Dr. Tanya Taival and Alex Guterrez spoke to a group of 45 women on importance of breast cancer screenings. Provided handouts on services at Parrish Healthcare Center in North Titusville and breast cancer screenings.	
<i>City of Titusville Health Fair (November 6)</i>	<i>(Attendance 300)</i>
Total of 10 Parrish Healthcare Care Partners and 2 physicians attended to talk with health fair attendees. Parrish had several branded tables at the event, with literature and swag distributed throughout.	
<i>Boomer Bash Senior Fest – Blast from the Past (November 7)</i>	<i>(Attendance 300)</i>
Presenting Sponsor; logo on event welcome banner, top billing in event marketing and promotional materials; logo on social media video recognition and in pre/post-event articles; logo on attendee tote bag; recognition during event announcements and logo on front page of the event directory. Nadine Itani and Meghan Johnson represented Parrish at event (5 hours total).	
<i>St. Francis Reflections DASH in Life 5k (November 8)</i>	<i>(Attendance 458)</i>
Sponsor: logo on event t-shirt; 4 race entries; social media and website recognition; 1 course sign.	
<i>Chamber of Commerce Luncheon (November 12)</i>	<i>(Attendance 50)</i>
Luncheon Sponsor; sponsor message provided by Alex Gutierrez focused on the importance of cancer screenings of all kinds; provided swag for all in attendance.	
<i>Community of Hope Gala (November 15)</i>	<i>(Attendance 250)</i>
Sponsor: logo/name on all event signage; social media spotlight.	

YMCA Golf Tournament (November 21)**(Attendance 160)**

Title Sponsor; exclusive placement on marketing materials, total of two foursome golf teams, sponsor message provided by Matthew Graybill; logo on all 160 polo shirts and premier recognition on signage throughout event.

Print Advertising/Impressions		1,033,073
Brevard Business News (40,000/Issue – Weekly - Contact: Adrienne Roth)		40,000
<ul style="list-style-type: none"> 11.03.25 – Full Page (Gala – Thank You Ad) <i>*In-kind donation</i> 		
Happenings (5,500/Issue – Monthly and Weekly - Contact: Randy Rodriquez)		5,500
<ul style="list-style-type: none"> 11.20.25 – Cover Ad (Oncology – Where Hope Meets Healing) 11.20.25 – Full Page Back Cover (Gift of Light) 11.20.25 – Full Page (Support Groups) 		
Hometown News (14,725/Issue – Weekly - Contact: Rodney Bookhardt)		58,900
<ul style="list-style-type: none"> 11.07.25 – Full Page (Gift of Light) 11.14.25 – Full Page (Oncology - General) 11.21.25 – Full Page (Gift of Light) 11.28.25 – Full Page (Gift of Light) 		
Florida Today (50,000/Issue – Daily - Contact: Local IQ)		700,000
<ul style="list-style-type: none"> 11.13.25 – Half Page (Gift of Light) 11.27.25 – Half Page (Gift of Light) 11.30.25 – Full Page (Gift of Light) 11.02.25 – Front Page Strip Ad (Lifelong Wellness. We're With You.) 11.05.25 – Front Page Strip Ad (Lifelong Wellness. We're With You.) 11.06.25 – Front Page Strip Ad (Lifelong Wellness. We're With You.) 11.07.25 – Front Page Strip Ad (Lifelong Wellness. We're With You.) 11.09.25 – Front Page Strip Ad (Lifelong Wellness. We're With You.) 11.12.25 – Front Page Strip Ad (Lifelong Wellness. We're With You.) 11.14.25 – Front Page Strip Ad (Lifelong Wellness. We're With You.) 11.19.25 – Front Page Strip Ad (Lifelong Wellness. We're With You.) 11.21.25 – Front Page Strip Ad (Lifelong Wellness. We're With You.) 11.23.25 – Front Page Strip Ad (Lifelong Wellness. We're With You.) 11.26.25 – Front Page Strip Ad (Lifelong Wellness. We're With You.) 		
Investing in Your Health Today (25,000/Issue – Monthly - Contact: Barbara Rhoden)		25,000
<ul style="list-style-type: none"> 11.20.25 – Full Page (Gift of Light) 11.20.25 – Full Page (Oncology – Cancer Risks & Screenings) 11.20.25 – Full Page (Open Interviews) 		
Ebony News (25,000/Print Edition; 1500/Digital – Monthly - Contact: Barbara Rhoden)		26,500
<ul style="list-style-type: none"> 11.20.25 – Half Page (PHC – North Titusville) 		

<i>The Great Outdoors – Happenings (3,500/Edition – Weekly - Contact: Greg Wostrel)</i>	7,000
<ul style="list-style-type: none"> • 11.14.25 – Full Page (Gift of Light) • 11.28.25 – Full Page (Gift of Light) 	
<i>Savings Safari (51,000/Edition – Bi-monthly - Contact: Barbara Strickland)</i>	51,000
<ul style="list-style-type: none"> • 11.11.25 – Insert, Side 1 (Gift of Light); Insert Side 2 (Breakfast with Santa) 	
<i>Space Coast Living (10,000/Edition – 5 Editions Annually - Contact: Lori Weisman)</i>	10,000
<ul style="list-style-type: none"> • 11.07.2025 – Full Page Holiday Issue (Gift of Light) 	
<i>Space Coast Daily (60,000/edition – Monthly/Digital Daily - Contact: Giles Malone)</i>	60,000
<ul style="list-style-type: none"> • 11.15.25 – Full Page (Gift of Light) 	
<i>Lifetimes Newsletter (Mailed Quarterly to North Brevard Zip Codes) Fall Issue</i>	45,173
<ul style="list-style-type: none"> • 11.06.25 – LifeTimes Fall issue 	
<i>Titusville Playhouse Playbill (Based on Number of Monthly Performances)</i>	4,000
<ul style="list-style-type: none"> • 11.2025 – Frozen (Nov. 7–Nov. 30) – Full Page (Gift of Light) 	

Broadcast and Digital Ad Impressions	702,766
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WFTV.com

- Impressions: 52,666
- Clicks: NA (No HITOP ran in November)
- CTR: NA (No HITOP ran in November)

WFTV-OTT (Over the Top)

- Impressions: 28,925
- Video Completes: 28,609
- Video Completion Rate: 98.91%

WFTV (Amazon Streaming)

- Impressions: 106,936
- Video Completes: 104,271
- Video Completion Rate: 97.52%

Cumulus DNA Digital Ads and Radio Spots:

- Digital Impressions: 96,329; Clicks: 76; CTR: .08
- WHKR 102.7FM – HitKicker Reach: 61,200; Radio: 76 Monthly (15 second spots)
- WA1A 107.1FM – A1A Contemporary Pop: Reach: 86,800; 76 Monthly (15 second spots)
- WA1A 107.1FM – Parrish Healthcare’s “Thrive in 25” Healthy Living Radio Ads Reach: 75,600; 60 Monthly (60 second spots)

Spectrum Reach (Streaming and TV)

- Impressions: 95,060
- Video Completes: 93,625
- Video Completion Rate: 98.49%

iHeart (Christmas Music Sponsorship)

- WLRQ-FM: Reach 2,100; Spots: 3 (30 second)
- WLRQ-FM: Reach: 16,900; Spots: 45 (30 second)
- iHeart Radio App Impressions: 80,250

Social Media Channels	1,111,650
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Facebook:

- **Parrish Healthcare:** Views – 1,089,954; Followers – 8,109
- **The Children’s Center:** Views – 3,524; Followers – 145
- **Parrish Health & Wellness:** Views – 3,072; Followers – 164

Instagram: Reach – 7,334; Followers - 747

X (Twitter): Followers – 252

LinkedIn: Followers – 4,235; Impressions – 7,224

YouTube:

- Total Views: 542
- Total Subscribers: 494
- New Subscribers: -1

Top 5 YouTube Videos (Total Video Views in October – 542):

- Gift of Light: 83
- Healthy Bones and Joints – Parrish Medical Center: 79
- Daily Two Segment Featuring Dr. Mark Swierzewski: 56
- Alzheimer’s SOS: Vascular Dementia: 56
- Daily Two Segment Featuring Dr. Gabriel: 48

TV Impressions	1,966,900
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Station	Spots	Impressions
WFTV	42	1,626,600
WRDQ	62	340,300
Spectrum News 13	425	See Note Below
Total	529	1,966,900

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+
Oncology	Oncology :15	PHCONC2215	114.3
Oncology	Oncology :10	PHCONCO10	147.40
Oncology	Oncology :15	PHCONCO15	182.6
Oncology	Oncology :30	PHCONCO30	325.4
Pastor	Pastor :60	PHCPASTOR60	13
Robotics	Robotics :60	PHCVELYSJAMIE60	2.9
JEOPARDY SPONSORSHIP			752.7
SQUEEZEBACK			428.6
Grand Total			1,966.9

Outdoor Advertising/Billboard/Bus Impressions	1,819,395
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Billboards (Lamar – Contact: Jennifer Rzepiejewski, Clear Channel – Contact: Joe Schmitt):

Lamar – 4 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 (Focused on the Future of Patient Care)
- **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 (Focused on the Future of Patient Care)
- **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 (Robotic-Assisted Surgery)

- **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.

Summary of Total Impressions	6,625,847
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News Releases Issued by Parrish	22,000
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- 11.20.25 – Happenings (Parrish Healthcare Expands Access to Care with Same-Day and Next-Day Primary Care Appointments); (Parrish Healthcare Open Interviews)
- 11.07.25 – Happenings (Parrish Healthcare and YMCA of Central Florida Announce Partnership); (Parrish Healthcare Launches Annual Hopeful Hearts Drive to Support Individuals Experiencing Homelessness in North Brevard) ****5,500**
- 11.14.25 – Happenings (Parrish Healthcare Open Interviews) ****5,500**
- 11.21.25 – Happenings (Parrish healthcare Invites Community to Annual Gift of Light Celebration – a Beloved Holiday Tradition for Families) ****5,500**
- 11.28.25 – Happenings (Parrish Healthcare Honors Extraordinary Nurse Allando Stone as Quarterly DAISY Award Honoree and All Other Nominees); (Parrish Medical Group Welcomes Advanced Practice Registered Nurse Elizabeth Williams-Henderson APRN, FNP-C) ****5,500**

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

News Releases Issued by Others	108,000
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- 11.04.25 – Florida Today (Parrish Medical Building at Titus Landin to Partially Reopen as HVAC Repairs Continue) ****50,000**
- 11.05.25 – Florida Today (Parrish Begins Reopening Titus Landing Building) ****50,000**
- 11.12.25 – Florida Today (How Much Sleep You Need & How to Get It)
- 11.26.25 – Orlando Business Journal (Brevard County Health Care System to Reopen Facility After COVID-19 Closure) ****8,000**

PRINT ADS

Creative Examples



Open Interview Tuesdays
EVERY TUESDAY 9 AM – 12 PM

Would you or someone you know make a great Care Partner at Parrish Healthcare? We're recruiting for several clinical and non-clinical positions. Stop by Parrish Medical Center at 951 N. Washington Avenue, Titusville. We look forward to meeting you!

Visit parrishhealthcare.com/careers for additional information

Be a Parrish Care Partner

PARRISH HEALTHCARE | **Cleveland Clinic Connected**
Healing Families—Healing Communities®

Breakfast with Santa

Saturday, December 6

Parrish Healthcare is proud to host Breakfast with Santa at Parrish Medical Center! Join us for a magical morning with Santa and a delicious pancake breakfast. To purchase tickets, please see a cashier in the atrium cafe. We accept cash or credit and payroll deduct for current Parrish Healthcare employees.

Please Note: Seating is limited and this event typically sells out.

Tickets: \$5 Per Person
Children ages 2 years and younger are FREE!
Includes Breakfast, Printed Photo with Santa and Holiday Goody Bag

Breakfast will be served at three seating times:
7:30AM | 8:30AM | 9:30AM
Breakfast includes: 2 pancakes, 2 pieces of bacon or sausage, muffin and drink. Additional food will be available for purchase.

PARRISH MEDICAL CENTER

COMMUNITY SUPPORT GROUP NOVEMBER SCHEDULE

A.W.A.K.E. Sleep Support Group Meets the second Monday monthly, 6-7:30 PM Parrish Healthcare Center, Marlette Conference Room 3000 Port St. John Parkway, Port St. John Contact our Sleep Center Nurse at 321-268-6408	Kidney Smart Class Meets the last Thursday monthly, 1-2:30 PM Heritage Hall, Parrish Health Village 951 North Washington Avenue, Titusville Contact Jackie Torres at 321-268-1245
Cancer and Survivor Support Group Meets the third Wednesday monthly, 6-7:30 PM Parrish Healthcare Center in North Titusville, Conference Room 680 North Washington Avenue, Titusville Contact Sheron Carter at 321-268-6111 ext. 3544	Men's Support Group Meets Mondays, 10-11 AM The Children's Center 3450 South Washington Avenue, Titusville Contact Walinda Hodges at melinda.hodges@parrishmed.com
Caring for Caregivers Support Group Meets the second and fourth Thursday monthly, 9:50-11:50 AM Heritage Hall, 951 North Washington Avenue, Titusville Contact Janet Bode at 321-268-6889	Parkinson's Support Group Meets the second Tuesday monthly, 11:15 AM-12:15 PM Parrish Health Village Center 3450 Columbia Boulevard, E-104, Titusville Contact Barbara Franklin 321-243-0121 or Barbara@parkinsons.org
Decoding Diabetes Class Meets the fourth Monday monthly, 2:30-4:30 PM Heritage Hall, Parrish Health Village 951 North Washington Avenue, Titusville Contact Camp Hughes at 321-268-6111 ext. 2648	Stroke and Heart Failure Survivor Support Group Meets the third Tuesday monthly, 2-4 PM Heritage Hall, Parrish Health Village 951 North Washington Avenue, Titusville Contact Janet Bode at 321-268-6889
Early Steps Community Play Date Meets the fourth Wednesday monthly, 9-10:30 AM The Children's Center 3450 South Washington Avenue, Titusville Contact Mary Carroll at 321-268-1220	Tools to Quit Smoking Now Meets the last Tuesday monthly, 5:30-7:30 PM Parrish Medical Center, Conference Room 6 951 North Washington Avenue, Titusville Facilitated by Jennifer Williams, Tobacco-Free Florida 407-586-2262 ext. 202

Presented by St. Francis Healthcare Life Stages Care and Parrish Healthcare
Meets the first Wednesday monthly, 10-11 AM
Heritage Hall, Parrish Health Village
951 North Washington Avenue, Titusville
Contact Janet Bode at 321-268-6889

PARRISH HEALTHCARE | **Cleveland Clinic Connected**
Healing Families—Healing Communities®

Visit parrishhealthcare.com/events for information and to register

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



Healing Families—Healing Communities®

Cleveland Clinic Connected



**THURSDAY,
DECEMBER 4TH
5-7:30 PM**

Gift of Light

HONOR A LOVED ONE

Start the season with holiday entertainment, a spectacular tree lighting and dazzling fireworks!

Join Parrish Medical Center for our FREE annual holiday community celebration! Honor a loved one by placing a light on our holiday tree.

- Hot Chocolate and Baked Goods
- Face Painting
- Kid-Friendly Holiday Crafts
- Musical Entertainment and Dance Performances
- Photos with Santa and Mrs. Claus
- Food Trucks (Open at 4:30 PM)

For more information visit parrishhealthcare.com/giftoflight

Presenting Sponsor
Josh & Laura Norris
All proceeds benefit
the Parrish Medical Foundation

PARRISH MEDICAL CENTER
PARRISH HEALTHCARE

Honor a loved one by placing a light on our 50-foot holiday tree! To purchase a light, visit parrishmedfoundation.com/donate or please call 321-269-4066

Cancer Risks & Screenings

Before deciding to be screened, talk with a healthcare professional about the purpose of the screening, pros/cons, benefits, limitations and possible risks involved.

Breast Cancer Screening: Know Your Risk

The American Cancer Society recommends that women undergo regular screening mammography for the early detection of breast cancer, and that screening guidelines for those at average and high risk.

- **Women at high risk for breast cancer can begin screening earlier than age 40.**
- **Women ages 40 to 44 at average risk** have the option to start screening with a mammogram (x-rays of the breast) every year.
- **Women ages 45 to 54** should get mammograms every year.
- **Women 55 and older** can switch to mammograms every 2 years, or they can choose to continue yearly screening.
- **Screening should continue** as long as a woman is in good health and is expected to live at least 10 more years.
- **All women** should be familiar with the breast, lumps, lumps, and potential harm linked to breast cancer screening.



Remember that regular screenings are essential. They play a vital role in increasing the likelihood of early detection of certain cancers, preventing them from growing and spreading.

Take Control of Your Health and Help Reduce Your Cancer Risk


- Stay away from all forms of tobacco.
- Get to and stay at a healthy weight.
- Get moving with regular physical activity.
- Eat healthy with plenty of fruits and vegetables.
- It is best not to drink alcohol. If you do drink, have no more than 1 drink per day for women or 2 per day for men.
- Protect your skin.
- Know yourself, your family history, and your risk.
- Get regular check-ups and cancer screening tests.

Early detection saves lives—schedule your screening today! Call 321-269-6130



Healing Families—Healing Communities®

Cleveland Clinic Connected



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For more information visit parrishhealthcare.com/giftoflight

Presenting Sponsor
Josh & Laura Norris
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the Parrish Medical Foundation

PARRISH MEDICAL CENTER
PARRISH HEALTHCARE

Honor a loved one by placing a light on our 50-foot holiday tree! To purchase a light, please call 321-269-4066 or visit parrishmedfoundation.com/donate

Healing Families—Healing Communities®



Lifelong Wellness. We're With You.

parrishhealthcare.com/womenshealth



Hope & Healing Begins Here

At Parrish Healthcare, we combine hope with a focus on patient-centered care, advanced clinical expertise and exceptional medical professionals. We bring hope, healing and complete care to our patients in the Brevard community and surrounding regions.

parrishhealthcare.com/oncology



BBN BREVARD BUSINESS NEWS online at BrevardBusinessNews.com

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Injury Centers of Brevard / Dr. Nick & Jennifer Tricciolo
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Josh & Laura Norris
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Parrish Home Health / LHC Group, Inc.
Bansi & Rekha Patel
Howard W. Baker D.D.S.
Dr. Yoon & Santa Sachdev, MD
Turney Lum Saweking
Philip Simpson, Ph.D.
Space Coast Health Centers, Inc.
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Barbara & Terry Tammara
VITAS Healthcare

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Terry Gee with the Bearded Brothers
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Dorrie & Dick McCarter
Michael & Michele Moehring
North Island Villas—Reshome
Paradise Signs and Graphics
P&H Services, LLC
St. Francis Hospice: A Reflections Lifestage Service
The Sellers Family
Dr. Tanya Kari Tavel, Gynecology
WFTV / Cox Health Marketing



For more information, call JPM at 321-269-4568 or visit parrishfoundation.com

YOU CARE FOR OUR COMMUNITY, LET US CARE FOR YOU.

Whether you're an uplifting voice, champion for progress or someone who devotes their time to fueling change in our community, we appreciate all that you do.



Parrish Healthcare includes: Parrish Medical Center, Parrish Medical Group and Parrish Health Network working together to improve quality and safety, and lower healthcare costs for everyone.



Integrated Care Certified

parrishhealthcare.com

Healing Experiences for Everyone All the Time®

DIGITAL ADS



THURSDAY,
DECEMBER 4TH
5:00–7:30 PM

Gift of Light

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community
celebration!



*All proceeds benefit
Jess Parrish Medical Foundation*



THURSDAY, DECEMBER 4TH
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community celebration!



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THURSDAY,
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Join Parrish Healthcare
for our FREE annual holiday
community celebration!





THURSDAY,
DECEMBER 4TH
5:00–7:30 PM

Gift of Light





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HEALTHCARE

*All proceeds benefit
Jess Parrish Medical Foundation*



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Give yourself
the gift of wellness
this season!



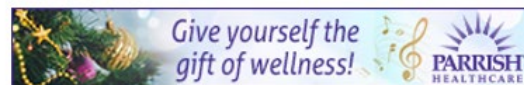
PARRISH
HEALTHCARE

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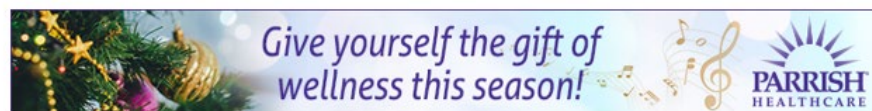
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HEALTHCARE

Give yourself the
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HEALTHCARE

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PARRISH
HEALTHCARE

BILLBOARDS



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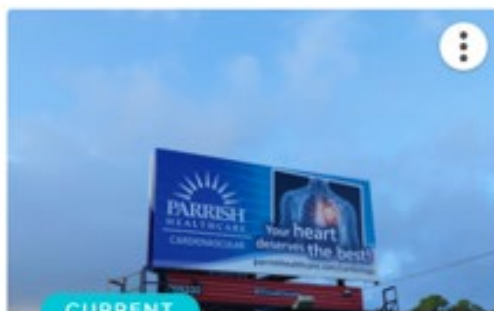


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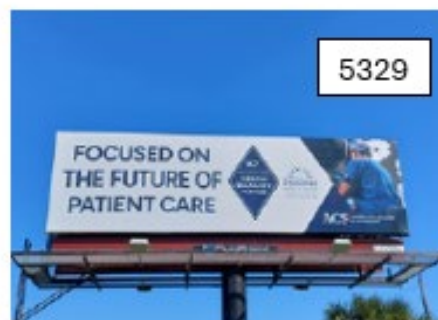
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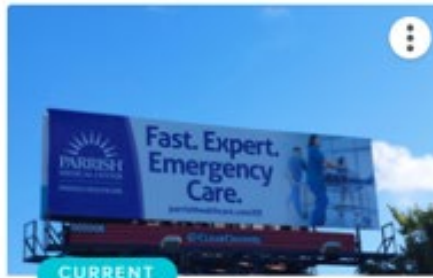


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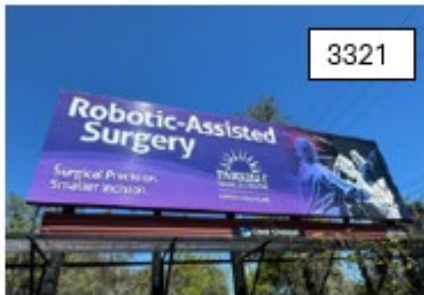
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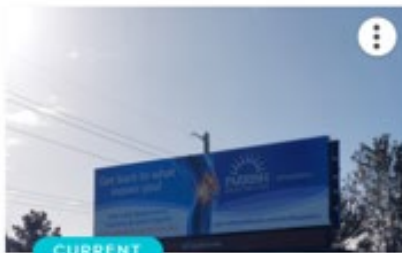
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