



MEMORANDUM

To: Board of Directors

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

From: George Mikitarian
President/CEO

Subject: Board/Committee Meetings – October 6, 2025

Date: October 2, 2025

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

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

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

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

The Planning Committee meeting has been canceled.

Investment Committee:

Stan Retz, CPA, Chairman

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

Herman A. Cole, Jr.

Dan Aton

TENTATIVE AGENDA
INVESTMENT COMMITTEE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, OCTOBER 6, 2025, NO EARLIER THAN 11:00 A.M.
FIRST FLOOR CONFERENCE ROOM 2/3/4/5

CALL TO ORDER

- I. Review and approval of minutes May 5, 2025.

Motion: To recommend approval of the May 5, 2025 meeting minutes as presented.

- II. Quarterly Investment Performance Update – Anderson Financial Partners
- III. Annual Investment Policy Review
- IV. Adjournment

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
INVESTMENT COMMITTEE
MAY 5, 2025
EXECUTIVE CONFERENCE ROOM**

The Investment Committee of the North Brevard County Hospital District Board of Directors met on May 5, 2025 at 10:40 a.m. The following members were present:

Stan Retz, CPA, Chairman
Robert L. Jordan, Jr., C.M.
Dan Aton
Herman A. Cole, Jr.

Others present:

Michael Moehring, CFO
Tim Anderson, Anderson Financial Partners
Tommi Middleton, Director of Finance
George Mikitarian, President/CEO
Stephanie Parham, Executive Office Manager.

Call to Order

Mr. Retz called the meeting to order at 10:40 a.m.

Review and Approval of Minutes

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

Action Taken: Motion to approve the minutes of the November 4, 2024 meetings as presented.

Quarterly Investment Performance Update

Tim Anderson, Anderson Financial Partners, provided a brief economic update as well as a brief update on the Operating Fund performance.

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
Maureen Rupe
Ashok Shah, M.D.
Aluino Ochoa, 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, OCTOBER 6, 2025, at 12:00 P.M.
FIRST FLOOR, CONFERENCE ROOM 2/3/4/5**

CALL TO ORDER

I. Approval of Minutes

Motion to approve the minutes of the August 4, 2025 meeting.

II. Vision Statement

III. Dashboard

IV. Joint Commission | Integrated Care Certification – Ms. Cottrell

V. Executive Session (if necessary)

ADJOURNMENT

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

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

**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 August 4, 2025, in Conference Room 2/3/4/5, First Floor. The following members were present.

Dan Aton, Chairperson
Robert L. Jordan, Jr., C.M.
Stan Retz, CPA
Herman A. Cole, Jr.
Billy Specht
Elizabeth Galfo, M.D.
Ashok Shah, M.D.
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:
Maureen Rupe (excused)
Nimesh Naik, M.D. (excused)

CALL TO ORDER

Mr. Aton called the meeting to order at 12:06 p.m.

Mr. Mikitarian introduced Robin Starkweather, Executive Director of Quality and John Gachago, Vice President of Digital Innovation.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Mr. Cole, seconded by Mr. Dr. Galfo, and approved (11 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN: MOTION TO APPROVE THE MAY 5, 2025, AND JUNE 2, 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.

EMERGENCY DEPARTMENT THROUGHPUT UPDATE

Dr. Rajan and Ms. Ericka Jacobs provided an update to the Emergency Department Throughput Initiatives previously shared with the Board, noting that the purpose of this initiative is refining the community's overall perception of care within the Emergency Department. To date, there has been a decrease in length of stay and a substantial increase in patient satisfaction scores. 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.

Dan Aton,
Chairperson



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Quality Agenda

October 6, 2025

1. Approval of Minutes
2. Vision Statement
3. Dashboard
4. Integrated Care Certification (ICC)

Quality Committee

Vision Statement

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

Dashboard



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Performance dashboard

Description	Definition	QTR	Rolling YTD	Goal
Stroke	Stroke management compliance	84%	84%	Goal: = 100%
Readmission	All cause 30-day readmissions	11.4% 30/264	12.8% 165/1289	Goal: ≤ 14.6%
Person Centered flow	Emergency department throughput	185	197	Goal: ≤ 176 minutes
Person Experience	Top box HCAHPs domain score for overall rating	64.1%	60.7%	Target: ≥ 72%
Social Determinants of Health	Percent of patients screened	97.7%	94.6%	Target: 93%
Social Determinants of Health	Percent who screened positive	6.97%	7.81%	

Performance dashboard

Description	Definition	QTR	Rolling YTD	Rolling 3 YR	Goal
Heart Attack	30-day readmission rate	0% 0/16	10.2% 5/49	6.1% 6/99	Goal: < 14%
Heart Failure	30-day readmission rate	20% 2/10	23.1% 24/104	20.6% 51/247	Goal: < 20%
COPD	30-day readmission rate	0% 0/8	5.2% 3/58	11.4% 13/114	Goal: < 18%
Pneumonia	30-day readmission rate	12.5% 4/32	14.3% 31/217	11.6% 5/467	Goal: < 16%
Hip/Knee	30-day readmission rate	33% 1/3	6.3% 1/16	8.0% 4/50	Goal: < 4.5%
Combined	30-day readmission rate	10.1% 7/69	14.4% 64/444	13.1% 128/977	Goal: < 14%

Performance dashboard

Description	Definition	Rolling YTD	Days Since Last Infection	National Rate
CLABSI	Central Line Associated Bloodstream Infection	1.164	54 days	< 0.663
CAUTI	Catheter Associated Urinary Tract Infection	1.244	100 days	< 0.539
MRSA bacteremia	Hospital onset MRSA bacteremia	1.400	91 days	< 0.721
<i>C. difficile</i> infection	Hospital onset <i>C. difficile</i> infection	0.692	12 days	< 0.390
SSI	Combined Abdominal hysterectomy and colon procedures	0.000	621 days	< 0.873

Integrated Care Certification



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Integrated Care definitions

Integrated Care

- Care where all providers work together to provide seamless and coordinated care

Person-centered

- Focus on the individual's needs, preferences, and values, putting the patient at the center of all decisions

Care Coordination

- Organized care across different services and providers to ensure everyone is on the same page and the person gets the right care at the right time.

Integrated Care definitions

Continuum

- The full range of healthcare services a person might need over time, from preventive care to treatment, recovery, and long-term support

Tracers

- Tools or methods used to follow a person's journey through care to see how well services are delivered and coordinated

Cross-site

- Involving multiple care locations or facilities (like hospitals, clinics, or home care) working together for a person's care

Integrated Care definitions

Care settings

- The various places where care is provided, such as hospitals, clinics, nursing homes, or a person's home

Transitions

- When a person moves from one care setting or provider to another

Coordination gaps

- Breakdowns or missing links in communication or planning when care is transferred or shared

Care Models

- Structured approaches or systems used to deliver healthcare, like patient-centered medical homes or accountable care organizations

Certification overview

What is Integrated Care Certification?

Purpose: clinical care across settings is integrated and person-centered

Focus: structures, processes, and culture support improved outcomes

Certification Goals:

- Build strong foundations for care coordination
- Demonstrate capacity to integrate care across the continuum
- Reduce variation in chronic disease management
- Increase use of evidence-based practices

Certification overview

How certification is assessed

Key Methods:

- Interviews with leadership, clinicians, front-line staff, and patients
- Group discussions to assess program design and implementation
- Tracer methodology

Focus Areas:

- Provider communication and care coordination
- Access to services and information
- Patient and family engagement
- Integration of performance measurement across settings

Certification overview

Program chapters

- Certification participation requirements
- Program alignment
- Program characteristics
- Quality, safety, and culture

Program Alignment

Purpose

- Deliver coordinated, person-centered care across entities

Focus

- Unified clinical partners identified and documented
- Infrastructure and resources evaluated and aligned to support care integration
- Patients and families are active collaborators in care design
- Shared strategies and timelines drive execution across the continuum

Program Characteristics

Purpose

- Patient engagement and clinical collaboration in care delivery

Focus

- Standardized approach to patient/family involvement in care plan
- Shared decision-making and self-management education
- Multidisciplinary, cross-site team alignment for continuity and integration
- Focus on evidence-based chronic disease management models

Program Characteristics - Transitions

Purpose

- Safe, seamless movement of patients across care settings

Focus

- Standardized communication protocols for all transitions
- Defined access pathways to full spectrum of services
- Real-time access to care plans across partners
- Accountability structures to reduce risks and duplicative services

Quality, Safety, and Culture

Purpose

- Drive performance through continuous improvement and a culture of safety.

Focus

- Priorities set using safety data and patient feedback
- Tracking includes access, satisfaction, outcomes, integration metrics
- System-wide data collection targets readmissions, ED use, and coordination gaps
- Continuous evaluation supports adaptation and refinement of care models

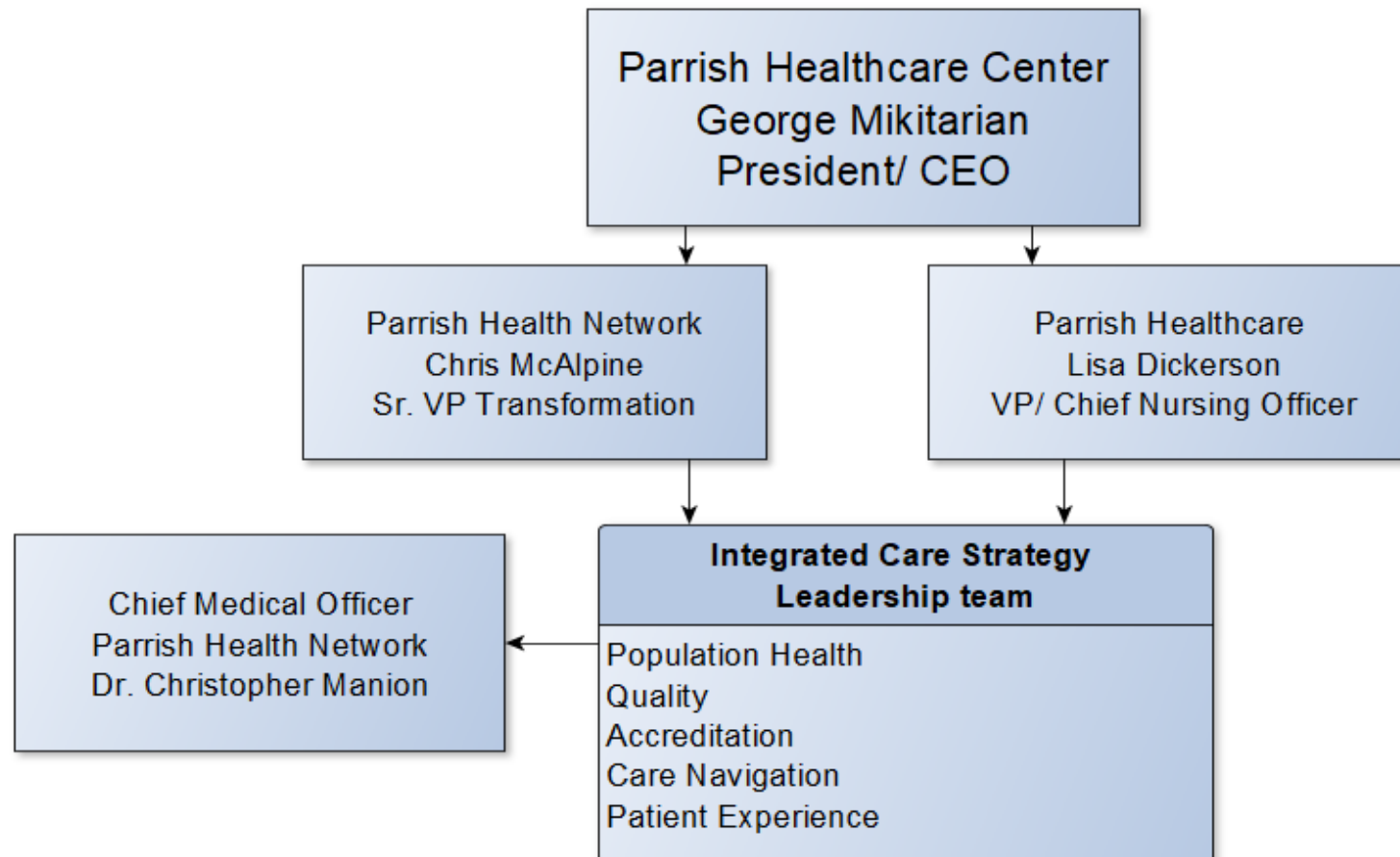
Integrated Care



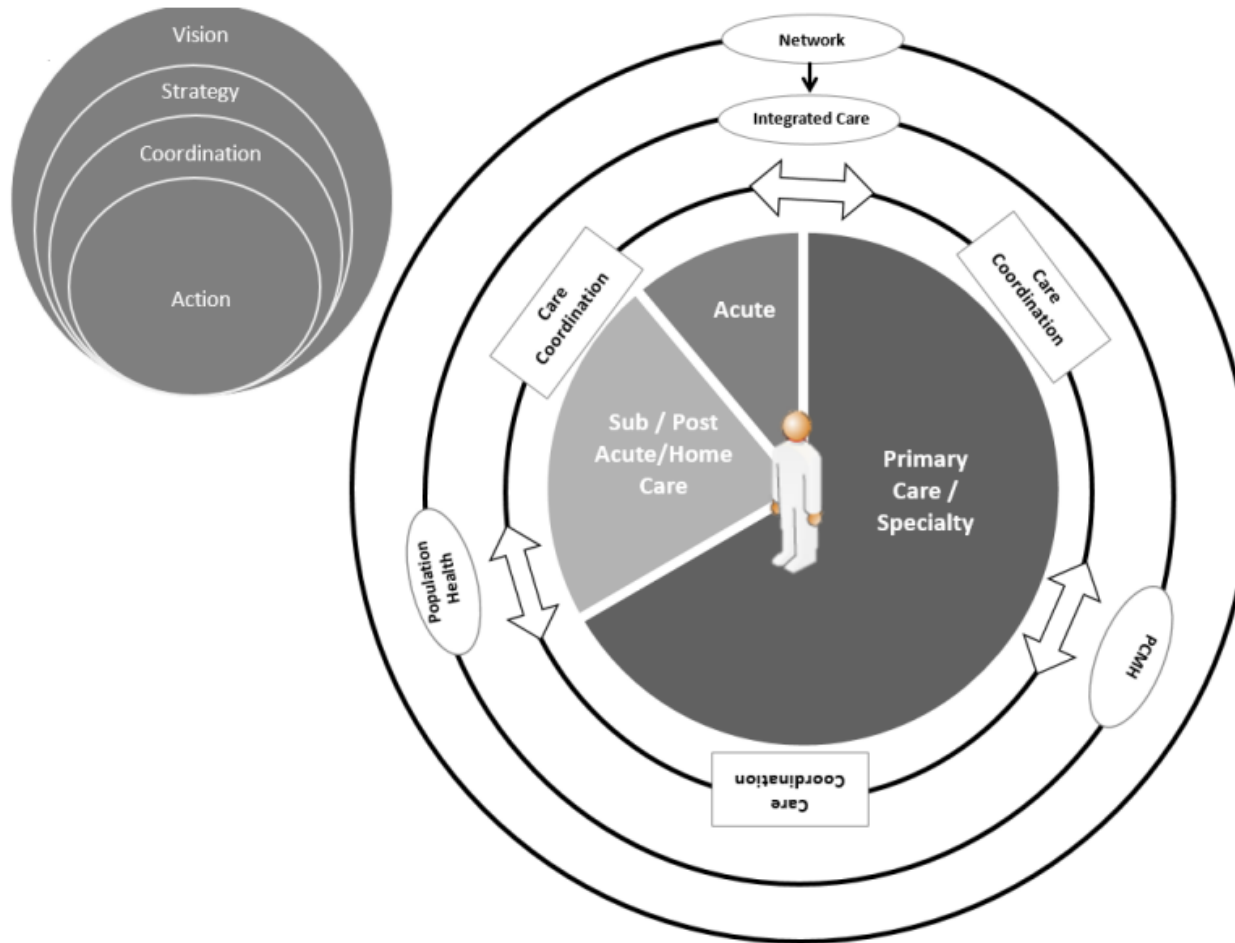
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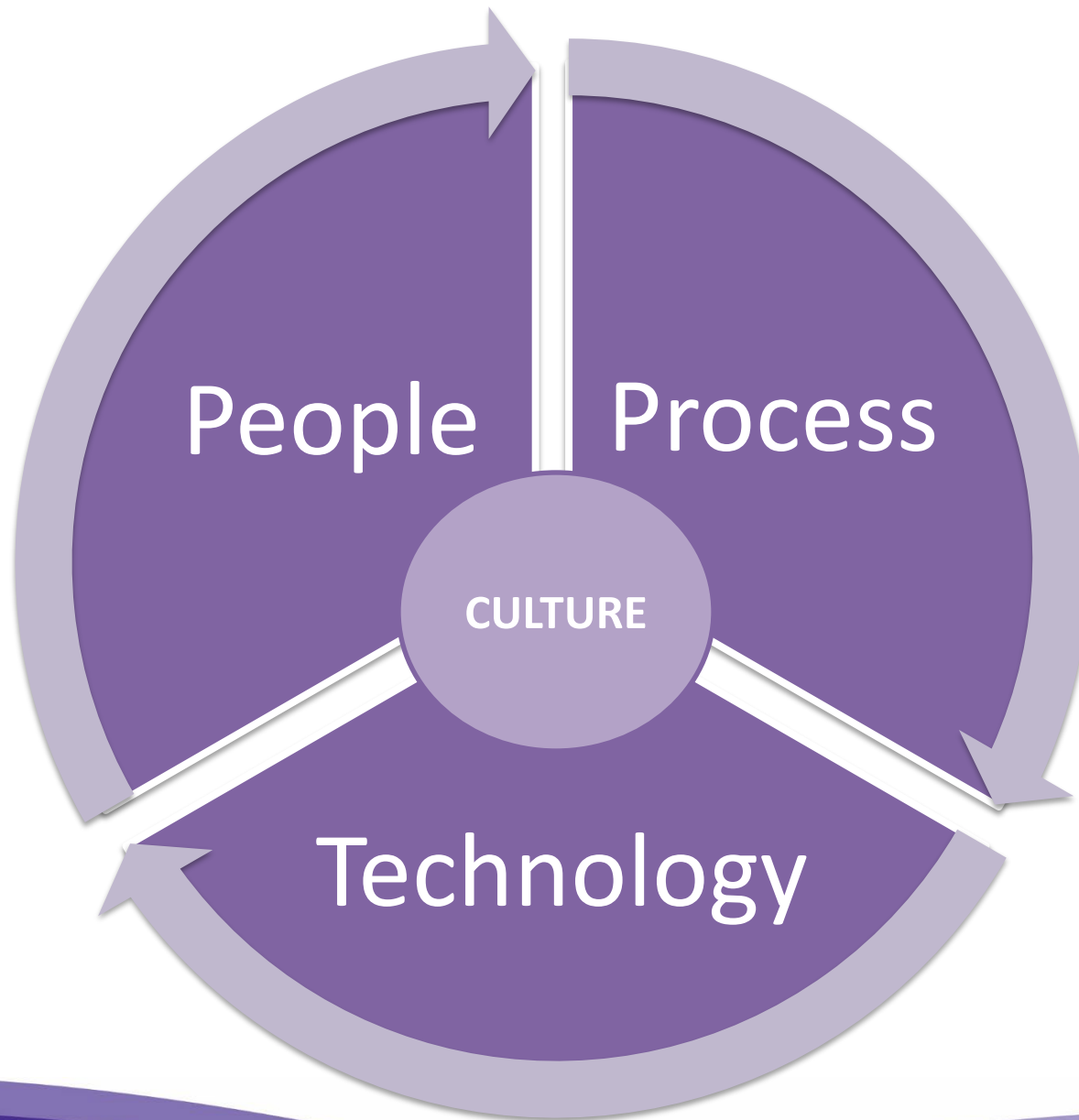
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Program leaders



Care Integration Model

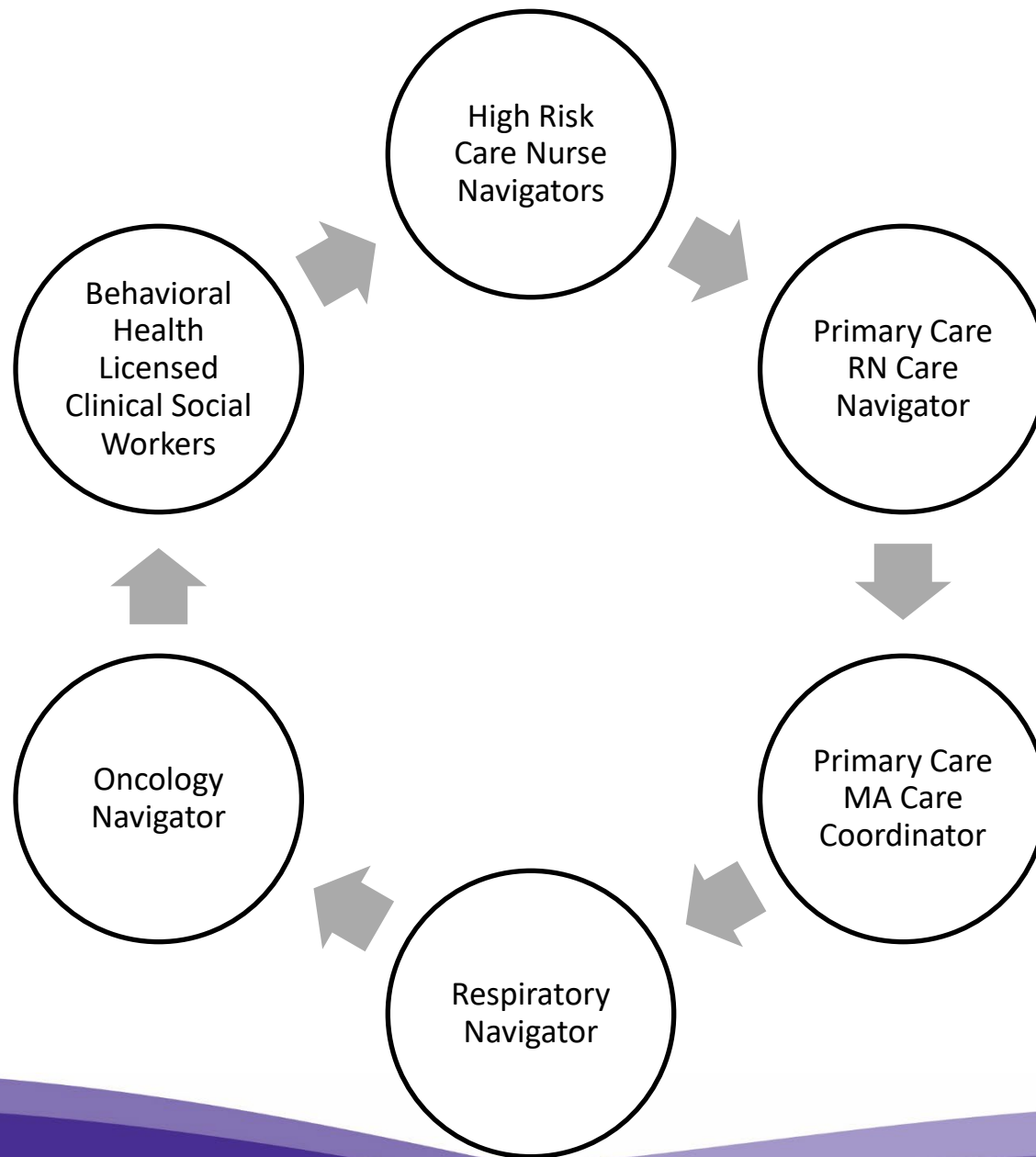




Care Navigation Program








Goals: *Through collaboration with our care partners, we will engage our patients for a healthier community while delivering an integrated and coordinated, person centered care support through out the entire care continuum*





Community Care Map

Parrish Health Network - COPD: Community Care Plan Right Care, Right Place, Right Time

Virtual	Primary Care	Urgent Care	Emergency Room	Inpatient Discharge	Skilled Nursing Facility	Home Community
						
	Discuss:	Discuss:	Discuss:	Discuss:	Discuss:	Self- Assessment:
	My Story My COPD Action Plan My Self-Management Goal Health Literacy	My Story My COPD Action Plan My Self-Management Goal Health Literacy	My Story My COPD Action Plan My Self-Management Goal Health Literacy	My Story My COPD Action Plan My Self-Management Goal Health Literacy	My Story My COPD Action Plan My Self-Management Goal Health Literacy	My Story My COPD Action Plan My Self-Management Goal Health Literacy

Care coordination collaboration

Biweekly person-centered collaboration

Scope

- Designed to discuss high risk integrated care patients, their care plans, risk of readmissions, goals of care and barriers.

Goal

- Collaboration with the integrated care team to identify opportunities to decrease readmission risk, improve care coordination efforts and resolve barriers between all partners.

Space Coast Health Centers/Brevard 211

Social Determinants of Health (SDOH)

- Safe housing, transportation, and neighborhoods
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Language and literacy skills

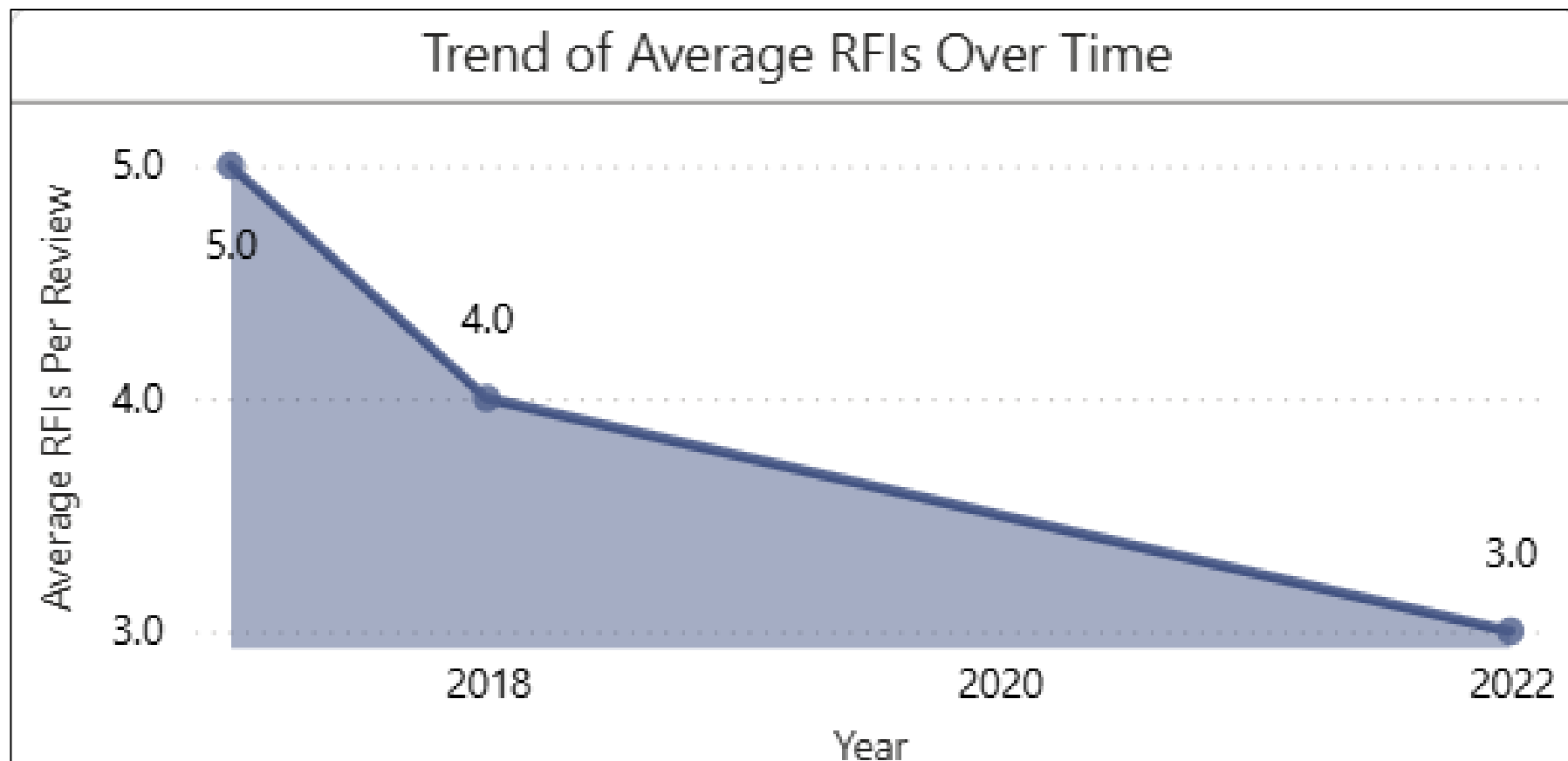
Community Health Partnerships

Intentional focus to meet the needs of our community

Multiple social service agencies

- Four focus groups
 - ✓ Behavioral Health
 - ✓ Chronic Disease prevention and management
 - ✓ Access to Care
 - ✓ Physical activity, weight and nutrition

Survey outcomes



Survey preparedness

Integrated care team engagement through

- Weekly tracer activities
- Biweekly care coordination meetings
- Committee meetings
 - Outcome metrics
 - Performance improvement
 - Standards compliance

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
Maureen Rupe
Dan Aton
Christopher Manion, M.D.
Aluino Ochoa, M.D., President/Medical Staff
George Mikitarian, President/CEO (non-voting)

**FINANCE COMMITTEE MEETING
NORTH BREVARD COUNTY HOSPITAL DISTRICT OPERATING
PARRISH MEDICAL CENTER
MONDAY, OCTOBER 6, 2025
FIRST FLOOR CONFERENCE ROOMS 2/3/4/5**

CALL TO ORDER

I. Approval of minutes.

Motion: To recommend approval of the August 4, 2025 meeting.

II. Public Comments

III. Financial Review – Mr. Moehring

IV. Quarterly Investment Performance Update – Anderson Financial Partners

V. FY 2026 Capital Budget – Mr. Moehring

Motion: Recommend the Board of Directors approve the FY 2026 Capital Budget in the amount of \$9,250,000.

VI. 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.

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**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 August 4, 2025, in Conference Room 2/3/4/5, First Floor. The following members, representing a quorum, were present:

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

Member(s) Absent:
Maureen Rupe (excused)

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

CALL TO ORDER

Mr. Cole called the meeting to order at 12:58 p.m.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: MOTION APPROVING THE MAY 5, 2025, AND JUNE 2, 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 June financial statements of the North Brevard County Hospital District and the year-to-date financial performance of the Health System. Mr. Moehring answered questions and received comments from the members of the committee.

CAPITAL REQUEST STRIKER BED BUYOUT

Mr. Moehring summarized the memo contained in the agenda packet related to the 2025 capital buyout of 150 patient beds and 12 surfaces. Discussion ensued and the following motion was made by Mr. Jordan seconded by Mr. Aton and approved (7 ayes, 0 nays, 0 abstentions.)

ACTION TAKEN: MOTION APPROVING THE BUY OUT OF THE PATIENT BEDS (150) AND BED SURFACE (12) AT A TOTAL COST NOT TO EXCEED THE AMOUNT OF \$322,829.

PUBLIC HEARING DATES

Mr. Cole noted this item was for information only and no action was required.

ADJOURNMENT

There being no further business to come before the committee, the Finance Committee meeting adjourned at 1:25 p.m.

Herman A. Cole, Jr.,
Chairman

MEMORANDUM

To: Finance Committee

From: Michael W. Moehring, CFO

Subject: FY 2026 Capital Budget

Date: October 6, 2025

For the FY 2026 Capital Budget, I request the Board's approval to reserve \$9,250,000 in the general contingency funds for IT, Strategic and Maintenance Capital.

All capital requisitions will be reviewed and approved by the Executive Management Committee (EMC). All Strategic capital requests will include a needs assessment and business case. All maintenance capital requests will be reviewed and approved on an individual needs assessment.

All requests greater than \$150,000 will be brought before the Board for approval, in accordance with Policy No. 9500-2.

I recommend the approval of \$9,250,000 for general contingency capital funds.

<p><i>Motion: Recommend the Board of Directors approve the FY 2026 Capital Budget in the amount of \$9,250,000.</i></p>
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Should you have any questions or need additional information, please do not hesitate to contact me at Michael.Moehring@Parrishmed.com or (321) 268-6106. Thank you for your attention in this matter.



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Finance Committee

FYTD August 31, 2025 – Performance Dashboard

Indicator	FYTD 2025 Actual	FYTD 2025 Budget	FYTD 2024 Actual
ED Visits	29,323	28,233	27,916
IP Admissions	4,468	4,090	4,074
Surgical Cases	5,160	5,711	4,954
LOS	5.3	5.0	5.7
OP Volumes	83,944	82,603	77,922
Hospital Margin %	12.22%	12.01%	8.45%
Investment Income \$	\$3.2 Million	\$1.4 Million	\$5.8 Million

EXECUTIVE COMMITTEE

Stan Retz, CPA, Chairman

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

Herman A. Cole, Jr.

Elizabeth Galfo, M.D.

Maureen Rupe

George Mikitarian, President/CEO (non-voting)

DRAFT AGENDA EXECUTIVE COMMITTEE NORTH BREVARD COUNTY HOSPITAL DISTRICT OPERATING PARRISH MEDICAL CENTER MONDAY, OCTOBER 6, 2025 FIRST FLOOR, CONFERENCE ROOM 2/3/4/5 IMMEDIATELY FOLLOWING FINANCE COMMITTEE

CALL TO ORDER

I. Approval of Minutes

Motion to approve the minutes of the August 4, 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.

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**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 August 4, 2025, in Conference Room 2/3/4/5, First Floor. The following members were present:

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

Members Absent:
Maureen Rupe (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

Mr. Tom Abbate introduced himself as Titusville's new City Manager. Mr. Abbate was previously Titusville's Assistant City Manager for 20 years. Mr. Jordan welcomed Mr. Abbate and shared that he looks forward to seeing what he brings to his new role. The Executive Committee recessed at 12:58 p.m.

The Executive Committee reconvened at 2:20 p.m. to continue its agenda.

Mayor Connors was present and requested to address the Board. Mayor Connors shared that he is in attendance today to support PMC and to share recent events going on in Titusville. Mayor Connors noted the Mayor's Ball will take place on December 6th at the Valiant Air Command Event Center.

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 MAY 5, 2025, AND JUNE 2, 2025 MINUTES OF THE EXECUTIVE COMMITTEE, AS PRESENTED.

READING OF THE HUDDLE

Dr. Galfo presented the Weekly Huddle.

ATTORNEY REPORT

Ms. Ramos distributed a summary of the 2025 Healthcare Bills & Laws. She also discussed a recent Supreme Court case regarding public officials and social media.

ONCOLOGY CENTER

Mr. Quinn summarized the resolution approving the Oncology Center Transactions, noting that closing will be held Friday August 8, 2025. 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 ADOPT THE RESOLUTIONS OF THE BOARD OF DIRECTORS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT DBA PARRISH MEDICAL CENTER APPROVING THE TRANSACTIONS DESCRIBED BELOW:

- 1. THE SALE OF THE MEDICAL OFFICE PROPERTY LOCATED AT 490 NORTH WASHINGTON AVENUE AND THE ADJACENT VACANT LOT ON NORTH DELEON AVENUE TO SAMSARA PROPERTY, LLC FOR \$8,900,000, AS SET FORTH IN THE REAL ESTATE SALE AND PURCHASE AGREEMENT.**
- 2. THE LEASE OF THE MEDICAL OFFICE PROPERTY PURSUANT TO THE TERMS OUTLINED IN THE LEASE AGREEMENT, BY AND BETWEEN SAMSARA PROPERTY, LLC, AS LANDLORD, AND THE NORTH BREVARD COUNTY HOSPITAL DISTRICT DBA PARRISH MEDICAL CENTER, AS TENANT, AND RELATED MEMORANDUM OF LEASE.**
- 3. THE FORMATION OF PRO ONCOLOGY, LLC AND PARRISH RADIATION ONCOLOGY, LLC.**
- 4. THE EXECUTION OF A SUBLEASE FOR SPACE WITHIN THE MEDICAL OFFICE PROPERTY TO PARRISH RADIATION ONCOLOGY, LLC.**
- 5. THE MANAGEMENT SERVICES AGREEMENT RELATED TO THE MEDICAL OFFICE BUILDING.**

6. THE RECRUITING AGREEMENT AS A FORM DOCUMENT TO BE USED TO RECRUIT QUALIFIED RADIATION ONCOLOGISTS TO PROVIDE SERVICES AT THE CENTER WITH APPROPRIATE AMOUNTS OF FUNDING TO RECRUIT SAID PHYSICIANS.

THE BOARD AUTHORIZES AND DIRECTS THE APPROPRIATE OFFICERS OF THE DISTRICT TO TAKE ALL ACTIONS NECESSARY TO FINALIZE, EXECUTE, AND IMPLEMENT THE PURCHASE AGREEMENT, LEASE AGREEMENT, THE SUBLEASE, ORGANIZATIONAL DOCUMENTS TO FORM PARRISH RADIATION ONCOLOGY, LLC, THE MANAGEMENT SERVICES AGREEMENT, THE RECRUITING AGREEMENT, AND ALL RELATED DOCUMENTS, AND TO TAKE SUCH FURTHER ACTIONS AS MAY BE REQUIRED TO COMPLETE THESE CONTEMPLATED TRANSACTIONS IN ACCORDANCE WITH DISTRICT POLICIES AND PROCEDURES.

OTHER

There was no other business to come before the committee.

ADJOURNMENT

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

Stan Retz, CPA
Chairman

EDUCATION COMMITTEE

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

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE
MONDAY, OCTOBER 6, 2025
IMMEDIATELY FOLLOWING EXECUTIVE SESSION
FIRST FLOOR CONFERENCE ROOM 2/3/4/5**

CALL TO ORDER

- I. Review and Approval of Minutes

Motion to approve the minutes of the August 4, 2025 meeting.

- II. Board Self-Assessment – Mr. Lifton
III. Executive Session (if necessary)

ADJOURNMENT

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

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

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

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

A regular meeting of the Educational, Governmental and Community Relations Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on August 4, 2025, at 1:26 p.m. in Conference Room 2/3/4/5, First Floor. The following members were present:

Billie Fitzgerald, Chairperson
Robert L. Jordan, Jr., C.M.
Stan Retz, CPA
Herman A. Cole, Jr.
Billy Specht
Dan Aton
Ashok, Shah, M.D. (1:48 p.m.)
Elizabeth Galfo, M.D.
Aluino Ochoa, M.D.
George Mikitarian (non-voting)

Member(s) Absent:
Maureen Rupe, Vice Chairperson (excused)

CALL TO ORDER

Ms. Fitzgerald called the meeting to order at 1:26 p.m.

REVIEW AND APPROVAL OF MINUTES

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

ACTION TAKEN: MOTION APPROVING THE MINUTES OF THE MAY 5, 2025, AND JUNE 2, 2025 EDUCATION COMMITTEE MEETINGS, AS PRESENTED.

2025 COMMUNITY HEALTH NEEDS ASSESSMENT

Ms. Sellers introduced Mr. Bruce Lockwood with PRC to present the 2025 Community Health Needs Assessment. Mr. Lockwood answered questions and received comments from the committee members. Copies of the Power Point slides presented by Mr. Lockwood are appended to the file copy of these minutes. Discussion ensued and the following motion was made by Dr. Galfo seconded by Mr. Cole, and approved (9 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION APPROVING THE 2025 COMMUNITY HEALTH NEEDS ASSESSMENT, AS PRESENTED.

OTHER

No other items were presented for consideration by the committee.

ADJOURNMENT

There being no further business to come before the committee, the Educational, Governmental and Community Relations Committee meeting adjourned at 1:58 p.m.

Billie Fitzgerald,
Chairperson



Board Self-Assessment Introduction and Overview

October 6, 2025

Context for the Self-Assessment

- Specified in PMC bylaws; every odd year
- Element of good governance
- Consider if/how governance might be improved
- Prior assessments facilitated by Lifton Associates

Overview of the Process

- Questionnaire
 - Updated since 2023 self-assessment
 - Please return by October 7
- Individual interviews
- Review of bylaws, minutes
- Compare to prior assessments, peer hospitals
- Results at November 3 meeting
 - Discussion; follow-up, if necessary

Interview Format

- Review comments from previous interviews
 - Clarification
 - Current observations
- Changes in professional status, board role
- Discuss open-ended questions
 - Challenges facing PMC
 - Opportunities to explore
- Additional thoughts about PMC governance

James Lifton, LFACHE
Lifton Associates, LLC
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**DRAFT AGENDA
BOARD OF DIRECTORS MEETING - REGULAR MEETING
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
OCTOBER 6, 2025
NO EARLIER THAN 2:00 P.M.,
FOLLOWING THE LAST COMMITTEE MEETING
FIRST FLOOR, CONFERENCE ROOM 2/3/4/5**

CALL TO ORDER

- I. Pledge of Allegiance
- II. PMC's Vision – *Healing Families – Healing Communities*
- III. Approval of Agenda
- IV. Recognitions(s)
- V. Review and Approval of Minutes (August 4, 2025 Regular Meeting)
- VI. Open Forum for PMC Physicians
- VII. Public Input and Comments***¹
- VIII. Unfinished Business***
- IX. New Business***
 - A. **Motion to Recommend the Board of Directors approve to retire Policy 9500-49, Acquisition or Construction of Major Medical Facilities and/or Equipment, as presented.**
 - B. **Motion to Recommend the Board of Directors approve to retire Policy 9500-25, Construction Project Change Orders, as presented.**
 - C. **Motion to Recommend the Board of Directors approve to retire Policy 9500-5004, Pension Investment Guidelines, as presented.**
 - D. **Motion to Recommend the Board of Directors approve to retire Policy 9500-5004 *Duplicate Policy*, Pension Investment Guidelines, as presented.**
 - E. **Motion to recommend the Board of Directors approve the Inspection and Reproduction of Public Records policy, as presented.**

F. Motion to recommend the Board of Directors approve the Responsibility Matrix policy, as presented.

G. Motion to recommend the Board of Directors approve the Primary Stroke Center Program policy, as presented.

X. Medical Staff Report Recommendations/Announcements

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

XII. Consent Agenda***

A. Finance Committee

Motion to recommend to the Board of Directors approve the FY 2026 Capital Budget in the amount of \$9,250,000.

***¹ Pursuant to PMC Policy 9500-154:

- non-agenda items – 3 minutes per citizen
- agenda items for board action -- 3 minutes per citizen, permitted prior to board discussion for regular agenda action items and prior to board action on consent agenda
- 10 minute total per citizen
- must be related to the responsibility and authority of the board or directly to an agenda item [see items marked ***]

XIII. Committee Reports

A. Quality Committee

B. Finance Committee

C. Executive Committee

D. Educational, Governmental and Community Relations Committee

E. Planning, Physical Facilities & Properties Committee

XIV. Process and Quality Report – Mr. Mikitarian

A. Other Related Management Issues/Information

B. Hospital Attorney - Mr. Boyles

XV. Other

A. Monthly Media Report (memo included)

XVI. Closing Remarks – Chairman

BOARD OF DIRECTORS MEETING
OCTOBER 6, 2025
PAGE 3

XVII. Executive Session (if necessary)

ADJOURNMENT

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

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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 3:10 p.m. on August 4, 2025 in Conference Room 2/3/4/5, First Floor. The following members were present:

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

Member(s) Absent:
Maureen Rupe(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 3:10 p.m. and determined a quorum was present per Article 1.1.4 of the District Bylaws.

PLEDGE OF ALLEGIANCE

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

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

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

APPROVAL OF MEETING AGENDA

Mr. Jordan requested approval of the meeting agenda in the packet as revised. Discussion ensued and the following motion was made by Mr. Cole, seconded by Dr. Galfo, and approved (8 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 Dr. Shah, and approved (8 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION APPROVING THE MINUTES OF THE MAY 5, 2025 AND JUNE 2, 2025 REGULAR MEETING OF THE BOARD OF DIRECTORS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT DBA PARRISH MEDICAL CENTER, AS PRESENTED.

OPEN FORUM FOR PMC PHYSICIANS

There were no physician comments.

PUBLIC COMMENTS

There were no public comments.

UNFINISHED BUSINESS

There was no unfinished business.

NEW BUSINESS

There was no new business.

MEDICAL STAFF REPORT RECOMMENDATIONS/ANNOUNCEMENTS

There were no recommendations or announcements.

CONSENT AGENDA

Discussion ensued regarding the consent agenda, and the following motion was made by Dr. Galfo, seconded by Mr. Cole, and approved (8 ayes, 0 nays, 0 abstentions).

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

Consent Agenda

A. Finance Committee

Motion to recommend to the Board of Directors to approve the buyout of the Patient Beds (150) and bed surfaces (12) at a total cost not to exceed the amount of \$322,829.

B. Education Committee

Motion to recommend the Board of Directors approve the Community Health Needs Assessment, as presented.

C. Executive Committee

Motion to recommend the Board of Directors adopt the resolutions of the Board of Directors of the North Brevard County Hospital District dba Parrish Medical Center approving the transactions described below:

1. The sale of the Medical Office Property located at 490 North Washington Avenue and the adjacent vacant lot on North DeLeon Avenue to Samsara Property, LLC for \$8,900,000, as set forth in the Real Estate Sale and Purchase Agreement.

2. The lease of the Medical Office Property pursuant to the terms outlined in the Lease Agreement, by and between Samsara Property, LLC, as landlord, and the North Brevard County Hospital District dba Parrish Medical Center, as tenant, and related Memorandum of Lease.

3. The formation of PRO Oncology, LLC and Parrish Radiation Oncology, LLC.

4. The execution of a Sublease for space within the Medical Office Property to Parrish Radiation Oncology, LLC.

5. The Management Services Agreement related to the Medical Office Building.

6. The Recruiting Agreement as a form document to be used to recruit qualified Radiation Oncologists to provide services at the Center with appropriate amounts of funding to recruit said physicians.

The Board authorizes and directs the appropriate officers of the District to take all actions necessary to finalize, execute, and implement the Purchase Agreement, Lease Agreement, the Sublease, Organizational Documents to form Parrish Radiation Oncology, LLC, the Management Services Agreement, the Recruiting

Agreement, and all related documents, and to take such further actions as may be required to complete these contemplated transactions in accordance with District policies and procedures.

COMMITTEE REPORTS

Quality Committee

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

Finance Committee

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

Executive Committee

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

Educational, Governmental and Community Relations Committee

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

Planning, Physical Facilities and Properties Committee

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

Process And Quality Report

Mr. Mikitarian recognized Ms. Annabell Prigge and Mr. Matthew Graybill and team for spearheading the relocations from Titus Landing to the other offsite facilities.

Hospital Attorney

Legal counsel had no further report.

OTHER

Mr. Morak shared that the Jess Parrish Medical Foundation Benefit Gala will be held on October 18, 2025 at the Valiant Air Command Event Hangar.

CLOSING REMARKS

Mr. Jordan recognized Mr. Mikitarian for again being named among Becker's Hospital Review top community hospital Presidents and CEOs.

BOARD OF DIRECTORS

AUGUST 4, 2025

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ADJOURNMENT

There being no further business to discuss, the Parrish Medical Center Board of Directors meeting adjourned at 3:25 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
September 16, 2025**

Present: Dr. Ochoa, Dr. K. Patel, Dr. Rajan, Dr. Navas, Dr. R. Patel, Dr. Musto, G. Mikitarian, C. McAlpine, H. Cole

Absent: C. Fernandez, MD, P. Carmona, MD, L. Stuart, MD, C. Jacobs, MD, C. Manion, MD

A meeting of the Medical Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was called to order on September 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 6:30pm.

I. REVIEW AND APPROVAL OF MINUTES

Motion to approve the Regular Session minutes of August 19, 2025 as written and distributed *was made by M. Navas, MD, seconded by K. Patel, MD, and unanimously approved.*

2. Old Business: None

3. New Business:

CONSENT AGENDA - STANDING ORDERS

- Oxytocin Challenge Test (E341) - Request to Retire.
- Preop Anesthesia (E1173) - Triennial Review.
- Labor Epidural Analgesia (E672ab) - Triennial Review.
- No Titrate Heparin Drip (E3619) - Triennial Review.
- Cerebral Spinal Fluid Standing Orders (E268) - Total update. Review as if new.
- COPD - Adult (E660ad) - Total update. Review as if new.
- PACU Age 13 & Up (E95) - Total update. Review as if new.
- Priapism (E3635) - Total update. Review as if new.

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

Policies for Review:

Cardiac Stress test Performing Interpretation

Reviewed, BTM, MD. ACC guidelines discourage Internists from reading, x50/2 yrs not upheld. **Further edits include removal of**, Board-Certified internists who currently hold privileges to perform and interpret treadmill tests at PMC, as of this policy as of June 1, 2008, will be grandfathered in. The ACC/AHA Guidelines recommend performing fifty per year averaged over two years treadmill tests per year to maintain competence. **ADDED:** RN Directed Stress Coordinator may oversee Cardiac Stress Testing as per Procedure #464.23.

Organ, Tissue and Eye Donation

No edits, brought to current formatting standards

Donation after Circulatory Determination of Death

No edits, brought to current formatting standards

**MOTION TO APPROVE THE POLICIES AS OUTLINED ABOVE WAS
MADE BY DR. MUSTO, SECONDED BY DR. RAJAN AND UNANIMOUSLY
APPROVED.**

Report from Administration: The contract with Aetna has been resolved favorably. There will be some disruption until Aetna can reload the Parrish Health Network.

Report from the Board: None

Reports & Committees: None

Open Forum: None

**There being no further business the meeting adjourned at
6:45Ppm. Next meeting, October 21, 2025.**

Aluino Ochoa, MD
President, Medical Staff

Christopher Manion, MD
Secretary/Treasurer, Medical Staff



Origination 10/1986
 Last Approved 12/2008
 Effective 12/2008
 Last Revised 03/2003
 Next Review 12/2011

Initiator Alan Riley:
 Director, Facilities
 Areas Administration
 Applicability Parrish Medical
 Center
 Tags 9500

Acquisition or Construction of Major Medical Facilities and/ or Equipment, 9500-49

I. POLICY STATEMENT

In order to ensure that the undertaking of an acquisition or construction of major medical facilities and/or equipment are done in the most advantageous and safe manner possible, both economically and otherwise, the board of Directors will require that Administration and/or legal counsel to:

II. PROCEDURES

1. Document that the requirement of State Law, regarding the acquisition of a Certificate of Need, have been complied with.
2. Obtain independent appraisals or other independent evidence as to the fair market value of property prior to making property acquisitions, if applicable.
3. Document that the undertaking was done in the most economically advantageous and safe manner possible, as well as in the best interest of the hospital patients and employees.

All Revision Dates

03/2003, 06/1999

Approval Signatures

Step Description

Approver

Date

Applicability

Parrish Medical Center

COPY



Origination 01/1982
Last 12/2018
Approved
Effective 12/2018
Last Revised 01/2013
Next Review 12/2021

Initiator Alan Riley:
Director, Facilities
Areas Administration
Applicability Parrish
Healthcare
System-Wide
Tags 9500

Construction Project Change Orders, 9500-25

REPLACES POLICY #: n/a

I. POLICY

- A. The President/CEO is authorized to approve change orders in the amount of twenty-five thousand dollars (\$25,000) or less.
- B. The President/CEO, with the consent of the Chairperson of the Planning, Physical Facilities and Properties Committee, or in his/her absence the Vice Chairperson of the Planning, Physical Facilities and Properties Committee, is authorized to approve all change orders up to \$100,000.
- C. All construction project change orders over the amount of \$100,000 must have prior Board approval, unless an "emergency situation" exists.
- D. The President/CEO and the Chairperson of the Planning, Physical Facilities and Properties Committee, or in his/her absence the Vice Chairperson of the Planning, Physical Facilities and Properties Committee, are authorized to jointly approve construction project change orders if they agree and an "emergency situation" exists.
- E. Deductive change orders to a construction contract, resulting from the Owner's direct purchase of construction materials, are not included in the above authorization limits, and may be signed by the President/CEO.
- F. Construction project change orders will be reported to the full Board on a routine basis.

All Revision Dates

01/2013, 12/2008, 03/2001, 06/1999, 10/1995

Approval Signatures

Step Description	Approver	Date
BOD	Herman Cole: Chairman, Board of Directors [SP]	12/2018
President/CEO	George Mikitarian: President/CEO [AJ]	11/2018
EMC	Edwin Loftin: SR Vice President/CNO	11/2018
Compliance	Corporate Compliance [NV]	11/2018
Executive Management	Edwin Loftin: SR Vice President/CNO	11/2018
	Paul Celia: Director of Facilities	11/2018

Applicability

North Brevard Medical Support, Parrish Medical Center



Origination 01/2001
 Last Approved 12/2018
 Effective 12/2018
 Last Revised 12/2018
 Next Review 12/2019

Initiator **Michael Moehring: Chief Financial Officer**
 Areas **Finance**
 Applicability **Parrish Medical Center**
 Tags **9500**

Pension Investment Guidelines, 9500-5004

I. POLICY STATEMENT

- A. The Pension Administrative Committee (the "Committee") and the North Brevard County Hospital District (the "District") maintain that an important determinant of future investment returns is the expression and periodic review of investment objectives. To that end, the Committee and the District have adopted this statement of Investment Policy.
- B. In fulfilling its fiduciary responsibility, the Committee and the District recognizes that the North Brevard County Hospital District, a Special Tax District operating Parrish Medical Center Pension and Trust Agreement (the "Plan") is an essential vehicle for providing income benefits to retired participants or their beneficiaries. The Committee and the District also recognizes that the obligations of the investment fund for the Plan are long-term and that the investment policy should be made with a view toward performance and return over a number of years.
- C. The Committee recognizes that the general investment objective is to maximize return consistent with risks incumbent in each investment. The Committee shall achieve the general investment objective of the Plan commensurate with applicable statutes or requirements. The Committee and the District further acknowledge that Section [112.661](#) of the Florida Statutes shall supersede any conflicting provisions of law guiding Plan investments. Objectives, in order of importance are: Principal and Safety, Liquidity and Return on Investment.
- D. In order to achieve a rate of return commensurate with the standards stated in this investment policy, the Committee shall identify performance standards, investment guidelines and limits necessary to guarantee compliance with the Committee's standards by all named fiduciaries.
- E. In addition to policies and objectives outlined herein, Hospital management may also employ strategies outlined and approved by the District's board of directors (the "Board of Directors") from time to time.

II. RESPONSIBILITIES/DECISION MAKING

AUTHORITY

- A. The investment policy statement and periodic transactions shall be reviewed by the Committee on a regular basis to make certain that the investment activities bear a relationship to a broader risk management strategy of the Plan. On a reasonable basis, the Committee and/or its designee, the Chief Financial Officer, and in their absence, the Vice President Finance, will be responsible for formulating individual investment strategies, monitoring investment performance, establishing maximum tolerable loss limits, and making recommendations for policy changes to the Committee.
- B. The Committee and/or its designee, the Chief Financial Officer and/or the Vice President Finance shall also assure that adequate records and reports of transactions and commitments for future transactions be maintained.
- C. To carry out their duties the Committee and/or its designee, the Chief Financial Officer and/or the Vice President Finance are empowered to execute securities purchases and sales, direct delivery of investments into and out of safekeeping, cause securities to be re-registered in the name of the Plan, designate Committee-approved Investment Managers to execute trades within the restrictions of this policy, and authorize wire transfer of funds for settlement of purchases, consistent with the limitations set forth in this policy.
- D. Unless prohibited by law, from time to time, investments may be made which are not specifically authorized providing they are deemed to be in the best interest of the Plan and the recommendation is jointly made by the Committee and Chief Executive Officer. Prudence should be exercised when making investment decisions. The investment industry standard known as the "Prudent Person Rule" shall be followed to insure investment decisions are made in the Plan's best interest. This rule states that investments should be made with judgment and care, under circumstances then prevailing, which persons of prudence, discretion, and intelligence exercise in the management of their own affairs, not for speculation but for investment considering the probable safety of their capital, as well as the probable income to be derived from the investment. Once such investment is made, formal notification shall be set forth in the minutes of the next Committee meeting.

III. RECORD KEEPING/REPORTING

The Committee and/or his designee, the Chief Financial Officer must keep timely and accurate records of all portfolio activities. The following records must also be maintained and made available upon request from the Investment Managers:

- A. Securities register that details all the transactions to include description of the security, the cost, maturity, par value, date of issue, date of purchase, coupon rate, registered status, interest payment dates, effective rate of return, safekeeping location, amortization or accrual of premiums or discounts, if any, and final disposition.
- B. A ledger for the monthly balance, premium, discount, accrued interest receivable, interest income, and gains or losses on the investment portfolio by investment account number. It shall be the responsibility of the Vice President Finance to reconcile all general ledger accounts to the individual investment account records as of each month-end to ensure the accounts are in balance.

- C. A monthly investment report shall be issued by the Investment Managers to the Committee and/or his designee, the Chief Financial Officer, which at a minimum sets forth the following information:
1. For each account (by class or type):
 - a. the par value
 - b. total cost value (book value)
 - c. weighted yield based on cost
 - d. total market value, weighted market yield, aggregate unrealized gain or loss from book, and income earned (all as of the report date)
 2. For the total portfolio:
 - a. the beginning cost and market value
 - b. the ending cost and market value
 - c. net contributions to the account
 - d. net withdrawals from the account
 - e. net cash flow to the account and income earned by the account (if different)
 - f. total return for the account on a cost and market value basis for the month and the previous 11 months
 - g. trailing quarter return on a cost and market value basis
 - h. fiscal year to day return on a cost and market value basis
 - i. trailing one year return on a cost and market value basis
 3. Also provided shall be a short narrative of the investment portfolio prospectus including strategies used by the Investment Manager and commentary on current market conditions affecting the portfolio's performance.
 4. The Committee or Chief Financial Officer shall provide this information, or summaries thereof, to the Board on a quarterly or semi-annual basis; unless an issue arises that requires the Board's attention sooner.
- D. Along with performance, security and market information, a trading summary should be provided to the Committee each quarter from each Investment Manager. The trading summary should outline the overall trading strategies employed by the Investment Manager given the market conditions and why the portfolio is structured the way it is at that time. Information should include discussion of trades executed in the portfolio for the period under review and why they were executed at that time.

IV. PORTFOLIO COMPOSITION

The Plan's investment portfolio shall exclusively consist of investments permitted by [Section 112.661\(5\), Florida Statutes](#), as amended or relevant future statutes. This portfolio shall be maintained with a level of liquidity at least equal to 30 days of cash expenses, and in addition, at least 10% of fixed income

investments will have maturities of one year or less.

Total Pension Funds Asset Mix – The Plan’s assets shall be invested with specialist managers with a target ultimate allocation of 30% fixed income, 60% equities and 10% alternatives. The Target Asset Allocation shall be as follows:

	Target Asset Allocation*		
	Target	Maximum	
Asset Class	Weight	Weight	Market Index
Fixed Income			
Short Dur Gov't/Corp	0%	50%	ML Domestic Mstr 1-3 yr
Inter. Dur Gov't/Corp	30%	50%	Barclays Gov/Cred Intrm
Long Dur Gov't/Corp	0%	50%	Barclays US Long Credit A
Total	30%	n/a	
Equities/Alternatives			
Large Cap Growth	17.5%	60%	Russell 1000 Growth
Large Cap Value	17.5%	60%	Russell 1000 Value
Mid Cap Core	10%	60%	Russell Mid Cap
Small Cap Core	10%	60%	Russell 2000
International	5%	60%	MSCI EAFE
Total	60%	n/a	
Alternatives	10%	12%**	TBD – Area Specific

*While the “Target Asset Allocation” is meant to be a guide for the deployment of assets, the Committee shall, on a continuous basis, evaluate whether the Allocation continues to most likely accomplish the Objectives for the portfolio as discussed above.

**As later discussed in the section titled “Alternatives” below, the growth of the target weighting shall be limited to 12%.

V. ALTERNATIVES

The Committee may authorize an allocation of this portfolio to an asset class known as Alternative Investments. Alternative Investments involve investing in non-traditional asset classes and in traditional asset classes structured in a non-traditional manner. Managers of such investments are expected to use their specific investment skills to generate long-term equity-like returns that are not highly correlated to traditional asset classes. Alternative Investment strategies, such as long vs. short, tactical asset allocation, distress securities, managed futures, commodities, and arbitrage strategies may be used in the portfolios to enhance investment returns, reduce volatility of portfolios and increase overall portfolio

diversification.

Furthermore, Alternative Investments may also include Real Estate Investment Trust (REIT) Manager(s), Real Estate Limited Partnerships and Hedge Fund of Fund managers, in which case the underlying investments will be assessed to confirm compliance with applicable law, and any additional expenses required by these investments, such as management fees and unrelated business taxable income shall be included in assessing whether an investment's costs are reasonable, as required by [Florida Statutes Section 215.47\(2\)\(e\)](#). Hedge Fund of Fund managers shall exhibit the following characteristics:

- A. Fund of Fund Hedge Funds will be held in the forms of professionally managed pooled limited partnership investments offered by professional investment managers with proven records of superior performance over time.
- B. Fund of Fund Hedge Funds are subject to the same due diligence process as traditional investments, however due to their unique nature, additional criteria are to be considered.
- C. Transparency of the underlying hedge funds and to some degree their individual positions.
- D. Liquidity terms of the fund of funds may include lock-up periods and frequency of withdrawals
- E. No significant degree of leverage utilized at the limited partnership level.
- F. Financial commitment of the General Partner in the fund.

Each investment in Alternative Investments must be specifically approved by the Committee and such class of investments must never exceed **12%** of the portfolio (10% target investment plus a maximum of 2% deviation as described in the above table). At the time of commitment to a particular Alternative investment manager, the Committee will specifically address investment goals for such an investment. With the advice of the individual or entity that recommends investments or investment managers ("Investment Consultant"), the Committee shall agree to a benchmark against which to evaluate ongoing performance of the Alternative Investments in the overall asset allocation model.

VI. QUALITY - PERMITTED INVESTMENTS

Generally, the managers are expected to invest in readily marketable, high quality stocks, bonds, and cash equivalents. Private placements, restricted stocks, and nominally or closely held public issues for which the market is severely restricted or thinly traded, or any investment, which would jeopardize the tax-exempt status of the District are prohibited.

Additionally, the following quality factors and limitations should be met:

- A. **Fixed Income** – The Pension Fund may be invested in fixed income securities, as deemed prudent, including U.S. Government, agency obligations and corporate bonds. The average quality rating of bonds must be investment grade A or better, as judged by Moody's or S&P rating services. In any case, no more than 10% of the fixed income securities should be below investment grade, as defined by Moody's or S&P. Under no circumstances should the duration of the fixed income portion of the portfolio be longer than 125% of the Barclays Government/Credit Intermediate Index. The Budget and Finance Committee does not want an excessively long fixed income portfolio subject to interest rate risk.
- B. **Equities** – The Committee wishes to hold issues of high quality, marketable securities. Each

equity manager must maintain an overall portfolio quality comparable to the applicable equal weighted Russell or MSCI Index. Equity managers must include a statement regarding their comparable overall portfolio quality within each quarterly report to the Committee.

- C. Prohibited Investments – In addition to the preceding general quality guidelines, the following categories of securities or security transactions are not permissible for investment without the Committee's prior written approval:
1. Short sales.
 2. Non-covered or Non-collateralized Put and Call Options.
 3. Margin purchases or lending or borrowing money.
 4. Letter stocks, private placements, or direct placements.
 5. Restricted stocks, and nominally or closely held public issues for which the market IS severely restricted or thinly traded.
Commodities or futures, or options on futures.
 6. Warrants.
 7. Equity securities of any company which have a record of less than three years continuous operation, including the operation of any predecessor
 8. Foreign equity securities not listed on one of the major U.S. exchanges, including NASDAQ.
 9. Bonds and cash equivalents denominated in foreign currencies or securities of foreign issuers including foreign financial institutions (American Depository Receipts or Canadian Issues denominated in U.S. dollars are allowed).
 10. Volatile derivative or synthetic instruments, specifically Interest Only Strips (IOs), Principal Only Strips (POs), Residuals, Accrual Bonds, Z Bonds, Accretion Bonds, Inverse Floaters, and any other derivative securities or strategies that do not comply with the basic investment objectives of this policy, which emphasizes the preservation of principal consistent with conservative asset growth. Specifically prohibited are securities whose characteristics as implemented by the manager include potentially high price volatility and whose returns are speculative or leveraged (when considered together with liquid/short term securities positions) or whose marketability may be severely limited.
 11. Direct / title holding real estate or mortgage investments.
 12. Securities of the investment manager, the custodian/trustee, their parent, or subsidiaries (excluding Money Market Funds).
 13. Security loans.

VII. DERIVATIVES AND REVERSE REPURCHASE AGREEMENTS

Investments in any derivative products, if specifically authorized by this investment policy within the permitted investments section, may be considered only if the Committee and/or its designee, the Chief Financial Officer has developed sufficient understanding of the derivative products and had the expertise

to manage them. For purposes of this policy, a derivative product is a financial instrument, the value of which depends on, or is derived from, the value of one or more underlying assets or index or asset values. The use of reverse repurchase agreements, if specifically authorized by this investment policy or the Committee, shall be limited to transactions where the proceeds are intended to provide liquidity and for which the Committee and/or its designee, the Chief Financial Officer has sufficient resources and expertise.

VIII. COMPETITIVE PURCHASE OR SALE OF SECURITIES

The Committee will seek to confirm or add into the applicable contracts that it shall be the responsibility of the Investment Manager(s) to obtain competitive bids for the purchase or sale of securities and execute based on best price available in the market. A log of bids obtained shall be maintained by each Investment Manager and made available to the Board and the Committee upon request. In the rare instance when competitive bids are not available for a security being purchased, the Investment Manager shall fully document such condition at the time of the trade and advise the Committee and/or its designee the Chief Financial Officer of actions taken by the Investment Manager to assure best price and best execution in light of the Plan's cash flow needs.

IX. Selection, Review, Watch List and Replacement of Managers

The Committee will establish a process for selecting investment managers for the Pension Funds. The total Portfolio and the individual manager's performance will be measured utilizing returns calculated net of investment management fees as follows:

- A. Total Portfolio – The total return objective for the total Portfolio is to earn at least 50bps per year in excess of the asset weighted blended index return as computed by the investment consultant. The Asset Weighted Blend Index return is comprised of the various market indices in proportion to the actual asset mix.
- B. Individual Asset Manager Performance Review and Evaluation – Individual asset managers are expected to not only outperform their passive alternative, but also their style peer group. Underperforming managers will be placed on a watch list and eventually replaced based on the following timing schedule:
 - 1. If a manager underperforms its specific passive alternative/benchmark (Russell 1000 Growth, Russell 1000 Value, etc.), or falls below the 33rd Percentile peer comparison (measured over the past rolling 3 and 5 year periods) for two consecutive or three out of five quarters, the manager is formally placed on a watch list.
 - 2. Watch list status triggers a meeting with the investment consultant to discuss performance.
 - 3. Once placed on the watch list, continued underperformance for two additional quarters warrants replacement consideration. An analysis of performance shall be

prepared by the investment consultant and reviewed by the President and/or his designee, the Chief Financial Officer and/or the Vice President Finance. The President and/or his designee, the Chief Financial Officer and/or the Vice President Finance will then present the findings with the consultant during a meeting of the Committee.

4. If replacement is recommended, a replacement search will be undertaken by the Investment Consultant.
 5. If the decision is made to retain the manager, the manager will remain on the watch list until performance improves or a replacement decision is made.
- C. The Committee reserves the right to change these guidelines at any time and will make the Manager aware of any changes in writing.
- D. It is intended that the Investment Managers, Consultant, and Committee review this document annually. In this regard, the Investment Manager's interest in consistency in these matters is recognized and will be taken into account when changes are being considered. If at any time the investment managers feel that the specific objectives herein cannot be met, or the guidelines constrict performance, the Committee should be so notified in writing. By initialing and continuing acceptance of this Investment Policy Statement, the Investment Manager accepts the provisions of this document. The Committee shall submit a copy of this policy to each Investment Manager, along with an addendum outlining their respective responsibilities and reporting requirements. The addendum should be signed by the Investment Manager and returned to the Committee for filing.

X. Annual or Fiscal Year Re-Balance of the Asset Style:

Rebalancing - From time to time, but no less than once a year, the Committee shall address the asset allocation of the portfolios and rebalance the portfolio to the targets in the preceding table or affirm the asset allocation of the portfolio. Annual rebalancing is not required.

XI. COMMUNICATIONS AFFECTING INVESTMENT MANAGERS

- A. It shall be incumbent upon the investment managers and the custodian to apprise the Committee of all transactions. On a monthly basis each manager shall supply an accounting statement that will include a summary of all receipts and disbursements, the cost and the market value of all assets and their percentage of the fund invested in equities, fixed income and money market investments. On a quarterly basis each manager shall provide an analysis of the quality of the assets, a summary of common stock diversification and attendant schedules. In addition, each manager shall deliver each quarter a report detailing the fund's performance, adherence to the investment policy, forecast of the market and economy, portfolio analysis and current assets of the trust. Written reports shall be provided to the Committee at the quarterly meetings. Each manager will provide immediate written and telephone notice to the Committee and the performance monitor of any significant market related or non-market related event. The Committee has retained a monitoring service to

evaluate and report on a quarterly basis the rate of return and relative performance of the fund.

- B. Meetings: The Committee will meet at least semi-annually with the investment consultant representative to review the performance report. At least annually, the Committee will meet with or communicate in writing with each investment manager to discuss performance results, economic outlook, investment strategy and tactics and other pertinent matters affecting the fund.
- C. The investment managers will immediately disclose any securities presently held which are not in compliance with this Policy. Furthermore, as part of its regular quarterly report, each manager shall include a listing of all fixed income securities and money market or short term investments held showing their credit ratings.
- D. When the Fund owns securities, which complied with this Policy at time of purchase, that are subsequently downgraded below permissible levels, the investment manager will dispose of such securities at the earliest feasible date.
- E. The Committee may recapture commission dollars, as appropriate in light of all circumstances.
- F. The investment manager shall notify the Committee of any and all material events regarding the investment manager or any other agent, parent company or entity related to the investment manager and shall furnish the Committee with the Securities Exchange Commission (SEC) Form ADV, Part II, annually.
- G. The equity managers will be responsible to vote all proxy statements, maintain documentation on their votes and outcome of the results. Annually, each manager maybe requested to submit a summary of the proxy activity for the prior 12 months.
- H. The Committee, by delivery of this Investment Policy Statement to the Plan's actuary, communicates the following:
 - 1. Plan asset/investments for which a fair market value is not provided must be excluded from the assets used to determine annual funding cost;
 - 2. For each actuarial valuation, the Committee shall, with the advice of its investment professionals and its actuary, determine the total expected annual rates of return that will be earned by the Fund for the current year, for each of the next several years and for the long term.

XII. CUSTODIAN AND SAFEKEEPING

Any securities in the investment portfolio should be held with a third party, and all securities purchased by and all collateral obtained by the Plan, should be properly designated as an asset of the Plan by the custodian. No withdrawal of such securities in whole or in part shall be made from safekeeping, except by the Committee and/or its designee, the Chief Financial Officer or an authorized staff member.

The Committee may also receive bank trust receipts in return for investment of surplus funds in securities. Any trust receipts received must enumerate the various securities held, together with the specific number of each security held. The actual securities on which the trust receipts are issued may be held by any bank depository chartered by the United States Government or the State of Florida or their designated agents. Securities transactions between a broker/dealer and the custodian involving purchase or sale of securities by transfer of money or securities must be made on a "delivery vs.

payment" basis, if applicable, to ensure that the custodian will have the security or money, as appropriate, in hand at the conclusion of the transaction.

XIII. INTERNAL CONTROLS

The Committee and/or its designee the Chief Financial Officer and/or the Vice President Finance shall establish a written policy for the implementation of a system of internal controls, designed to prevent losses of funds which might arise from fraud, employee error, misrepresentation by third parties, or imprudent actions. This internal control policy shall provide for a review of the Plan's controls by independent auditors as part of any financial audit periodically required by the Plan.

- A. System of Controls – The President and/or his designee, the Chief Financial Officer and/or the Vice President Finance, is responsible for establishing and maintaining an internal control structure designed to ensure that the assets of the District are protected from loss, theft or misuse. The internal control structure shall be designed to provide reasonable assurance that these objectives are met. The concept of reasonable assurance recognizes that (1) the cost of a control should not exceed the benefits likely to be derived; and (2) the valuation of costs and benefits requires estimates and judgments by management.
- B. Accordingly, the President and/or his designee, the Chief Financial Officer and/or the Vice President Finance shall establish a process for periodic independent review by an external auditor to assure compliance with policies and procedures. The internal controls shall address the following points:
 - 1. Control of collusion. Collusion is a situation where two or more employees are working in conjunction to defraud their employer.
 - 2. Separation of transaction authority from accounting and record keeping. By separating the person who authorized or performs the transaction from the people who record or otherwise account for the transaction, a separation of duties is achieved.
 - 3. Custodial safekeeping. Securities purchased from any bank or dealer including appropriate collateral (as defined by Florida Statute) shall be placed with an independent third party for custodial safekeeping.
 - 4. Avoidance of physical delivery securities. Book entry securities are much easier to transfer and account for since actual delivery of a document never takes place. Delivered securities must be properly safeguarded against loss or destruction. The potential for fraud and loss increases with physically delivered securities.
 - 5. Clear delegation of authority to subordinate staff members. Subordinate staff members must have a clear understanding of their authority and responsibilities to avoid improper actions. Clear delegation of authority also preserves the internal control structure that is contingent on the various staff positions and their respective responsibilities.
 - 6. Written confirmation of telephone transactions for investments and wire transfers. Due to the potential for error and improprieties arising from telephone transactions, all telephone transactions should be supported by written communications and approved by the appropriate person. Written communications may be via letter, fax

and/or email and must be from an authorized person.

7. Development of a wire transfer agreement with the lead bank or third party custodian. This agreement should outline the various controls, security provisions, and delineate responsibilities of each party making and receiving wire transfers.
8. Delivery vs. Payment – All trades where applicable will be executed by delivery vs. payment (DVP). This ensures that securities are deposited in the eligible financial institution prior to the release of funds. Securities will be held by a third party custodian as evidenced by safekeeping receipts.
9. A monthly investment report shall be issued by the Investment Managers to the Committee and/or his designee, the Chief Financial Officer for submission to the Board of Directors, which at a minimum sets forth the information listed above in sub-section 3 of the Record Keeping / Reporting section.

XIV. FLORIDA STATUTES AND APPLICABLE DISTRICT ORDINANCES

Investment of the Plan assets shall be subject to the limitations and conditions set forth in [Section 215.47 \(1\) - \(6\), \(8\), \(9\), \(11\), and \(17\), Florida Statutes](#), unless otherwise authorized by law or ordinance. No additional investment may be made in the investment category which exceeds the applicable limit, unless authorized by law or ordinance.

XV. REPORTING REQUIREMENTS

- A. The Investment Policy Statement shall, upon adoption or amendment by the Committee and approval by the Hospital Board, be filed with the Department of Management Services, the Plan's sponsor, and the consulting actuary.
- B. The determination of the expected rates of return shall be filed with the Department of Management Services, with the Plan's sponsor, and the consulting actuary.
- C. The Committee shall prepare, at least annually, a report of investment activities for submission to the Hospital Board, and make available, upon request, the same to the public.

XVI. CONTINUING EDUCATION

It will be the responsibility of the Committee and/or its designee, the Chief Financial Officer and/or the Vice President Finance, to the extent that such individuals are responsible for making investment decisions for the Hospital's assets, to complete 8 hours annually of continuing education in subjects or courses of study related to investment practices and products.

All Revision Dates

12/2018, 11/2017

Approval Signatures

Step Description	Approver	Date
BOD	Herman Cole: Chairman, Board of Directors [SP]	12/2018
President/CEO	George Mikitarian: President/CEO [AJ]	11/2018
EMC	Michael Sitowitz: Controller	11/2018
Compliance	Corporate Compliance [NV]	11/2018
Executive Management	Michael Sitowitz: Controller	11/2018
	Michael Sitowitz: Controller	11/2018

Applicability

Parrish Medical Center

COPY



Origination 01/2001
 Last Approved 11/2016
 Effective 11/2016
 Last Revised 08/2013
 Next Review 11/2019

Initiator **Michael Moehring: Chief Financial Officer**
 Areas **Finance**
 Applicability **Parrish Medical Center**
 Tags **9500**

Pension Investment Guidelines, 9500-5004

REPLACES POLICY #: n/a

I. POLICY STATEMENT

The Pension Administrative Committee (the "Committee") and the North Brevard County Hospital District (the "District") maintain that an important determinant of future investment returns is the expression and periodic review of investment objectives. To that end, the Committee and the District have adopted this statement of Investment Policy.

In fulfilling its fiduciary responsibility, the Committee and the District recognizes that the North Brevard County Hospital District, a Special Tax District operating Parrish Medical Center Pension and Trust Agreement (the "Plan") is an essential vehicle for providing income benefits to retired participants or their beneficiaries. The Committee and the District also recognizes that the obligations of the investment fund for the Plan are long-term and that the investment policy should be made with a view toward performance and return over a number of years.

The Committee recognizes that the general investment objective is to maximize return consistent with risks incumbent in each investment. The Committee shall achieve the general investment objective of the Plan commensurate with applicable statutes or requirements. The Committee and the District further acknowledge that Section 112.661 of the Florida Statutes shall supersede any conflicting provisions of law guiding Plan investments. Objectives, in order of importance are: Principal and Safety, Liquidity and Return on Investment.

In order to achieve a rate of return commensurate with the standards stated in this investment policy, the Committee shall identify performance standards, investment guidelines and limits necessary to guarantee compliance with the Committee's standards by all named fiduciaries.

In addition to policies and objectives outlined herein, Hospital management may also employ strategies

outlined and approved by the District's board of directors (the "Board of Directors") from time to time.

II. RESPONSIBILITIES/DECISION MAKING AUTHORITY

The investment policy statement and periodic transactions shall be reviewed by the Committee on a regular basis to make certain that the investment activities bear a relationship to a broader risk management strategy of the Plan. On a reasonable basis, the Committee and/or its designee, the Chief Financial Officer, and in their absence, the Controller, will be responsible for formulating individual investment strategies, monitoring investment performance, establishing maximum tolerable loss limits, and making recommendations for policy changes to the Committee.

The Committee and/or its designee, the Chief Financial Officer and/or the Controller shall also assure that adequate records and reports of transactions and commitments for future transactions be maintained.

To carry out their duties the Committee and/or its designee, the Chief Financial Officer and/or the Controller are empowered to execute securities purchases and sales, direct delivery of investments into and out of safekeeping, cause securities to be reregistered in the name of the Plan, designate Committee-approved Investment Managers to execute trades within the restrictions of this policy, and authorize wire transfer of funds for settlement of purchases, consistent with the limitations set forth in this policy.

Unless otherwise prohibited by law, from time to time, investments may be made which are not specifically authorized providing they are deemed to be in the best interest of the Plan and the recommendation is jointly made by the Committee and Chief Executive Officer. Prudence should be exercised when making investment decisions. The investment industry standard known as the "Prudent Person Rule" shall be followed to insure investment decisions are made in the Plan's best interest. This rule states that investments should be made with judgment and care, under circumstances then prevailing, which persons of prudence, discretion, and intelligence exercise in the management of their own affairs, not for speculation but for investment considering the probable safety of their capital, as well as the probable income to be derived from the investment. Once such investment is made, formal notification shall be set forth in the minutes of the next Committee meeting.

III. RECORD KEEPING/REPORTING

The Committee and/or its designee, the Chief Financial Officer and/or the Vice President Finance must keep timely and accurate records of all portfolio activities. The following records must also be maintained and made available upon request from the Investment Managers:

- A. Securities register that details all the transactions to include description of the security, the cost, maturity, par value, date of issue, date of purchase, coupon rate, registered status, interest payment dates, effective rate of return, safekeeping location, amortization or accrual of premiums or discounts, if any, and final disposition.
- B. A ledger for the monthly balance, premium, discount, accrued interest receivable, interest

income, and gains or losses on the investment portfolio by investment account number. It shall be the responsibility of the Controller to reconcile all general ledger accounts to the individual investment account records as of each month-end to ensure the accounts are in balance.

- C. A monthly investment report shall be issued by the Investment Managers to the Committee and/or its designee, the Chief Financial Officer and/or the Vice President Finance, which at a minimum sets forth the following information:
 - 1. For each account (by class or type):
 - a. the par value
 - b. total cost value (book value)
 - c. weighted yield based on cost
 - d. total market value, weighted market yield, aggregate unrealized gain or loss from book, and income earned (all as of the report date)
 - 2. For the total portfolio:
 - a. the beginning cost and market value
 - b. the ending cost and market value
 - c. net contributions to the account
 - d. net withdrawals from the account
 - e. net cash flow to the account and income earned by the account (if different)
 - f. total return for the account on a cost and market value basis for the month and the previous 11 months
 - g. trailing quarter return on a cost and market value basis
 - h. fiscal year to day return on a cost and market value basis
 - i. trailing one year return on a cost and market value basis
- D. Also provided shall be a short narrative of the investment portfolio prospectus including strategies used by the Investment Manager and commentary on current market conditions affecting the portfolio's performance.
- E. The Committee or Chief Financial Officer or the Vice President Finance shall provide this information, or summaries thereof, to the Board on a quarterly or semi-annual basis; unless an issue arises that requires the Board's attention sooner.
- F. Along with performance, security and market information, a trading summary should be provided to the Committee each quarter from each Investment Manager. The trading summary should outline the overall trading strategies employed by the Investment Manager given the market conditions and why the portfolio is structured the way it is at that time. Information should include discussion of trades executed in the portfolio for the period under review and why they were executed at that time.

IV. PORTFOLIO COMPOSITION

The Plan's investment portfolio shall exclusively consist of investments permitted by Section 112.661(5), Florida Statutes, as amended or relevant future statutes. This portfolio shall be maintained with a level of liquidity at least equal to 30 days of cash expenses, and in addition, at least 10% of fixed income investments will have maturities of one year or less.

Total Pension Funds Asset Mix – The Plan's assets shall be invested with specialist managers with a target ultimate allocation of 30% fixed income, 60% equities and 10% alternatives. The Target Asset Allocation shall be as follows:

Target Asset Allocation*			
Asset Class	Target Weight	Maximum Weight	Market Index
Fixed Income			
Short Dur Gov't/Corp	0%	50%	ML Domestic Mstr 1-3 yr
Inter. Dur Gov't/Corp	30%	50%	Barclays Gov/Cred Intrm
Long Dur Gov't/Corp	0%	50%	Barclays US Long Credit A
Total	30%	n/a	
Equities/Alternatives			
Large Cap Growth	17.5%	60%	Russell 1000 Growth
Large Cap Value	17.5%	60%	Russell 1000 Value
Mid Cap Core	10%	60%	Russell Mid Cap
Small Cap Core	10%	60%	Russell 2000
International	5%	60%	MSCI EAFE
Total	60%	n/a	
Alternatives	10%	12%**	TBD – Area Specific

*While the "Target Asset Allocation" is meant to be a guide for the deployment of assets, the Committee shall, on a continuous basis, evaluate whether the Allocation continues to most likely accomplish the Objectives for the portfolio as discussed above.

**As later discussed in the section titled "Alternatives" below, the growth of the target weighting shall be limited to 12%.

V. ALTERNATIVES

The Committee may authorize an allocation of this portfolio to an asset class known as Alternative Investments. Alternative Investments involve investing in non-traditional asset classes and in traditional asset classes structured in a non-traditional manner. Managers of such investments are expected to use their specific investment skills to generate long-term equity-like returns that are not highly correlated to traditional asset classes. Alternative Investment strategies, such as long vs. short, tactical asset

allocation, distress securities, managed futures, commodities, and arbitrage strategies may be used in the portfolios to enhance investment returns, reduce volatility of portfolios and increase overall portfolio diversification.

Furthermore, Alternative Investments may also include Real Estate Investment Trust (REIT) Manager(s), Real Estate Limited Partnerships and Hedge Fund of Fund managers, in which case the underlying investments will be assessed to confirm compliance with applicable law, and any additional expenses required by these investments, such as management fees and unrelated business taxable income shall be included in assessing whether an investment's costs are reasonable, as required by Florida Statutes Section 215.47(2)(e). Hedge Fund of Fund managers shall exhibit the following characteristics:

- A. Fund of Fund Hedge Funds will be held in the forms of professionally managed pooled limited partnership investments offered by professional investment managers with proven records of superior performance over time.
- B. Fund of Fund Hedge Funds are subject to the same due diligence process as traditional investments, however due to their unique nature, additional criteria are to be considered.
- C. Transparency of the underlying hedge funds and to some degree their individual positions.
- D. Liquidity terms of the fund of funds may include lock-up periods and frequency of withdrawals.
- E. No significant degree of leverage utilized at the limited partnership level.
- F. Financial commitment of the General Partner in the fund.

Each investment in Alternative Investments must be specifically approved by the Committee and such class of investments must never exceed **12%** of the portfolio (10% target investment plus a maximum of 2% deviation as described in the above table). At the time of commitment to a particular Alternative investment manager, the Committee will specifically address investment goals for such an investment. With the advice of the individual or entity that recommends investments or investment managers ("Investment Consultant"), the Committee shall agree to a benchmark against which to evaluate ongoing performance of the Alternative Investments in the overall asset allocation model.

VI. QUALITY – PERMITTED INVESTMENTS

Generally, the managers are expected to invest in readily marketable, high quality stocks, bonds, and cash equivalents. Private placements, restricted stocks, and nominally or closely held public issues for which the market is severely restricted or thinly traded, or any investment, which would jeopardize the tax-exempt status of the District are prohibited.

Additionally, the following quality factors and limitations should be met:

- A. **Fixed Income** – The Pension Fund may be invested in fixed income securities, as deemed prudent, including U.S. Government, agency obligations and corporate bonds. The average quality rating of bonds must be investment grade A or better, as judged by Moody's or S&P rating services. In any case, no more than 10% of the fixed income securities should be below investment grade, as defined by Moody's or S&P. Under no circumstances should the duration of the fixed income portion of the portfolio be longer than 125% of the Barclays Government/Credit Intermediate Index. The Budget and Finance Committee does not want an excessively

long fixed income portfolio subject to interest rate risk.

- B. **Equities** – The Committee wishes to hold issues of high quality, marketable securities. Each equity manager must maintain an overall portfolio quality comparable to the applicable equal weighted Russell or MSCI Index. Equity managers must include a statement regarding their comparable overall portfolio quality within each quarterly report to the Committee.
- C. **Prohibited Investments** – In addition to the preceding general quality guidelines, the following categories of securities or security transactions are not permissible for investment without the Committee's prior written approval:
1. Short sales.
 2. Non-covered or Non-collateralized Put and Call Options.
 3. Margin purchases or lending or borrowing money.
 4. Letter stocks, private placements, or direct placements.
 5. Restricted stocks, and nominally or closely held public issues for which the market IS severely restricted or thinly traded.
 6. Commodities or futures, or options on futures.
 7. Warrants.
 8. Equity securities of any company which have a record of less than three years continuous operation, including the operation of any predecessor
 9. Foreign equity securities not listed on one of the major U.S. exchanges, including NASDAQ.
 10. Bonds and cash equivalents denominated in foreign currencies or securities of foreign issuers including foreign financial institutions (American Depositary Receipts or Canadian Issues denominated in U.S. dollars are allowed).
 11. Volatile derivative or synthetic instruments, specifically Interest Only Strips (IOs), Principal Only Strips (POs), Residuals, Accrual Bonds, Z Bonds, Accretion Bonds, Inverse Floaters, and any other derivative securities or strategies that do not comply with the basic investment objectives of this policy, which emphasizes the preservation of principal consistent with conservative asset growth. Specifically prohibited are securities whose characteristics as implemented by the manager include potentially high price volatility and whose returns are speculative or leveraged (when considered together with liquid/short term securities positions) or whose marketability may be severely limited.
 12. Direct / title holding real estate or mortgage investments.
 13. Securities of the investment manager, the custodian/trustee, their parent, or subsidiaries (excluding Money Market Funds).
 14. Security loans.

VII. DERIVATIVES AND REVERSE REPURCHASE AGREEMENTS

Investments in any derivative products, if specifically authorized by this investment policy within the

permitted investments section, may be considered only if the Committee and/or its designee, the Chief Financial Officer and/or the Vice President Finance has developed sufficient understanding of the derivative products and had the expertise to manage them. For purposes of this policy, a derivative product is a financial instrument, the value of which depends on, or is derived from, the value of one or more underlying assets or index or asset values. The use of reverse repurchase agreements, if specifically authorized by this investment policy or the Committee, shall be limited to transactions where the proceeds are intended to provide liquidity and for which the Committee and/or its designee, the Chief Financial Officer and/or the Vice President Finance has sufficient resources and expertise.

VIII. COMPETITIVE PURCHASE OR SALE OF SECURITIES

The Committee will seek to confirm or add into the applicable contracts that it shall be the responsibility of the Investment Manager(s) to obtain competitive bids for the purchase or sale of securities and execute based on best price available in the market. A log of bids obtained shall be maintained by each Investment Manager and made available to the Board and the Committee upon request. In the rare instance when competitive bids are not available for a security being purchased, the Investment Manager shall fully document such condition at the time of the trade and advise the Committee and/or its designee, the Chief Financial Officer and/or the Vice President Finance of actions taken by the Investment Manager to assure best price and best execution in light of the Plan's cash flow needs.

IX. SELECTION, REVIEW, WATCH LIST AND REPLACEMENT OF MANAGERS

The Committee will establish a process for selecting investment managers for the Pension Funds. The total Portfolio and the individual manager's performance will be measured utilizing returns calculated net of investment management fees as follows:

- A. Total Portfolio – The total return objective for the total Portfolio is to earn at least 50bps per year in excess of the asset weighted blended index return as computed by the investment consultant. The Asset Weighted Blend Index return is comprised of the various market indices in proportion to the actual asset mix.
- B. Individual Asset Manager Performance Review and Evaluation – Individual asset managers are expected to not only outperform their passive alternative, but also their style peer group. Underperforming managers will be placed on a watch list and eventually replaced based on the following timing schedule:
 1. If a manager underperforms its specific passive alternative/benchmark (Russell 1000 Growth, Russell 1000 Value, etc.), or falls below the 33rd Percentile peer comparison (measured over the past rolling 3 and 5 year periods) for two consecutive or three out of five quarters, the manager is formally placed on a watch list.
 2. Watch list status triggers a meeting with the investment consultant to discuss performance.

3. Once placed on the watch list, continued underperformance for two additional quarters warrants replacement consideration. An analysis of performance shall be prepared by the investment consultant retained by the Committee of the Board and reviewed by the President and/or his designee, the Chief Financial Officer and/or the Controller. The President and/or his designee, the Chief Financial Officer and/or the Controller will then present the findings with the investment consultant during a meeting of the Committee.
- C. If replacement is recommended, a replacement search will be undertaken by the investment consultant.
- D. If the decision is made to retain the manager, the manager will remain on the watch list until performance improves or a replacement decision is made.

The Committee is aware of, and appreciates the fact that other variables must be taken into account other than benchmark and peer performance evaluation. Such variables include up/downside capture ratios, risk/return analysis, style drift, manager turnover, fee track record and style within a style analysis. Such variables will be provided as part of the analysis.

The Committee reserves the right to change these guidelines at any time and will make the Manager aware of any changes in writing.

It is intended that the Investment Managers, Investment Consultant, and Committee review this document annually. In this regard, the Investment Manager's interest in consistency in these matters is recognized and will be taken into account when changes are being considered. If at any time the investment managers feel that the specific objectives herein cannot be met, or the guidelines constrict performance, the Committee should be so notified in writing. By initialing and continuing acceptance of this Investment Policy Statement, the Investment Manager accepts the provisions of this document. The Committee shall submit a copy of this policy to each Investment Manager, along with an addendum outlining their respective responsibilities and reporting requirements. The addendum should be signed by the Investment Manager and returned to the Committee for filing.

X. ANNUAL OR FISCAL YEAR RE-BALANCE OF THE ASSET STYLE:

Rebalancing - From time to time, but no less than once a year, the Committee shall address the asset allocation of the portfolios and rebalance the portfolio to the targets in the preceding table or affirm the asset allocation of the portfolio. Annual rebalancing is not required.

XI. COMMUNICATIONS AFFECTING INVESTMENT MANAGERS

- A. It shall be incumbent upon the investment managers and the custodian to apprise the Committee of all transactions. On a monthly basis each manager shall supply an accounting statement that will include a summary of all receipts and disbursements, the cost and the market value of all assets and their percentage of the fund invested in equities, fixed income and money market investments. On a quarterly basis each manager shall provide an analysis

of the quality of the assets, a summary of common stock diversification and attendant schedules. In addition, each manager shall deliver each quarter a report detailing the fund's performance, adherence to the investment policy, forecast of the market and economy, portfolio analysis and current assets of the trust. Written reports shall be provided to the Committee at the quarterly meetings. Each manager will provide immediate written and telephone notice to the Committee and the performance monitor of any significant market related or non-market related event. The Committee has retained a monitoring service, Investment Consultant, to evaluate and report on a quarterly basis the rate of return and relative performance of the fund.

- B. Meetings: The Committee will meet at least semi-annually with the investment consultant representative to review the performance report. At least annually, the Committee will meet with or communicate in writing with each investment manager to discuss performance results, economic outlook, investment strategy and tactics and other pertinent matters affecting the fund.
- C. The investment managers will immediately disclose any securities presently held which are not in compliance with this Policy. Furthermore, as part of its regular quarterly report, each manager shall include a listing of all fixed income securities and money market or short term investments held showing their credit ratings.
- D. When the Fund owns securities, which complied with this Policy at time of purchase, that are subsequently downgraded below permissible levels, the investment manager will dispose of such securities at the earliest feasible date.
- E. The Committee may recapture commission dollars, as appropriate in light of all circumstances.
- F. The investment manager shall notify the Committee of any and all material events regarding the investment manager or any other agent, parent company or entity related to the investment manager and shall furnish the Committee with the Securities Exchange Commission (SEC) Form ADV, Part II, annually.
- G. The equity managers will be responsible to vote all proxy statements, maintain documentation on their votes and outcome of the results. Annually, each manager maybe requested to submit a summary of the proxy activity for the prior 12 months.
- H. The Committee, by delivery of this Investment Policy Statement to the Plan's actuary, communicates the following:
 - 1. Plan asset/investments for which a fair market value is not provided must be excluded from the assets used to determine annual funding cost;
 - 2. For each actuarial valuation, the Committee shall, with the advice of its investment professionals and its actuary, determine the total expected annual rates of return that will be earned by the Fund for the current year, for each of the next several years and for the long term.

XII. CUSTODIAN AND SAFEKEEPING

Any securities in the investment portfolio should be held with a third party, and all securities purchased by and all collateral obtained by the Plan, should be properly designated as an asset of the Plan by the custodian. No withdrawal of such securities in whole or in part shall be made from safekeeping, except

by the Committee and/or its designee, the Chief Financial Officer or the Vice President Finance or an authorized staff member.

The Committee may also receive bank trust receipts in return for investment of surplus funds in securities. Any trust receipts received must enumerate the various securities held, together with the specific number of each security held. The actual securities on which the trust receipts are issued may be held by any bank depository chartered by the United States Government or the State of Florida or their designated agents. Securities transactions between a broker/dealer and the custodian involving purchase or sale of securities by transfer of money or securities must be made on a "delivery vs. payment" basis, if applicable, to ensure that the custodian will have the security or money, as appropriate, in hand at the conclusion of the transaction.

XIII. INTERNAL CONTROLS

The Committee and/or its designee the Chief Financial Officer and/or the Controller shall establish a written policy for the implementation of a system of internal controls, designed to prevent losses of funds which might arise from fraud, employee error, misrepresentation by third parties, or imprudent actions. This internal control policy shall provide for a review of the Plan's controls by independent auditors as part of any financial audit periodically required by the Plan.

System of Controls – The President and/or his designee, the Chief Financial Officer and/or the Controller, is responsible for establishing and maintaining an internal control structure designed to ensure that the assets of the District are protected from loss, theft or misuse. The internal control structure shall be designed to provide reasonable assurance that these objectives are met. The concept of reasonable assurance recognizes that (1) the cost of a control should not exceed the benefits likely to be derived; and (2) the valuation of costs and benefits requires estimates and judgments by management.

Accordingly, the President and/or his designee, the Chief Financial Officer and/or the Controller shall establish a process for periodic independent review by an external auditor to assure compliance with policies and procedures. The internal controls shall address the following points:

- A. Control of collusion. Collusion is a situation where two or more employees are working in conjunction to defraud their employer.
- B. Separation of transaction authority from accounting and record keeping. By separating the person who authorized or performs the transaction from the people who record or otherwise account for the transaction, a separation of duties is achieved.
- C. Custodial safekeeping. Securities purchased from any bank or dealer including appropriate collateral (as defined by Florida Statute) shall be placed with an independent third party for custodial safekeeping.
- D. Avoidance of physical delivery securities. Book entry securities are much easier to transfer and account for since actual delivery of a document never takes place. Delivered securities must be properly safeguarded against loss or destruction. The potential for fraud and loss increases with physically delivered securities.
- E. Clear delegation of authority to subordinate staff members. Subordinate staff members must have a clear understanding of their authority and responsibilities to avoid improper actions. Clear delegation of authority also preserves the internal control structure that is contingent on

the various staff positions and their respective responsibilities.

- F. Written confirmation of telephone transactions for investments and wire transfers. Due to the potential for error and improprieties arising from telephone transactions, all telephone transactions should be supported by written communications and approved by the appropriate person. Written communications may be via letter, fax and/or email and must be from an authorized person.
- G. Development of a wire transfer agreement with the lead bank or third party custodian. This agreement should outline the various controls, security provisions, and delineate responsibilities of each party making and receiving wire transfers.
- H. Delivery vs. Payment – All trades where applicable will be executed by delivery vs. payment (DVP). This ensures that securities are deposited in the eligible financial institution prior to the release of funds. Securities will be held by a third party custodian as evidenced by safekeeping receipts.
- I. A monthly investment report shall be issued by the Investment Managers to the Committee and/or his designee, the Chief Financial Officer or the Vice President Finance for submission to the Board of Directors, which at a minimum sets forth the information listed above in subsection 3 of the Record Keeping / Reporting section.

XIV. FLORIDA STATUTES AND APPLICABLE DISTRICT ORDINANCES

Investment of the Plan assets shall be subject to the limitations and conditions set forth in Section 215.47 (1) - (6), (8), (9), (11), and (17) , Florida Statutes (2012), unless otherwise authorized by law or ordinance. No additional investment may be made in the investment category which exceeds the applicable limit, unless authorized by law or ordinance.

XV. REPORTING REQUIREMENTS

The Investment Policy Statement shall, upon adoption or amendment by the Committee and approval by the Hospital Board, be filed with the Department of Management Services, the Plan's sponsor, and the consulting actuary.

The determination of the expected rates of return shall be filed with the Department of Management Services, with the Plan's sponsor, and the consulting actuary.

The Committee shall prepare, at least annually, a report of investment activities for submission to the Hospital Board, and make available, upon request, the same to the public.

XVI. CONTINUING EDUCATION

It will be the responsibility of the Committee and/or its designee, the Chief Financial Officer and/or the Controller, to the extent that such individuals are responsible for making investment decisions for the Hospital's assets, to complete 8 hours annually of continuing education in subjects or courses of study related to investment practices and products.

All Revision Dates

08/2013, 11/2011, 11/2010, 11/2009, 11/2007, 07/2006, 11/2005, 11/2003

Approval Signatures

Step Description	Approver	Date
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Applicability

Parrish Medical Center

COPY



Origination: 03/1991
Effective: Upon Approval
Last Approved: N/A
Last Revised: 12/2024
Next Review: 1 year after approval
Initiator: Christopher McAlpine: SR. VP
 TRANSFORMATION &
 NETWORK DEVELOPME
Areas: Administration
Tags:
Applicability: Parrish Medical Center

Inspection and Reproduction of Public Records

I. PURPOSE

The purpose of this policy is to establish the procedure for release of any public records in a manner which assures timely and reasonable compliance, while recognizing all applicable exemptions, including protection of patient confidentiality.

II. SCOPE

Applies to ~~all~~ the North Brevard County Hospital District d/b/a Parrish Medical Center ~~departments, and employees.~~

III. POLICY STATEMENT

It is the policy of the North Brevard County Hospital District dba Parrish Medical Center to comply with all requests for inspection and reproduction of public records as defined by Florida law.

~~IV. Designation of Custodian of Public Records:~~

V. DESIGNATION OF CUSTODIAN OF PUBLIC RECORDS

The Chief Executive Officer of Parrish Medical Center is hereby designated the Custodian of all public records of the North Brevard County Hospital District dba Parrish Medical Center (herein sometimes referred to as Parrish Medical Center) and is charged with the responsibility and authority designated such position by the laws of the State of Florida and this policy. In the absence of the Chief Executive Officer for any period of time extending beyond the time for reasonable compliance to permit inspection or reproduction of any public records, the "~~Administrator~~administrator-on-call" of Parrish Medical Center shall serve as alternate Custodian.

~~VI. Authority of custodian of Public Records:~~

VII. AUTHORITY OF CUSTODIAN OF PUBLIC RECORDS

The Custodian is exclusively authorized by this policy:

- A. To receive requests for the inspection or reproduction on any public records.
- B. To determine and assert any exemptions provided under general or special law.
- C. To authorize and schedule the time, place and circumstances for the inspection of any public records.
- D. To authorize and schedule the assembly and reproduction of any public records including providing access to public records by electronic means (provided exempt or confidential information is not disclosed) in accordance with Florida law.
- E. To determine the amount of the special service charge for the extensive use of clerical or supervisory labor or extensive information technology resources and the actual cost of duplication.
- F. The Custodian is further authorized by this policy to establish procedures for the reporting or release of routine statistical and other operating information normally provided by Parrish Medical Center to other governmental or healthcare agencies or as a participant in any healthcare or other information surveys.
- G. To delegate his authority under this policy.

~~VIII. Procedure to Request and Inspect Public Records:~~

IX. PROCEDURE TO REQUEST AND INSPECT PUBLIC RECORDS

Except to the extent determined confidential and/or exempt, all public records of the North Brevard County Hospital District dba Parrish Medical Center shall be available for inspection and examination by any person, at any reasonable time, under reasonable conditions, and under supervision of the Custodian or his designee.

- A. "Reasonable time" means between 9:00 a.m. and 5:00 p.m. Monday through Friday, except holidays.
- B. "Reasonable conditions" means at such locations at Parrish Medical Center designated by the Custodian as shall allow for inspection with minimum disruption to the facilities, personnel and normal operations of Parrish Medical Center.
- C. "Supervision" means in the continuous presence of the Custodian or his designee. The reasonable availability of the Custodian or his designee shall be considered in scheduling any inspection or providing for the temporary disruption of any inspection.
- D. If the nature of volume of public records requested to be inspected and examined is such as to require extensive use of clerical or supervisory assistance or extensive use of information technology resources, the Custodian ~~shall have the authority and discretion to charge a special service~~ may charge, in addition to the actual cost of duplication, a special service charge, which shall be reasonable and shall be based on the actual labor cost (salary plus benefits) incurred for such extensive use of personnel and such extensive use of information technology resources (including but not limited to personnel and supervisory cost).

~~X. Procedure for Reproduction of Public Records:~~

XI. PROCEDURE FOR REPRODUCTION OF PUBLIC RECORDS

Any person entitled to inspection of any public records of the North Brevard County Hospital District dba Parrish Medical Center shall also be entitled to be furnished a copy of such public records upon payment of

the fee prescribed by law.

For purposes of this policy:

- A. One-sided copies of not more than 14 inches by 8 ½ inches shall be subject to payment of such amount per copy as specified in [Subsection 119.07\(4\)\(a\)1 of the Florida Statutes](#)
- B. Not more than an additional five cents shall be charged for duplication of the second page of any two-sided documents.
- C. For all other copies, the requesting party shall pay the actual cost of ~~material and supplies for duplication and reproduction of the public record.~~
- D. If the nature of volume of public records requested to be copied is such as to require extensive use of clerical or supervisory labor or extensive information technology resources, or both, the Custodian ~~shall have the authority and discretion to~~ may charge a special service charge, which shall be reasonable and shall be based on the actual labor cost (salary plus benefits) incurred for such extensive use of personnel and extensive use of information technology resources (including but not limited to personnel ~~ans~~ and supervisory cost). This charge shall be in addition to the cost of actual duplication.
- E. The Custodian ~~shall have~~ has no obligation to create new records, answer questions about records, or reformat existing records. The Custodian ~~shall have~~ may elect to do so and the Custodian has the discretion to ~~do so~~ charge a reasonable service charge for the actual cost of labor and other resources necessary to prepare such special report or summary. provided ~~a reasonable service such charge for the actual cost of labor and other resources necessary to prepare such special report or summary~~ is approved and paid by the requesting party.

~~XII. Procedure for Refusal by Custodian to Permit Inspection or Reproduction:~~

XIII. PROCEDURE FOR REFUSAL BY CUSTODIAN TO PERMIT INSPECTION OR REPRODUCTION

In those circumstances when the Custodian believes an exemption from inspection or reproduction exists, he shall:

- A. Delete or excise from the public record only that portion of the record with respect to which an exemption is asserted and produce for inspection or reproduction the nonexempt ~~remained~~ remainder of such record; and
- B. State to the requesting party the basis of exemption which the Custodian contends to be applicable, including the statutory citation for such exemption; and
- C. If ~~required~~ requested by the requesting party, state in writing and in particularity the ~~reason~~ reasons for the conclusion for asserting such exemption.

~~XIV. Unauthorized Release of Public Records:~~

XV. UNAUTHORIZED RELEASE OF PUBLIC RECORDS

Any disclosure in violation of this policy by any director, employee or agent of the North Brevard County Hospital District, other than as permitted by the Custodian, shall be grounds for suspension, termination or

other disciplinary action.

All revision dates:

12/2024, 01/2022, 09/2019, 03/2003

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Board of Directors	Robert Jordan: Board Member	pending
President/ CEO	George Mikitarian: PRESIDENT/CEO [AJ]	05/2025
Chief Corporate Compliance Officer	Anual Jackson: INSPECTOR GENERAL CHIEF CORPORATE COMPLIANCE OFFIC	05/2025
Executive Management Committee	Executive Management Committee [AM]	03/2025
Policy Management	Policy Management [AM]	12/2024
	Christopher McAlpine: SR. VP TRANSFORMATION & NETWORK DEVELOPME	12/2024

Applicability

Parrish Medical Center



Origination: 05/1994
Effective: Upon Approval
Last Approved: N/A
Last Revised: 06/2025
Next Review: 1 year after approval
Initiator: Natalie Sellers: SR. VP COMM, COMMUNITY & COR
Areas: Administration
Tags: 9500
Applicability: Parrish Healthcare System-Wide

Responsibility Matrix

I. PURPOSE

This responsibility matrix will identify who is responsible, accountable, consulted, or informed, for noted activities under the areas listed.

II. SCOPE

Applies This policy applies to all of Parrish Healthcare.

III. POLICY STATEMENT

This matrix is intended to provide guidelines for the approving responsibility for each area as it pertains to the North Brevard County Hospital District d/b/a Parrish Medical Center Board of Directors and Administration.

IV. Definitions

Parrish Healthcare is an inclusive term referring to North Brevard County Hospital District d/b/a Parrish Medical Center and its affiliates and North Brevard Medical Support, Inc. and its affiliates, such as Parrish Medical Group, Parrish Health Network and The Children's Center.

~~IV~~V. RESPONSIBILITY MATRIX

AREA	BOARD OF DIRECTORS	ADMINISTRATION	
I. Strategic Planning			
• Long-term goals (more than 1 yr)	Approves	Recommends & provides input	
• Short-term goals (less than 1 yr)	Monitors	Establishes & carries out	
• Day-to-day operational decisions	No role	Made by all management staff	
II. Personnel			

Administration			
• Hiring of staff	Hires the President/CEO, Approves budget for all other staff	Approves all hiring	
• Staff development & assignment	No role except for President/CEO	Establishes	
• Staff termination	No role except for President/CEO	Makes final termination decisions	
• Staff grievances	No role	Grievances stop at the President/CEO	
• Personnel policies	Reviews & approves	Recommends & administers	
• Staff salaries	Approves salary for President/CEO; allocates line item for salaries in budget and approves salary ranges in financial plan	Approves salaries with recommendations from Human Resources and supervisory staff	
• Staff evaluation	Evaluates the President/CEO	Evaluates all other staff	
III. Expenditures For Capital & Operations			
• Budget	Reviews & approves	Develops & presents recommendation then manages the budget after approval	
• Capital purchases exceeding \$150,000	Reviews & approves	Prepares requests & recommendation for capital purchases, authorizes budgeted equipment purchases up to \$150,000; unbudgeted up to \$25,000	
• Decisions on building renovation, leasing, expansion	Reviews & approves	Develops & presents recommendation, manages after approval	
• Supply purchases	Establishes policy & approves budget	Purchases according to Board policy & maintains an adequate audit trail	
• Major repairs exceeding \$150,000	Reviews & approves	Obtains estimates and prepares recommendation, authorizes budgeted repairs up to \$150,000; unbudgeted up to \$25,000	

• Emergency repairs	Approval of Finance Chairperson, Board approval at its next meeting	Notified <u>Notifies</u> Board Chairperson & acts with concurrence from Chair	
• Fees & charges	Reviews & adopts policy	Develops fee schedules	
• Billing, credit & collections	Reviews & adopts policy	Proposes policy & implements	
IV. External Relationships			
• Legal	Board selects attorney, approves fee schedule	Day-to-day interface, billings, etc.	
• Audit	Board selects independent auditor, approves fee schedule	Day-to-day interface	
• Management consulting engagements less than \$20,000	No role	Approves all engagements	
• Architectural & engineering <u>with a budget exceeding \$7.5 million</u>	Board selection, approves fees	Develops <u>In accordance with 287.055, Florida Statute, 255.F.S., Rule 60D-5, Florida Administrative Code develops</u> & presents recommendations, manages after approval	
• Investment advisers	Board selection, approves fee <u>fees</u>	Day-to-day interface	
• Board bylaws & policies	Reviews & approves	Recommends	
• Litigation settlements >\$25,000	Reviews & approves	Recommends	
• Litigation settlements <\$25,000	No role	Approves with agreement of Hospital attorney, if conflicting opinion refer <u>refers</u> to Board	
• Healthcare System affiliations/relationships	Reviews & approves	Develops & recommends	
• Medico-Administrative agreements	Reviews & approves	Develops & recommends	<u>No Role. Approves all engagements.</u>

- Medical staff manpower needs

Reviews & approval

Develops & recommends

V. REFERENCES

[Purchase of Capital Equipment](#)

http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=0200-0299/0287/Sections/0287.055.html

All revision dates:

06/2025, 09/2022, 02/2021, 04/2017, 12/1995

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Board of Directors	Robert Jordan: Board Member	pending
President/CEO	George Mikitarian: PRESIDENT/CEO [AJ]	08/2025
Chief Corporate Compliance Officer	Anual Jackson: INSPECTOR GENERAL CHIEF CORPORATE COMPLIANCE OFFIC	08/2025
Executive Management Committee	Executive Management Committee [AM]	08/2025
Policy Management	Policy Management [AM]	06/2025
	Natalie Sellers: SR. VP COMM, COMMUNITY & COR	05/2025

Applicability

North Brevard Medical Support, Parrish Medical Center



Origination: 09/2025
Effective: 09/2025
Last Approved: 09/2025
Last Revised: 09/2025
Next Review: 09/2026
Initiator: *Ericka Jacobs: DIRECTOR, EMERGENCY SERVICES*
Areas: *Acute Care Services*
Tags: *Stroke, TJC*
Applicability: *Parrish Medical Center*

Primary Stroke Center Program

I. PURPOSE

The purpose of this policy is to define the Primary Stroke Center Program at Parrish Medical Center.

II. SCOPE

Applies to Parrish Medical Center's Primary Stroke Center Certification.

III. POLICY STATEMENT

Parrish Medical Center (PMC) is committed to providing excellent stroke care to the North Brevard County community. The structures and processes of the PMC Primary Stroke Center are defined, implemented and evaluated accordingly.

IV. DEFINITIONS

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

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

V. PROGRAM MISSION

The mission of Parrish Medical Center's Primary Stroke Center Program is to provide person_ centered care guided by our common mission, vision and values:

- **Mission:** *Healing Experiences for Everyone All the Time®*
- **Vision:** *Healing Families – Healing Communities®*

- **Values:** Safety, Loyalty, Integrity, Compassion, Excellence, Stewardship

PMC, together with North Brevard's first responders and affiliated area medical centers, will lead/coordinate an interdisciplinary team that is committed to:

- Providing quality stroke care in accordance with guidelines set forth by the American Stroke Association
- Developing initial and ongoing stroke-related education for first responders, caregivers, physicians, and members of the community
- Monitoring and improving processes to ensure excellence in stroke care
- Incorporating best and evidence-based clinical practice and technology [in stroke care](#)

VI. Structures

A. Program Support

1. Program support and authority of PMC's organization-wide performance improvement includes:
 - a. The Board of Directors
 - b. The Board Quality Committee
 - c. The Chief Executive Officer/President
 - d. The Executive Management Committee
 - e. The Medical Executive Committee Chairman
 - f. The Quality Management Committee
 - g. The Stroke Committee

B. Structure

1. PMC's Primary Stroke Center consists of:
 - a. Stroke Committee: oversight body who determines, implements, and evaluates stroke care provided at [PMC Parrish Medical Center](#)
 - b. Stroke Team: designated, specially-trained individuals who respond when a "Code Stroke" is called and provide care to potential stroke victims
 - c. Stroke Unit: The Medical Surgical Department has been designated as the receiving unit for stroke patients, but the patient may be admitted to the Intensive Care Unit (ICU) as their condition dictates.

C. Stroke Committee

1. The Stroke Committee oversees the [PMC Parrish Medical Center](#) Primary Stroke Center. This group meets regularly according to ~~a designated~~ [an established](#) schedule to ensure accuracy of program protocols, to review program utilization and to review program performance indicators. Stroke Committee members design, attend, and monitor continuing education activities related to stroke care. Evidence-based guidelines are used by the Stroke Committee to develop care protocols, standing orders, assessment tools, and educational materials for use by Stroke Team members. These materials have been reviewed/approved by the Stroke Committee. Stroke Committee meetings also plan targeted stroke-care education activities for physicians, nurses, Emergency Medical Services (EMS) personnel, allied health staff, and members of the community.
2. Standing Members of the Stroke Committee:
 - a. Program Medical Director: Physician who works to develop, implement and monitor evidenced-based treatment, oversees program outcomes, evaluates ongoing patient care and quality initiatives, and serves as a liaison with medical staff, [PMC Parrish Medical Center](#) staff and community to enhance stroke care and awareness

- b. Program Director: Leads program process improvement initiatives, promotes regulatory compliance and coordinates The Joint Commission (TJC) compliance/certification
- c. Program Coordinator: Coordinates and monitors stroke program activities and data, reports indicator results
- d. Physicians: Emergency Department (ED), Neurologists, and Hospitalists work to develop and implement evidence-based treatment, work in concert with other physicians, and evaluate ongoing patient care and quality of care initiatives.
- e. Nursing: Works to develop and implement evidence-based treatment, develops and evaluates ongoing patient care, education, and quality of care initiatives, oversees delivery of stroke care, establishes and sets nursing standards for stroke care.

3. Ad Hoc Members of the Stroke Committee:

- a. Additional professionals may participate on the Stroke Committee in an ad hoc status. These members are not limited to, but may include:
 - i. Social workers
 - ii. EMS personnel and leaders
 - iii. Local physicians
 - iv. Community leaders

D. **Primary Stroke Team**

1. The following departments are represented as ongoing members of the Primary Stroke Team:

- a. Emergency Department: Receiving unit for potential stroke victims from the community
- b. Medical Surgical Department: Receiving unit for stroke victims admitted into ~~the hospital~~ Parrish Medical Center.
- c. Intensive Care Unit: Receiving unit for critically-ill stroke victims admitted into ~~the hospital~~ Parrish Medical Center.
- d. Case Management: Coordinates/facilitates inpatient care, discharge planning and post-discharge rehabilitation.
- e. Diagnostic Imaging: Ensures that computed tomography scans (CTs) and other necessary imaging services are always available ~~at all times~~, complies with turn-around-time requirements for imaging services related to stroke treatment, provides accurate documentation of program-related indicators for review by the Stroke Committee, works with Committee members to ensure that imaging services evolve with the needs of both stroke patients and the Primary Stroke Center
- f. Professional Development: Assists in the design and implementation of education programs related to stroke care for physicians, staff, EMS, and members of the community
- g. Food and Nutrition: Assists in nutritional assessment, education, and provides recommendations for supplemental nutrition for stroke victims
- h. Laboratory: Ensures that laboratory services are available at all times needed for stroke victims, complies with turn-around-time requirements for laboratory testing, provides accurate documentation of program-related indicators for review by the Stroke Committee, works with Stroke Committee members to ensure that laboratory services evolve with the needs of both stroke patients and the Primary Stroke Center
- i. Quality Risk Management: Promotes hospital safety and coordinates TJC compliance and certification, provides quality metrics to ~~committee~~ the Stroke Committee

- j. Pharmacy: Designs/implements/monitors medication administration systems, serves as a liaison to medical and nursing staff regarding all aspects of medication storage, dosage and administration, reviews medication orders as specified by regulatory agencies, provides input to the Stroke Committee on Stroke-related medications and medication-related issues
- k. Home Health: Parrish Home Health (PHH) is a TJC accredited home health agency providing Skilled Nursing, MSW, Physical therapy, Occupational therapy, Speech Therapy as well as home health aide services available for those who qualify.
- l. Physical, Speech and Occupational Therapy: Utilizes a variety of assessment and treatment techniques to achieve individualized patient goals, works to increase physical mobility/independence/ADL, works to help the individual regain physical, verbal, sensory, perceptual, and cognitive functions. PT/OT/ST orders for all TIA/CVA are completed within 48 hours providing comprehensive evaluation of functional limitation as well as setting the course for their rehabilitation as early as possible following CVA.
- m. Respiratory Therapy: Reviews and implements scope-specific orders to meet the needs of patients who may have respiratory compromise

E. Stroke Team Responders

1. A specialty-trained nurse arrives at a potential stroke victim's bedside as soon as possible and within 15 minutes of notification of stroke-like symptoms to perform an assessment and coordinate activities for other Stroke Team members.
2. The following specially trained PMC individuals respond and/or assume their role according to protocol when "Code Stroke" is called in their unit of responsibility:
 - a. ED provider (ED)
 - b. Hospitalist (Med/Surg)
 - c. Intensivist (ICU)
 - d. House Supervisor (all units)
 - e. ED nursing staff (ED)
 - f. ICU nursing staff (ICU)
 - g. Medical Surgical nursing staff (Med/Surg)
 - h. C.N.A./Nurse Tech (respective unit)
 - i. LPN (respective unit)
 - j. CT Tech
 - k. Radiologist
 - l. Lab phlebotomist
 - m. Neurological consult (Via telemedicine and/or telephone)
 - n. Neurosurgical consult (Via telemedicine and/or telephone)

VII. PROCEDURES

A. Game Plan

1. The PMC Parrish Medical Center Game Plan is the medical center's strategic plan. It is the framework PMC Parrish Medical Center uses for the consistent, standardized communication of the organization's annual business strategic goals and expectations. The Game Plan is our road map to fulfilling our shared

mission, vision and values on behalf of the people we have the honor to partner in care with and serve. It defines for us 'What' we need to do; 'How' to achieve results; and 'Why' it is important. These measures include data from health care organizations that have partnered with Parrish Medical Center to influence the health of shared patients. Data for reporting on quality, cost and utilization metrics are obtained from various sources for hospital, physician offices and affiliate measures. The data is then integrated to form complete and timely patient specific and actionable information. The information is used to support patient care based on evidence-based guidelines, track provider performance, measure effective implementation of quality and cost containment initiatives as compared and measured against benchmarks. The Six Sigma DMAIC methodology is used to address processes not trending in the desired direction.

B. Access

1. Patients access the Primary Stroke Center through the Emergency Department as ambulatory patients or via EMS. The Stroke Team may also serve inpatients or others who suffer the onset of stroke symptoms while already on the [PMCParrish Medical Center](#) campus.

C. Activation

1. Pre-Hospital: Accurate pre-hospital assessment of a stroke patient's condition and timely, effective communication with the Emergency Department are key aspects of the [PMCParrish Medical Center](#) Primary Stroke Center prehospital phase. Representatives of area EMS agencies have worked in concert with the [PMCParrish Medical Center](#) stroke team to develop and implement tools to better facilitate stroke assessment and field communications. EMS "Stroke Alert" notification trigger a prescribed series of events in the [PMCParrish Medical Center](#) Emergency Department and/or hospital-wide, as necessitated by the incoming patient's condition. The arrival of a "Stroke Alert" patient in the ED may result in "Code Stroke" activation at [PMCParrish Medical Center](#).
2. In-Hospital: The Stroke Team is activated by dialing "11" from any hospital phone, stating "Stroke" and providing specific location of patient. The Communications Center representative announces "Medical Alert + Stroke + [Location]" three times, overhead via hospital speaker system. A specialty-trained nurse arrives at a potential stroke victim's bedside as soon as possible and within 15 minutes of notification of stroke-like symptoms to perform an assessment and coordinate activities for other Stroke Team members.
 - a. Code Strokes called on registered outpatients receiving care in procedural areas (i.e. Perioperative Services, Cardiac Cath Lab, Outpatient Diagnostics, etc.) are attended by a specialty-trained nurse (House Supervisor) and the Hospitalist.

The Code Stroke binder is available in the ED and on the Medical Surgical floors, ICU, and Mission Control. This binder serves as a resource for Stroke Team roles/responsibilities as well as step-by-step instructions for communicating with Cleveland Clinic for Teleneurology support. It also holds "Golden Hour" clock diagrams, so all team members are aware of the time of events.

VIII. REFERENCES

- A. The Joint Commission 2024 DSC standard for Primary Stroke Center, DSPM.01: The program has an organized, comprehensive approach to performance improvement.
- B. The Joint Commission 2024 DSC standards for Primary Stroke Center, DSPR.01, EP 1: The program identifies member of its leadership team.
- C. The Joint Commission 2024 DSC standards for Primary Stroke Center, DSPR.01, EP 2: The program defines the accountability of its leader(s).
- D. The Joint Commission 2024 DSC standards for Primary Stroke Center, DSPR.02: The program is

collaboratively designed, implemented, and evaluated.

All revision dates:

09/2025

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
President/ CEO	George Mikitarian: PRESIDENT/CEO [AJ]	09/2025
Chief Corporate Compliance Officer	Anual Jackson: INSPECTOR GENERAL CHIEF CORPORATE COMPLIANCE OFFIC	08/2025
Executive Management Committee	Executive Management Committee [AM]	07/2025
Policy Management	Policy Management [AM]	07/2025
Medical Executive Committee	Aluino Ochoa: Physician [JH]	07/2025
Executive Management VP/CNO	Lisa Dickerson: VICE PRESIDENT, NURSING ADMINISTRATION/CHIEF NURSI	06/2025
	Ericka Jacobs: DIRECTOR, EMERGENCY SERVICES	04/2025

Applicability

Parrish Medical Center

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

	<u>Estimated Impressions</u>
Community Outreach (Attendees)	4,120
<i>Astronaut High School's Back to School BBQ (August 2)</i>	<i>(Attendance 1,500)</i>
Sponsor: Logo on all t-shirts and event flyers, dedicated shoutouts on Facebook and 30+ community social media pages, banner on display at event; 650 backpacks distributed total	
<i>North Brevard Young Professionals (August 7)</i>	<i>(Attendance 30)</i>
Logo on Chamber of Commerce website and displayed throughout event	
<i>Pre-Participation Sports Physicals (August 9)</i>	<i>(Attendance 130)</i>
Dr. Anthony Allotta; Dr. Bryan Parry; Rebecca Fagan, APRN; Andreanna Leggett, APRN and Katie Pate, PA-C	
<i>Titusville Chamber of Commerce Luncheon (August 13)</i>	<i>(Attendance 60)</i>
Provided sponsorship message (delivered by Janet Rooks focusing on senior solutions); senior health rack cards provided to all attendees and social media mentioned on all of the Chamber of Commerce's social platforms	
<i>Small Business Conference (August 25)</i>	<i>(Attendance 200)</i>
Sponsor; logo on event signage, sponsored table managed by Kim Tolley, Michelle Pelley and Denise McBroom from occupational health	
<i>Senior Life Expo – Slice of the Good Life (August 27)</i>	<i>(Attendance 400)</i>
Sponsor; Abigail Blean and Lynn Sterling were onsite at Parrish Healthcare's table. Included swag, brochures and pop-up banner	
<i>Pickleball with a Purpose - Titusville Rotary (August 30)</i>	<i>(Attendance 100)</i>
Sponsorship; social media posts, logo included on event collateral	
<i>YMCA Youth Volleyball (3-2025 Youth Volleyball Seasons)</i>	<i>(Attendance 500)</i>
Sole Sponsor; logo included on all jerseys, banner on display, inclusion on all digital promotions; visibility at all games. Note: 120 players and parents, coaches and community members present at all games.	
<i>Astronaut Youth Sports Association - 2025 Sports Season</i>	<i>(Attendance 1200)</i>

Sponsorship; name on 234 t-shirts, 4 x 6 banner displayed throughout the youth football/cheer season. Estimated traffic for games 1200+.

Print Advertising/Impressions		949,125
<i>Brevard Business News (40,000/issue – Weekly - Contact: Adrienne Roth)</i>		40,000
<ul style="list-style-type: none"> 8.25.2025 – Full Page (Glitz, Glamour & Giving – In kind Gala ad) 		
<i>Happenings (5,500/issue – Monthly and Weekly - Contact: Randy Rodriquez)</i>		5,500
<ul style="list-style-type: none"> 8.2025 – Cover Ad (Emergency Care - #2) 8.2025 – Full Page Back Cover (Ortho Health- General) 8.2025 – Full Page (Support Groups) 		
<i>Hometown News (14,725/issue – Weekly - Contact: Rodney Bookhardt)</i>		73,625
<ul style="list-style-type: none"> 8.01.25 – Full Page (Ortho Health - Hips) 8.08.25 – Full Page (PHC N. Titusville Services) 8.15.25 – Full Page (Ortho Health General) 8.22.25 – Full Page (PHC-PSJ Services) 8.29.25 – Full Page (Da Vinci Robotic-Assisted Surgery) 		
<i>Florida Today (50,000/issue – Daily - Contact: Local IQ)</i>		650,000
<ul style="list-style-type: none"> 8.07.25 – Half Page (PHC-PSJ Services) 8.21.25 – Half Page (Ortho Health – Hips – Vers. B) 8.24.25 – Full Page (PHC – N. Titusville Services) 8.01.25 - Front Page Strip Ad (Oncology – Hope and Healing Begin Here) 8.03.25 - Front Page Strip Ad (Oncology – Hope and Healing Begin Here) 8.10.25 - Front Page Strip Ad (Cardiology – Put Your Hear in the Best Hands) 8.13.25 - Front Page Strip Ad (Cardiology – Put Your Hear in the Best Hands) 8.15.25 - Front Page Strip Ad (Cardiology – Put Your Hear in the Best Hands) 8.20.25 - Front Page Strip Ad (Cardiology – Put Your Hear in the Best Hands) 8.22.25 - Front Page Strip Ad (Cardiology – Put Your Hear in the Best Hands) 8.24.25 - Front Page Strip Ad (Women’s Health – Women’s Health Starts Here) 8.27.25 - Front Page Strip Ad (Women’s Health – Women’s Health Starts Here) 8.29.25 - Front Page Strip Ad (Women’s Health – Women’s Health Starts Here) 8.31.25 - Front Page Strip Ad (Women’s Health – Lifelong Wellness. We’re With You.) 		
<i>Investing in Your Health Today (25,000/edition – Monthly - Contact: Barbara Rhoden)</i>		25,000
<ul style="list-style-type: none"> 8.2025 – Full Page (Ortho Health – Hips, Vers. A) 8.2025 – Full Page (PHC – N. Titusville Services) 8.2025 – Full Page (Open Interviews) 		
<i>Space Coast Living (10,000/edition–5 Editions Annually-Contact: Lori Weisman)</i>		10,000
<ul style="list-style-type: none"> 8.2025 – Full Page (Ortho Health – Hips) 		
<i>Space Coast Daily (60,00/edition – Monthly/Digital Daily - Contact: Giles Malone)</i>		60,000
<ul style="list-style-type: none"> 8.22.25 – Full Page (Ortho General) 		

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

- 8.2025 – Half Page (Ortho Health – Hips)
- 8.21.2025 – Digital Ad (Your Heart Care Partners)

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

- 8.08.2025 – Full Page (Ortho Health – Hips Ver. A)

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

- 8.05.25 – Insert, Side 1 (PHC-N. Titusville Services); Insert Side 2 (Open Interviews)

Lifetimes Newsletter (Mailed quarterly to N. Brevard zip code) Summer Issue NA

To Note: Next Mailing will be October 2025, Fall Issue

Titusville Playhouse Playbill (Based on number of monthly performances) 4,000

- 8.2025 – Clue the Musical, Aug. 1 – 24 (Ortho General)

Digital Ad Impressions	617,552
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WFTV.com

- Impressions: 421,477
- Clicks: 2,160
- CTR: 0.59%

WFTV-OTT (Over the Top)

- Impressions: 28,963
- Video Completes: 28,575
- Video Completion Rate: 98.66%

WFTV (Streaming)

- Impressions: 64,527
- Video Completes: 63,433
- Video Completion Rate: 98.36%

Spectrum Reach (Streaming and TV)

- Impressions: 102,585
- Video Completes: 100,913
- Video Completion Rate: 98.37%

Social Media Channels	194,396
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Facebook:

- ***Parrish Healthcare: Reach – 179,017; Followers – 7,935***
- ***The Children’s Center: Reach – 5,376; Followers – 131***
- ***Parrish Health & Wellness: Reach – 915; Followers – 160***

Instagram: Reach – 8,573; Total Followers - 711

X (Twitter): Followers - 251

LinkedIn: Followers – 4,085 Impressions – 8,235

YouTube:

- Total Views: 515
- Total Subscribers: 489
- New Subscribers: 2

Top 5 YouTube Videos (Total Video Views in August – 515):

- Parrish Healthcare: Where Healing Begins With Our Team: **52**
- Patient Testimonial – Stuart Bodin: **49**
- Alzheimer’s SOS Vascular Dementia: **44**
- Daily Two Segment Featuring Dr. Musto: **43**
- Daily Two Segment Featuring Dr. Gabriel: **23**

TV Impressions	2,257,600
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Station	Spots	Impressions
WFTV	79	1,892,600
WRDQ	60	365,000
Spectrum News 13	327	See Note Below
Total	466	2,257,600

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

Commercials Aired:

Service Line	Title	ISCI	Impressions (000) A18+
Brand	Brand :05	PHCBRAND2505	252.2
Ortho	Ortho :10	PHCORTHO10	180.2
Ortho	Ortho :15	PHCORTHO15	436
Ortho	Ortho :30	PHCORTHO30	438
Pastor	Pastor :60	PHCPASTOR60	79.1
Pastor	Pastor :120	PHCPASTOR120	14.6
Robotics	Robotics :60	PHCVELYSJAMIE60	15.3
Robotics	Robotics :120	PHCVELYSJAMIE120	5.7
SQUEEZEBACK			279.6
WHEEL SPONSORSHIP			556.90
Grand Total			2,257.6

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 (The Future of Patient Care)
- **5585:** Grissom Pkwy NS 1mi W/O Industry Rd F/E – 2, Cocoa; 47,988 (Robotic Assisted Surgery)
- **5514:** US 1 ES 1.5mi N/O SR 528 F/S – 2; 107,258 (Robotic Assisted Surgery)
- **5333:** US 1 WS 1.3mi N/O SR 406 Garden St F/N – 2; 96,930 (Reducing Cost. Improving Healthcare. – Women's Health, Maternity)
- **5332:** US 1 WS 1.3mi N/O SR 406 Garden St F/S – 1; 75,254 (Reducing Cost. Improving Healthcare. – Robotic Surgery)

- **5331:** US 1 WS 1.5mi N/O SR 406 Garden St F/S – 1; 75,506 (*Reducing Cost. Improving Healthcare. – Senior Care*)
- **5330:** US 1 WS 1.5mi N/O SR 406 Garden St F/N – 2; 92,942 (*Robotic Assisted Surgery*)
- **5329:** US 1 WS 0.2mi S/O SR 50 F/S – 1; 77,766 (*Reducing Cost. Improving Healthcare. – Robotic Surgery*)
- **5306:** US 1 WS 0.7mi N/O SR 528 F/N – 2; 108,105 (*Reducing Cost. Improving Healthcare. – Robotic Surgery*)
- **5006:** US 1 ES 2.7mi N/O SR 528 F/S – 2; 97,000 (*Reducing Cost. Improving Healthcare. – Maternity, Women’s Health*)
- **3321:** US 1 WS 3.3mi N/O SR 528 F/S – 1; 76,697 (*Reducing Cost. Improving Healthcare. – Robotic Surgery*)
- **1904:** SR 405 SS 0.5mi W/O SR 407 F/W – 1; 76,193 (*Reducing Cost. Improving Healthcare. – Senior Care*)
- **1903:** SR 405 SS 0.5mi W/O SR 407 F/E – 2; 63,925 (*Robotic Assisted Surgery*)
- **1538:** US 1 WS 2.3mi S/O SR 405 F/N – 2; 84,413 (*Robotic Assisted Surgery*)
- **1537:** US 1 WS 2.3mi S/O SR 405 F/S – 1; 77,547 (*Reducing Cost. Improving Healthcare. – Maternity, Women’s Health*)
- **1155:** US 1 WS 1.4mi S/O SR 405 F/S – 2; 65,656 (*Robotic Assisted Surgery*)
- **1034:** US 1 WS 1.4mi S/O SR 405 F/S – 1; 57,181 (*Focused on the Future of Patient Care*)

Bus Wraps (Clear Channel – Contact: Joe Schmitt)

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

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

Summary of Total Impressions	5,842,188
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News Releases Issued by Parrish	111,450
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- 8.01.25 – Happening (Parrish Healthcare Celebrates Successful Ribbon Cutting Ceremony to Commemorate New North Titusville Center) ****5,500**
- 8.01.25 – Hometown News (Parrish CEO Among Top Community Hospital Exec); (Parrish Opens New Titusville Center)
- 8.08.25 – Happenings (Parrish Healthcare Open Interviews) ****5,500**
- 8.10.25 – Hometown News (Scheduling a Good Sleep Routine Supports Academic Success) **14,725**
- 8.15.25 – Hometown News (Back-to-School Tips for Kids from Parrish healthcare Sleep medicine Experts); (Two-Time cancer Survivor Wanda Knight Rings Bell to Symbolize Letting Freedom – From Cancer – Rings, at New Parrish Healthcare Center in North Titusville); (Parrish healthcare Open Interviews)
- 8.20.25 – Hometown News (Parrish Medical Group Welcomes Mark Swierzewski, MD) ****14,725**
- 8.22.25 – Hometown News (Parrish Medical Group Welcomes Mark Swierzewski, MD)
- 8.22.25 – Happenings (Parrish Medical Group Welcomes Mark Swierzewski, MD. Board-Certified Urologist); (Parrish Healthcare Open Interviews) ****5,500**

- 8.27.25 – Space Coast Daily (Parrish Healthcare Partners with Health First’s Air Ambulance Helicopter, First Flight) ****60,000**
- 8.29.25 – Happenings (Parrish Healthcare Partners with Health First’s Air Ambulance Helicopter, First Flight), (Parrish Healthcare Home Health Received 2025 Community Choice Award for Best Home Health Care Service in Brevard County) ****5,500**
- 8.29.25 – Florida Today (Parrish Adds Board-Certified Urologist Swierzewski)
- 8.31.25 – Florida Today (Parrish Adds Board-Certified Urologist Swierzewski)

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

News Releases Issued by Others

50,000

- 8.01.25 – Florida Today (12 Diagnostic Imaging Tests Everyone Should Know)
- 8.03.04 – Florida Today (Parrish to Temporarily Close Titus Landing Facility in Titusville)
- 8.04.25 – Florida Today (Parrish to Temporarily Close Titus Landing Facility Because of Air Conditioning Issues) ****50,000**

Creative Examples

PARRISH HEALTHCARE WOMEN'S HEALTH

COMPASSIONATE CARE FOR EVERY STAGE OF WOMANHOOD

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Parrish Healthcare's orthopedics and sports medicine practice delivers exceptional care to help you move without pain and live without limits. Our expert team uses the latest techniques and technologies to provide effective treatments for all of your orthopedic needs.

- Joint Replacement and Reconstruction
- Pain Management
- Physical Rehabilitation Services
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- Pain Management
- Physical Rehabilitation Services
- Sports Injuries
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- Pain Management
- Physical Rehabilitation Services
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- Trauma and Fracture Care

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COMMUNITY SUPPORT GROUP SCHEDULE

A.W.A.K.E. Sleep Support Group
Meets the second Monday monthly, 6-7:30 PM
Parrish Healthcare Center
Manatee Conference Room
5005 Port St. John Parkway, Port St. John
Contact our Sleep Center team at 321-268-6468

Cancer and Survivor Support Group
Meets the third Wednesday monthly, 4-5:30 PM
Parrish Healthcare Center, North Titusville, Conference Room
490 North Washington Avenue, Titusville
Contact Shannon Luker at 321-268-6111, ext. 3544

Caring for Caregivers Support Group
Meets the second and fourth Thursday monthly
9:30-11:30 AM
Heritage Hall, Parrish Health Village
931 North Washington Avenue, Titusville
Contact Janet Rooks at 321-268-6800

Early Steps Community Play Date
Meets the fourth Wednesday monthly, 9-10:30 AM
The Children's Center
5650 South Washington Avenue, Titusville
Contact Mary Gancel at 321-292-1370

Fearless Café
Presented by St. Francis Reflections Life Stages Care
and Parrish Healthcare
Meets the first Wednesday monthly, 10-11 AM
Heritage Hall, Parrish Health Village
931 North Washington Avenue, Titusville
Contact Janet Rooks at 321-268-6800

Kidney Smart Class
Meets the last Thursday monthly, 2-3:30 PM
Heritage Hall, Parrish Health Village
931 North Washington Avenue, Titusville
Contact Jackie Tomet at 321-353-1243

Mom's Support Group
Meets Mondays, 2-3 PM
Parrish Health & Wellness Center
5650 South Washington Avenue, Titusville
Contact Melinda at melinda.hodges@parrishmed.com

Parkinson's Support Group
Meets the second Tuesday monthly, 11:15 AM-12:15 PM
The Children's Center
5650 South Washington Avenue, Titusville
Contact Barbara Riedlin at 321-343-6033 or
BarbaraRiedlin@parrishmed.com

Stroke and Heart Survivors Support Group
Meets the third Tuesday monthly, 2-4 PM
Heritage Hall, Parrish Health Village
931 North Washington Avenue, Titusville
Contact Janet Rooks at 321-268-6800

Tools to Quit Smoking Now
Meets the last Tuesday monthly, 5:30-7:30 PM
Parrish Medical Center, Conference Room 8
951 North Washington Avenue, Titusville
Facilitated by Jennifer Wolowitz, Tobacco Free Florida
407-889-2255, ext. 102



Visit parrishhealthcare.com/events
for information and to register

MORE ROOM TO CARE, MORE WAYS TO HELP

Parrish Healthcare Center, North Titusville is designed to provide even greater access to the quality care you know and trust.

Totalling 24,586 square feet, the center offers comprehensive cancer care and more. Right here, close to home.

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

490 North Washington Avenue
Titusville, FL 32796

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



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Parrish Healthcare Center at Port St. John Your Community Healthcare Center

Parrish Healthcare Center at Port St. John is proud to serve all of your health care needs. Here you will experience convenient access to superior outpatient services, multi-specialty physicians, diagnostic imaging services and more within a one-of-a-kind LEED certified "green" healing environment.

5005 Port St. John Parkway, Port St. John, FL 32027
Located just east of I-95 (Exit 208)
on Port St. John Parkway



This location offers the following services and more:

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

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Advanced Robotic Surgery Right here, close to home.

Minimally invasive, robotic-assisted surgery

What is the da Vinci® XPS Surgical System?

With the da Vinci Surgical System, your Robotic Surgery Care Partners perform complex, minimally-invasive surgical procedures through tiny incisions.

With the da Vinci system, your surgeon:

- Stays with you in the operating room and uses his or her hands to control a camera and surgical instruments to perform the procedure.
- Views the entire operation in 3DHD, giving your surgeon a crystal clear view of the surgical area that is magnified 10 times to what the human eye sees.
- Uses tiny instruments that move like a human hand, but with an even greater range of motion. The system's built-in motion-filtering technology helps your surgeon move each instrument with smooth precision.

Why should you choose robotic-assisted surgery?

People choose surgery with the da Vinci system for a variety of reasons, such as less blood loss, shorter hospital stays and faster recovery.

As a leader in the field, we look forward to continuing to provide minimally-invasive surgical options to our community.

Visit parrishhealthcare.com/roboticsurgery

The da Vinci® XPS

Surgical System can be used for the following procedures:

Colorectal

- Colon resection
- Rectal resection

General Surgery

- Hernia repair
- Gallbladder surgery

Gynecology

- Endometrial resection
- Benign hysterectomy
- Hysterectomy for cancer
- Fertility removal (myomectomy)

Urology

- Kidney surgery
- Prostate surgery



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BBN BREVARD BUSINESS NEWS online at brevardbusinessnews.com

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ZUMPARO PATRICIOS

**Saturday, October 18, 2025
5:30 - 10:00 pm**
**Valiant Air Command Event Hangar
6600 Tico Road, Titusville, FL 32780**

An evening of jazz, mystery and Prohibition-era allure awaits. Don your finest Gatsby-inspired attire and get ready for a night of vintage charm and timeless revelry.

Proceeds will benefit the advancement of healthcare technologies and services in support of the healing mission of Parrish Healthcare.

Tickets: \$150 per person
Sponsorships start at \$500

For more information, call JPMF at 321-269-4066
or visit parrishmedfoundation.com/gala

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