



## MEMORANDUM

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**To:** Board of Directors

**Cc:** Bill Boyles, Esquire  
Biju Mathews, M.D.

**From:** George Mikitarian  
President/CEO

**Subject:** Board/Committee Meetings – October 3, 2022

**Date:** September 29, 2022

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

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

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

**The Planning Committee meeting has been canceled.**

## **QUALITY COMMITTEE**

Elizabeth Galfo, M.D., Chairperson  
Robert L. Jordan, Jr., C.M. (ex-officio)  
Billy Specht  
Billie Fitzgerald  
Herman A. Cole, Jr.  
Jerry Noffel  
Stan Retz, CPA  
Maureen Rupe  
Ashok Shah, M.D.  
Biju Mathews, M.D., President/Medical Staff  
Greg Cuculino, M.D.  
Kiran Modi, M.D., Designee  
Francisco Garcia, M.D., Designee  
Christopher Manion, M.D., Designee  
George Mikitarian (non-voting)

**NORTH BREVARD COUNTY HOSPITAL DISTRICT  
OPERATING  
PARRISH MEDICAL CENTER  
QUALITY COMMITTEE  
MONDAY, OCTOBER 3, 2022  
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 1, 2022 meeting.*

II. Vision Statement

III. My Story

IV. Dashboard

V. TJC Leadership Standards Review - continued

VI. Other

VII. Executive Session (if necessary)

### **ADJOURNMENT**

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

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

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

A regular meeting of the Quality Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on August 1, 2022 in Conference Room 2/3/4/5, First Floor. The following members were present.

Elizabeth Galfo, M.D., Chairperson  
Robert L. Jordan, Jr., C.M.  
Herman A. Cole, Jr.  
Billie Fitzgerald  
Stan Retz, CPA  
Billy Specht  
Christopher Manion, M.D.  
Gregory Cuculino M.D.  
Kiran Modi, M.D.  
George Mikitarian (non-voting)

Members absent:

Maureen Rupe, Vice Chairperson (excused)  
Jerry Noffel (excused)  
Ashok Shah, M.D. (excused)  
Biju Mathews, M.D., President/Medical Staff (excused)  
Francisco Garcia, M.D. (excused)

**CALL TO ORDER**

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

**REVIEW AND APPROVAL OF MINUTES**

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

***ACTION TAKEN: MOVED TO APPROVE THE MAY 2, 2022 MINUTES OF THE QUALITY COMMITTEE, AS PRESENTED.***

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

***ACTION TAKEN: MOVED TO APPROVE THE JUNE 6, 2022 MINUTES OF THE QUALITY COMMITTEE, AS PRESENTED.***

**VISION STATEMENT**

Mr. Loftin summarized the committee's vision statement.

### **RECOGNITION**

Mr. Jordan recognized Dr. Conley for his 28 years of service at Parrish Medical Center and presented him with a plaque on behalf of the Board of Directors. Dr. Conley thanked the Board and his fellow Care Partners.

### **MY STORY**

Mr. Loftin shared the story of Jessica and the healing experience she received through PMC Care Partner, Christine.

### **QUALITY DASHBOARD REVIEW**

Mr. Loftin reviewed the August Quality Dashboard and discussed each indicator score as it relates to clinical quality and cost. Copies of the Power Point slides presented are appended to the file copy of these minutes.

### **CITY LIAISON**

The Quality Committee recessed at 12:41 p.m. and the Executive Committee convened for the purpose of the report from the City Manager. The Quality Committee resumed at 12:44 p.m.

### **TJC LEADERSHIP STANDARDS REVIEW**

Mr. Loftin noted that COVID had a significant impact on the triannual survey which took place virtually in January 2021. PMC was previously required to participate in a one-day onsite Life Safety Survey. This survey will no longer take place and as an alternative the term for survey purposes will now end in 2023 instead of 2024.

Mr. Loftin discussed Parrish Medical Center Board of Directors governance and leadership as it applies to The Joint Commission, noting that the hospital's culture, systems, and leadership structure and relationships all come together to shape and drive its operations.

### **OTHER**

There was no other business brought before the committee.

### **ADJOURNMENT**

There being no further business to discuss, the Quality Committee meeting adjourned at 12:56 p.m.

Elizabeth Galfo, M.D.  
Chairperson





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# Board of Directors

## Quality Committee Presentation



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# Quality Agenda

**October 3, 2022**

1. Approval of Minutes
2. Vision Statement
3. My Story
4. Dashboard
5. TJC Leadership Standards Review- continued
6. Other
7. Executive Session

# Quality Committee

## Vision Statement

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



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# My Story



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# Dashboard



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# Performance dashboard

Description	Definition	July	May-July	Opportunity
Stroke	Stroke management compliance	57%	65%	Goal: 100%
Sepsis	Severe Sepsis and Septic Shock Management bundle compliance	65%	65%	Goal: 76%
Early Elective Delivery	Percentage of elective deliveries among mothers with uncomplicated pregnancies at 37 and 38 weeks gestation	0%	0%	Goal: 0%
HAI	Hospital onset MRSA bacteremia	8.2	3.71	Goal: 0
Readmission	All cause 30 day readmissions	11.8%	11.1%	Goal: 8.0%
Person Centered flow	Inpatient and outpatient emergency department throughput	334	451	164 *weighted goal

# The Joint Commission Leadership Chapter Standards



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# Overview:

**The safety and quality of care, treatment, and services depend on many factors, including the following:**

- A culture that fosters safety as a priority for everyone who works in the hospital
- The planning and provision of services that meet the needs of patients
- The availability of resources – human, financial, and physical – for providing care, treatment, and services
- The recruitment and retention of competent staff and other care providers
- Ongoing evaluation of and improvement in performance

# To determine the hospital's culture, Surveyor may ask Leaders:

- How does the hospital meet the needs of the population served?
- By what ethical standards will the hospital operate?
- What does the hospital want to accomplish through its work?

# What are the Surveyors looking for from Leadership?

- How you work together to fulfill the hospital's mission.
- How you model the hospital's mission to collaborate, communicate, solve problems, manage conflict, and maintain ethical standards.
- That you have a common goal.
- That senior managers are communicating the activities to Leadership
- What resources the hospital needs and how they secure those resources.

# Leadership Chapter Sections

- Leadership Structure ✓
- Leadership Relationships ✓
- Hospital Culture and System Performance Expectations
- Operations

# Leadership Relationships

**LD.03.01.01** Leaders create and maintain a culture of safety and quality throughout the hospital.

**LD.03.02.01** The hospital uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.

**LD.03.03.01** Leaders use hospitalwide planning to establish structures and processes that focus on safety and quality.

**LD.03.04.01** The hospital communicates information related to safety and quality to those who need it, including staff, licensed independent practitioners, patients, families, and external interested parties.

**LD.03.05.01** Leaders manage change to improve the performance of the hospital.

**LD.03.06.01** Those who work in the hospital are focused on improving safety and quality.

**LD.03.07.01** Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)

**LD.03.08.01** New or modified services or processes are well designed.

**LD.03.09.01** The hospital has an organizationwide, integrated patient safety program within its performance improvement activities.

**LD.03.10.01** The hospital considers clinical practice guidelines when designing or improving processes.

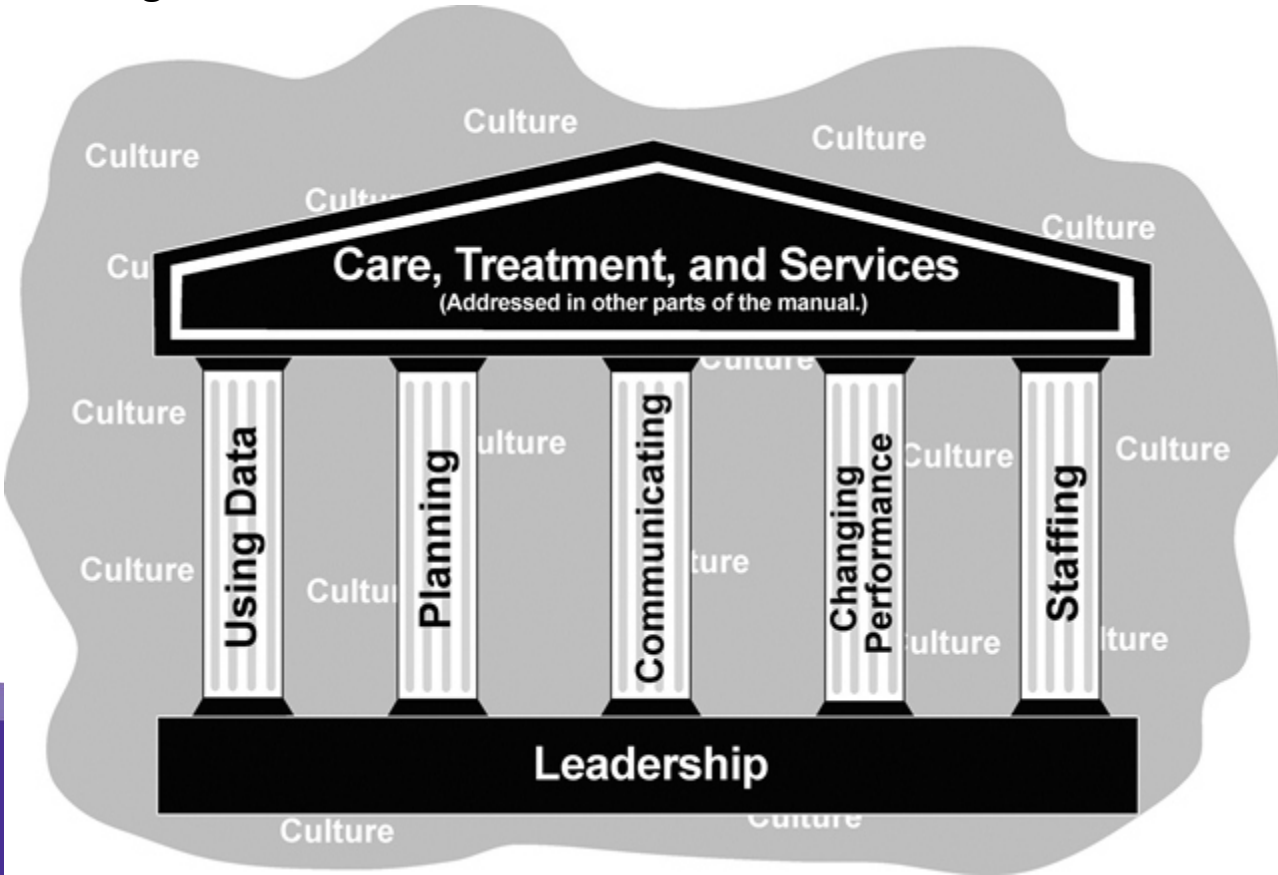
**LD.03.01.01** Leaders create and maintain a culture of safety and quality throughout the hospital.

Introduction to Hospital Culture and System Performance Expectations, Standards LD.03.01.01 Through

### LD.03.06.01

A hospital's culture reflects the beliefs, attitudes, and priorities of its members, and it influences the effectiveness of performance. Although there may be a dominant culture, in many larger hospitals, diverse cultures exist that may or may not share the same values. In fact, diverse cultures can exist even in smaller hospitals. Hospital performance can be effective in either case. Successful hospitals will work to develop a culture of safety and quality. In a culture of safety and quality, all individuals are focused on maintaining excellence in performance. They accept the safety and quality of patient care, treatment, and services as personal responsibilities and work together to minimize any harm that might result from unsafe or poor quality of care, treatment, and services. Leaders create this culture by demonstrating their commitment to safety and quality and by taking actions to achieve the desired state. In a culture of this kind, one finds teamwork, open discussions of concerns about safety and quality, and the encouragement of and reward for internal and external reporting of safety and quality issues. Attention is focused on the performance of systems and processes instead of the individual, although reckless behavior and a blatant disregard for safety are not tolerated. ....

Leadership provides the foundation for effective performance. The five key systems serve as pillars that are based on the foundation set by leadership and, in turn, support the many hospitalwide processes (such as medication management) that are important to individual care, treatment, and services. Culture permeates the entire structure. The five key systems are interrelated and need to function well together. The integration of these systems throughout the hospital will facilitate the effective performance of the hospital as a whole. Leaders develop a vision and goals for the performance of these systems and then evaluate their performance. Leaders use results to develop strategies for future improvements. .... They are consistent with and complementary to many existing approaches to improvement, such as the Baldrige criteria and Six Sigma.





Safety and quality thrive in an environment that supports teamwork and respect for other people, regardless of their position in the hospital. Leaders demonstrate their commitment to quality and set expectations for those who work in the hospital. Leaders evaluate the culture on a regular basis.

Leaders encourage teamwork and create structures, processes, and programs that allow this positive culture to flourish. Behavior that intimidates others and affects morale or staff turnover undermines a culture of safety and can be harmful to patient care. Leaders must address such behavior in individuals working at all levels of the hospital, including management, clinical and administrative staff, licensed independent practitioners, and governing body members.

- 1 Leaders regularly evaluate the culture of safety and quality using valid and reliable tools.
- 2 Leaders prioritize and implement changes identified by the evaluation.  
§482.21(b)(2)(ii)

- 4 Leaders develop a code of conduct that defines acceptable behavior and behaviors that undermine a culture of safety.
- 5 Leaders create and implement a process for managing behaviors that undermine a culture of safety.
- 9 The hospital has a workplace violence prevention program led by a designated individual and developed by a multidisciplinary team that includes the following:
  - Policies and procedures to prevent and respond to workplace violence
  - A process to report incidents in order to analyze incidents and trends
  - A process for follow up and support to victims and witnesses affected by workplace violence, including trauma and psychological counseling, if necessary
  - Reporting of workplace violence incidents to the governing body (See also HR.01.05.03, EP 29)

LD.03.02.01            The hospital uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.

Rationale for LD.03.02.01

Data help hospitals make the right decisions. **When decisions are supported by data, hospitals are more likely to move in directions that help them achieve their goals.** Successful hospitals measure and analyze their performance. When data are analyzed and turned into information, this process helps hospitals see patterns and trends and understand the reasons for their performance. Many types of data are used to evaluate performance, including data on outcomes of care, safety and quality initiatives, patient satisfaction, process variation, and staff perceptions.

- 1            Leaders set expectations for using data and information for the following:
  - Improving the safety and quality of care, treatment, or services
  - Decision making that supports the safety and quality of care, treatment, and services
  - Identifying and responding to internal and external changes in the environment

§482.21(b)(2)(i), §482.21, §482.21(a)(1)...
  
- 2            Leaders evaluate how effectively data and information are used throughout the hospital.



- 4 For hospitals that use Joint Commission accreditation for deemed status purposes: The quality assessment and performance improvement program incorporates quality indicator data, including patient care data and other relevant data such as that submitted to or received from Medicare quality reporting and quality performance programs (for example, data related to hospital readmissions and hospital-acquired conditions).

§482.21(b)(1)

LD.03.03.01 Leaders use hospitalwide planning to establish structures and processes that focus on safety and quality.

Rationale for LD.03.03.01

**Planning is essential to the following:** - The achievement of short- and long-term goals - Meeting the challenge of external changes - The design of services and work processes - The creation of communication channels - The improvement of performance - The introduction of innovation  
Planning includes contributions from the populations served, those who work for the hospital, and other interested groups or individuals.

- 1 Planning activities focus on the following:
  - Improving patient safety and health care quality
  - Adapting to changes in the environment§482.62(g)(1)
- 2 Planning is hospitalwide, systematic, and involves designated individuals and information sources.  
§482.62(g)(1)
- 3 Leaders evaluate the effectiveness of planning activities.

LD.03.04.01 The hospital communicates information related to safety and quality to those who need it, including staff, licensed independent practitioners, patients, families, and external interested parties.

#### Rationale for LD.03.04.01

Effective communication is essential among individuals and groups within the hospital and between the hospital and external parties. Poor communication often contributes to adverse events and can compromise safety and quality of care, treatment, and services. Effective communication is timely, accurate, and usable by the audience.

- 1 Communication processes are effective in doing the following:
  - Fostering the safety of the patient and their quality of care
  - Supporting safety and quality throughout the hospital
  - Meeting the needs of internal and external users
  - Informing those who work in the hospital of changes in the environment
  
- 2 Leaders evaluate the effectiveness of communication methods.

LD.03.05.01 Leaders manage change to improve the performance of the hospital.

Rationale for LD.03.05.01

Change is inevitable, and agile hospitals are able to manage change and rapidly execute new plans. The ability of leaders to manage change is necessary for performance improvement, for successful innovation, and to meet environmental challenges. The hospital integrates change into all relevant processes so that its effectiveness can be sustained, assessed, and measured.

1 The hospital has a systematic approach to change and performance improvement.  
§482.21(d)§482.21§482.21(a)(1)...

2 Structures for managing change and performance improvement do the following:  
- Foster the safety of the patient and the quality of care, treatment, and services  
- Support both safety and quality throughout the hospital  
- Adapt to changes in the environment  
§482.21§482.21(a)(1)§482.21(d)(1)...ESP-1

3 Leaders evaluate the effectiveness of processes for the management of change and performance improvement. (See also PI.03.01.01, EP 13)  
§482.21§482.21(a)(1)§482.21(c)(3)...

LD.03.06.01 Those who work in the hospital are focused on improving safety and quality.

#### Rationale for LD.03.06.01

The safety and quality of care, treatment, and services are highly dependent on the people who work in the hospital. The mission, scope, and complexity of services define the design of work processes and the skills and number of individuals needed. In a successful hospital, work processes and the environment make safety and quality paramount. This standard, therefore, applies to all those who work in or for the hospital, including staff and licensed independent practitioners.

- 1 Leaders design work processes to focus individuals on safety and quality issues.
- 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services.  
Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered. (See also IC.01.01.01, EP 3)  
§482.23(a)§482.23(b)(1)§482.24(a)...
- 3 Those who work in the hospital are competent to complete their assigned responsibilities.  
§482.51§482.51(a)(1)§482.51(a)(3)...



- 4 Leaders evaluate the effectiveness of those who work in the hospital to promote safety and quality.
- 5 Those who work in the hospital adapt to changes in the environment.

LD.03.07.01 Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)

Introduction to Operations, Standards LD.03.07.01 Through LD.04.03.11

Although some leaders may not be involved in the day-to-day, hands-on operations of the hospital, their decisions and work affect, either directly or indirectly, every aspect of operations. **They are the driving force behind the culture of the hospital.** Leaders establish the ethical framework in which the hospital operates, create policies and procedures, and secure resources and services that support patient safety and quality care, treatment, and services.

- 1 Performance improvement occurs hospital wide. §482.21(d)§482.21§482.21(a)(1)...
- 2 As part of performance improvement, leaders (including the governing body) do the following:
  - Set priorities for performance improvement activities and patient health outcomes
  - Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities
  - Identify the frequency of data collection for performance improvement activities
  - Reprioritize performance improvement activities in response to changes in the internal or external environment (See also PI.01.01.01, EPs 2, 3, 5, 6, 7, 10, 12, 13; PI.02.01.01, EP 1)

LD.03.08.01      New or modified services or processes are well designed.

- 1      The hospital's design of new or modified services or processes incorporates the following:
- The needs of patients, staff, and others
  - The results of performance improvement activities
  - Information about potential risks to patients
  - Evidence-based information in the decision-making process
  - Information about sentinel events

Note 1: A proactive risk assessment is one of several ways to assess potential risks to patients. For suggested components, refer to the "Proactive Risk Assessment" section at the beginning of this chapter.

Note 2: Evidence-based information could include practice guidelines, successful practices, information from current literature, and clinical standards. (See also LD.03.09.01, EPs 3, 7, 8)

§482.21(c)(2)

§482.25(a)

LD.03.09.01 The hospital has an organizationwide, integrated patient safety program within its performance improvement activities.

Introduction to Standard LD.03.09.01

This standard describes a safety program that integrates safety priorities into all processes, functions, and services within the hospital, including patient care, support, and contract services. It addresses the responsibility of leaders to establish a hospitalwide safety program; to proactively explore potential system failures; to analyze and take action on problems that have occurred; and to encourage the reporting of adverse events and close calls (“near misses”), both internally and externally. The hospital’s culture of safety and quality supports the safety program (refer to Standard LD.03.01.01).

This standard does not require the creation of a new structure or office in the hospital. It only emphasizes the need to integrate patient safety activities, both existing and newly created, with the hospital’s leadership, which is ultimately responsible for this integration.

- 1 The leaders implement a hospitalwide patient safety program as follows:
  - One or more qualified individuals or an interdisciplinary group manage the safety program.
  - All departments, programs, and services within the hospital participate in the safety program.
  - The scope of the safety program includes the full range of safety issues, from potential or no-harm errors (sometimes referred to as close calls [“near misses”] or good catches) to hazardous conditions and sentinel events.

§482.21§482.21(a)(1)§482.21(d)(2)...



2 As part of the safety program, the leaders create procedures for responding to system or process failures.

Note: Responses might include continuing to provide care, treatment, and services to those affected, containing the risk to others, and preserving factual information for subsequent analysis.

§482.21(e)(1)

3 The leaders provide and encourage the use of systems for blame-free internal reporting of a system or process failure, or the results of a proactive risk assessment.

Note: This EP is intended to minimize staff reluctance to report errors in order to help an organization understand the source and results of system and process failures. The EP does not conflict with holding individuals accountable for their blameworthy errors. (See also LD.03.08.01, EP 1; PI.01.01.01, EP 7)

§482.21(c)(2)§482.21(e)(1)

4 The leaders define patient safety event and communicate this definition throughout the organization.

Note: At a minimum, the organization's definition includes those events subject to review as described in the "Sentinel Event Policy" (SE) chapter of this manual.

§482.21(c)(2)§482.21(e)(1)ESP-1

5 The hospital conducts thorough and credible comprehensive systematic analyses (for example, root cause analyses) in response to sentinel events as described in the "Sentinel Event Policy" (SE) chapter of this manual.

§482.21(c)(2)§482.21(a)(2)§482.21(e)(1)

6 The leaders make support systems available for staff who have been involved in an adverse or sentinel event.

Note: Support systems recognize that conscientious health care workers who are involved in sentinel events are themselves victims of the event and require support. Support systems provide staff with additional help and support as well as additional resources through the human resources function or an employee assistance program. Support systems also focus on the process rather than blaming the involved individuals.

§482.21(e)(1)

7 At least every 18 months, the hospital selects one high-risk process and conducts a proactive risk assessment.

Note: For suggested components, refer to the "Proactive Risk Assessment" section at the beginning of this chapter. (See also LD.03.08.01, EP 1)

§482.21(c)(2)§482.21(e)(1)

8 To improve safety and to reduce the risk of medical errors, the hospital analyzes and uses information about system or process failures and the results of proactive risk assessments. (See also LD.03.08.01, EP 1)

§482.21(b)(2)(i)§482.21(c)(2)§482.21(a)(1)...

9 The leaders disseminate lessons learned from comprehensive systematic analyses (for example, root cause analyses), system or process failures, and the results of proactive risk assessments to all staff who provide services for the specific situation.

§482.21(c)(2)§482.21(e)(1)

10 At least once a year, the leaders provide governance with written reports on the following:

- All system or process failures
- The number and type of sentinel events
- Whether the patients and the families were informed of the event
- All actions taken to improve safety, both proactively and in response to actual occurrences
- For hospitals that use Joint Commission accreditation for deemed status purposes:  
The determined number of distinct improvement projects to be conducted annually
- All results of the analyses related to the adequacy of staffing (See also PI.03.01.01, EP 14)

§482.21(c)(2)§482.21(d)(1)§482.21(d)(3)...





- 11 The leaders encourage external reporting of significant adverse events, including voluntary reporting programs in addition to mandatory programs.

Note: Examples of voluntary programs include The Joint Commission Sentinel Event Database and the US Food and Drug Administration (FDA) MedWatch. Mandatory programs are often state initiated.

§482.21(d)(4)

LD.03.10.01            The hospital considers clinical practice guidelines when designing or improving processes.

Rationale for LD.03.10.01

Clinical practice guidelines can improve the quality, utilization, and value of health care services. Clinical practice guidelines help practitioners and patients make decisions about preventing, diagnosing, treating, and managing selected conditions. These guidelines can also be used in designing clinical processes or in checking the design of existing processes. The hospital identifies criteria that guide the selection and implementation of clinical practice guidelines so that they are consistent with its mission and priorities. Sources of clinical practice guidelines include the Agency for Healthcare Research and Quality and professional organizations.

3

When clinical practice guidelines will be used in the design or modification of processes, the following occurs:

- The hospital follows criteria to manage guideline selection and implementation.
- The leaders of the hospital and the organized medical staff review, approve, and modify the clinical practice guidelines as needed.
- The leaders of the hospital manage and evaluate the implementation of the guidelines.

§482.25(a)§482.51§482.51(a)...



# November: Operations LD 04



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# 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)  
Jerry Noffel  
Billie Fitzgerald  
Billy Specht  
Maureen Rupe  
Ashok Shah, M.D.  
Elizabeth Galfo, M.D.  
Christopher Manion, M.D.  
Biju Mathews, M.D., President/Medical Staff  
George Mikitarian, President/CEO (non-voting)

**TENTATIVE AGENDA  
FINANCE COMMITTEE MEETING - REGULAR  
NORTH BREVARD COUNTY HOSPITAL DISTRICT  
OPERATING  
PARRISH MEDICAL CENTER  
MONDAY, OCTOBER 3, 2022  
FIRST FLOOR CONFERENCE ROOMS 2/3/4/5  
(IMMEDIATELY FOLLOWING QUALITY COMMITTEE)**

CALL TO ORDER

- I. Approval of minutes.

***Motion: To recommend approval of the August 1, 2022 meeting.***

- II. Public Comments

- III. Financial Review – Mr. Bacon

- IV. FY 2023 Capital Budget – Mr. Bacon

***Motion: To Recommend the Board of Directors Approve the FY 2023 Capital Budget in the amount of \$ 2,000,000.00***

- V. Disposal

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

- 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.

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

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

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

A regular meeting of the Finance Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on August 1, 2022 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  
Elizabeth Galfo, M.D.  
Billy Specht  
Christopher Manion, M.D.  
George Mikitarian (non-voting)

Member(s) Absent:

Maureen Rupe (excused)  
Jerry Noffel (excused)  
Ashok Shah, M.D. (excused)  
Biju Mathews, M.D. (excused)

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

**CALL TO ORDER**

Mr. Cole called the meeting to order at 12:56 p.m.

**REVIEW AND APPROVAL OF MINUTES**

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

***ACTION TAKEN: MOVED THAT THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS APPROVE THE MAY 2, 2022 AND JUNE 6, 2022 MEETING MINUTES OF THE FINANCE COMMITTEE, AS PRESENTED.***

**PUBLIC COMMENTS**

There were no public comments.

**FINANCIAL REVIEW**

Mr. Bacon summarized the June financial statements of the North Brevard County Hospital District and year to date financial performance of the Health System.

**PURCHASE OF CAPITAL EXPENDITURE- SAFETY AND SECURITY WINDOW FILM**

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

**REGIONS LINE OF CREDIT MATURITY DATE EXTENSION**

Mr. Bacon summarized the request for extension of the maturity date of the Regions Bank Line of Credit from August 4, 2022 to October 3, 2022. Discussion ensued and the following motion was made by Mr. Jordan, seconded by Dr. Galfo and approved (7 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN:* MOVED THAT THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS APPROVE THE EXTENSION OF THE MATURITY DATE FOR THE REGIONS LINE OF CREDIT TO OCTOBER 3, 2022.**

**MEMBERSHIP RENEWAL FOR LEIGH SPRADLING**

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

***ACTION TAKEN:* MOVED THAT THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS APPROVE THE RENEWAL OF MEMBERSHIP FOR LEIGH SPRADLING TO THE PENSION COMMITTEE FOR A TWO-YEAR TERM FROM MARCH 1, 2022 THROUGH MARCH 1, 2024.**

**FOSTER & FOSTER FEE INCREASE**

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

***ACTION TAKEN:* MOVED THAT THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS ACCEPT THE PROPOSED FEE INCREASE WITH FOSTER & FOSTER FOR FY 2022-2023 AND TO INCLUDE FUTURE INCREASES BASED ON CPI WITH A MAXIMUM OF 5% AND A MINIMUM OF 2% PER YEAR INCREASE.**

**PUBLIC HEARING DATES**

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

**ADJOURNMENT**

There being no further business to discuss, the Finance Committee meeting adjourned at 1:35 p.m.

Herman A. Cole, Jr.  
Chairman





## MEMORANDUM

---

**Date:** October 3, 2022  
**To:** Budget & Finance Committee  
**From:** Darrell Bacon, Director of Financial Planning  
**Subject:** **FY 2023 Capital Budget**

---

Attached is the FY 2023 Capital Budget. Projects are listed by department and the total capital budget is \$2,000,000. Individual capital projects that are greater than \$150,000 will be presented for Board approval prior to purchase in accordance with Policy #9500-2.

The proposed capital budget will be funded by cash flows from operations and investments during fiscal year 2023. We are evaluating other capital needs not reflected in the proposed capital budget and additional projects will be presented for approval based on need and availability of funding.

Funding for any purchases that may exceed the approved amount or are not contemplated as part of the proposed capital budget is available from the contingency allocation of \$103,030, or the general allocation for equipment and infrastructure improvements.

I recommend the approval of the attached capital budget.

***Motion: Recommend the Board of Directors approve the FY 2023 Capital Budget in the amount of \$2,000,000.***

Should you have any questions or need additional information, please do not hesitate to contact me at [Darrell.Bacon@Parrishmed.com](mailto:Darrell.Bacon@Parrishmed.com) or (321) 268-6333 – Ext. 8514. Thank you for your attention in this matter.

Attachment

**Parrish Medical Center  
FY 2023 Capital Budget**

Project	Department	Capital Budget
<b>Routine Equipment</b>		
Labor and Delivery Birth Room Lights Replacement	1.333 - Womens Ctr-Childrens	38,974
Newborn Isolette Replacements	1.336 - Nursery	35,517
Dornoch - Canister Washer Stations	1.351 - O R	51,421
Operating Room Scrub Sinks	1.351 - O R	57,596
Urology Laser Lease Buyout	1.351 - O R	66,150
GI Scopes Lease Buyout	1.352 - GI	187,620 *
Blood Bank Cell Washer	1.401 - Lab	8,294
Hematology Microscope	1.401 - Lab	10,650
Pathology Printmate AS 150 Cassette printer system	1.412 - Lab Pathology	31,831
Nuclear Medicine Camera Replacement	1.424 - Nuclear Med	381,660 *
Patient Vitals Monitoring System - MRI	1.429 - MRI	65,019
Ventilators (Standard) - (Year 2)	1.461 - Respiratory	174,401 *
Transport Ventilator (Year 2)	1.461 - Respiratory	148,198
Bipap Machines (Year 2)	1.461 - Respiratory	64,955
Health and Fitness Center-Pool Equipment Replacement	1.661 - Plant Srv	99,785
Deep Fryers Replacement	1.651 - Dietary	54,419
Stretchers	1.773 - Patient Transport	39,940
Contingency	1.702 - Accounting	103,030
<b>Total Routine Equipment</b>		<b>1,619,457</b>
<b>Plant</b>		
PMC-South Building Facade Repair and Repaint	1.661 - Plant Services	98,947
Children Center Roof Top AC Units 1 2 3 Replacement	1.661 - Plant Services	22,000
<b>Total Plant</b>		<b>120,947</b>
<b>Off Campus</b>		
MRI Lease Buyout	1.961 - PMG- Titus Landing DX	239,181 *
Compact Room Lease Buyout	1.961 - PMG- Titus Landing DX	20,415
<b>Total Off Campus</b>		<b>259,596</b>
<b>Total Capital Budget for FY 2022</b>		<b>2,000,000</b>

\* Items shaded in yellow exceed \$150,000 and will be presented for Board approval prior to purchase in accordance with Policy # 9500-2.

NORTH BREVARD COUNTY HOSPITAL DISTRICT  
 OPERATING  
 PARRISH MEDICAL CENTER  
 TITUSVILLE, FLORIDA

**Request for Disposal of Obsolete or Surplus Property**

The assets listed below are considered obsolete, inefficient, or have ceased to serve any useful function. Board approval for disposal is requested.

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
ProCare 420 Vital signs	KN028437	5/25/2005	2909.20	PMC00590	Vital signs monitor no longer functional, no parts available.	0	1.312
ProCare 420 Vital signs	KN028433	5/25/2005	2909.20	PMC01410	Removed from service.	0	1.316

Requesting Department Med / Telemetry Department Director [Signature]  
 Net Book Value (Finance) 0 EMC Member [Signature] 9-6-22  
 Sr. VP Finance/CFO [Signature] 9/7/22 President/CEO \_\_\_\_\_  
 Board Approval: (Date) \_\_\_\_\_ CFO Signature [Signature] 9/20/22  
 Requestor Notified Finance \_\_\_\_\_  
 Asset Disposed of or Donated \_\_\_\_\_  
 Removed from Asset List (Finance) \_\_\_\_\_  
 Requested Public Entity for Donation \_\_\_\_\_  
 Entity Contact \_\_\_\_\_  
 Telephone \_\_\_\_\_

DELIVERED SEP 06 2022  
 to Edwin AP

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN028433 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING  
 THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN028437 THRU ASSET CLASS: END THRU DEPARTMENT: END  
 FROM STATUS DATE: BEGINNING FROM ACQUIRED DATE: BEGINNING FROM RETIRE DATE: BEGINNING FROM RETIRE TYPE: BEGINNING FROM RETIRE TYPE DATE:  
 THRU STATUS DATE: END THRU ACQUIRED DATE: END THRU RETIRE DATE: END THRU RETIRE TYPE: END THRU RETIRE TYPE DATE:

FACILITY: SYSTEM  
 CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.312 1 MED/TELEMETRY								
* KN028437	DINAMAP PROCARE 420 MONITOR (PROJECT # 05-312-0		ACTIVE	06/08/05	05/25/05		2909.20	0.00
							----- 2909.20	----- 0.00
DEPARTMENT: 1.314 1 MED/ONCOLOGY								
KN028436	DINAMAP PROCARE420 MONITOR (PROJECT # 05-312-01		ACTIVE	06/08/05	05/25/05		2909.20	0.00
							----- 2909.20	----- 0.00
DEPARTMENT: 1.316 1 ORTHO/SURG/PEDS								
* KN028433	DINAMAP PROCARE 420 MONITOR (PROJECT # 05-316-0		ACTIVE	06/08/05	05/25/05		2909.20	0.00
KN028434	DINAMAP PROCARE 420 MONITOR (PROJECT # 05-316-0		ACTIVE	06/08/05	05/25/05		2909.20	0.00
KN028435	DINAMAP PROCARE 420 MONITOR (PROJECT # 05-316-0		ACTIVE	06/08/05	05/25/05		2909.20	0.00
							----- 8727.60	----- 0.00
TOTAL FOR CLASS:							14546.00	0.00

NORTH BREVARD COUNTY HOSPITAL DISTRICT  
OPERATING  
PARRISH MEDICAL CENTER  
TITUSVILLE, FLORIDA

Request for Disposal of Obsolete or Surplus Property

The assets listed below are considered obsolete, inefficient, or have ceased to serve any useful function. Board approval for disposal is required.

Asset Description	Asset Control KN #	Purchase Date	Purchase Price	CE #	Reason for Disposal	Net Book Value (provided by Finance Dept)	Dept.
MEDICAL MOVER (06-302-01)	✓ KN028786	12/27/2006	7,762.00	None		- 0 -	1.684
ECG MODULE - SPACELABS CE#00195	✓ KN027701	10/1/2002	5,786.00	None	Unit obsolete, no longer functional, retired 2013	- 0 -	1.684
ECG MODULE - SPACELABS CE#00023	✓ KN027709	10/1/2002	8,130.00	None		- 0 -	1.684

TOTAL BOOK VALUE \$0.00

Requesting Department:

Clinical Equipment

Net Book Value (Finance)

Sr. VP Finance/CFO

Board Approved (CFO Signature)

Requestor Notified Finance

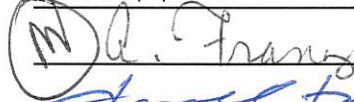

Asset Disposed of or Donated

Removed from Asset List (Finance)

Requested Public Entity for Donation

Entity Contact

Telephone

 9/13/22  
 9/14/22

Department Director

EMC Member

President/CEO

  
 9/22/22

DATE: 09/13/22 @ 1521  
USER: FRANZAL

Parrish Medical Center FA \*Live\*  
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM  
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN028786  
THRU ASSET NUMBER: KN028786

FROM ASSET CLASS: BEGINNING  
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING  
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING  
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING  
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING  
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING  
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:  
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM  
CLASS: MEQ-FIN

MOVEABLE EQUIP - SOUTH BLDG (OLD FIN)

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.684	1 CLINICAL EQUIP							
KN028786	MEDICAL MOVER (06-302-01)		ACTIVE	01/08/07	12/27/06		7762.00	0.00
							7762.00	0.00
TOTAL FOR CLASS:							7762.00	0.00

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM      FROM ASSET NUMBER: KN027701      FROM ASSET CLASS: BEGINNING      FROM DEPARTMENT: BEGINNING  
 THRU FACILITY: SYSTEM      THRU ASSET NUMBER: KN027701      THRU ASSET CLASS: END      THRU DEPARTMENT: END  
 FROM STATUS DATE: BEGINNING      FROM ACQUIRED DATE: BEGINNING      FROM RETIRE DATE: BEGINNING      FROM RETIRE TYPE: BEGINNING  
 THRU STATUS DATE: END      THRU ACQUIRED DATE: END      THRU RETIRE DATE: END      THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:  
 THRU RETIRE TYPE DATE:

FACILITY: SYSTEM  
 CLASS: MEQ-HOSP      MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.684      1 CLINICAL EQUIP								
KN027701	ECG MODULE - SPACELABS      CE#00195		ACTIVE	12/11/02	10/01/02		5786.00	0.00
							5786.00	0.00
TOTAL FOR CLASS:							5786.00	0.00

DATE: 09/13/22 @ 1523  
USER: FRANZAL

Parrish Medical Center FA \*Live\*  
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM  
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN027709  
THRU ASSET NUMBER: KN027709

FROM ASSET CLASS: BEGINNING  
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING  
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING  
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING  
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING  
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING  
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:  
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM  
CLASS: MEQ-HOSP

MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.684								
1 CLINICAL EQUIP								
KN027709	ECG MODULE - SPACELABS CE#00023		ACTIVE	12/11/02	10/01/02		8130.00	0.00
							-----	-----
							8130.00	0.00
TOTAL FOR CLASS:							8130.00	0.00



NORTH BREVARD COUNTY HOSPITAL DISTRICT  
OPERATING  
PARRISH MEDICAL CENTER  
TITUSVILLE, FLORIDA

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ECG MODULE SPACELABS	KN024307 ↓	8/7/2002	6,191.00	None		- 0 -	1.684
ECG MODULE SPACELABS	KN024310 ↓	8/7/2002	6,191.00	None	Units no longer functional, Obsolete	- 0 -	1.684
ECG MODULE SPACELABS	KN024340 ✓	8/7/2002	5,786.00	None		- 0 -	1.684
MONITOR SPACELABS CE#4756	KN024960 ✓	8/7/2002	15,436.00	None		- 0 -	1.684
MONITOR HOUSING SPACELABS CE#00913	KN024971 ✓	8/8/2002	6,257.00	None		- 0 -	1.684

TOTAL BOOK VALUE \$0.00

Requesting Department:

Clinical Equipment

Net Book Value (Finance)

Sr. VP Finance/CFO

Board Approved (CFO Signature)

Requestor Notified Finance


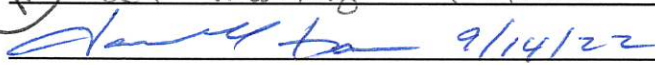
Asset Disposed of or Donated

Removed from Asset List (Finance)

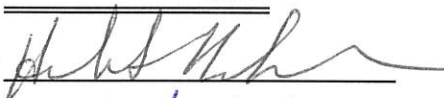
Requested Public Entity for Donation

Entity Contact

Telephone

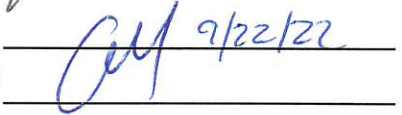
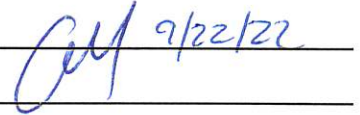

 D. Francis 9/13/22  

 9/14/22

Department Director



EMC Member

President/CEO

 9/22/22  


CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM FROM ASSET NUMBER: KN024307 FROM ASSET CLASS: BEGINNING FROM DEPARTMENT: BEGINNING  
 THRU FACILITY: SYSTEM THRU ASSET NUMBER: KN024310 THRU ASSET CLASS: END THRU DEPARTMENT: END  
 FROM STATUS DATE: BEGINNING FROM ACQUIRED DATE: BEGINNING FROM RETIRE DATE: BEGINNING FROM RETIRE TYPE: BEGINNING  
 THRU STATUS DATE: END THRU ACQUIRED DATE: END THRU RETIRE DATE: END THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:  
 THRU RETIRE TYPE DATE:

FACILITY: SYSTEM  
 CLASS: MEQ-FIN MOVEABLE EQUIP - SOUTH BLDG (OLD FIN)

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.684		1 CLINICAL EQUIP						
KN024307	ECG MODULE SPACELABS		ACTIVE	12/11/02	08/07/02		6191.00	0.00
KN024310	ECG MODULE SPACELABS		ACTIVE	12/11/02	08/07/02		6191.00	0.00
							-----	-----
							12382.00	0.00
TOTAL FOR CLASS:							12382.00	0.00

DATE: 09/13/22 @ 1517  
USER: FRANZAL

Parrish Medical Center FA \*Live\*  
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM      FROM ASSET NUMBER: KN024340      FROM ASSET CLASS: BEGINNING      FROM DEPARTMENT: BEGINNING  
THRU FACILITY: SYSTEM      THRU ASSET NUMBER: KN024340      THRU ASSET CLASS: END      THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING      FROM ACQUIRED DATE: BEGINNING      FROM RETIRE DATE: BEGINNING      FROM RETIRE TYPE: BEGINNING      FROM RETIRE TYPE DATE:  
THRU STATUS DATE: END      THRU ACQUIRED DATE: END      THRU RETIRE DATE: END      THRU RETIRE TYPE: END      THRU RETIRE TYPE DATE:

FACILITY: SYSTEM  
CLASS: MEQ-FIN      MOVEABLE EQUIP - SOUTH BLDG (OLD FIN)

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.684	1 CLINICAL EQUIP							
KN024340	ECG MODULE SPACELABS		ACTIVE	12/11/02	08/07/02		5786.00	0.00
							5786.00	0.00
TOTAL FOR CLASS:							5786.00	0.00

DATE: 09/13/22 @ 1517  
USER: FRANZAL

Parrish Medical Center FA \*Live\*  
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM  
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN024960  
THRU ASSET NUMBER: KN024971

FROM ASSET CLASS: BEGINNING  
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING  
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING  
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING  
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING  
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING  
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:  
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM  
CLASS: MEQ-FIN

MOVEABLE EQUIP - SOUTH BLDG (OLD FIN)

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.684		1 CLINICAL EQUIP						
KN024960	MONITOR SPACELABS CE#4756		ACTIVE	12/11/02	08/07/02		15436.00	0.00
KN024971	MONITOR HOUSING SPACELABS CE#00913		ACTIVE	12/11/02	08/07/02		6257.00	0.00
							-----	
							21693.00	0.00
TOTAL FOR CLASS:							21693.00	0.00

NORTH BREVARD COUNTY HOSPITAL DISTRICT  
OPERATING  
PARRISH MEDICAL CENTER  
TITUSVILLE, FLORIDA

**Request for Disposal of Obsolete or Surplus Property**

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ProCare 420 Vital signs	KN028437	5/25/2005	2909.20	PMC00590	Vital signs monitor no longer functional, no parts available. Removed from service.	0	1.312
ProCare 420 Vital signs	KN028433	5/25/2005	2909.20	PMC01410		0	1.316

Requesting Department Med / Telemetry Department Director *Tela Chambers*  
 Net Book Value (Finance) *W. Franey 9/13/22* EMC Member *Bob B 9-6-22*  
 Sr. VP Finance/CFO *[Signature]* President/CEO *[Signature] 9/22/22*  
 Board Approval: (Date) \_\_\_\_\_ CFO Signature \_\_\_\_\_  
 Requestor Notified Finance \_\_\_\_\_  
 Asset Disposed of or Donated \_\_\_\_\_  
 Removed from Asset List (Finance) \_\_\_\_\_  
 Requested Public Entity for Donation \_\_\_\_\_  
 Entity Contact \_\_\_\_\_  
 Telephone \_\_\_\_\_

DELIVERED SEP 06 2022  
*to Edwin AP*

DATE: 09/13/22 @ 1450  
USER: FRANZAL

Parrish Medical Center FA \*Live\*  
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM  
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN028437  
THRU ASSET NUMBER: KN028437

FROM ASSET CLASS: BEGINNING  
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING  
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING  
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING  
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING  
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING  
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:  
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM  
CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.312 1 MED/TELEMETRY								
KN028437	DINAMAP PROCARE 420 MONITOR (PROJECT # 05-312-0		ACTIVE	06/08/05	05/25/05		2909.20	0.00
							----- 2909.20	----- 0.00
TOTAL FOR CLASS:							2909.20	0.00

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM      FROM ASSET NUMBER: KN028433      FROM ASSET CLASS: BEGINNING      FROM DEPARTMENT: BEGINNING  
 THRU FACILITY: SYSTEM      THRU ASSET NUMBER: KN028433      THRU ASSET CLASS: END      THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING      FROM ACQUIRED DATE: BEGINNING      FROM RETIRE DATE: BEGINNING      FROM RETIRE TYPE: BEGINNING      FROM RETIRE TYPE DATE:  
 THRU STATUS DATE: END      THRU ACQUIRED DATE: END      THRU RETIRE DATE: END      THRU RETIRE TYPE: END      THRU RETIRE TYPE DATE:

FACILITY: SYSTEM  
 CLASS: MEQ-HOSP      MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.316      I ORTHO/SURG/PEDS								
KN028433	DINAMAP PROCARE 420 MONITOR (PROJECT # 05-316-0		ACTIVE	06/08/05	05/25/05		2909.20	0.00
							----- 2909.20	----- 0.00
TOTAL FOR CLASS:							2909.20	0.00

NORTH BREVARD COUNTY HOSPITAL DISTRICT  
OPERATING  
PARRISH MEDICAL CENTER  
TITUSVILLE, FLORIDA

Request for Disposal of Obsolete or Surplus Property

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Asset Description	Asset Control KN #	Purchase Date	Purchase Price	CE #	Reason for Disposal	Net Book Value (provided by Finance Dept)	Dept.
SEQUOIA ULTRASOUND UNIT	↓ KN021137	02/08/2000	248,890.00		Retired	-0-	1.427
ECLIPSE PLUS - REFURBISHED	/ KN024987	09/01/02	5,739.58		Retired	-0-	1.427
KODAK DRYVIEW 8900 FOR MAMMOGRAPHY (07-427-0)	✓ KN028951	06/27/07	5,600.00		Retired	-0-	1.427
KODAK DRYVIEW 8900 FILM DRAWER / FIELD (07-4	✓ KN028952	06/27/07	5,600.00		Retired	-0-	1.427
ECLIPSE PREMIER ECG	✓ KN028998	09/30/07	8,779.85		Retired	-0-	1.427

TOTAL BOOK VALUE \$0.00

Requesting Department:

Net Book Value (Finance)

Sr. VP Finance/CFO

Board Approved (CFO Signature)

Requestor Notified Finance


Asset Disposed of or Donated

Removed from Asset List (Finance)

Requested Public Entity for Donation

Entity Contact

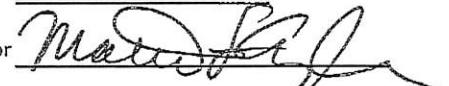
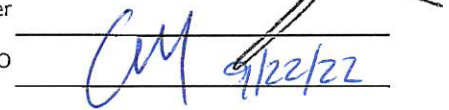
Telephone

 J. Frayez 9/13/22

Department Director

EMC Member

President/CEO

  
 9/22/22



DATE: 09/13/22 @ 1459  
USER: FRANZAL

Parrish Medical Center FA \*Live\*  
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM  
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN021137  
THRU ASSET NUMBER: KN021137

FROM ASSET CLASS: BEGINNING  
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING  
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING  
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING  
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING  
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING  
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:  
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM  
CLASS: MEQ-PSJ DI MOVEABLE EQUIP-PSJ HC

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.427	1 DIAG C/PSJ							
KN021137	SEQUOIA ULTRASOUND UNIT		ACTIVE	03/02/00	02/08/00		248890.00	0.00
							----- 248890.00	----- 0.00
TOTAL FOR CLASS:							248890.00	0.00

DATE: 09/13/22 @ 1500  
 USER: FRANZAL

Parrish Medical Center FA \*Live\*  
 CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM  
 THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN024987  
 THRU ASSET NUMBER: KN024987

FROM ASSET CLASS: BEGINNING  
 THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING  
 THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING  
 THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING  
 THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING  
 THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING  
 THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:  
 THRU RETIRE TYPE DATE:

FACILITY: SYSTEM  
 CLASS: MEQ-PSJ DI MOVEABLE EQUIP-PSJ HC

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.427								
	1 DIAG C/PSJ							
KN024987	ECLIPSE PLUS - REFURBISHED		ACTIVE	10/10/02	09/01/02		5739.58	0.00
							5739.58	0.00
TOTAL FOR CLASS:							5739.58	0.00

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM  
 THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN028951  
 THRU ASSET NUMBER: KN028951

FROM ASSET CLASS: BEGINNING  
 THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING  
 THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING  
 THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING  
 THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING  
 THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING  
 THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:  
 THRU RETIRE TYPE DATE:

FACILITY: SYSTEM  
 CLASS: MEQ-PSJ DI MOVEABLE EQUIP-PSJ HC

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.427								
	1 DIAG C/PSJ							
KN028951	KODAK DRYVIEW 8900 FOR MAMMOGRAPHY (07-427-01		ACTIVE	07/06/07	06/27/07		5600.00	0.00
							5600.00	0.00
TOTAL FOR CLASS:							5600.00	0.00

DATE: 09/13/22 @ 1501  
USER: FRANZAL

Parrish Medical Center FA \*Live\*  
CURRENT VALUE REPORT

PAGE 1

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM  
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN028952  
THRU ASSET NUMBER: KN028952

FROM ASSET CLASS: BEGINNING  
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING  
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING  
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING  
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING  
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING  
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:  
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM  
CLASS: MEQ-PSJ DI MOVEABLE EQUIP-PSJ HC

NUMBER DESCRIPTION

LIFE STATUS STS DATE ACQ DATE RET DATE

COST

BOOK

DEPARTMENT: 1.427

I DIAG C/PSJ

KN028952 KODAK DRYVIEW 8900 FILM DRAWER / FIELD (07-42 ACTIVE 07/06/07 06/27/07

5600.00

0.00

5600.00

0.00

TOTAL FOR CLASS:

5600.00

0.00

DATE: 09/13/22 @ 1502  
USER: FRANZAL

Parrish Medical Center FA \*Live\*  
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM  
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN028998  
THRU ASSET NUMBER: KN028998

FROM ASSET CLASS: BEGINNING  
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING  
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING  
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING  
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING  
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING  
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:  
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM  
CLASS: MEQ-PSJ DI MOVEABLE EQUIP-PSJ HC

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.427	1 DIAG C/PSJ							
KN028998	ECLIPSE PREMIER ECG		ACTIVE	11/06/07	09/30/07		8779.85	0.00
							8779.85	0.00
TOTAL FOR CLASS:							8779.85	0.00

NORTH BREVARD COUNTY HOSPITAL DISTRICT  
OPERATING  
PARRISH MEDICAL CENTER  
TITUSVILLE, FLORIDA

Request for Disposal of Obsolete or Surplus Property

The assets listed below are considered obsolete, inefficient, or have ceased to serve any useful function. Board approval for disposal is required.

Asset Description	Asset Control KN #	Purchase Date	Purchase Price	CE #	Reason for Disposal	Net Book Value (provided by Finance Dept)	Dept.
EMG MACHINE	✓ KN029039	12/27/2007	10,021.00		Retired	— 0 —	1.427
iSTAT ANALYZER (09-427-U1)	✓ KN029195	09/16/09	6,240.50		Retired	— 0 —	1.427
HOT LAB - CE#05029	✓ KN029313	11/11/09	10,786.99		Retired	— 0 —	1.427
NUCLEAR MED SOFTWARE (09-427-U1)	✓ KN029412	09/30/09	7,860.00		Retired	— 0 —	1.427
SECURITY ACCESS AND SAFETY PROGRAM	✓ KN029417	09/30/09	19,789.00		Retired	— 0 —	1.427

TOTAL BOOK VALUE \$0.00

Requesting Department:  
Net Book Value (Finance)  
Sr. VP Finance/CFO  
Board Approved (CFO Signature)  
Requestor Notified Finance  
Asset Disposed of or Donated  
Removed from Asset List (Finance)  
Requested Public Entity for Donation  
Entity Contact  
Telephone

1.427

*(MP)* A. Francis 9/13/22  
Should to 9/14/22

Department Director *Mark Hill*  
EMC Member  
President/CEO *CM 9/22/22*

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM  
 THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN029039  
 THRU ASSET NUMBER: KN029039

FROM ASSET CLASS: BEGINNING  
 THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING  
 THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING  
 THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING  
 THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING  
 THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING  
 THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:  
 THRU RETIRE TYPE DATE:

FACILITY: SYSTEM  
 CLASS: MEQ-PSJ DI MOVEABLE EQUIP-PSJ HC

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.427								
	1 DIAG C/PSJ							
KN029039	EMG MACHINE		ACTIVE	01/09/08	12/27/07		10021.00	0.00
							10021.00	0.00
TOTAL FOR CLASS:							10021.00	0.00

DATE: 09/13/22 @ 1504  
 USER: FRANZAL

Parrish Medical Center FA \*Live\*  
 CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM  
 THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN029195  
 THRU ASSET NUMBER: KN029195

FROM ASSET CLASS: BEGINNING  
 THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING  
 THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING  
 THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING  
 THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING  
 THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING  
 THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:  
 THRU RETIRE TYPE DATE:

FACILITY: SYSTEM  
 CLASS: MEQ-PSJ DI MOVEABLE EQUIP-PSJ HC

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.427		1 DIAG C/PSJ						
KN029195	1STAT ANALYZER (09-427-U1)		ACTIVE	10/09/09	09/16/09		6240.50	0.00
							6240.50	0.00
TOTAL FOR CLASS:							6240.50	0.00



DATE: 09/13/22 @ 1505  
USER: FRANZAL

Parrish Medical Center FA \*Live\*  
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM  
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN029313  
THRU ASSET NUMBER: KN029313

FROM ASSET CLASS: BEGINNING  
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING  
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING  
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING  
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING  
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING  
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:  
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM  
CLASS: MEQ-PSJ DI MOVEABLE EQUIP-PSJ HC

NUMBER	DESCRIPTION	LIFE	STATUS	SIS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.427								
1 DIAG C/PSJ								
KN029313	HOT LAB - CE#05029		ACTIVE	12/08/09	11/11/09		10786.99	0.00
							-----	-----
							10786.99	0.00
TOTAL FOR CLASS:							10786.99	0.00

DATE: 09/13/22 @ 1506  
 USER: FRANZAL

Parrish Medical Center FA \*Live\*  
 CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM  
 THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN029412  
 THRU ASSET NUMBER: KN029417

FROM ASSET CLASS: BEGINNING  
 THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING  
 THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING  
 THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING  
 THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING  
 THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING  
 THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:  
 THRU RETIRE TYPE DATE:

FACILITY: SYSTEM  
 CLASS: MEQ-PSJ DI MOVEABLE EQUIP-PSJ HC


NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.427								
	1 DIAG C/PSJ							
KN029412	NUCLEAR MED SOFTWARE (09-427-U1)		ACTIVE	10/09/09	09/30/09		7860.00	0.00
KN029417	SECURITY ACCESS AND SAFETY PROGRAM		ACTIVE	10/09/09	09/30/09		19789.00	0.00
							-----	-----
							27649.00	0.00
TOTAL FOR CLASS:							27649.00	0.00


NORTH BREVARD COUNTY HOSPITAL DISTRICT  
OPERATING  
PARRISH MEDICAL CENTER  
TITUSVILLE, FLORIDA

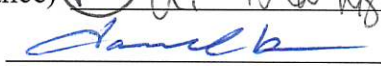
**Request for Disposal of Obsolete or Surplus Property**

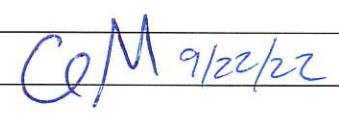
The assets listed below are considered obsolete, inefficient, or have ceased to serve any useful function. Board approval for disposal is requested.

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
N-95 Capnostream	KN029912	6/30/2014	5818.71	PMC00647	Capnostream no longer functional, no parts available.	/ 1018.20	1.461
					Removed from service.		

Requesting Department - Respiratory Department Director 

Net Book Value (Finance)  D. Francis 9/13/22 EMC Member \_\_\_\_\_

Sr. VP Finance/CFO  Daniel B 9/14/22 President/CEO \_\_\_\_\_

Board Approval: (Date) \_\_\_\_\_ CFO Signature  C/M 9/22/22

Requestor Notified Finance \_\_\_\_\_

Asset Disposed of or Donated \_\_\_\_\_

Removed from Asset List (Finance) \_\_\_\_\_

Requested Public Entity for Donation \_\_\_\_\_

Entity Contact \_\_\_\_\_

Telephone \_\_\_\_\_

DATE: 09/13/22 @ 1511  
USER: FRANZAL

Parrish Medical Center FA \*Live\*  
CURRENT VALUE REPORT

CREATED BY USER: FRANZAL

FROM FACILITY: SYSTEM  
THRU FACILITY: SYSTEM

FROM ASSET NUMBER: KN029912  
THRU ASSET NUMBER: KN029912

FROM ASSET CLASS: BEGINNING  
THRU ASSET CLASS: END

FROM DEPARTMENT: BEGINNING  
THRU DEPARTMENT: END

FROM STATUS DATE: BEGINNING  
THRU STATUS DATE: END

FROM ACQUIRED DATE: BEGINNING  
THRU ACQUIRED DATE: END

FROM RETIRE DATE: BEGINNING  
THRU RETIRE DATE: END

FROM RETIRE TYPE: BEGINNING  
THRU RETIRE TYPE: END

FROM RETIRE TYPE DATE:  
THRU RETIRE TYPE DATE:

FACILITY: SYSTEM  
CLASS: MEQ-HOSP MOVEABLE EQUIP - HOSPITAL

NUMBER	DESCRIPTION	LIFE	STATUS	STS DATE	ACQ DATE	RET DATE	COST	BOOK
DEPARTMENT: 1.461 1 RESPIRATORY								
KN029912	NELLCOR EXHALED CARBON DIOXIDE MONITORS		ACTIVE	07/11/14	06/30/14		5818.71	1018.20
							5818.71	1018.20
TOTAL FOR CLASS:							5818.71	1018.20



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# Finance Committee

## FYTD August 31, 2022 – Performance Dashboard

Indicator	FYTD 2022 Actual	FYTD 2022 Budget	FYTD 2021 Actual
IP Admissions	4,449	4,953	5,008
LOS	5.6	4.3	5.3
Surgical Procedures	4,805	5,125	4,684
ED Visits	27,178	29,013	28,412
OP Volumes	45,982	49,886	48,288
Hospital Margin %	4.51%	8.85%	6.89%
Investment Income \$	-\$7.3 Million	\$4.3 Million	\$16.5 Million
EBIDA Margin %	-7.50%	5.86%	12.74%
EBIDA Margin %- Excluding Invest Income	-1.89%	3.01%	2.34%

**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 3, 2022  
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 1, 2022 meeting.*

- II. Reading of the Huddle

- III. Attorney Report – Mr. Boyles

- IV. Other

- V. Executive Session (if needed)

**ADJOURNMENT**

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

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

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

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

A regular meeting of the Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on August 1, 2022 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 12:41 p.m.

**CITY LIAISON**

The Quality Committee suspended its agenda and the Executive Committee convened at 12:41 p.m. for the purpose of the report from the City Manager, Mr. Scott Larese. Mr. Larese distributed the Titusville Talking Points and also addressed member's questions. The Executive Committee recessed at 12:44 p.m. to resume the Quality Committee.

**REVIEW AND APPROVAL OF MINUTES**

The Executive Committee reconvened at 1:52 p.m. Discussion ensued and the following motion was made by Dr. Galfo, seconded by Mr. Cole and approved (4 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN: MOVED TO APPROVE THE MAY 2, 2022 MEETING MINUTES OF THE EXECUTIVE COMMITTEE OF THE BOARD, AS PRESENTED.***

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

***ACTION TAKEN: MOVED TO APPROVE THE JUNE 6, 2022 MEETING MINUTES OF THE EXECUTIVE COMMITTEE OF THE BOARD, AS PRESENTED.***



**READING OF THE HUDDLE**

Dr. Galfo read the Weekly Huddle.

**ATTORNEY REPORT**

No Attorney report was presented.

**ADJOURNMENT**

There being no further business to discuss, the committee adjourned at 1:55 p.m.

Stan Retz, CPA  
Chairman

**EDUCATION COMMITTEE**

Billie Fitzgerald, Chairperson

Maureen Rupe, Vice Chairperson

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

Ashok Shah, M.D.

Biju Mathews, 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 3, 2022  
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 1, 2022 meeting.*

II. Interventional Radiology – Dr. Werder & Mr. Graybill

III. Other

IV. 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 1, 2022 at 2:17 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.  
George Mikitarian (non-voting)

Member(s) Absent:

Maureen Rupe, Vice Chairperson (excused)  
Ashok, Shah, M.D. (excused)  
Biju Mathews, M.D (excused)

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

**CALL TO ORDER**

Ms. Fitzgerald called the meeting to order at 2:17 p.m.

**REVIEW AND APPROVAL OF MINUTES**

The approval of the May 2, 2022 and June 6, 2022 meeting minutes was tabled to be considered at the September meeting due to the absence of a quorum.

**MEDICATION RECONCILIATION**

Ms. Grolet presented to the committee an overview of the Medication Reconciliation Program at PMC. This program involves collaboration, cooperation, and communication across departments and with patients to reduce errors, reduce readmissions and improve patient outcomes.

**OTHER**

No other items were presented.

**ADJOURNMENT**

There being no further business to discuss, the Educational, Governmental and Community Relations Committee meeting adjourned at 2:31 p.m.

Billie Fitzgerald  
Chairperson

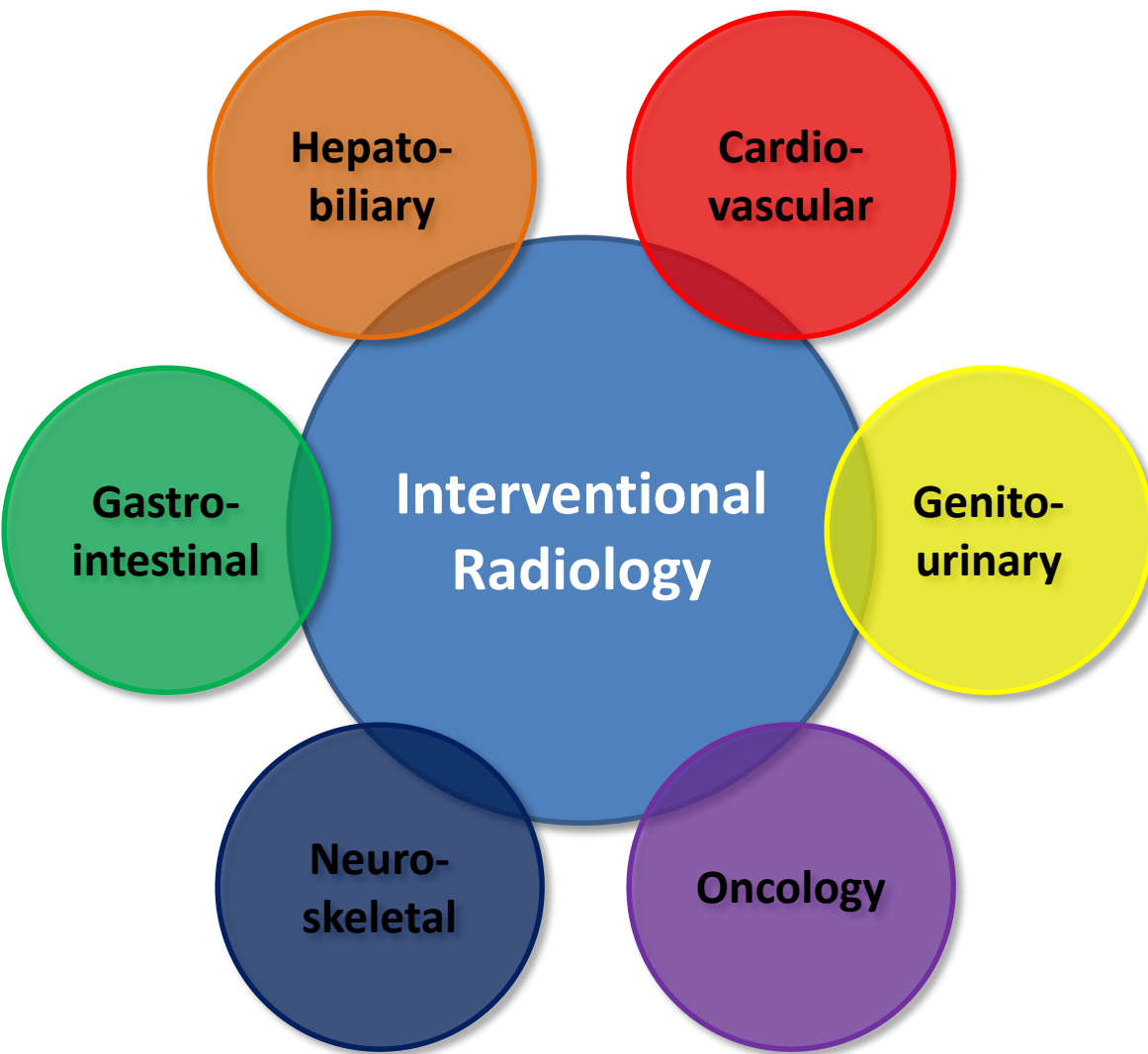


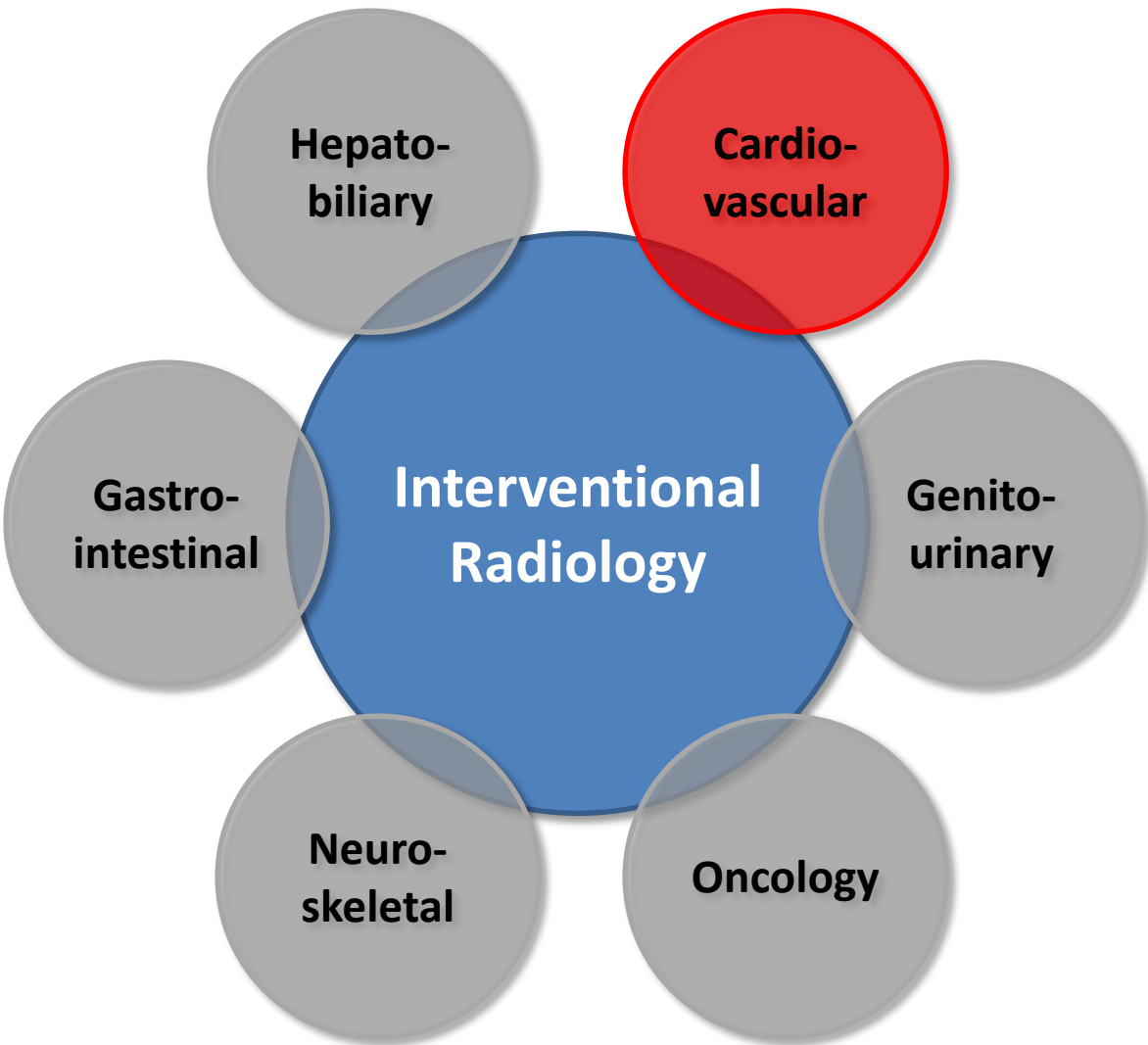
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# Interventional Radiology (IR)

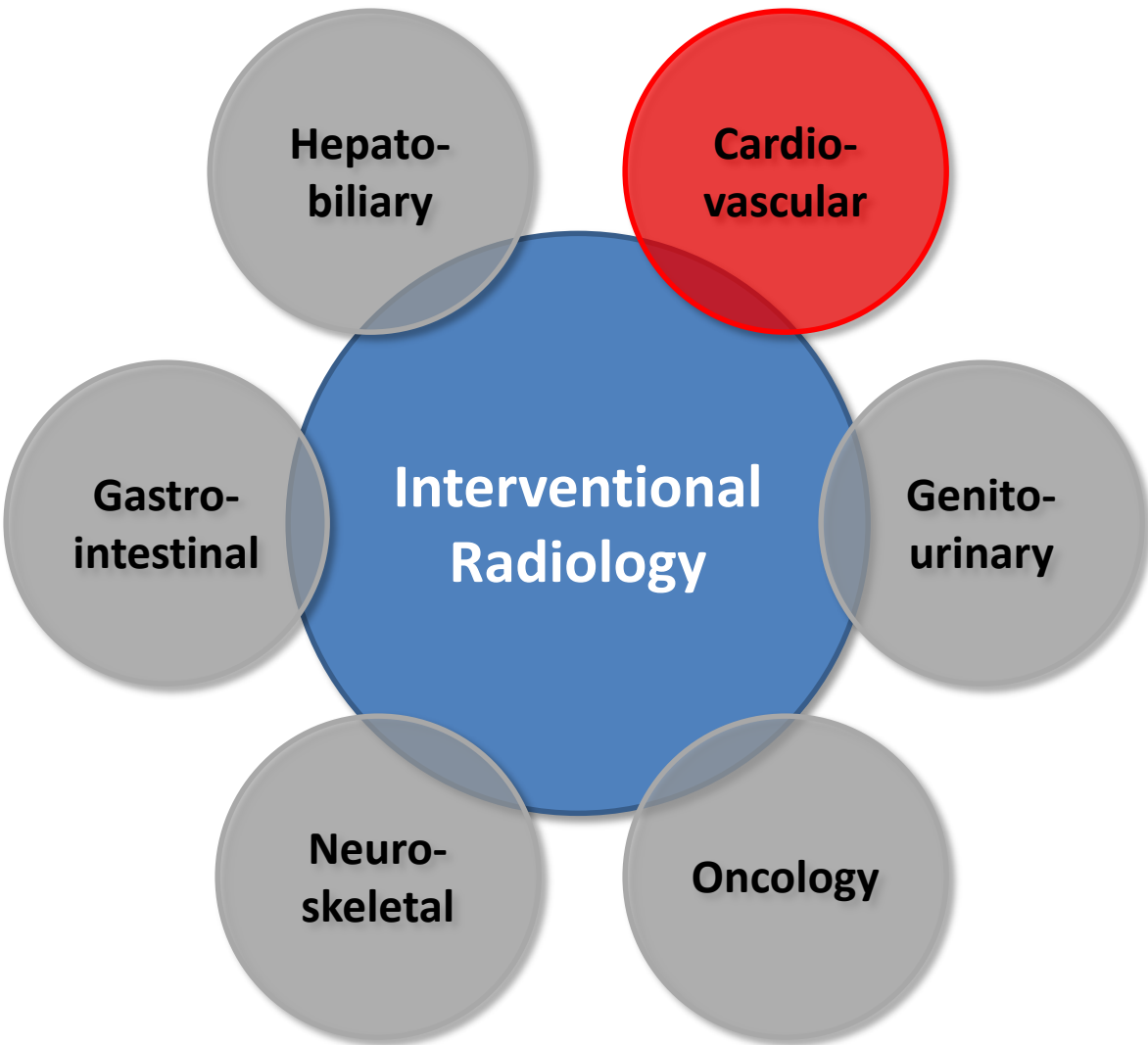
- Section within the Department of Diagnostic Imaging, sometimes called “Special Procedures” or just “Specials”
- IR specializes in minimally invasive surgical procedures
- Unlike most surgical subspecialties, IR doesn’t focus on a particular organ or body system; rather, our expertise is using medical imaging (x-ray, CT, ultrasound) to perform surgical procedures in nearly every organ/body system





## Cardiovascular

- Endovascular treatment of peripheral arterial disease
  - Angioplasty/stenting
  - Atherectomy
  - Thrombectomy
- Venous access
  - PICCs/midlines
  - Central venous catheters
  - Dialysis catheters
  - Chemotherapy ports
- Percutaneous fistula creation
- Dialysis access maintenance
- Deep vein thrombosis
- Venous insufficiency
- Pulmonary embolism
- IVC filters

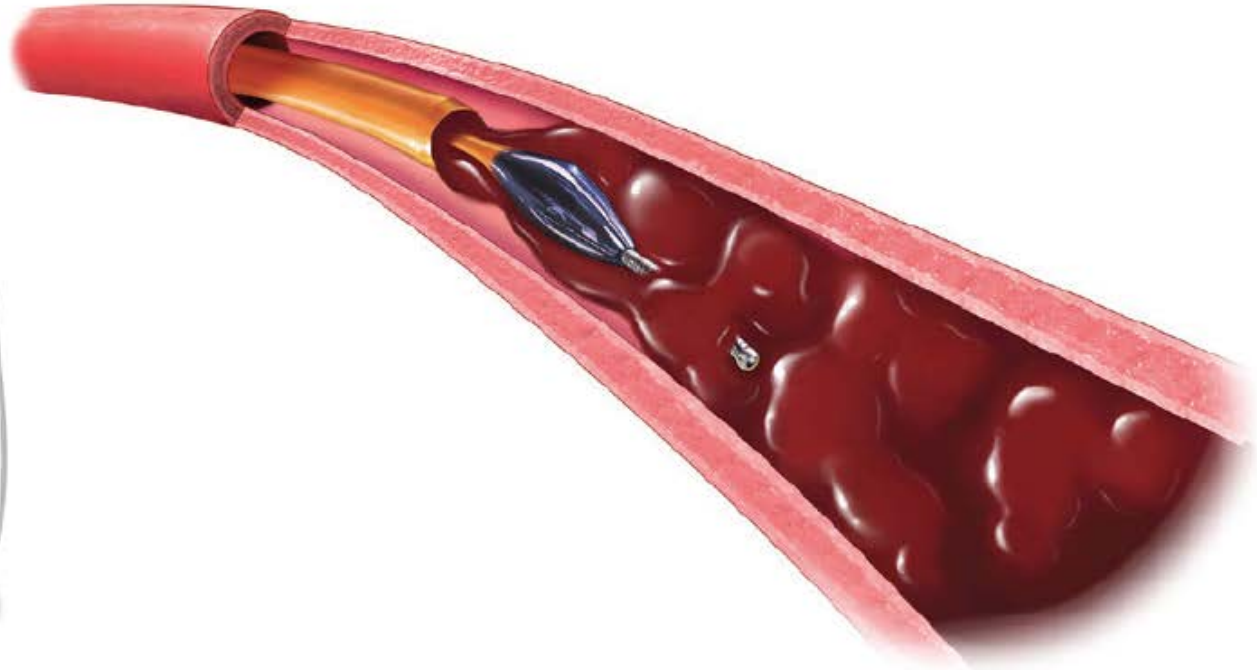


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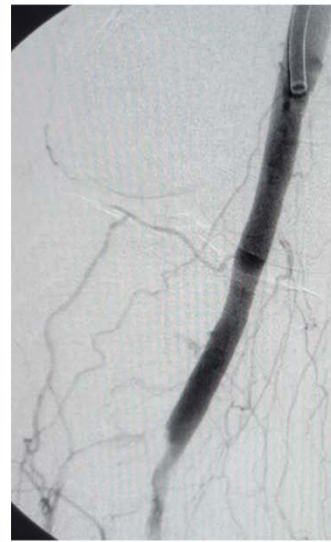
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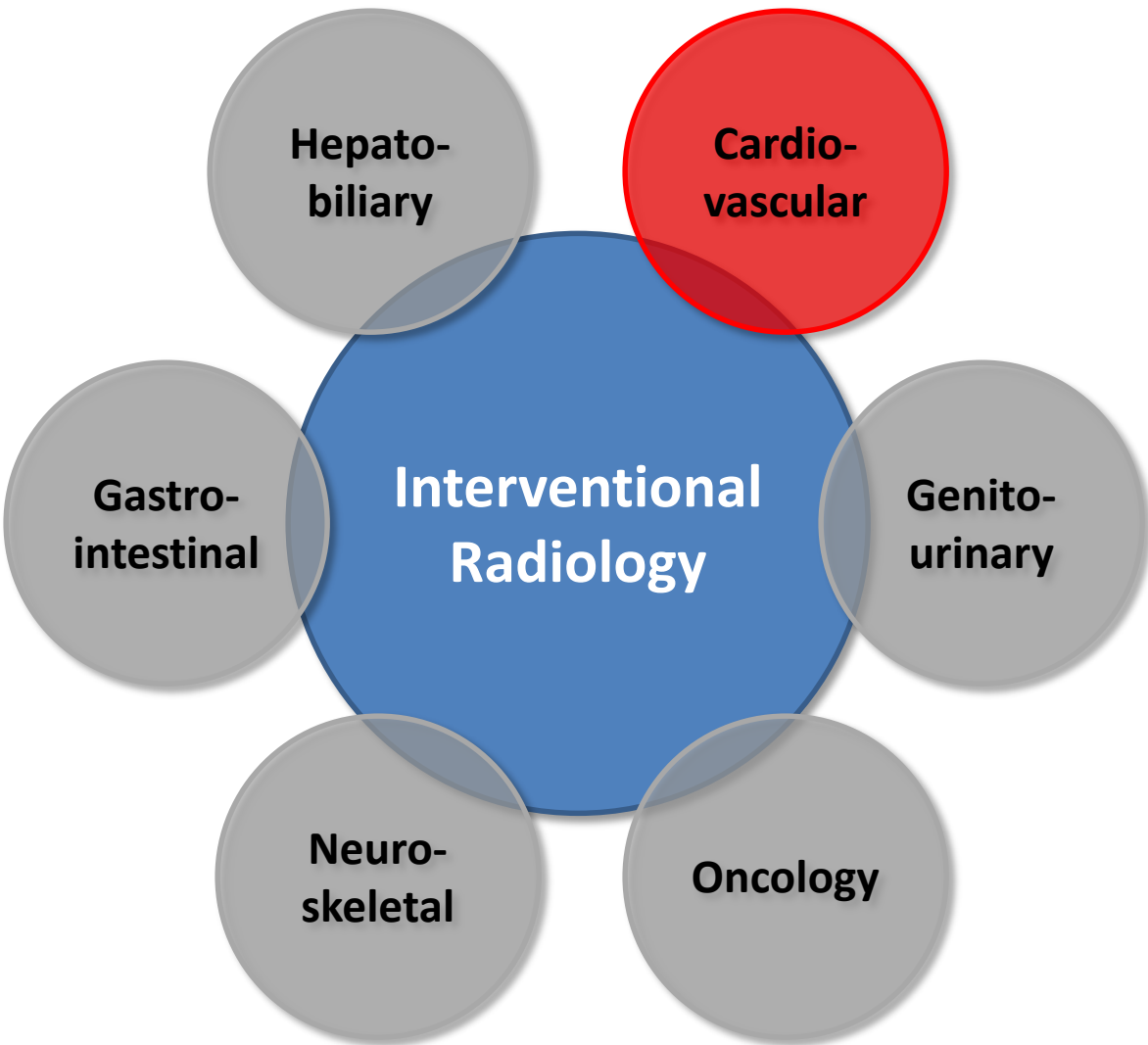


Cardio-vascular



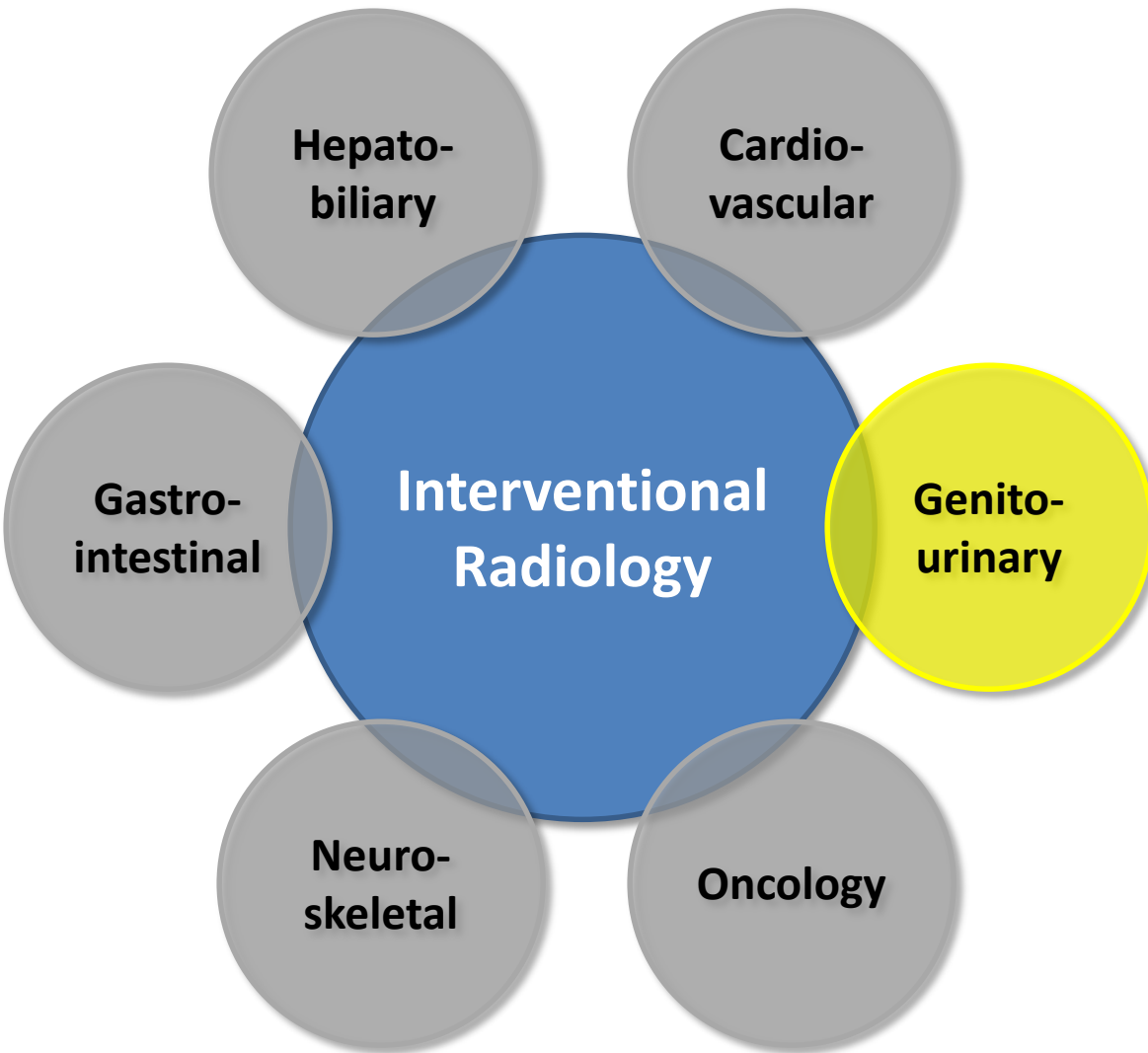
Cardio-vascular





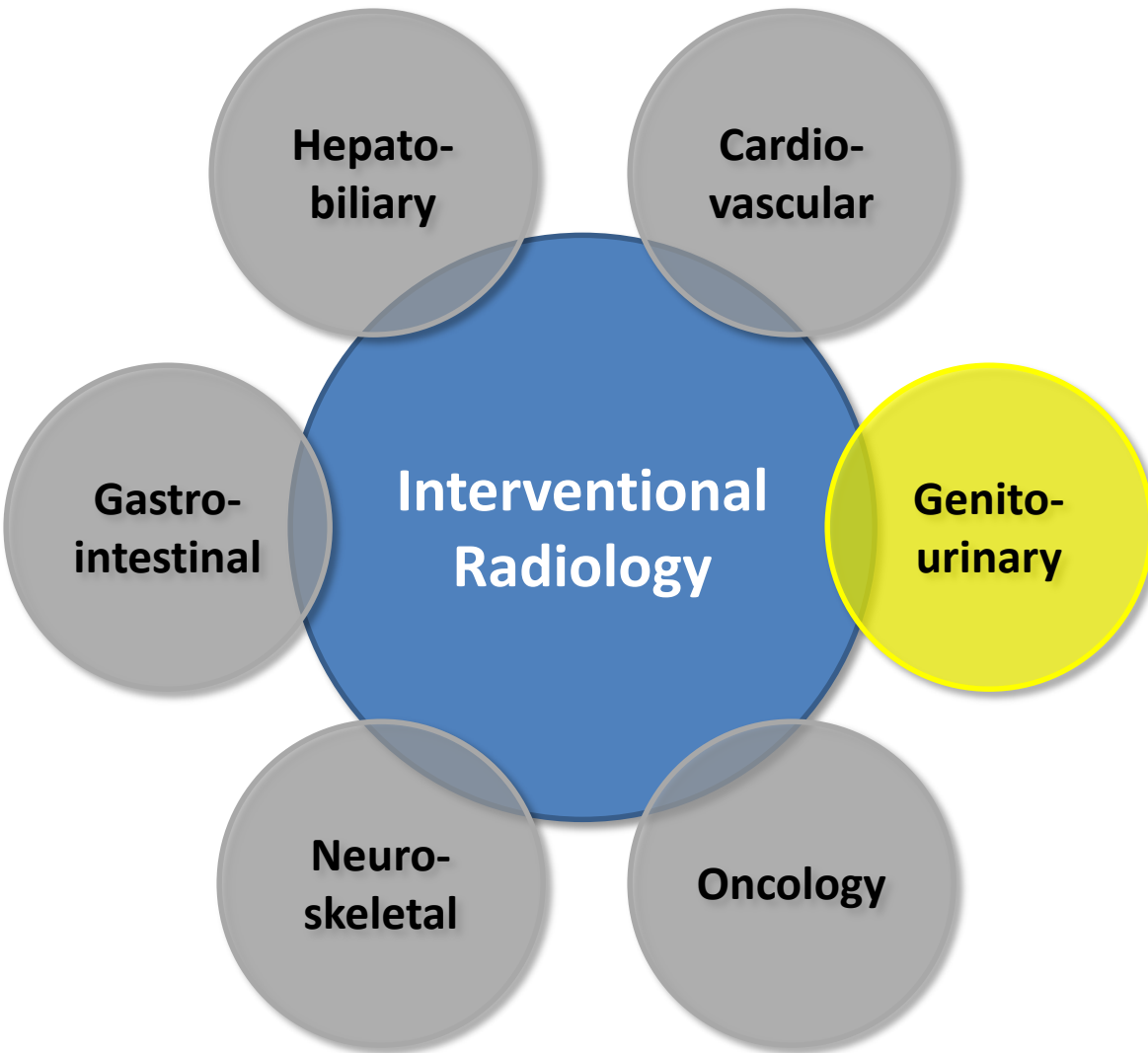
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## Genitourinary

- Urinary decompression
  - Nephrostomy
  - Nephroureterostomy
  - Ureteral stents
  - Suprapubic tubes
  - Ureteroplasty
- Pelvic congestion syndrome
- Nutcracker syndrome
- Uterine fibroid embolization
- Hysterosalpingography
- Varicocele

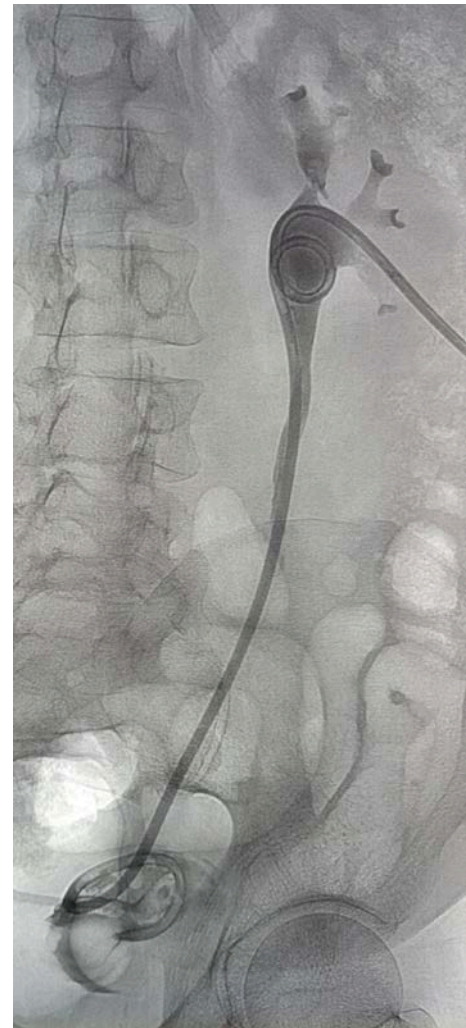
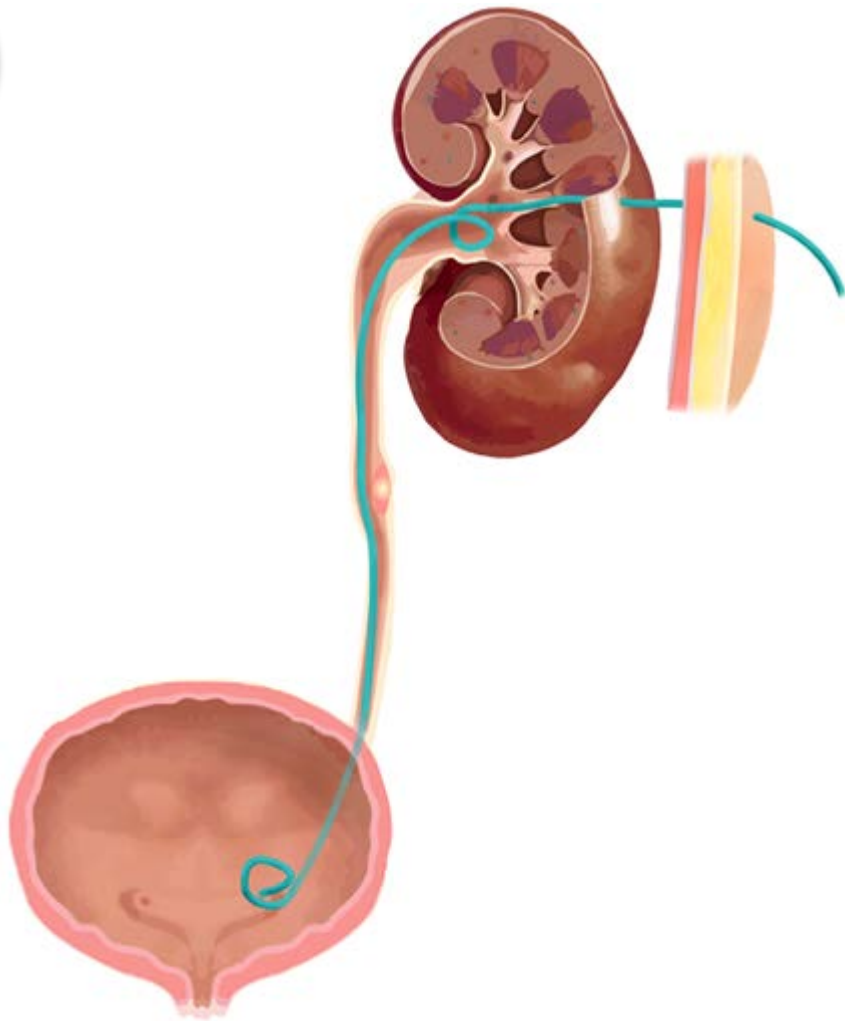


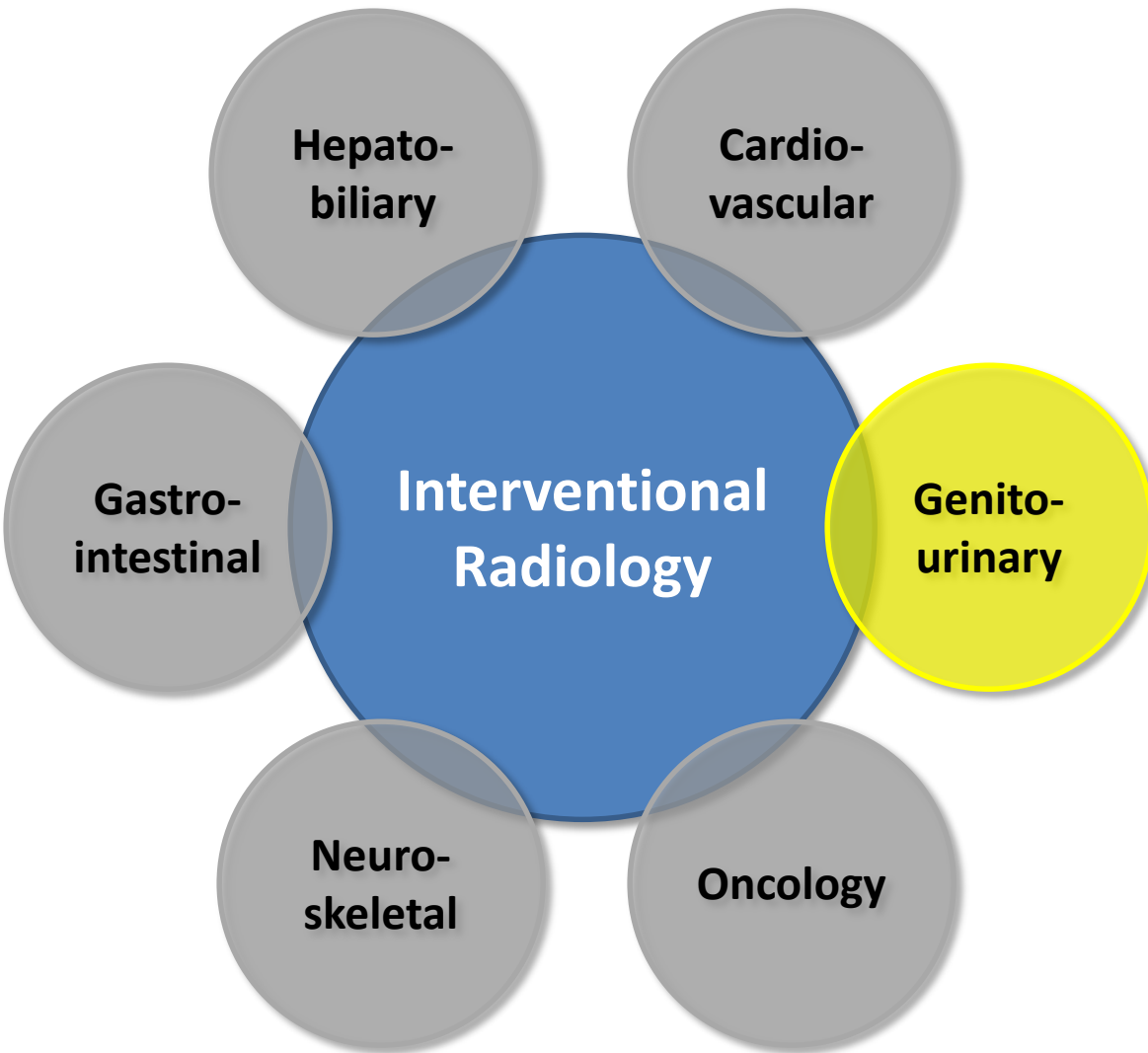
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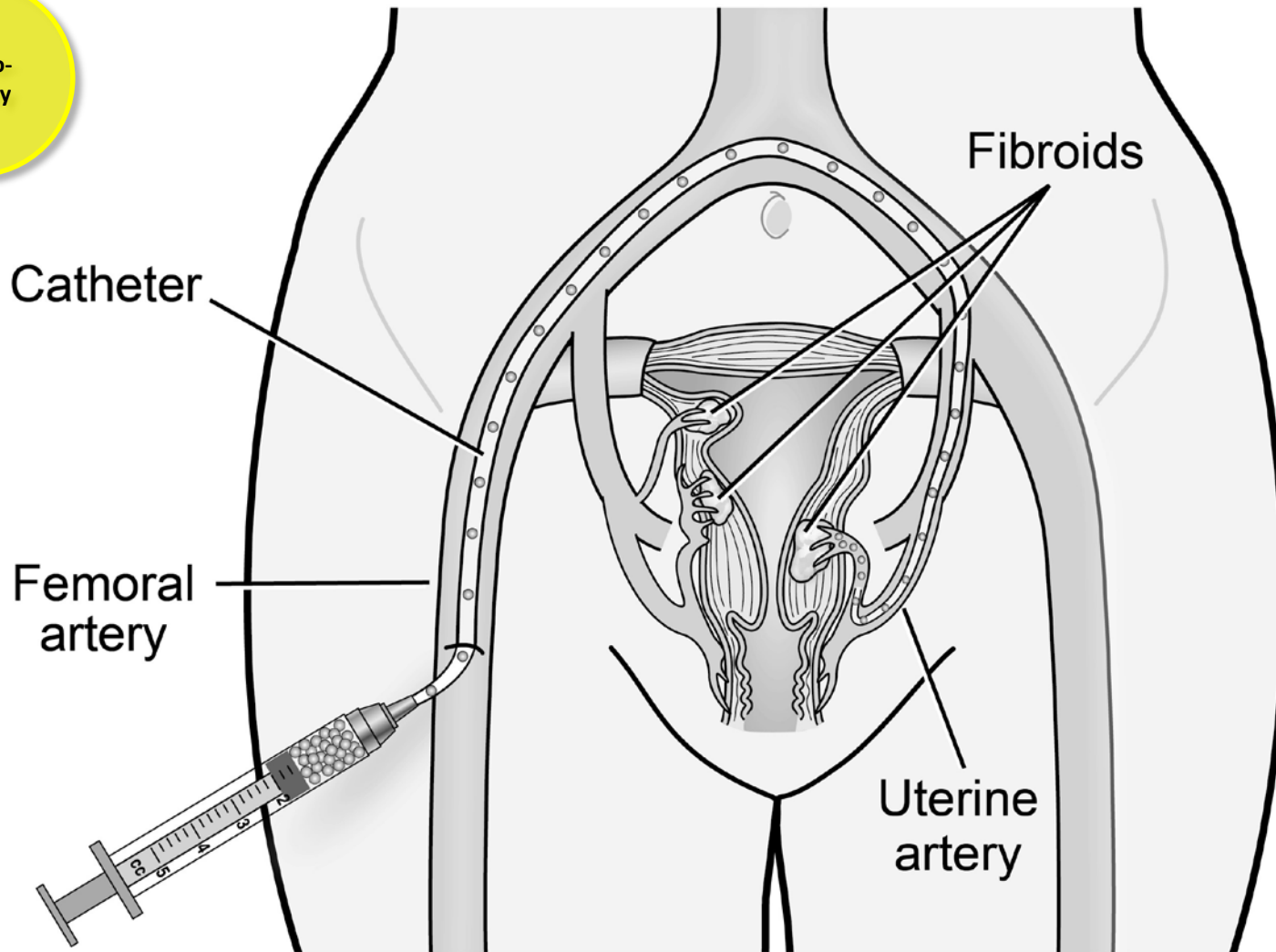
Genito-  
urinary





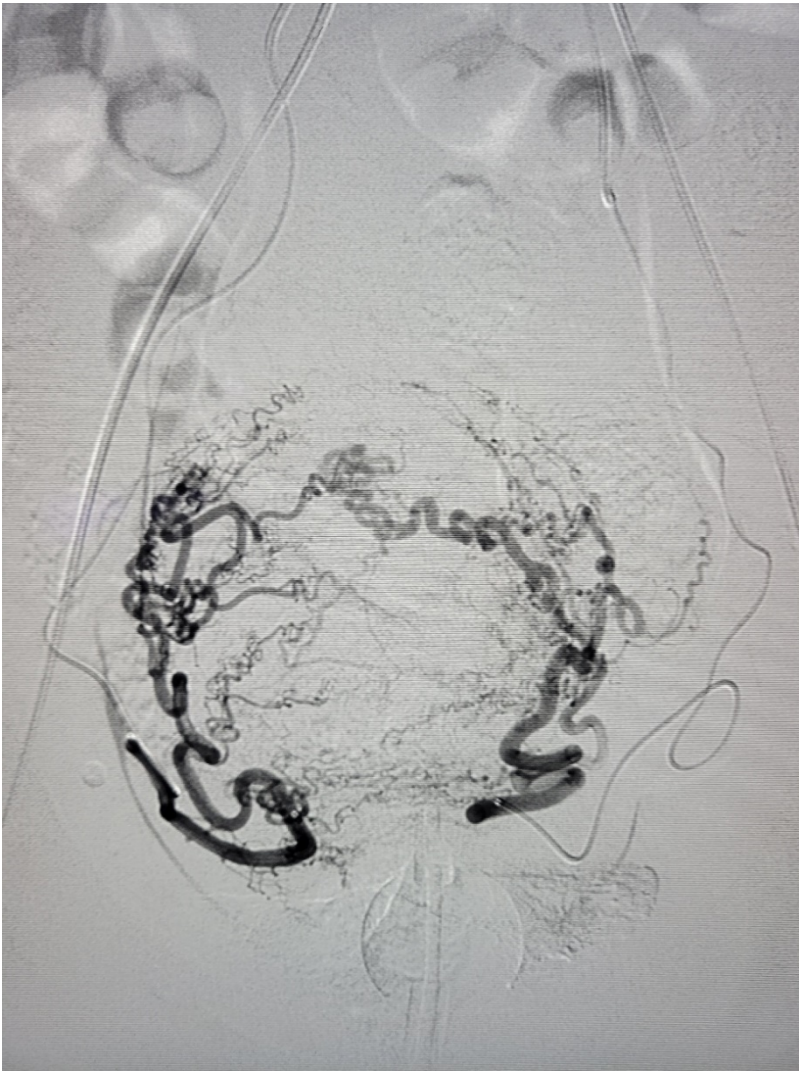
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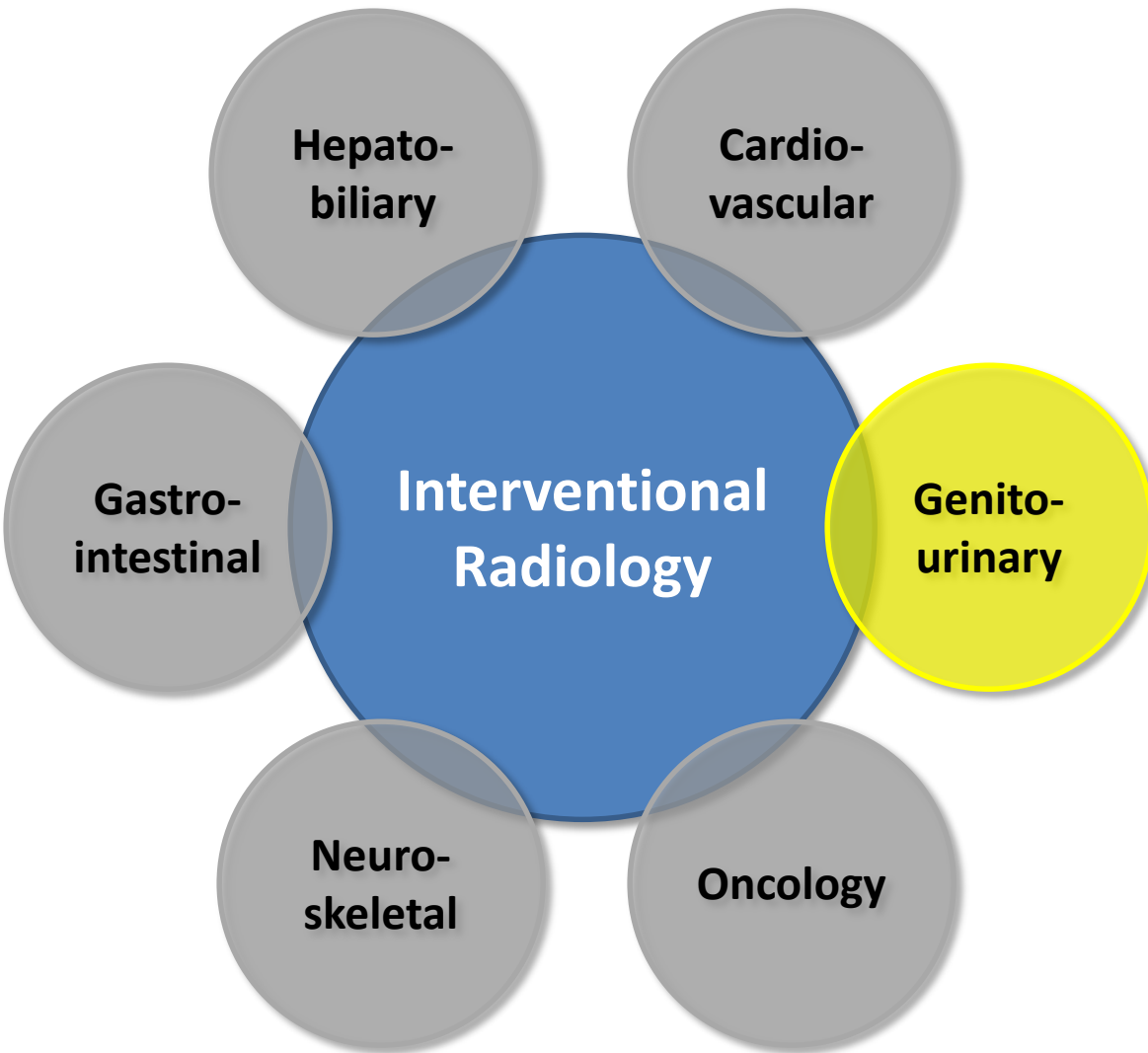
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Genito-  
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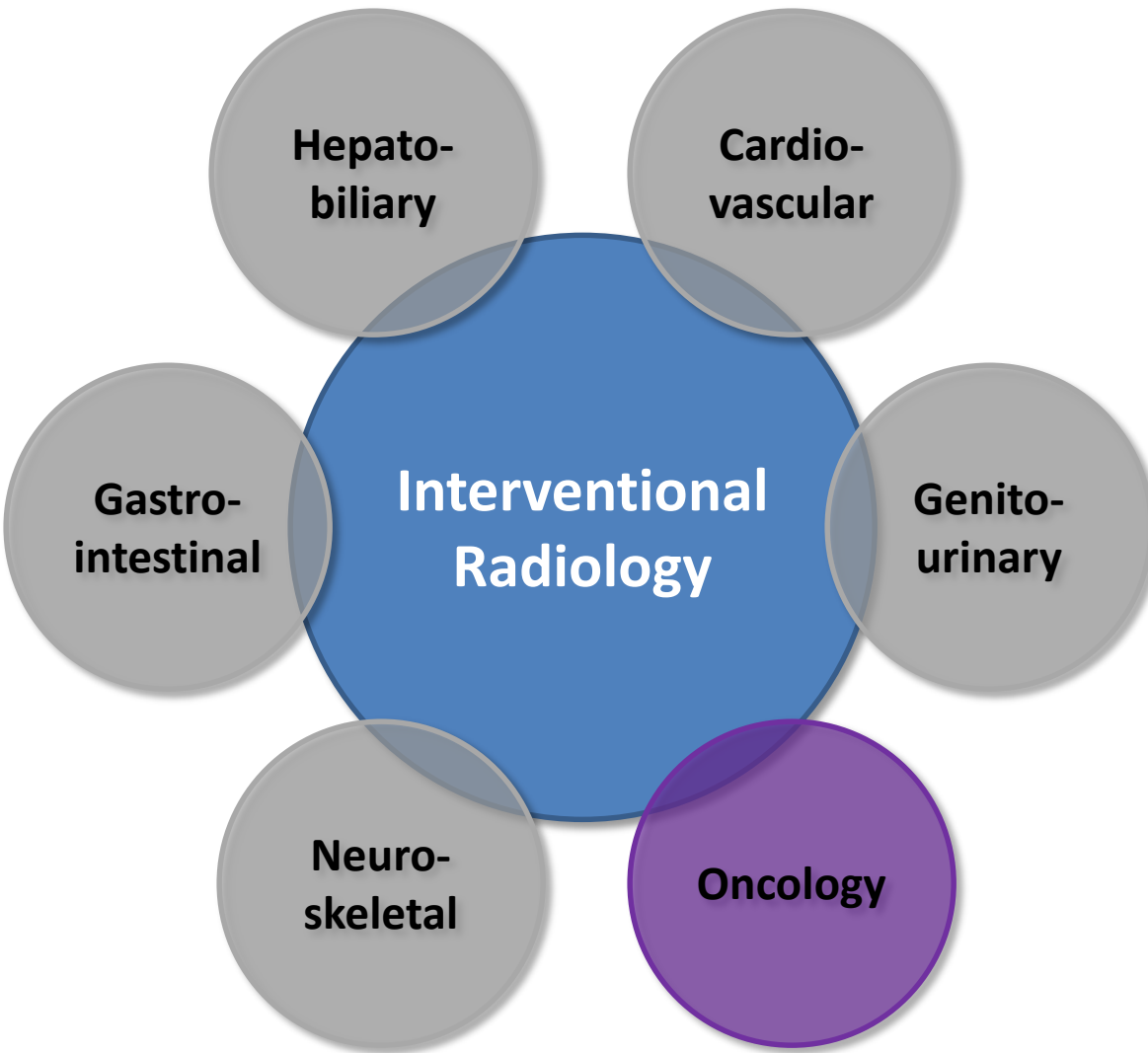


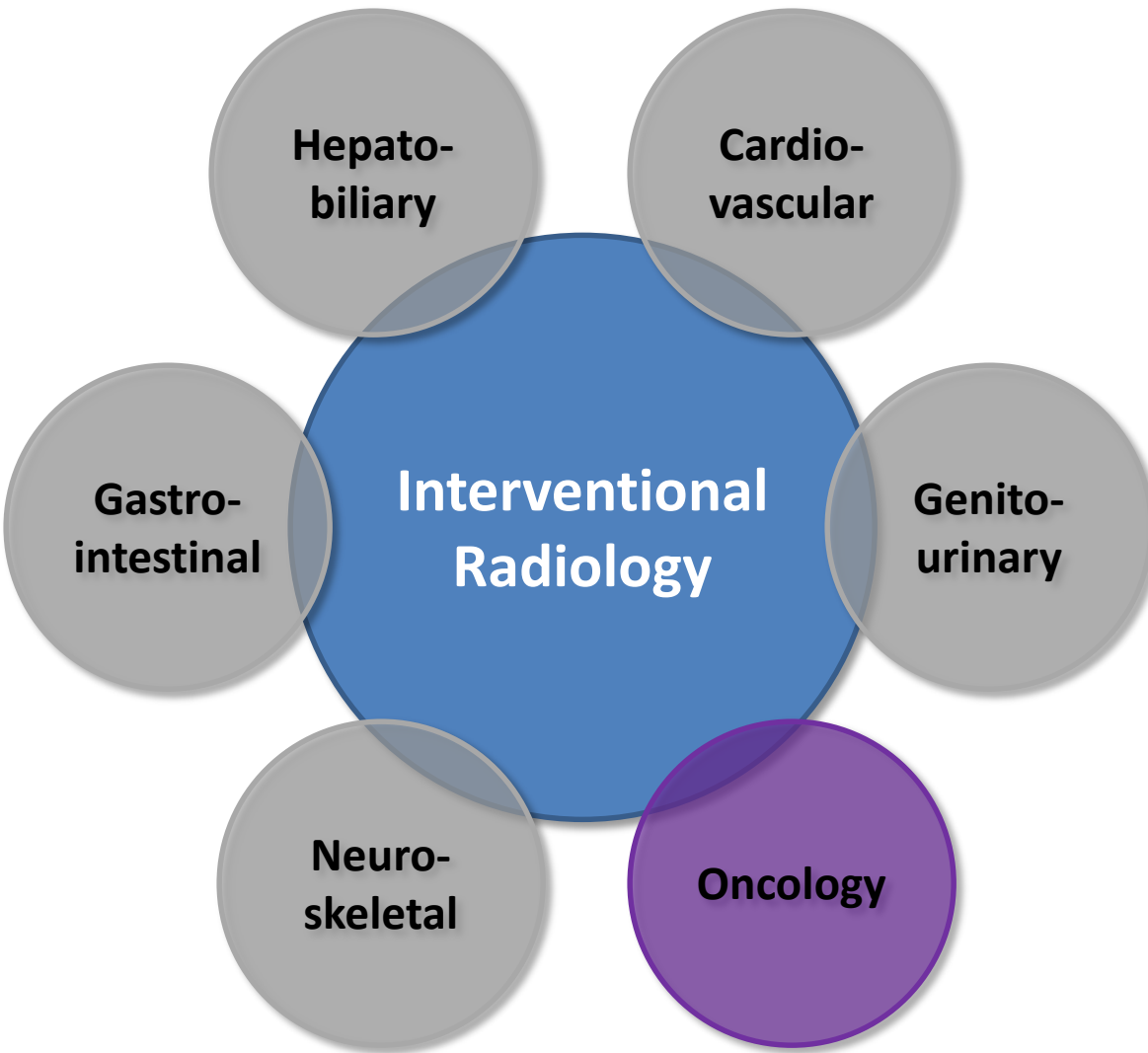
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## Oncology

- Biopsy:
  - Liver, lung, breast, kidney, thyroid, lymph node, bone marrow, & metastases
- Tumor ablation
  - Liver, lung, kidney, & bone
- Chemotherapy ports
- Intrathecal administration of chemotherapy
- Thoracentesis/pleural drains
- Paracentesis/peritoneal drains

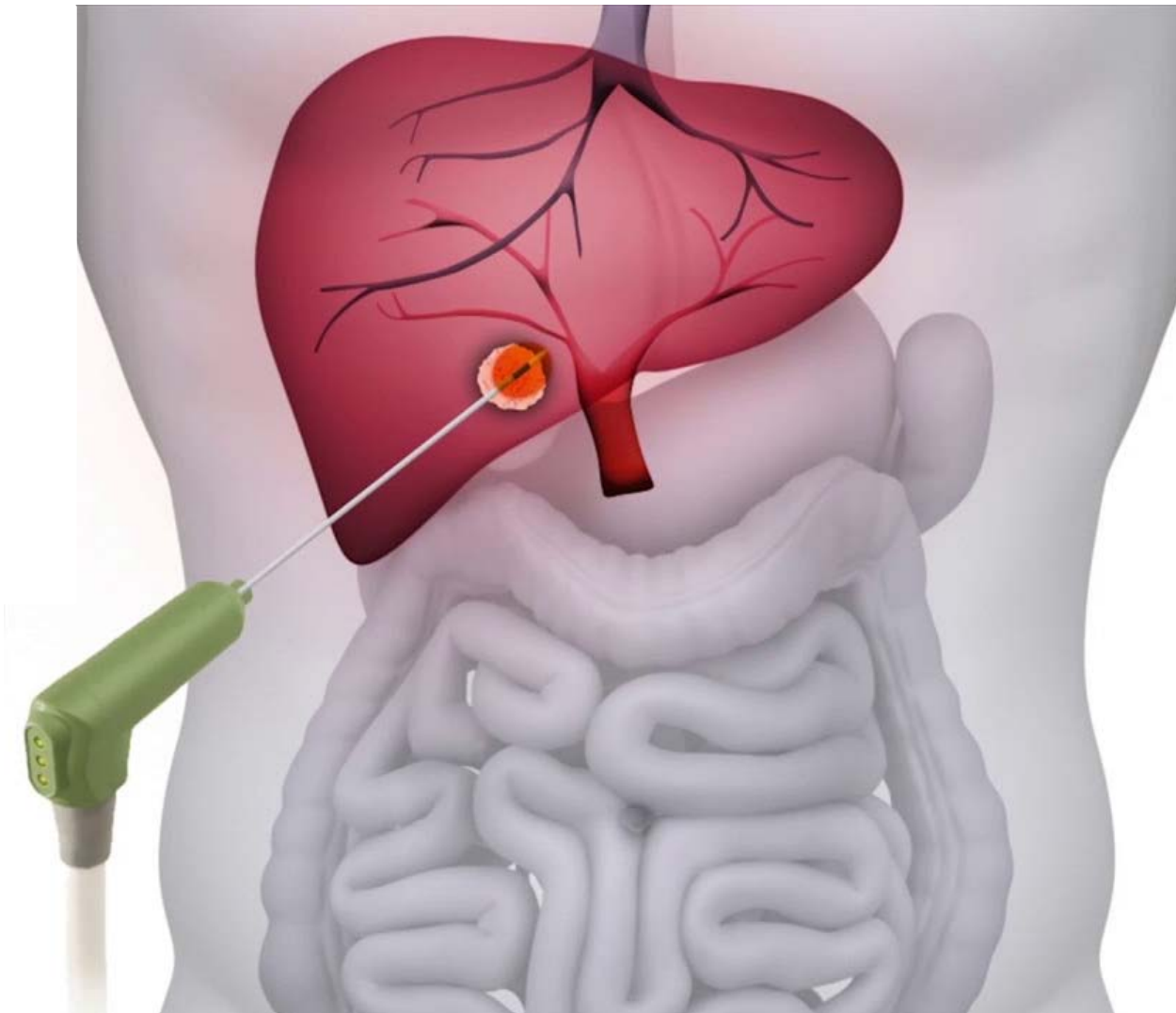




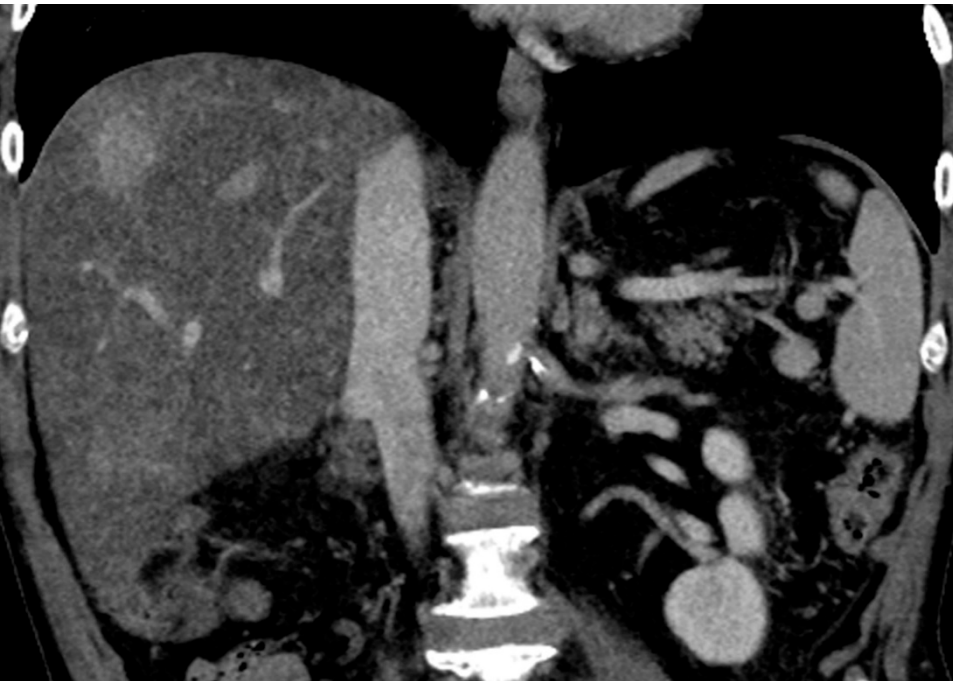
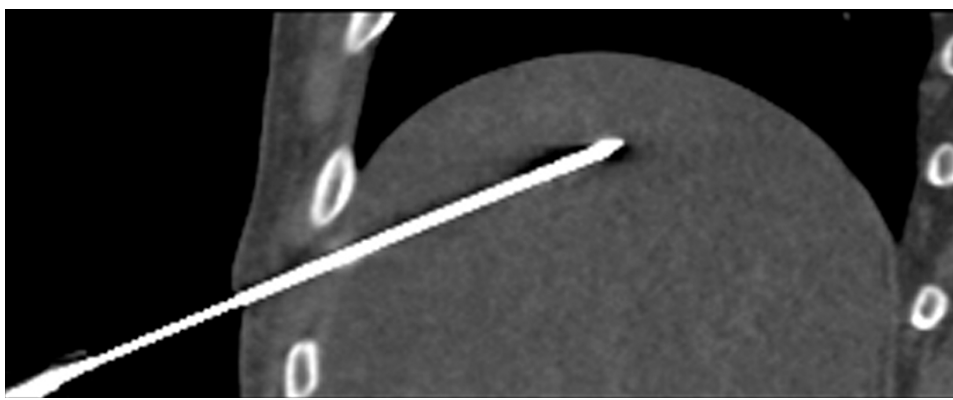
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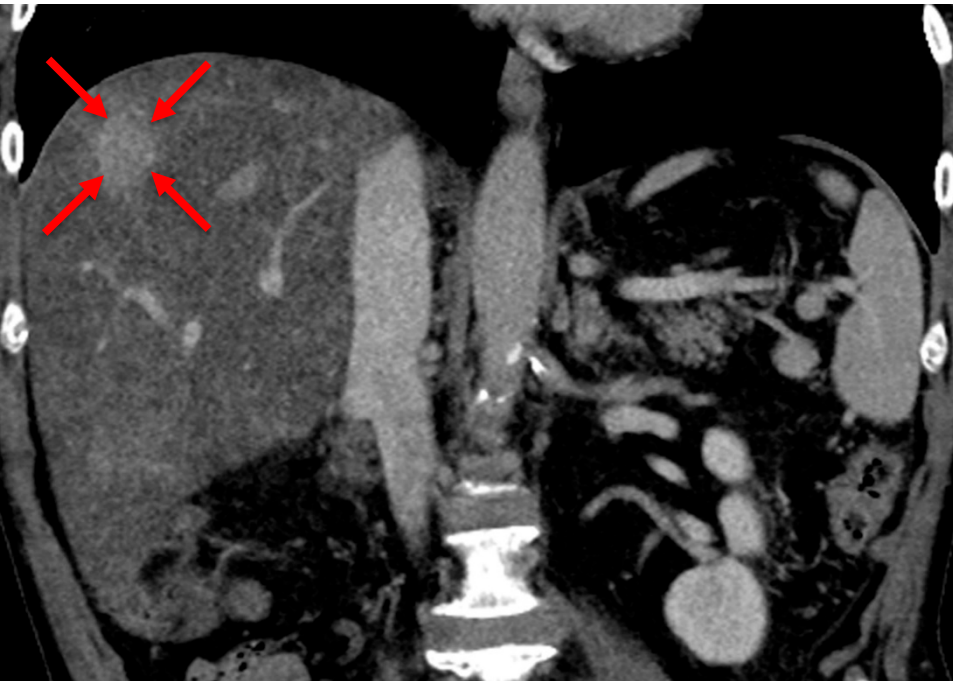
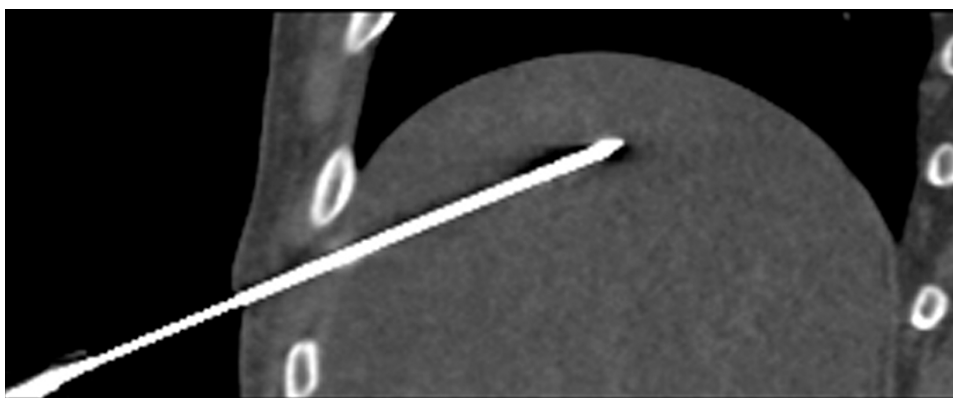
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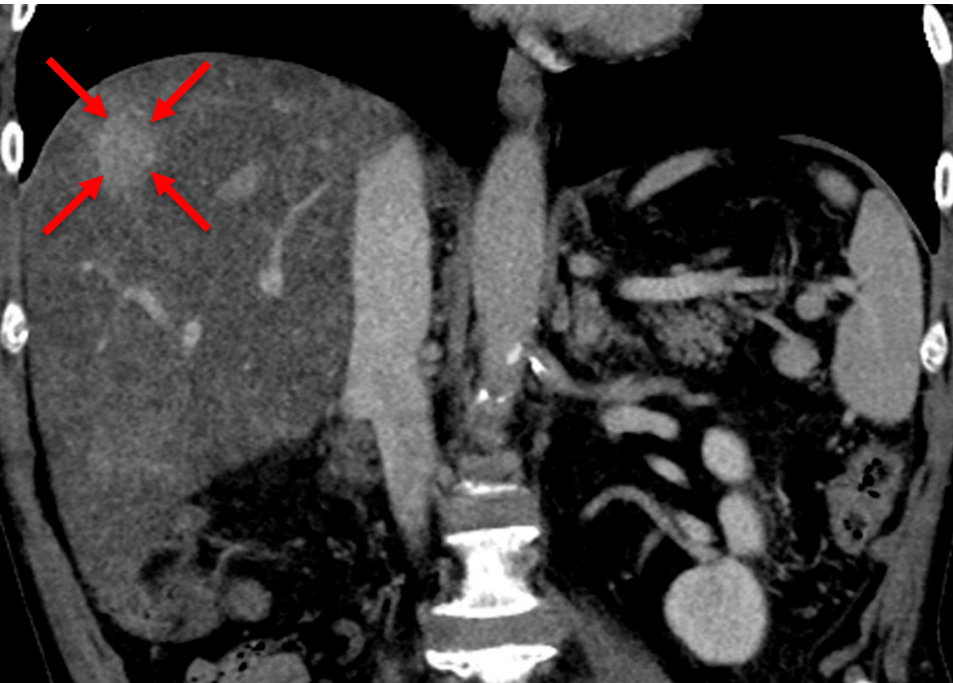
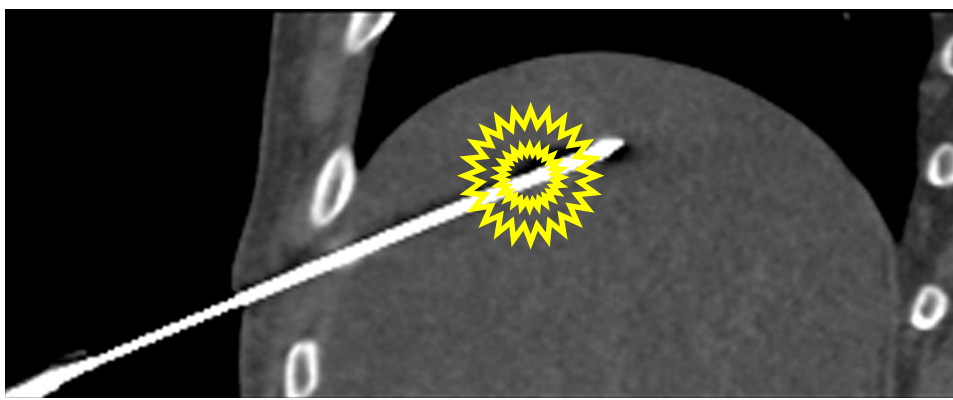
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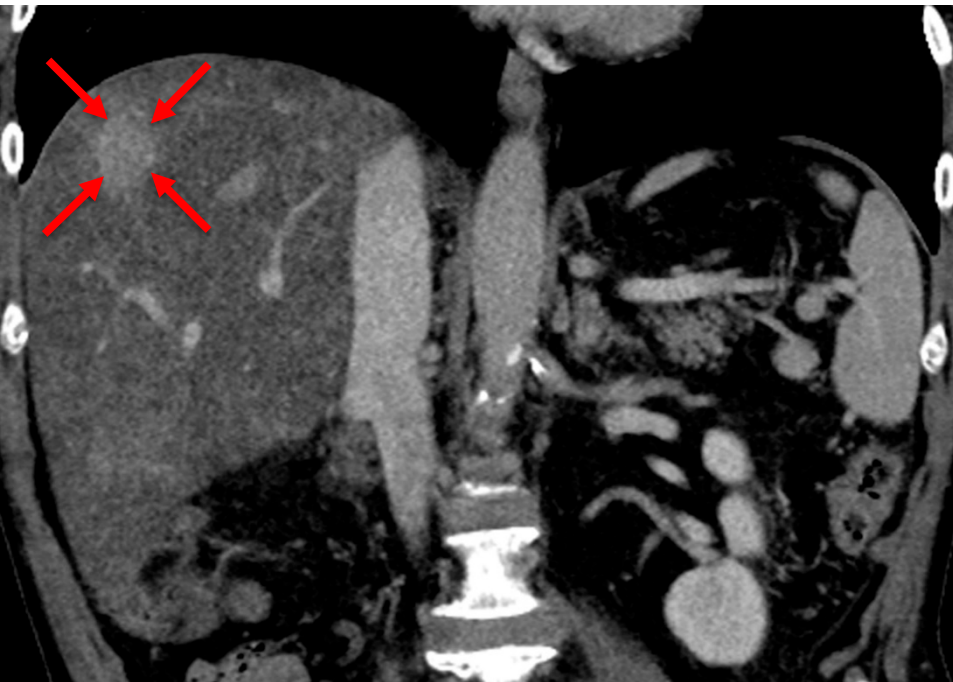
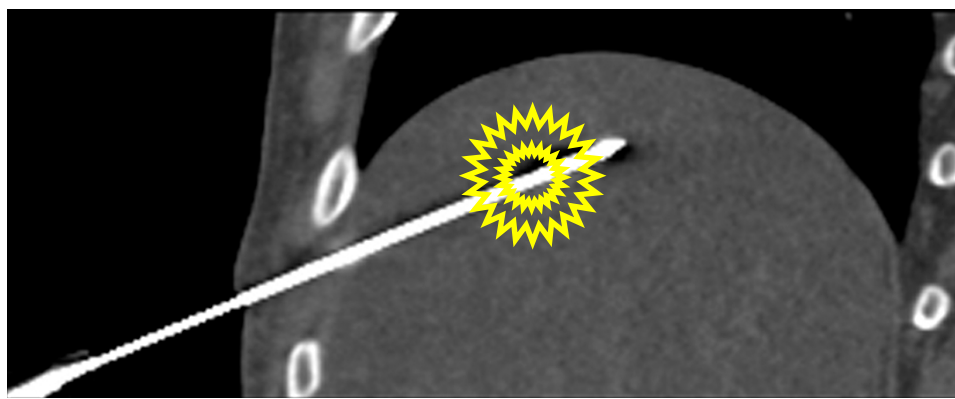






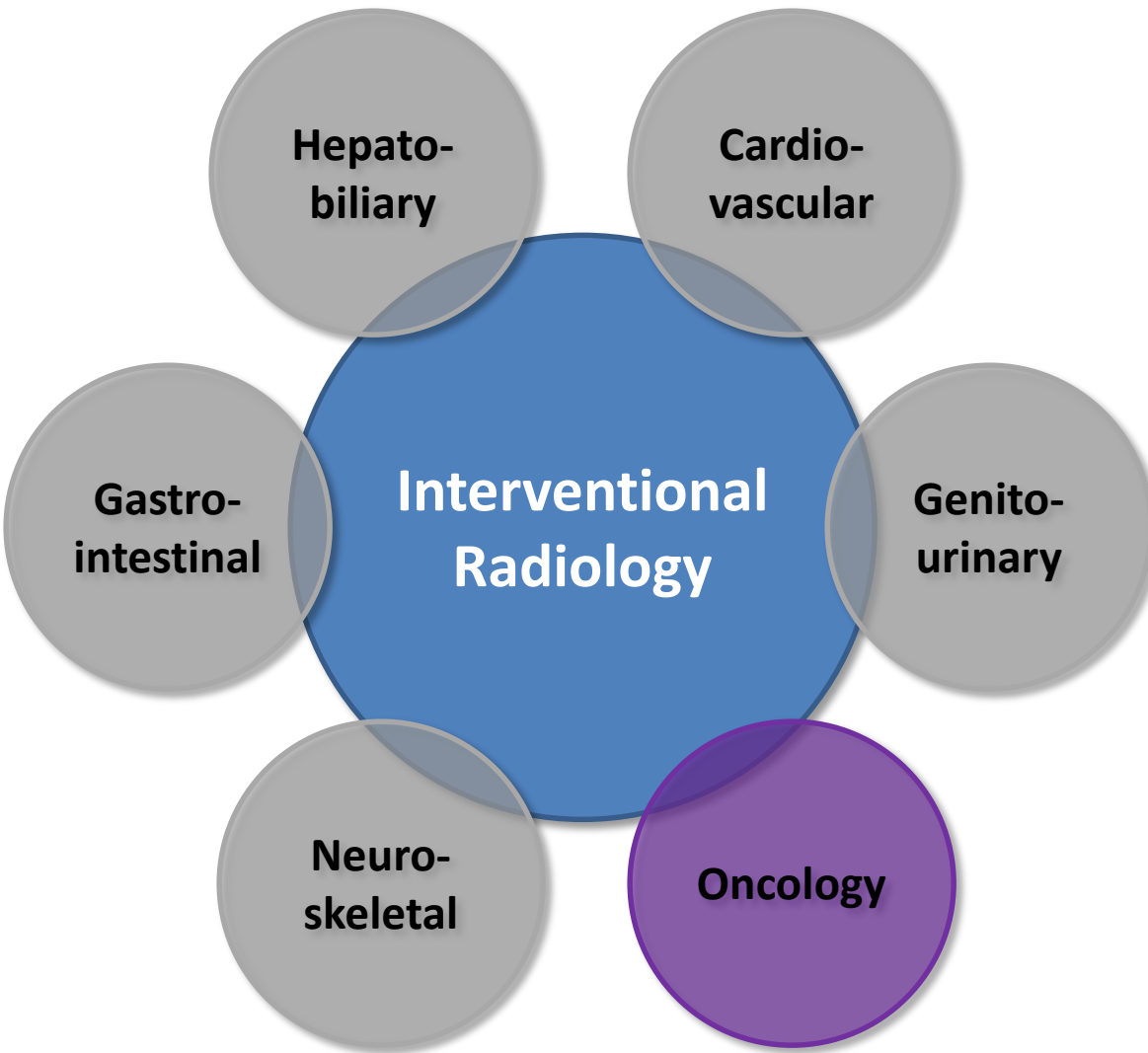


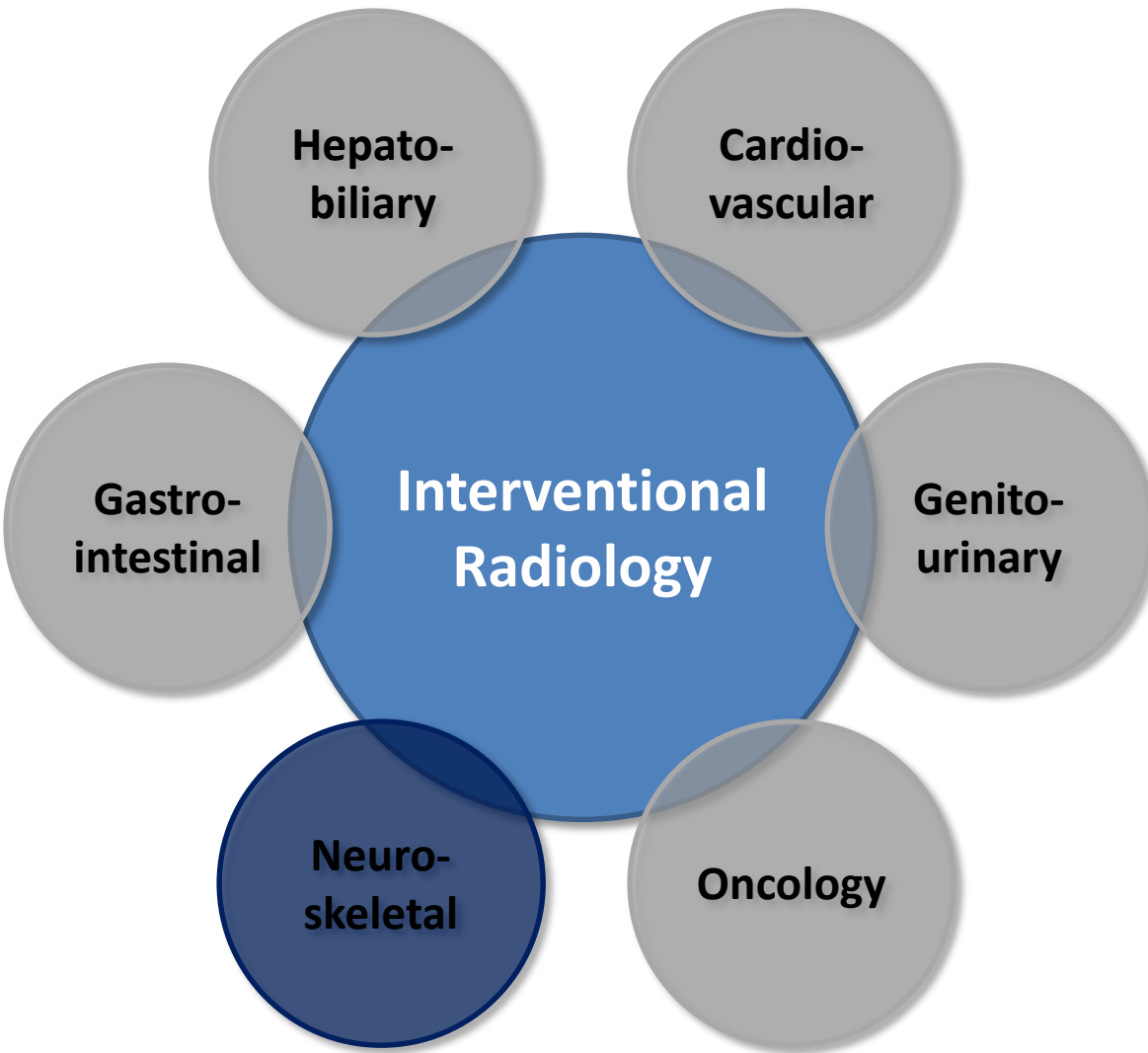




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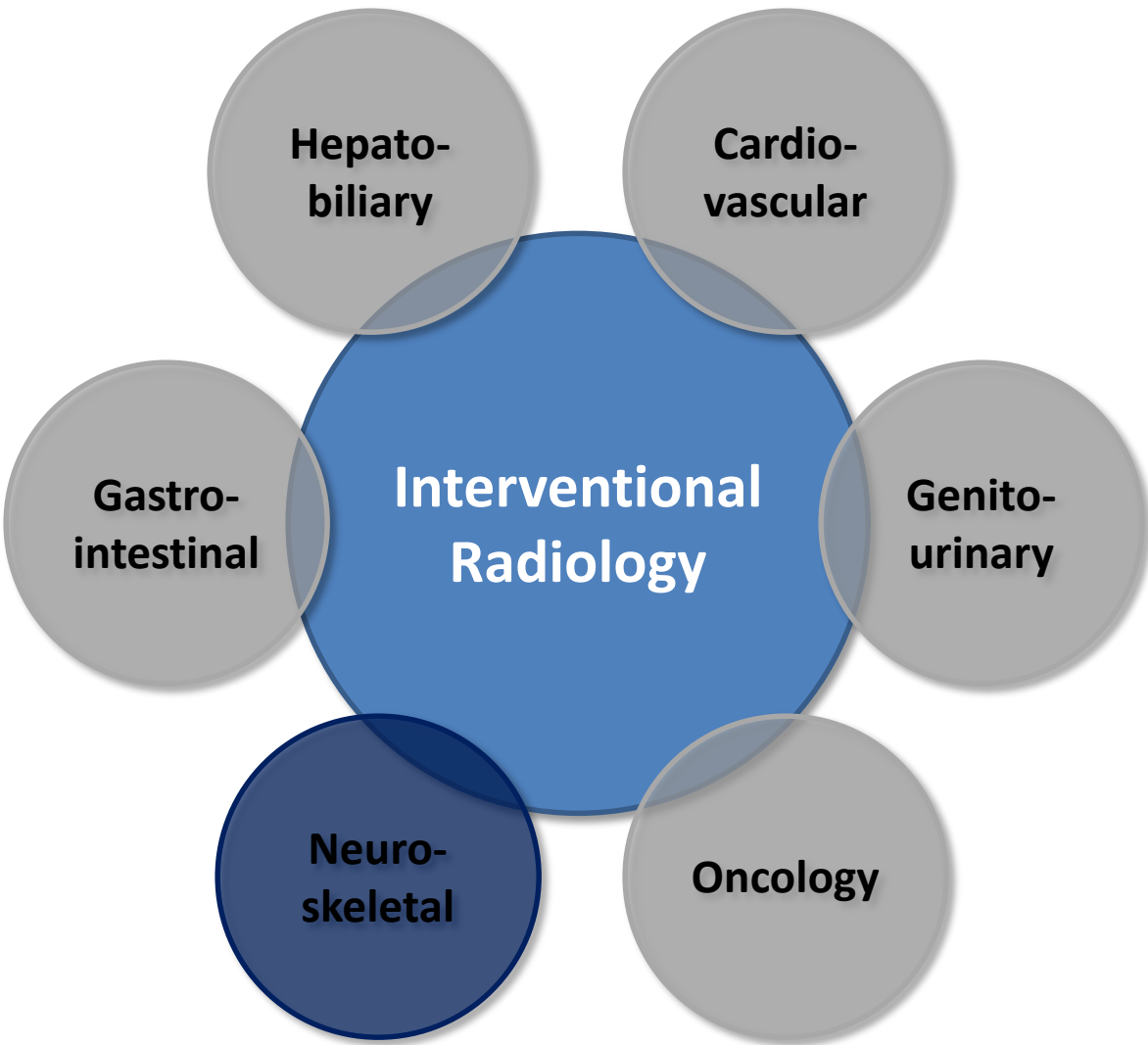
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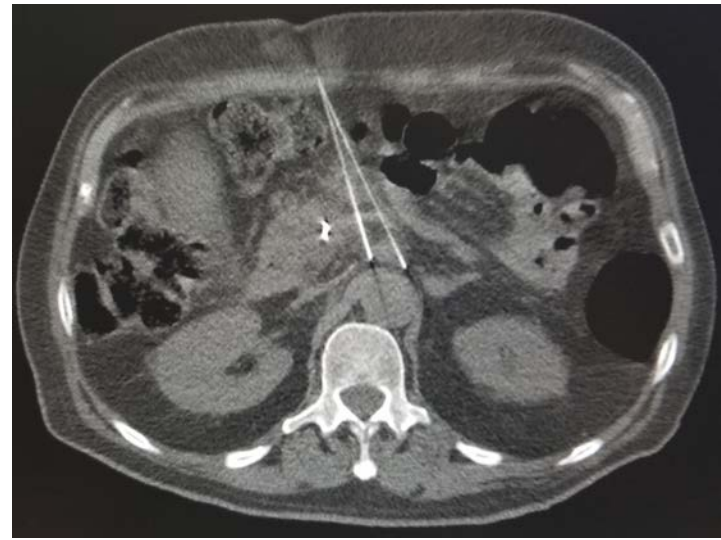
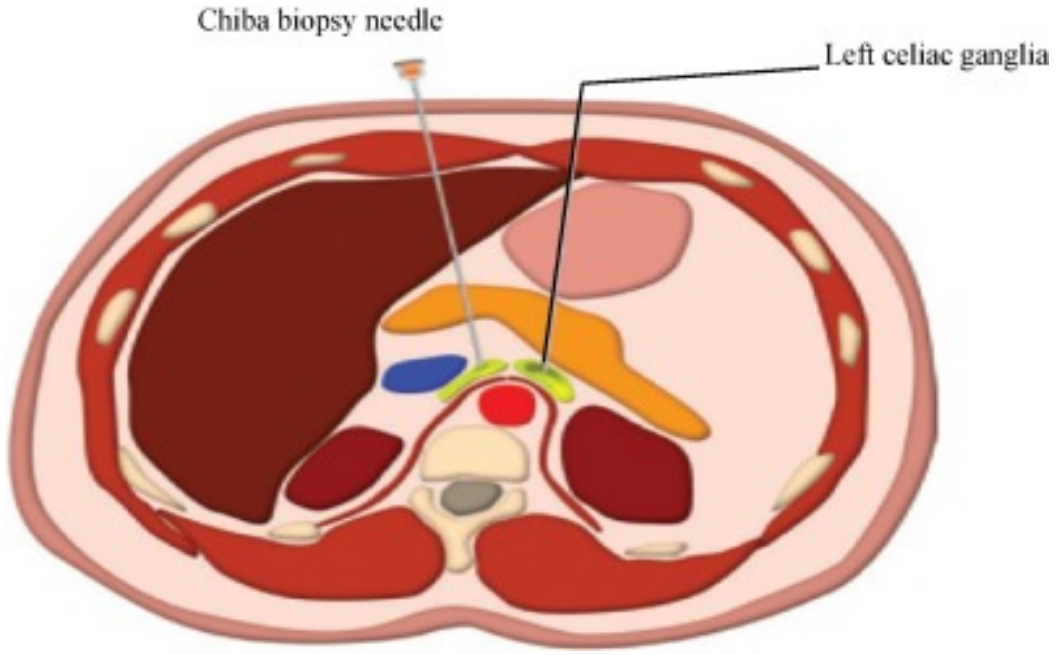
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- Diagnostic arthrograms, joint aspiration, & joint injection
  - Hip
  - Knee
  - Shoulder
- Celiac plexus block
- Vertebroplasty
- Kyphoplasty
- Sacroplasty
- Lumbar puncture/myelography
- Epidural blood patch
- Spinal pain injections

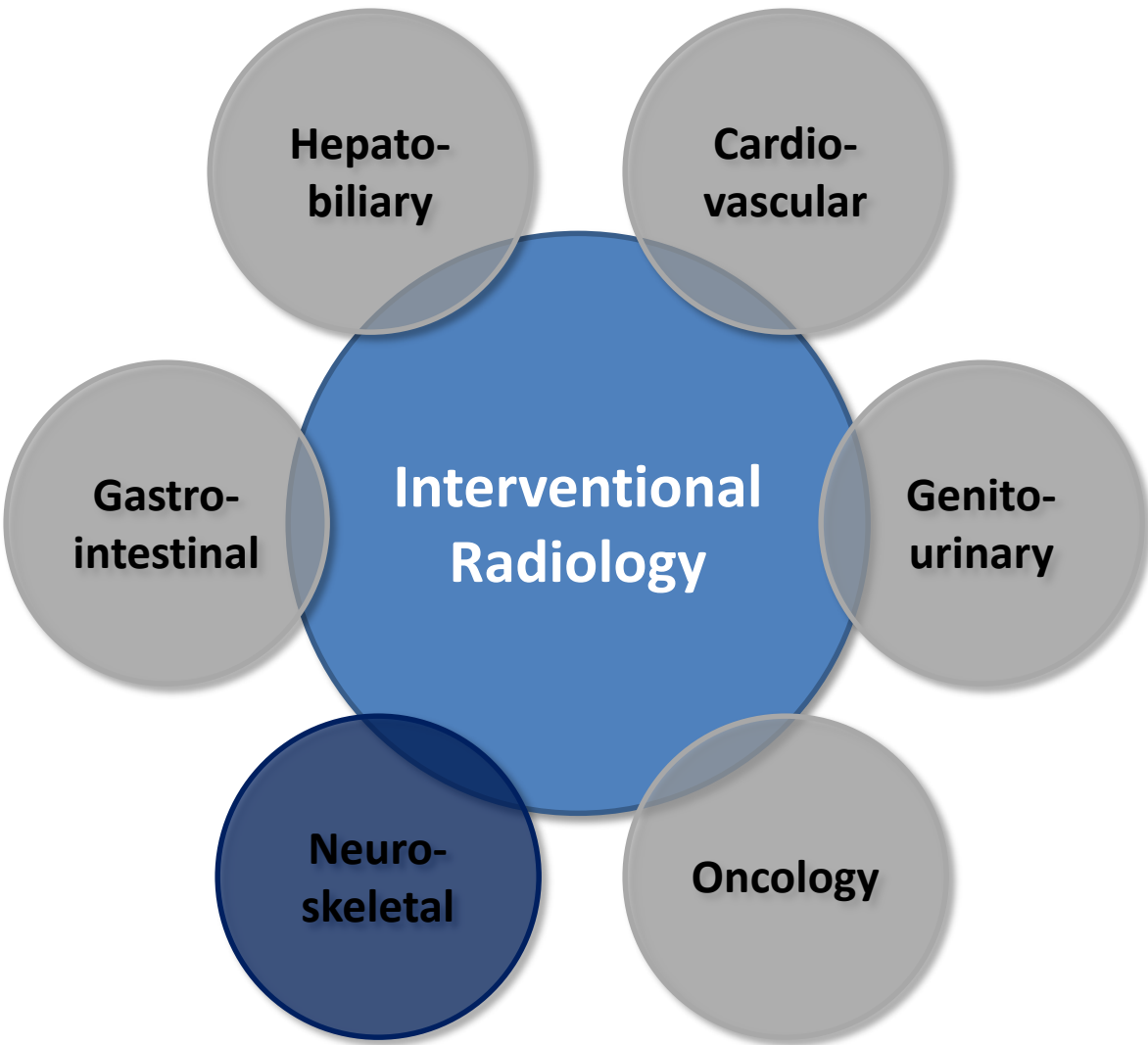


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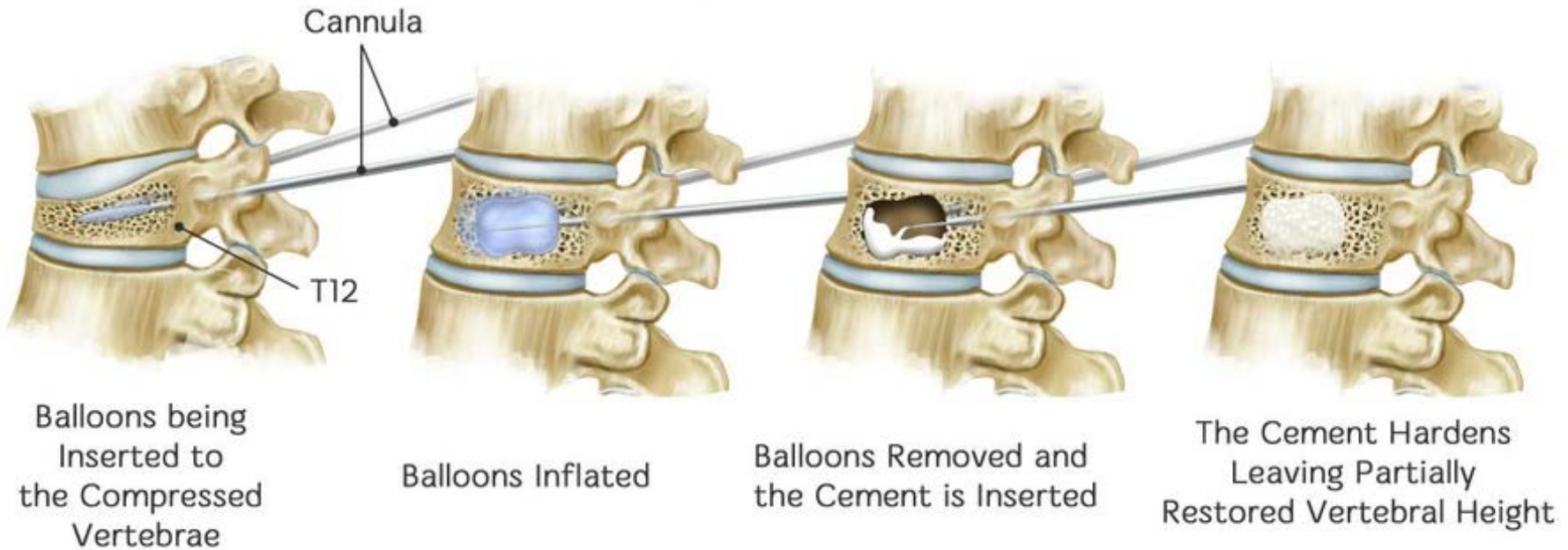


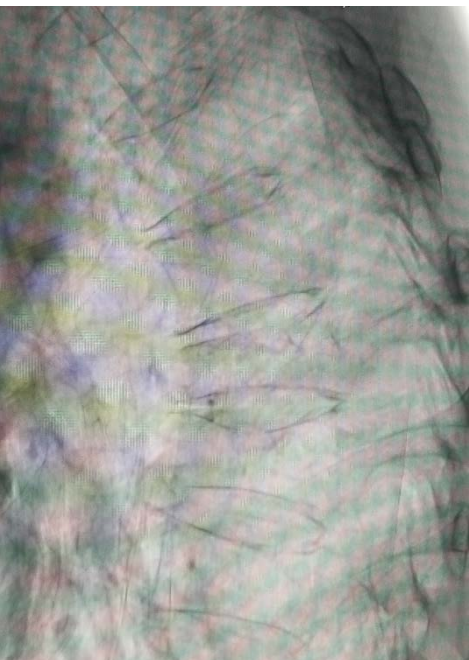


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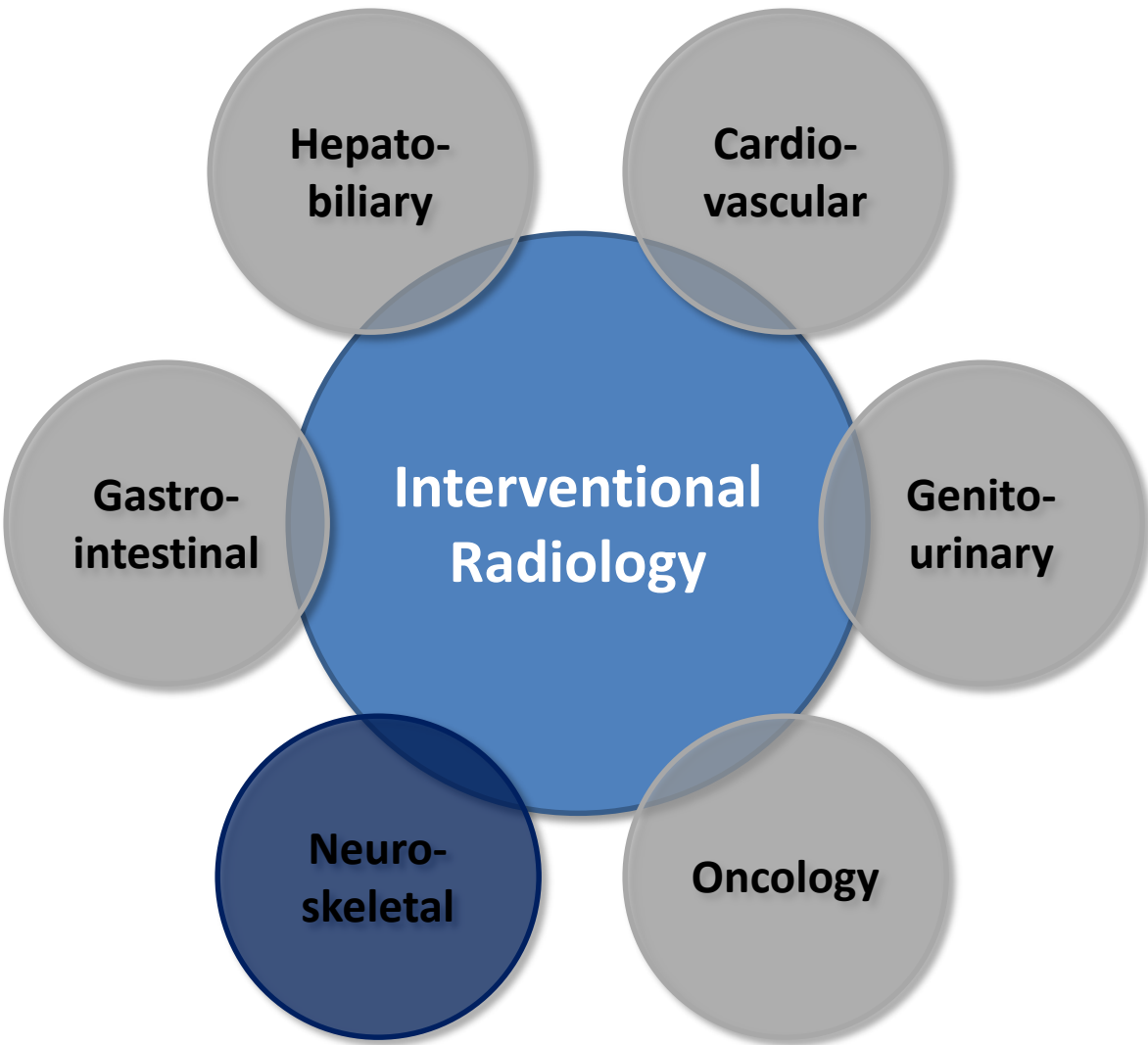
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# Kyphoplasty



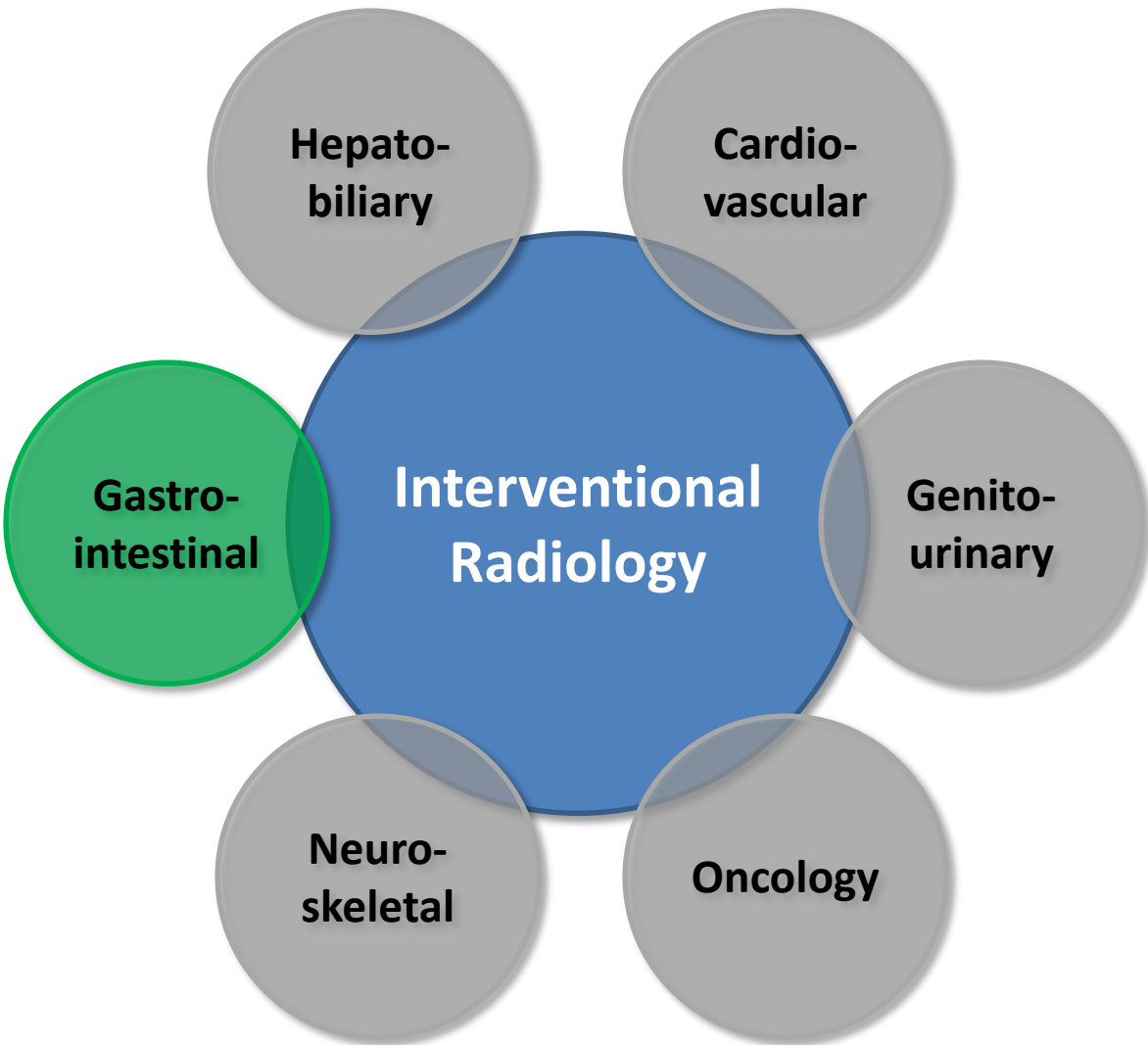






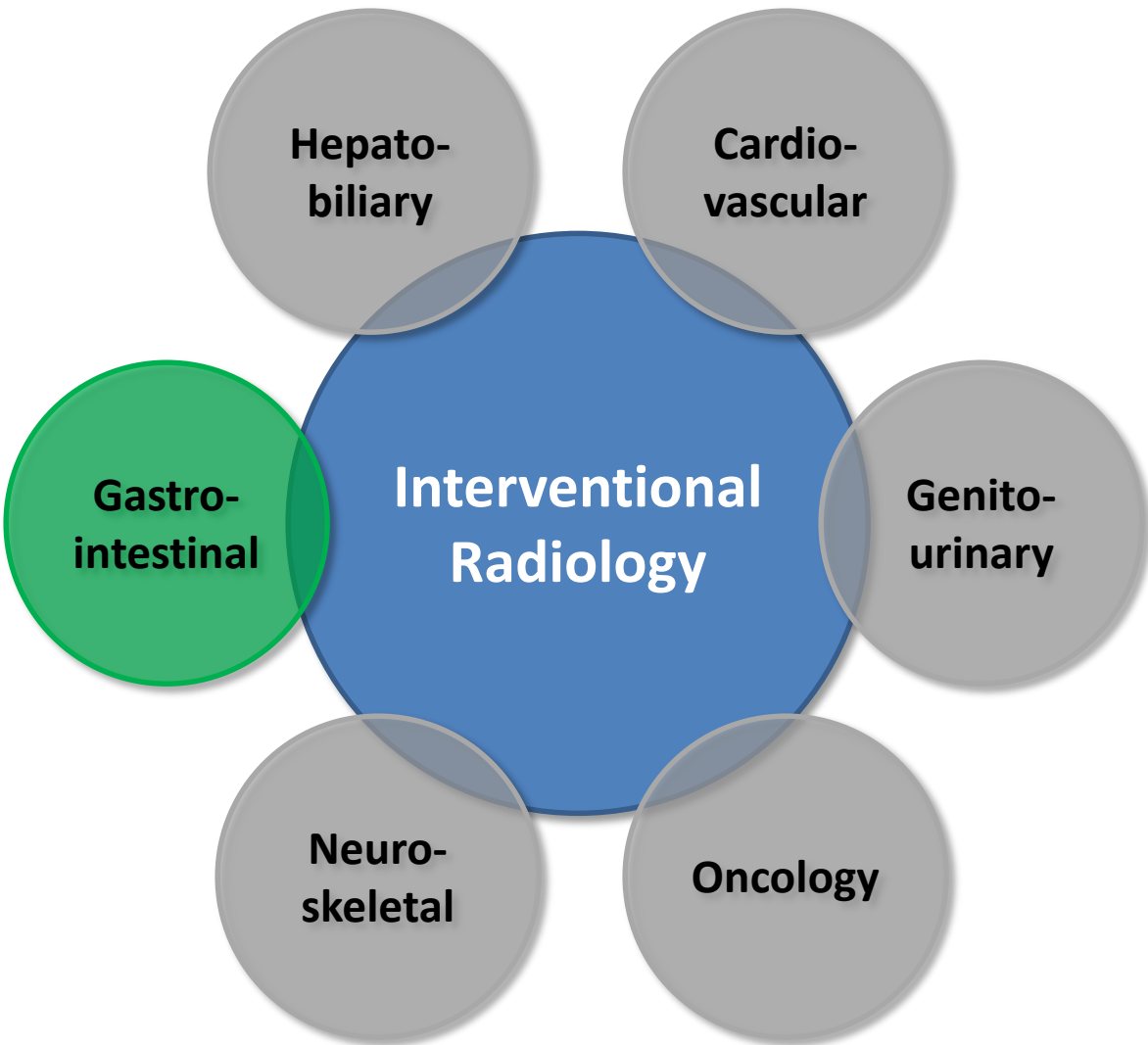
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## Gastrointestinal

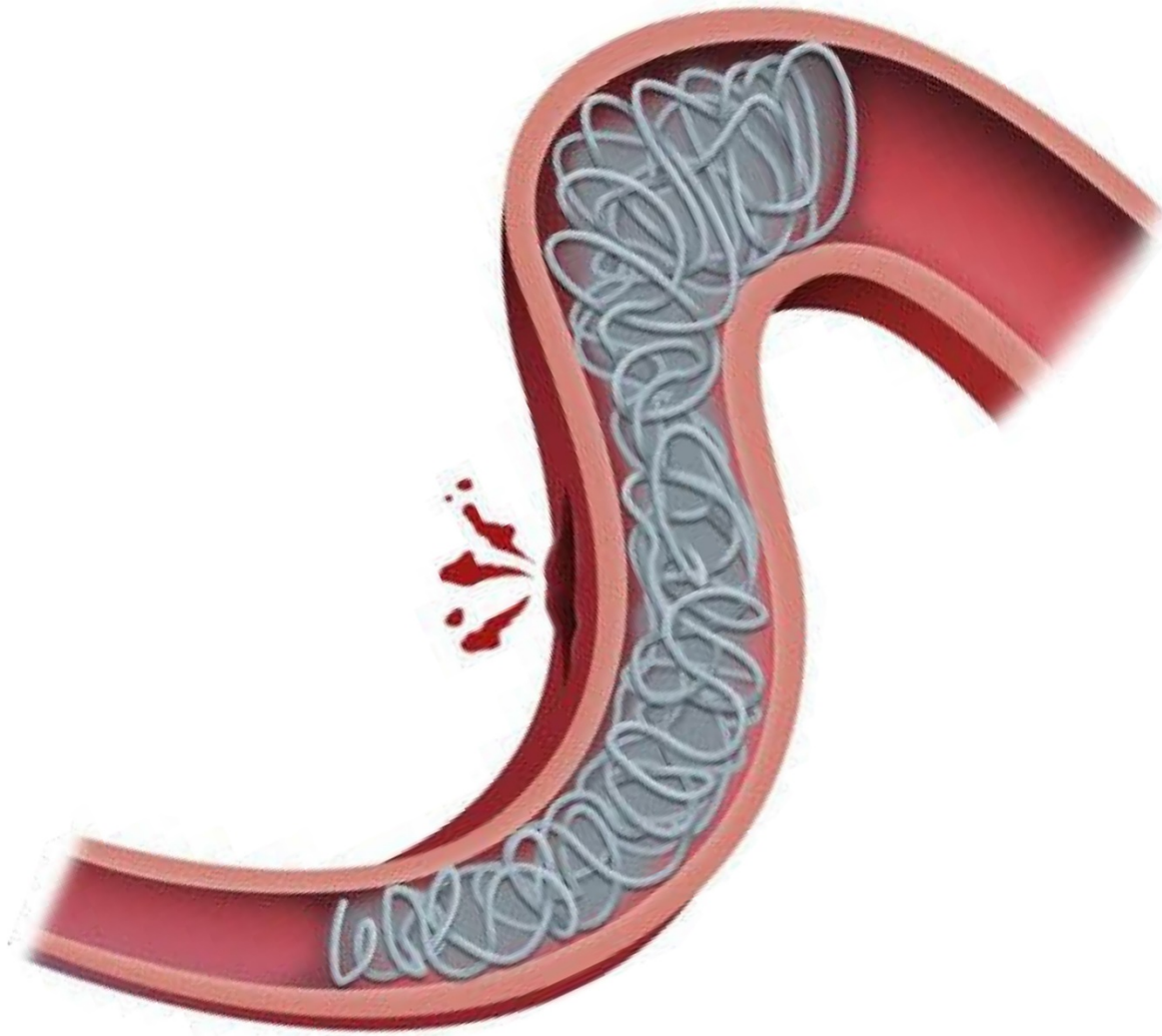
- Endovascular embolization of gastrointestinal bleeding
- Enteral feeding
  - Gastrostomy tube
  - Gastrojejunal feeding tube
  - Jejunostomy
- Diagnostic investigations
  - Modified barium swallow
  - Esophagram
  - Upper GI study
  - Barium enema
- Abscess drainage

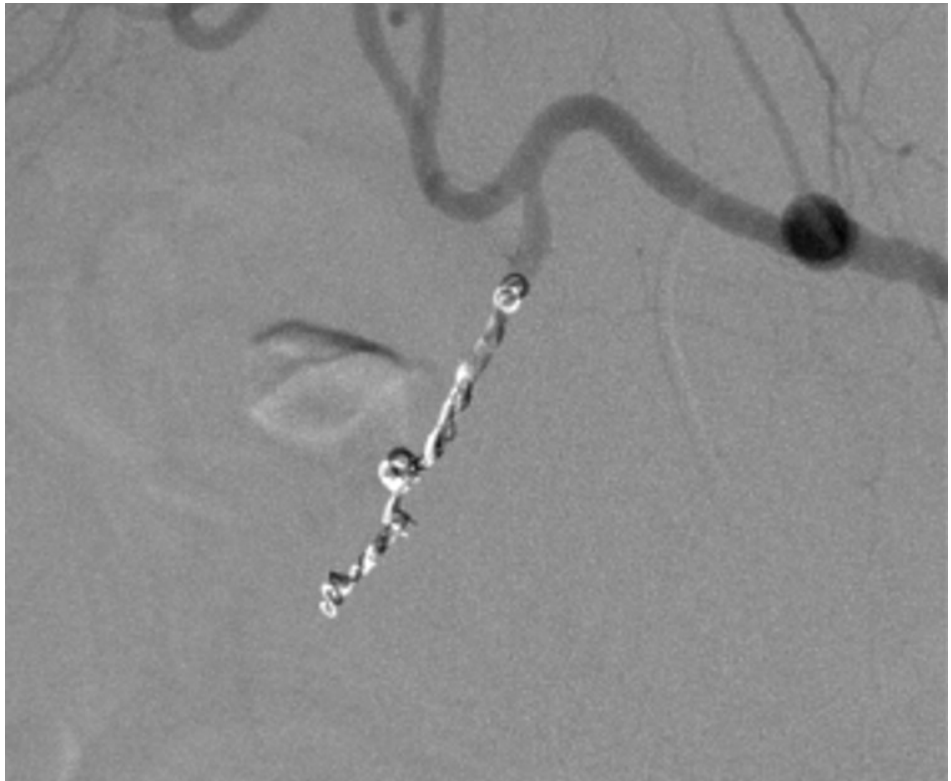
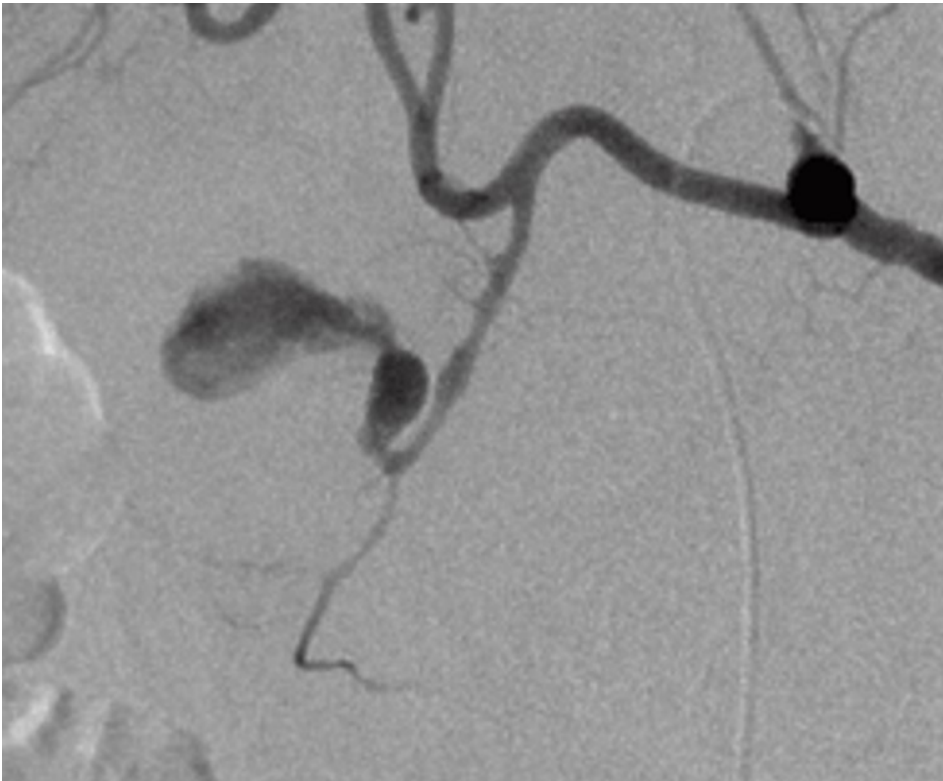


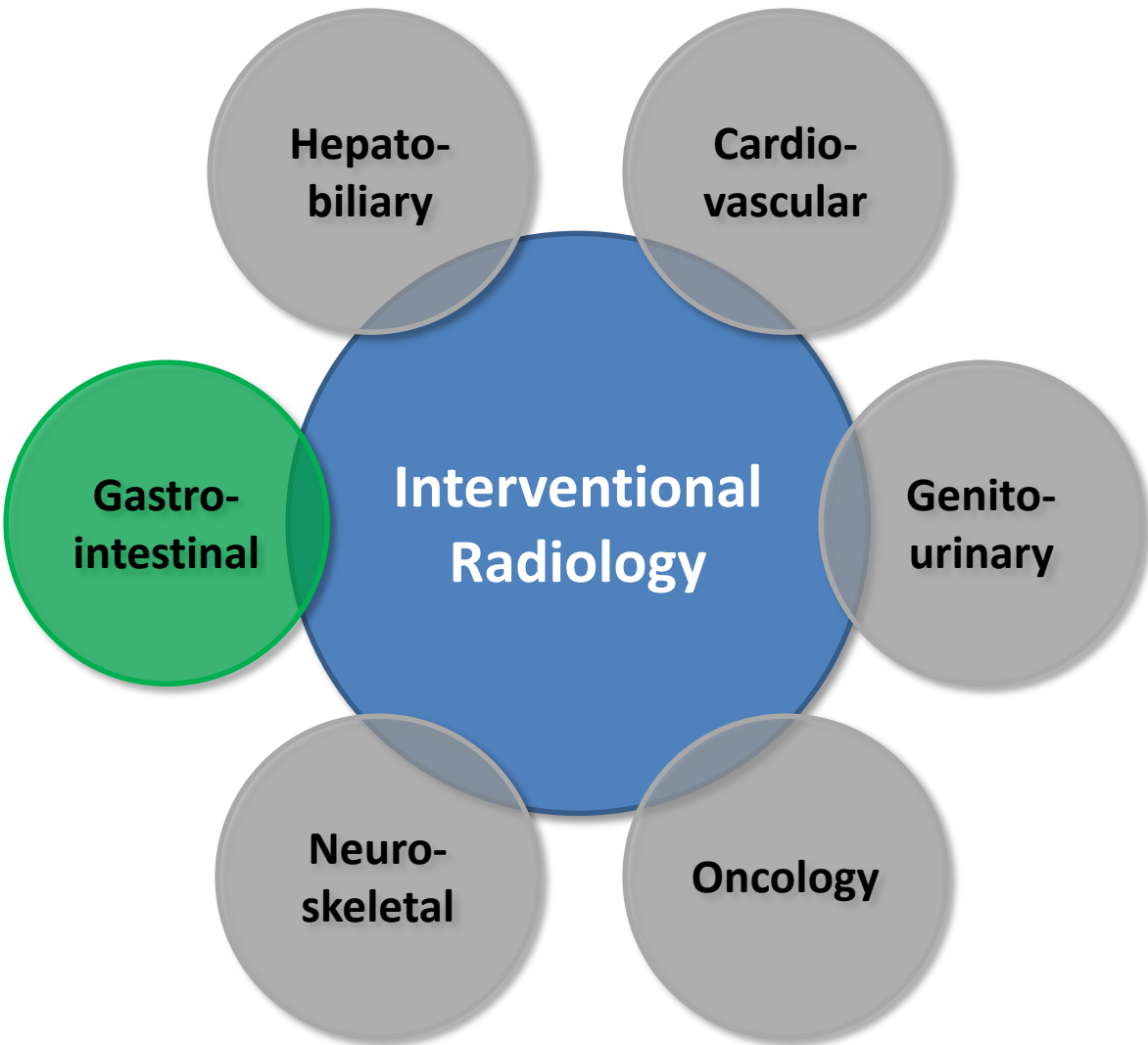
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Gastro-  
intestinal



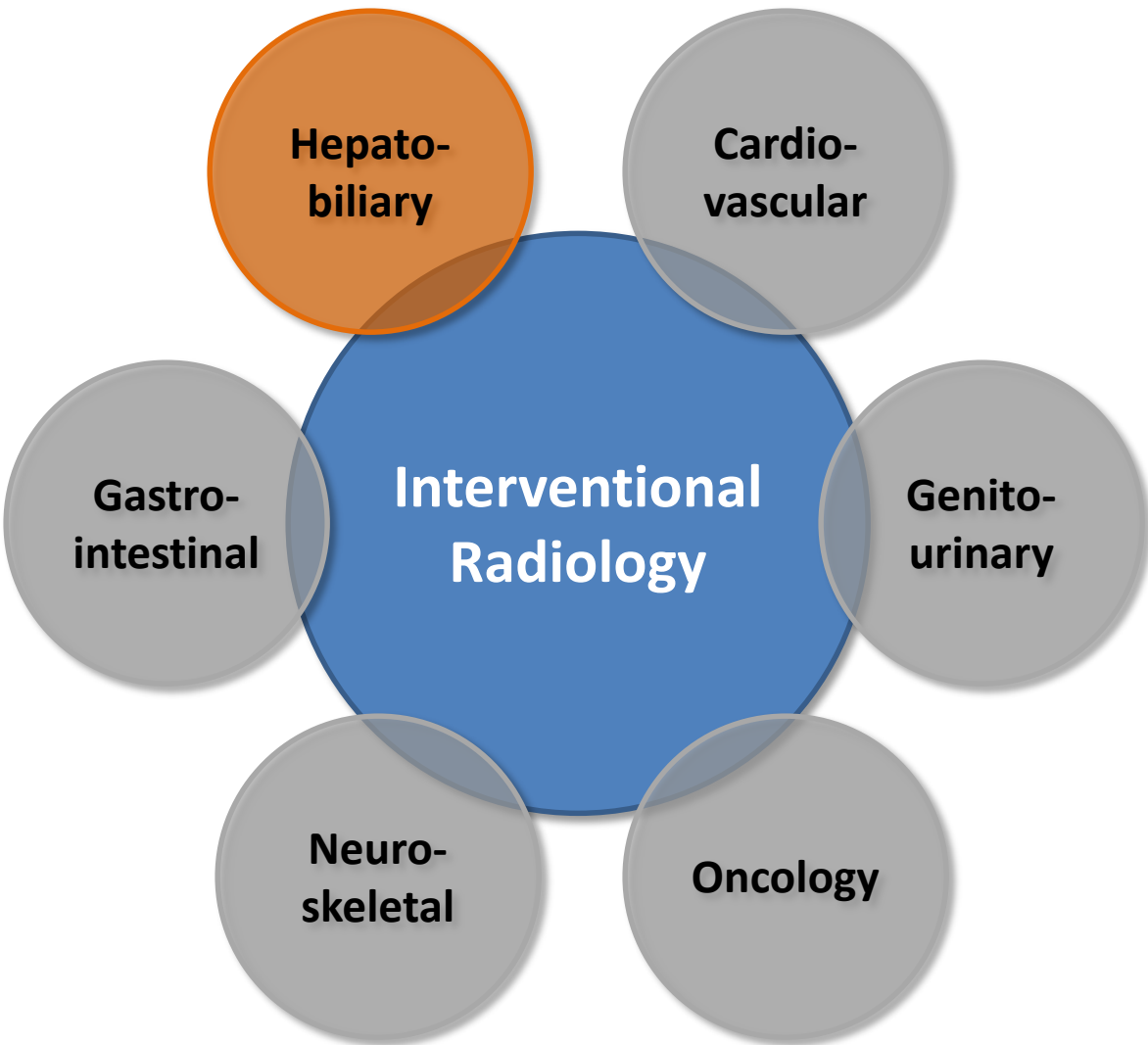




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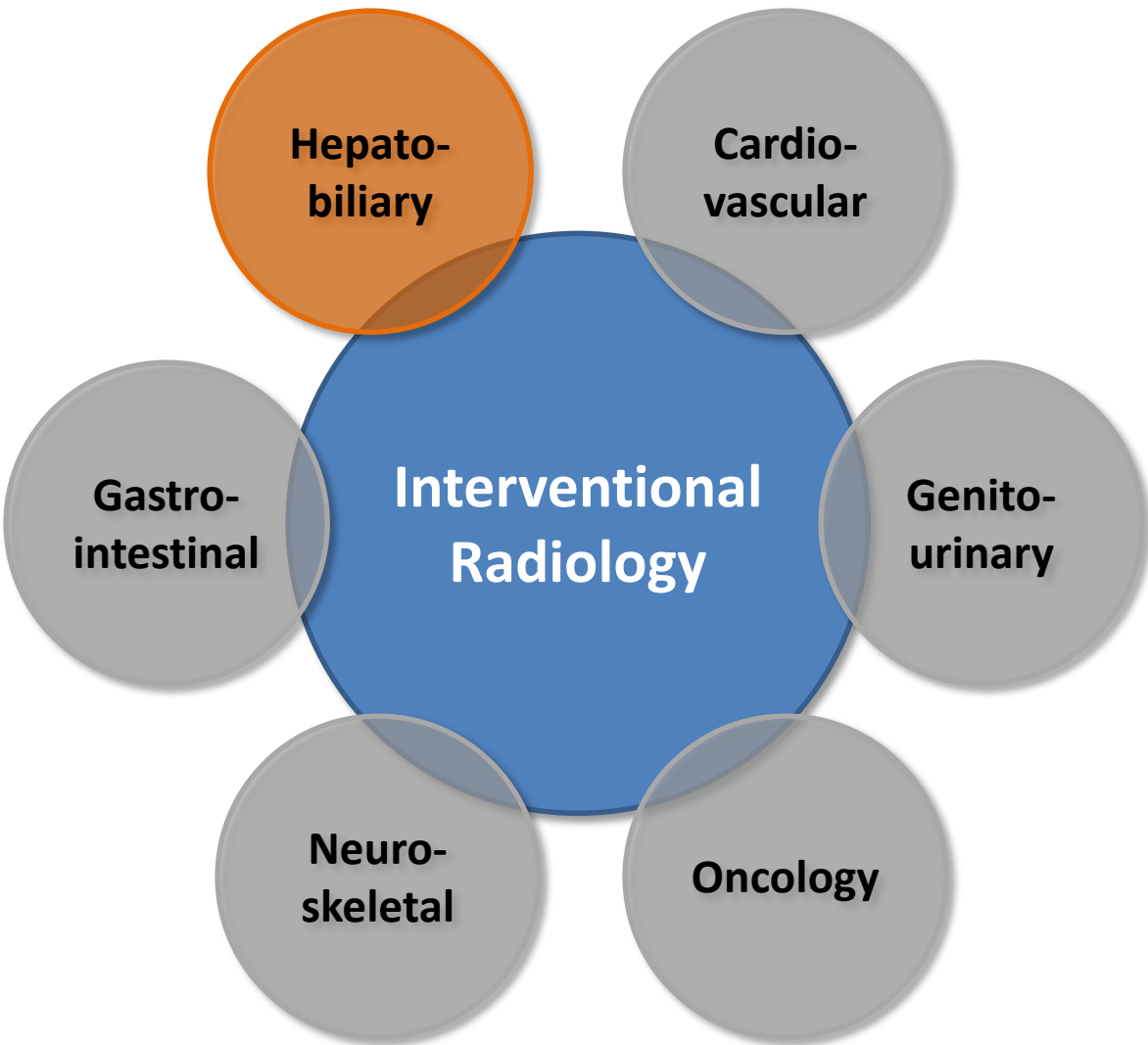
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## Hepatobiliary

- Percutaneous transhepatic cholangiography & biliary drainage
- Cholecystostomy
- Transjugular liver biopsy & measurement of hepatic venous pressure gradient
- Transjugular intrahepatic portosystemic shunt (TIPS)
- Balloon-occluded retrograde transvenous obliteration (BRTO) of varices

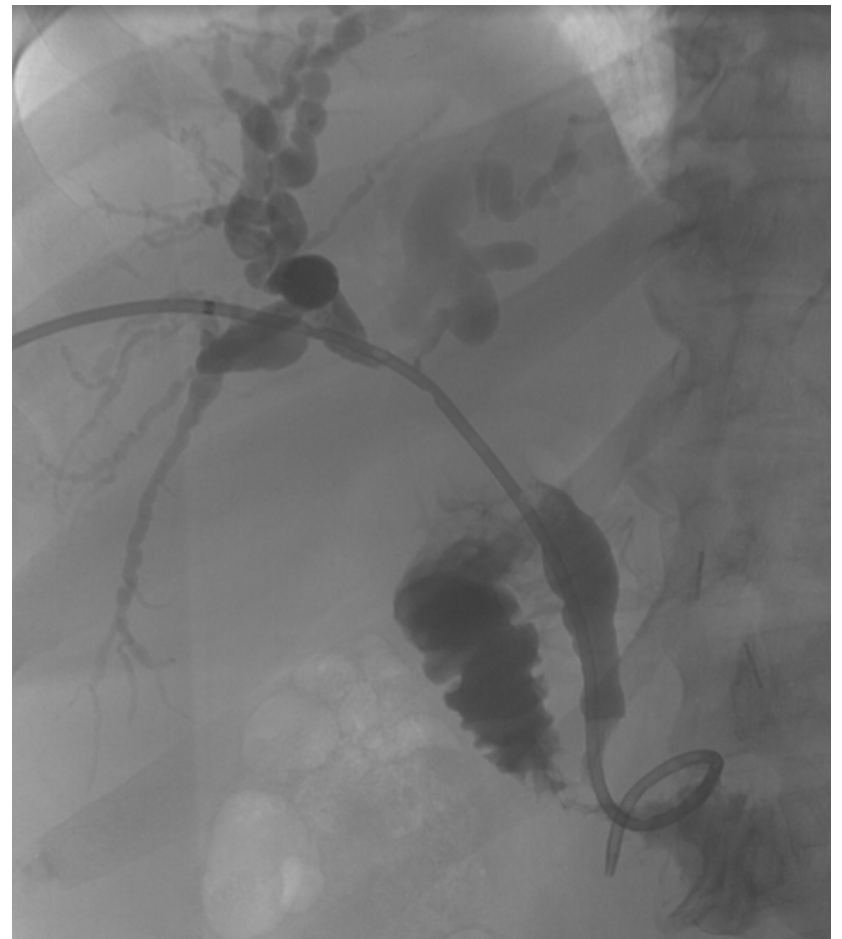
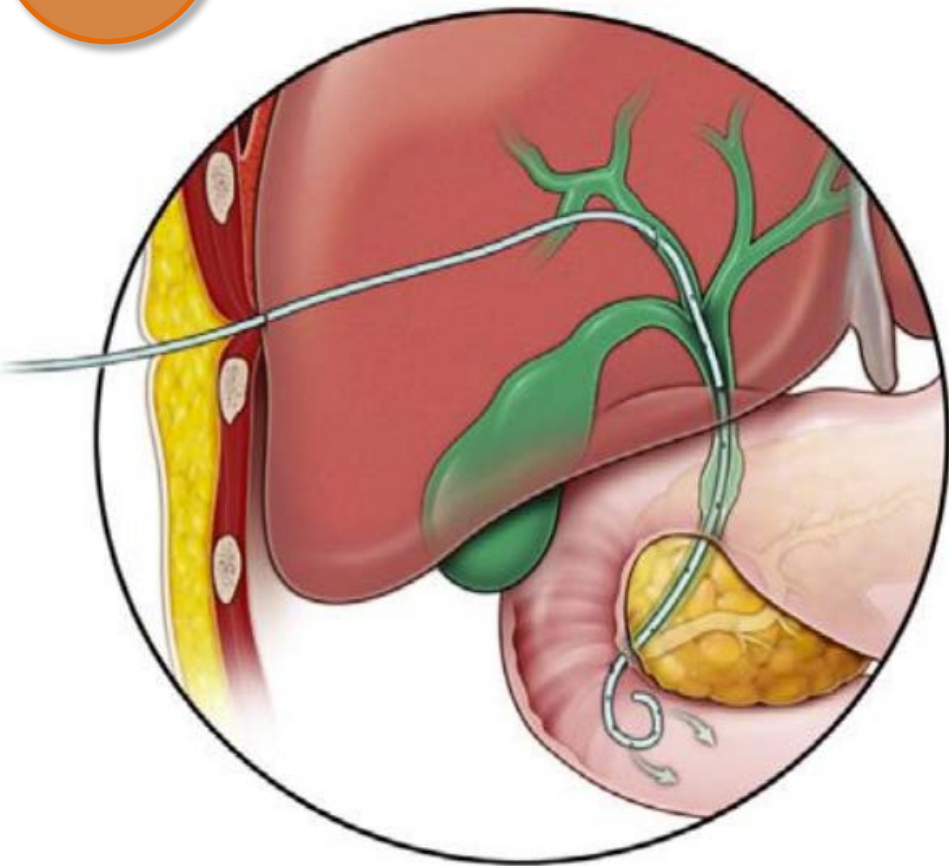


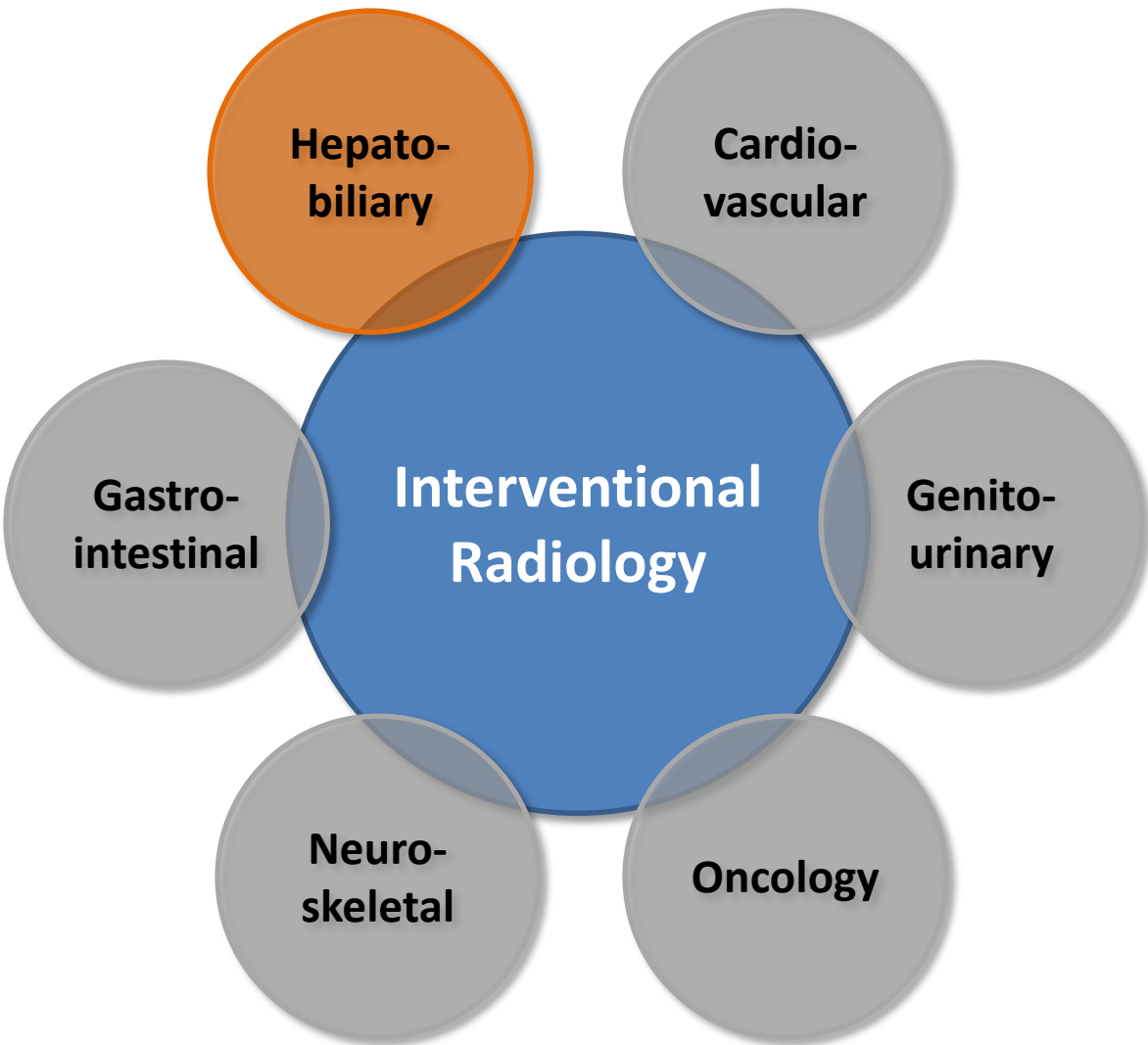
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Hepato-  
biliary

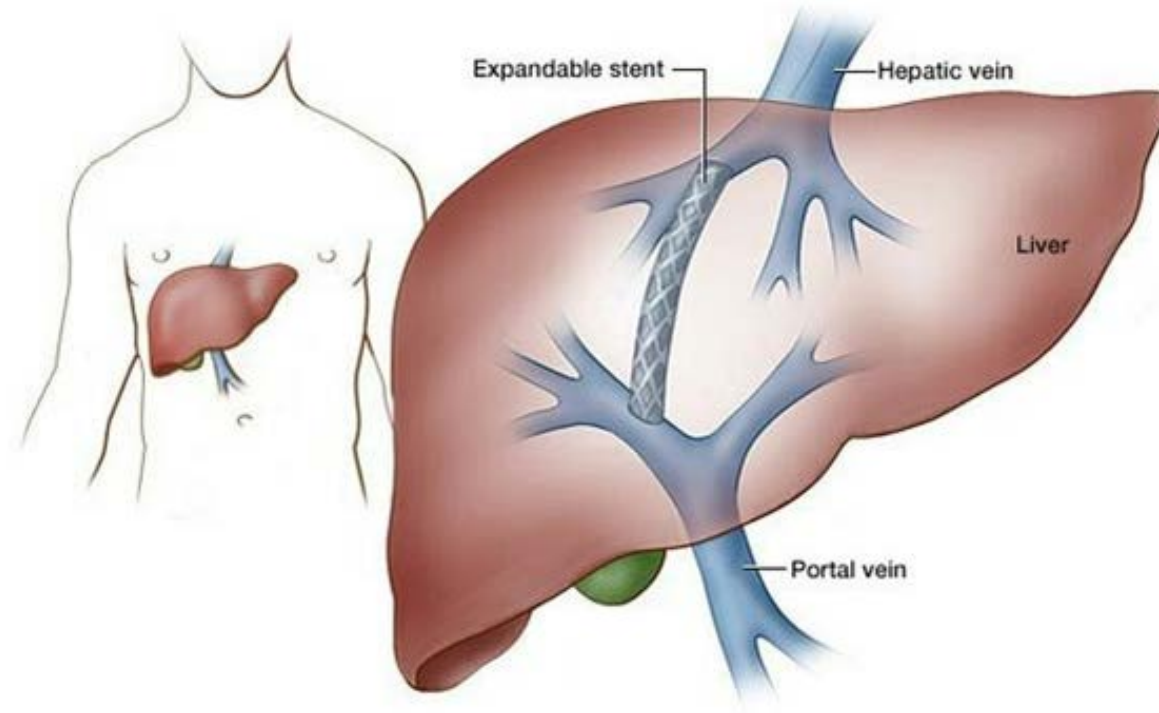




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Hepato-  
biliary



# Interventional Radiology (IR)

## Direct Benefits:

- Less invasive than traditional surgical approach
  - Lower risk
  - Shorter recovery
  - Fewer complications
- Lower cost than same procedure in Operating Room
  - Angiography suite requires less staff
  - Equipment costs are lower
  - Moderate sedation vs general anesthesia
  - Shorter length of hospital stay

# Interventional Radiology (IR)

## Ex. 1: Chemotherapy Port

- Hospital cost determined by:
  - Staff salaries
  - Procedural supplies
  - Pharmacy expense
  - Laboratory expense
  - Fixed room cost
- Total hospital cost to implant port in OR was 193% higher than to implant port in IR.

ORIGINAL ARTICLE CrossMark

### Cost and Morbidity Analysis of Chest Port Insertion: Interventional Radiology Suite Versus Operating Room

Jennifer R. LaRoy, BA<sup>1</sup>, Sarah B. White, MD, MS<sup>2</sup>, Thejus Jayakrishnan, MD<sup>3</sup>, Stephanie Dybul, BSRT(R)(VI) CIRCC<sup>4</sup>, Dirk Ungerer, MBA<sup>5</sup>, Kiran Turaga, MD, MPH<sup>6</sup>, Parag J. Patel, MD, MS<sup>7</sup>

**Abstract**

**Purpose:** To compare complications and cost, from a hospital perspective, of chest port insertion performed in an interventional radiology (IR) suite versus in surgery in an operating room (OR).

**Methods:** This study was approved by an institutional review board and is HIPAA compliant. Medical records were retrospectively searched on consecutive chest port placement procedures, in the IR suite and the OR, between October 22, 2010 and February 26, 2013, to determine patients' demographic information and chest port-related complications and/or infections. A total of 478 charts were reviewed (age range: 21-85 years; 309 women, 169 men). Univariate and bivariate analyses were performed to identify risk factors associated with an increased complication rate. Cost data on 149 consecutive Medicare beneficiaries (100 treated in the IR suite; 49 treated in the OR) who had isolated chest port insertions between March 2012 and February 2013 were obtained for both the operative services and pharmacy. Nonparametric tests for heterogeneity were performed using the Kruskal-Wallis method.

**Results:** Early complications occurred in 9.2% (22 of 239) of the IR patients versus 13.4% (32 of 239) of the OR patients. Of the 478 implanted chest ports, 9 placed in IR and 18 placed in surgery required early removal. Infections from the ports placed in IR versus the OR were 0.25 versus 0.18 infections per 1000 catheters, respectively. Overall mean costs for chest port insertion were significantly higher in the OR, for both room and pharmacy costs ( $P < .0001$ ). Overall average cost to place chest ports in an OR setting was almost twice that of placement in the IR suite.

**Conclusions:** Hospital costs to place a chest port were significantly lower in the IR suite than in the OR, whereas radiology and surgery patients did not show a significantly different rate of complications and/or infections.

**Key Words:** Chest port, port, central venous access, complication, cost, cost effective, surgery, interventional radiology, operating room, interventional radiology suite

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**INTRODUCTION**

Since their advent in 1982, implantable venous access systems have become increasingly utilized in health care as a convenient way to perform repeated blood draws and administer medications, particularly chemotherapy [1,2]. Between 1992 and 2011, placement of long-term central venous access devices in Medicare beneficiaries increased by 303% nationally, from 76,444 to 307,838 [3]. Of the

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<sup>2</sup>Department of Radiology, Division of Vascular and Interventional Radiology, Medical College of Wisconsin, Milwaukee, Wisconsin.  
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<sup>4</sup>Decision Support, Financial Department, Medical College of Wisconsin, Milwaukee, Wisconsin.  
Corresponding author and reprint: Parag J. Patel, MD, MS, Medical College of Wisconsin, Department of Radiology, Division of Vascular and Interventional Radiology, 9200 W Wisconsin Ave, Milwaukee, WI 53226; e-mail: pp@mcw.edu.

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# Interventional Radiology (IR)

## Ex. 2: Dialysis Access Maintenance

- Cost to Medicare per additional year of hemodialysis access patency gained.
- Measured across 3 specialties:
  - Surgeons: \$174,000
  - Nephrologists: \$89,000
  - Radiologists: \$71,000

Innovate Healthcare

## RADIOLOGY BUSINESS

FOR LEADERS NAVIGATING VALUE-BASED CARE

**Common service costs \$100K less when delivered by an interventional radiologist, underlining subspecialty's value**



Marty Stempniak

A common service for dialysis patients costs about \$100,000 less when delivered by an interventional radiologist rather than a surgeon, according to study published Tuesday.

More than 600,000 patients each year require life-saving hemodialysis for end-stage renal disease. And such care is a costly proposition, with \$34 billion spent each year in fee-for-service Medicare, largely for creating and maintaining conduits, noted experts with the University of Colorado.

Fewer than 50% of all access conduits for dialysis remain viable for longer than three years and clinical guidelines recommend regular surveillance to guard for signs of impending failure. Interventions such as angiography, angioplasty stent placement and thrombolysis are typically performed by radiologists, surgeons or nephrologists. But it appears that interventional imaging physicians' work in this realm costs tens of thousands less, underlining the subspecialty's value proposition, and an opportunity to save significantly in the Medicare program, experts advised.

On average, the cost per patency year of dialysis in Medicare landed at roughly \$174,000 for surgeons compared to \$89,000 for nephrologists and \$71,000 for radiologists.

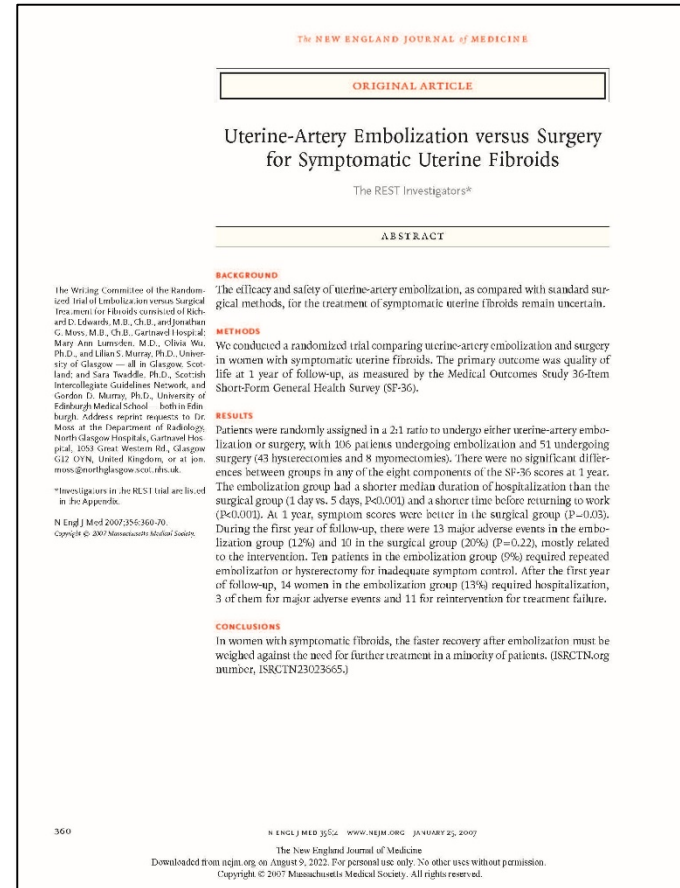
"Discrepant use of the operating room and anesthesia services accounted for substantial payment differences across specialties," Premal Trivedi, MD, an assistant professor in vascular and interventional radiology, and colleagues wrote Sept. 8. "Utilization of operating rooms and anesthesia services should be scrutinized moving forward. Reducing and eliminating the use of these high-cost resources would achieve major systemic savings," the team added later.

To reach their conclusions, Trivedi and colleagues analyzed data from nearly 1,500 Medicare beneficiaries who underwent their first arteriovenous access placement in 2009.

# Interventional Radiology (IR)

## Ex. 3: Uterine Artery Embolization

- Total cost of treatment for uterine artery embolization vs surgery for uterine fibroids.
- Total cost of surgery was 43% higher than embolization.
- Shorter length of hospital stay and shorter time before return to work for embolization.

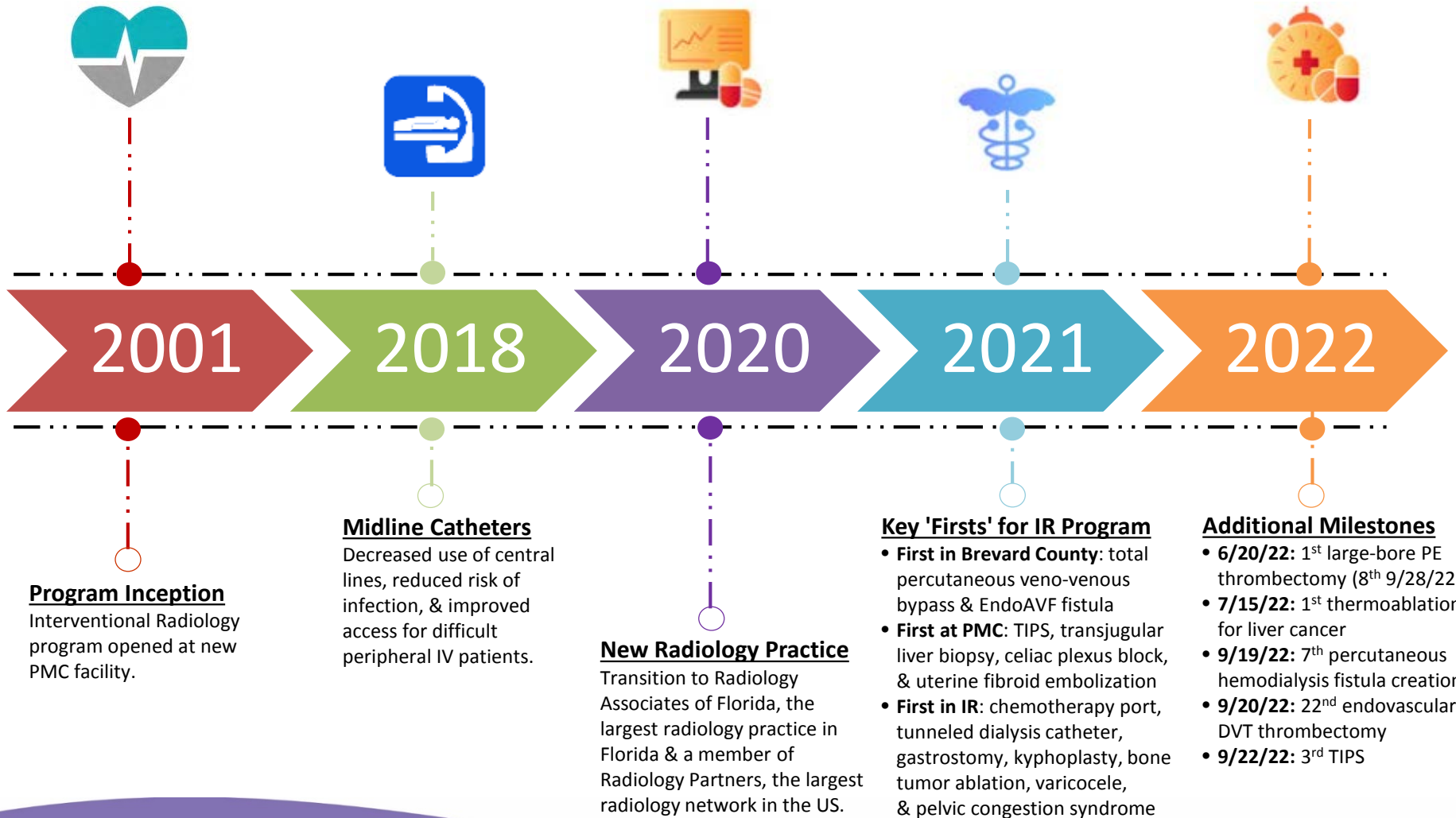


# Interventional Radiology (IR)

## Indirect Benefits (complementary role to other specialists):

- **General Surgery:** postoperative abscess drainage
- **Ob/Gyn:** embolization for post-partum hemorrhage
- **Gastroenterology:** GI bleeding refractory to endoscopic treatment, failed ERCP, medical liver biopsy, paracentesis
- **Urology:** failed retrograde ureteral cannulation
- **Oncology:** biopsy, chemotherapy ports, celiac plexus block
- **Radiation oncology:** gastrostomy placement
- **Nephrology:** dialysis access maintenance, dialysis catheter placement, medical renal biopsy
- **Pulmonology:** PE treatment, lung biopsy, thoracentesis
- **Cardiology:** post-catheterization pseudoaneurysm repair

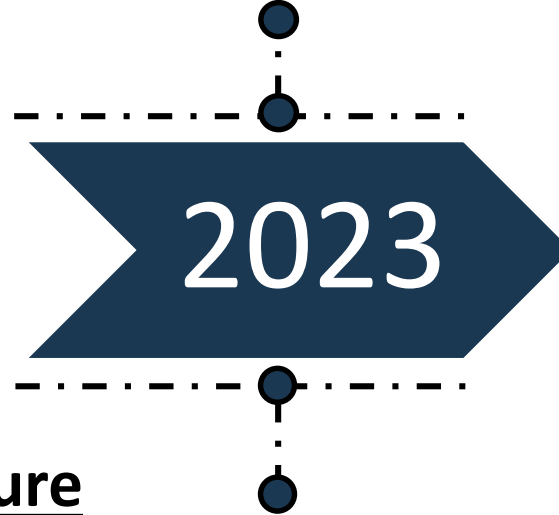




# Interventional Radiology (IR)

## The Radiology Partners model:

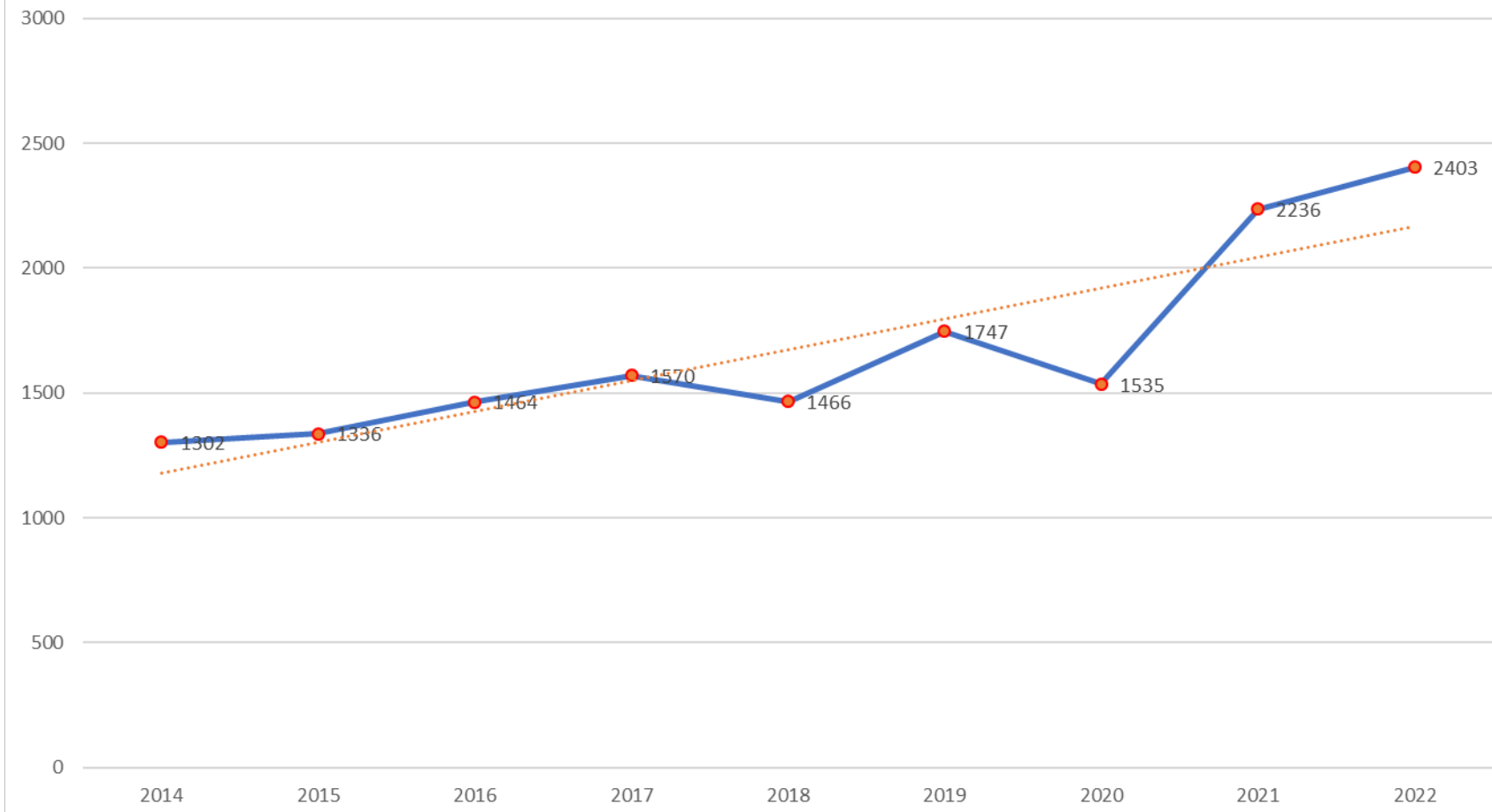
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  - Interventional Radiology (Dr. Werder)
  - Breast Imaging & Intervention (Dr. Fernandez)
- Remote subspecialists
  - Neuroradiology
  - Musculoskeletal Radiology
  - Body Imaging
  - Pediatric Radiology
  - Nuclear Medicine
  - General/Emergency Radiology



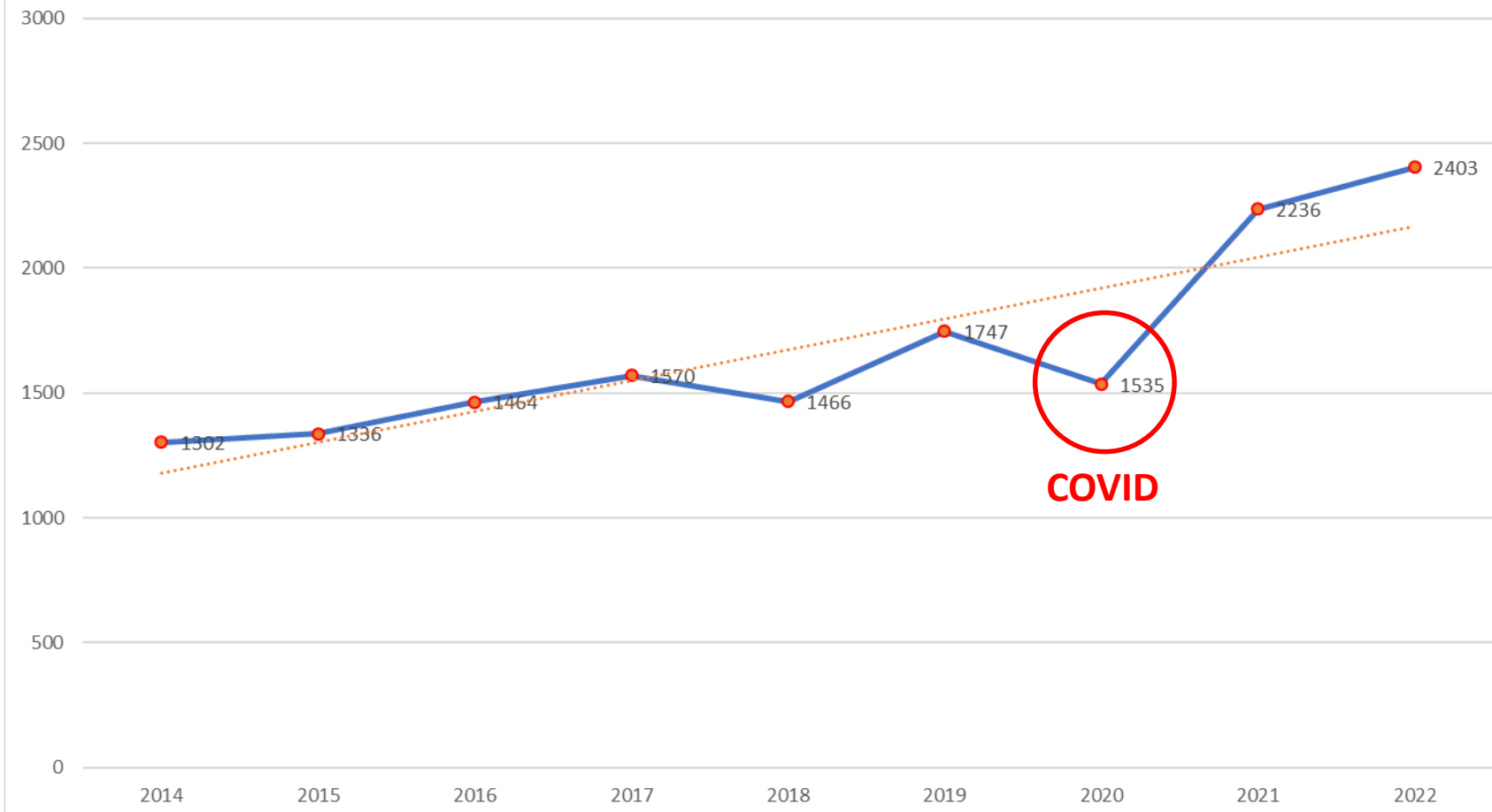
## Expand market capture

- Interventional oncology: tumor ablation, chemoembolization, radioembolization
- Dialysis access: percutaneous fistula creation, fistula/graft maintenance
- Reproductive health: uterine fibroid embolization, prostate artery embolization

# Procedure Volume

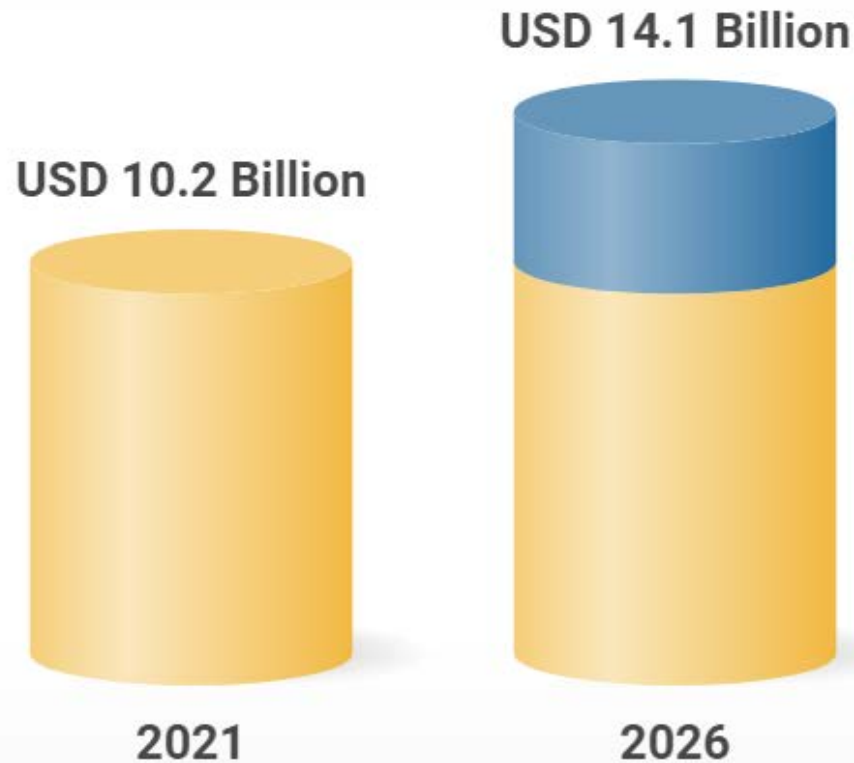


# Procedure Volume



# Global Interventional Radiology Products Market

Market forecast to grow at a CAGR of 6.60%

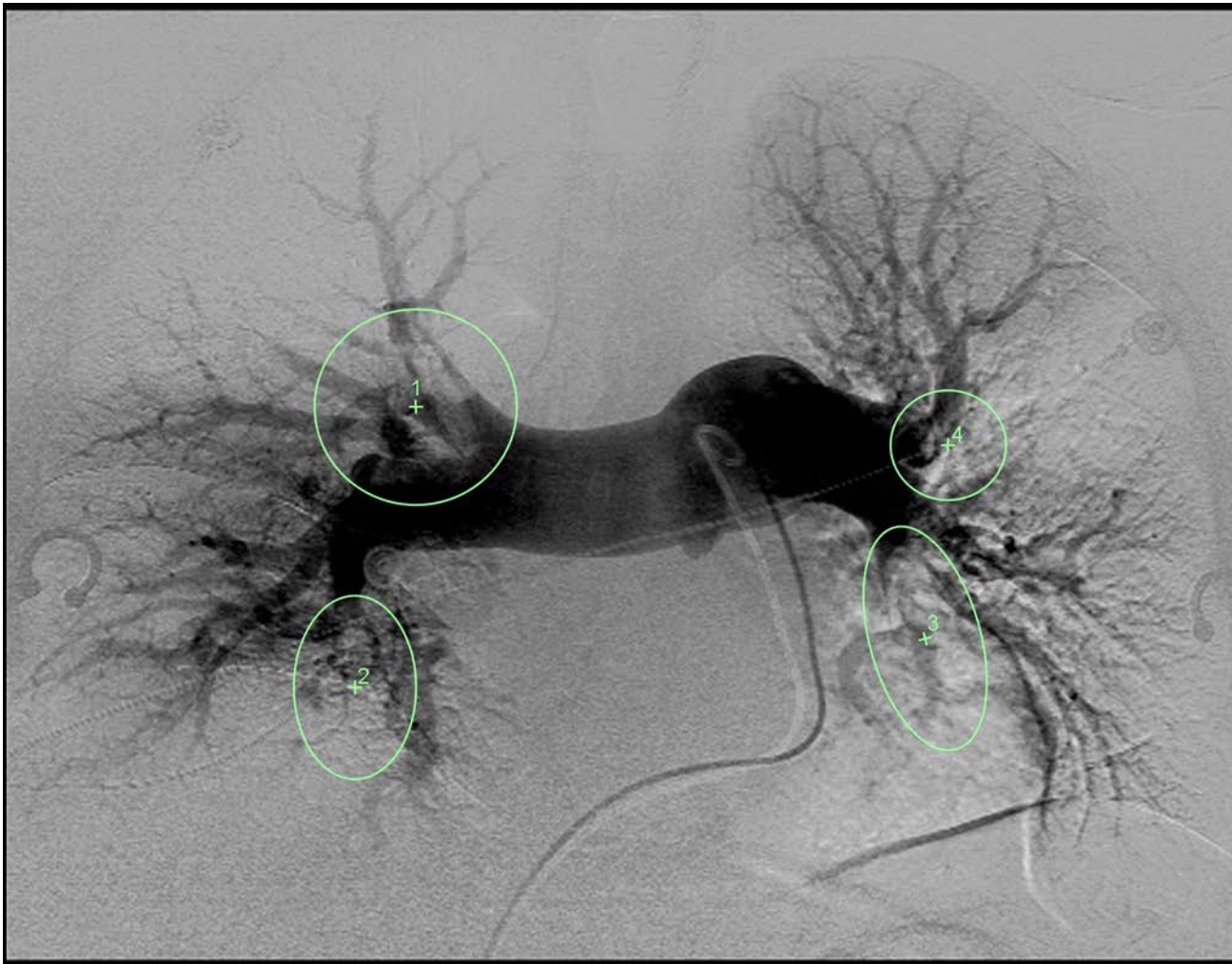


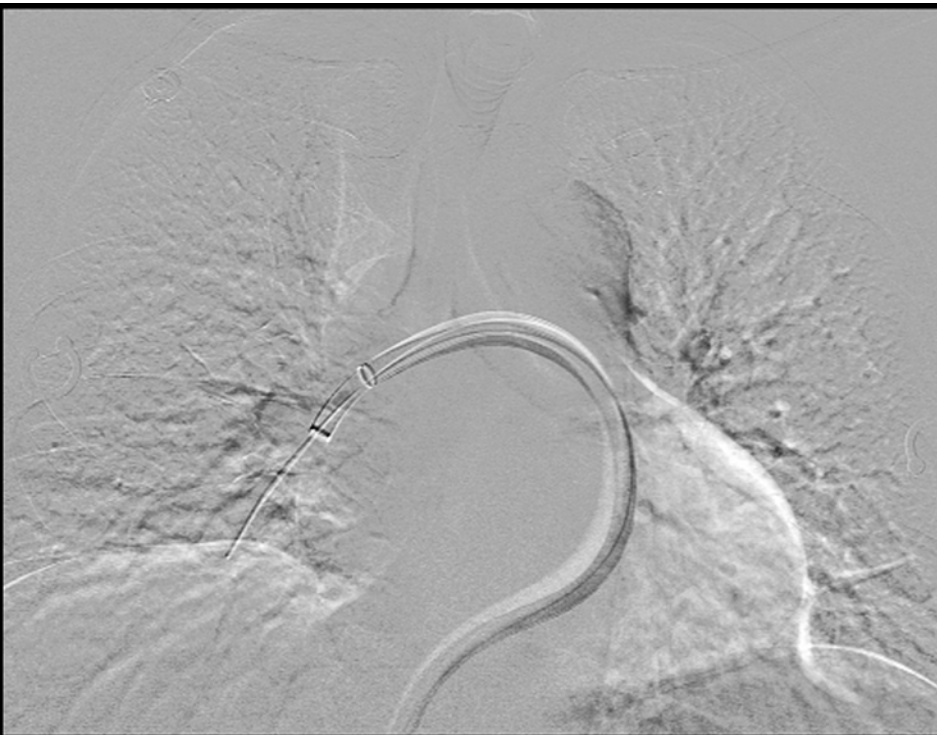
# Patient Presentation

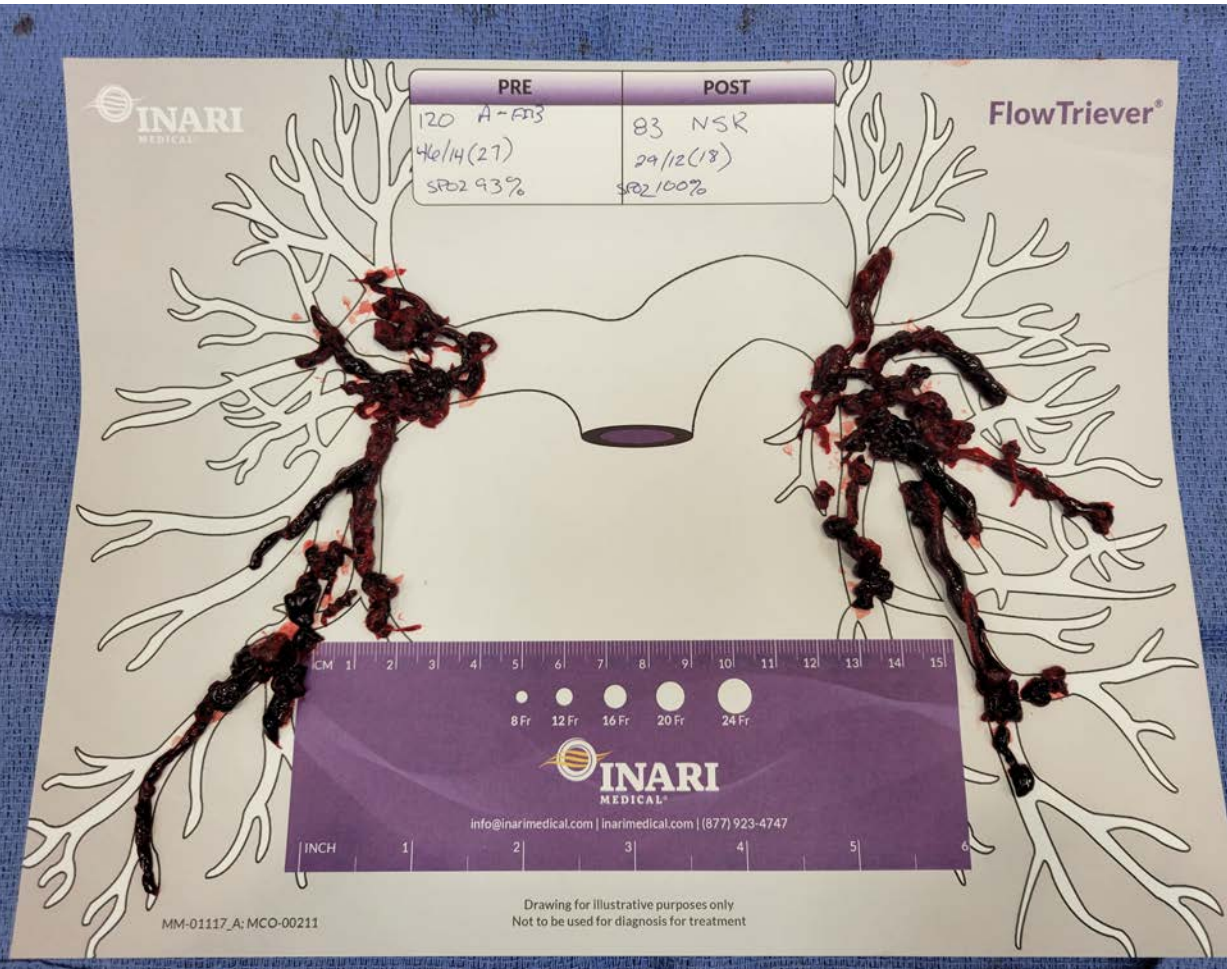
- 57-year-old male (husband of Parrish physician) 1 week after spine surgery
- Presented to Emergency Department with acute shortness of breath, profound fatigue, and chest pain on 8/10/2022
- CT-angiography demonstrated extensive bilateral pulmonary embolism with right heart strain (dilation of the right ventricle from pumping against the increased pressure of blood clots in the pulmonary circulation)
- Recent spine surgery prevents thrombolytics ("clot-busting" medication)
- Interventional Radiology consulted for thrombectomy











PRE	POST
120 A-fib	83 NSR
46/14 (27)	29/12 (18)
SpO2 93%	SpO2 100%

Mean pulmonary arterial pressure reduced from 27 mmHg to 18 mmHg (normal: 8-20 mmHg)

Heart rate reduced from 120 bpm to 83 bpm (normal: < 100 bpm)

Heart rhythm normalized from new-onset atrial fibrillation to normal sinus rhythm

Oxygenation normalized from 93% to 100% (normal: 95-100%)



# Interventional Radiology (IR)

## Our Team:

- Tammy Flannery, RT
  - 30 years at Parrish (26<sup>th</sup> in IR)
- Kevin Kemmerling, RT
  - 18 years at Parrish (14<sup>th</sup> in IR)
- Jason Lanthorne, RN
  - 17 years at Parrish (11<sup>th</sup> in IR)
- Samantha Scheiner, RN
  - 5 years at Parrish (1<sup>st</sup> in IR)
- Gabriel Werder, MD
  - 2 years at Parrish (practicing IR since 2012)



# Thank you!

**DRAFT AGENDA**  
**BOARD OF DIRECTORS MEETING - REGULAR MEETING**  
**NORTH BREVARD COUNTY HOSPITAL DISTRICT**  
**OPERATING**  
**PARRISH MEDICAL CENTER**  
**OCTOBER 3, 2022**  
**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. Review and Approval of Minutes August 1, 2022 meeting.
- V. Recognitions
  - A. New Providers (memo included)
- VI. Open Forum for PMC Physicians
- VII. Public Input and Comments\*\*\*<sup>1</sup>
- VIII. Unfinished Business\*\*\*
- IX. New Business\*\*\*
- X. Medical Staff Report Recommendations/Announcements
- XI. Public Comments (as needed for revised Consent Agenda)
- XII. Consent Agenda\*\*\*
  - A. Finance
    1. Motion to recommend the Board of Directors approve the FY 2023 Capital Budget in the amount of \$2,000,000.00
    2. Motion to recommend to the Board of Directors to declare the equipment listed in the requests for Disposal of Obsolete or Surplus Property Forms as surplus and obsolete and dispose of same in accordance with FS274.05 and FS274.96.

BOARD OF DIRECTORS MEETING

OCTOBER 3, 2022

PAGE 2

. \*\*\*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

XVII. Closing Remarks – Chairman

XVIII. Executive Session (if necessary)

**ADJOURNMENT**

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

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

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

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

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

A regular meeting of the Board of Directors of the North Brevard County Hospital District operating Parrish Medical Center (the District) was held at 2:01 p.m. on August 1, 2022 in Conference Room 2/3/4/5, First Floor. The following members were present:

Robert L. Jordan, Jr., C.M., Chairman  
Stan Retz, Vice Chairman  
Herman A. Cole, Jr.  
Elizabeth Galfo, M.D.  
Billie Fitzgerald  
Billy Specht

Member(s) Absent:

Ashok Shah, M.D. (excused)  
Jerry Noffel (excused)  
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 2:01 p.m.

**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 (6 ayes, 0 nays, 0 abstentions).

***ACTION TAKEN: MOVED TO APPROVE THE REVISED MEETING AGENDA OF THE BOARD OF DIRECTORS OF THE DISTRICT AS PRESENTED.***



**REVIEW AND APPROVAL OF MINUTES**

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

***ACTION TAKEN: MOVE TO APPROVE THE MINUTES OF THE MAY 2, 2022 AND JUNE 6, 2022 REGULAR MEETINGS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT DBA PARRISH MEDICAL CENTER AND THE JUNE 27, 2022 SPECIAL MEETING OF THE BOARD OF DIRECTORS OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT DBA PARRISH MEDICAL CENTER, AS PRESENTED.***

**RECOGNITIONS**

Mr. Jordan recognized Dr. Dienst for his 38 years of dedication and service to PMC and the community. Mr. Jordan presented Dr. Dienst with a plaque commemorating his years of service. Dr. Dienst shared his appreciation for this recognition and for his time at Parrish Medical Center.

**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**

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

***ACTION TAKEN: MOTION TO APPROVE THE PAIN MANAGEMENT ASSESSMENT & REASSESSMENT POLICY, AS PRESENTED.***

**CONSENT AGENDA**

Discussion ensued regarding the consent agenda, and the following motion was made by Ms. Fitzgerald, seconded by Mr. Cole and approved (6 ayes, 0 nays, 0 abstentions).

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

Consent Agenda

**A. Finance**

1. Motion to recommend the Board of Directors approve the extension of the maturity date for the Regions Line of Credit to October 3, 2022.
2. Motion to recommend the Board of Directors approve the renewal of Pension Committee membership for Leigh Spradling for a two-year term from March 1, 2022 through March 1, 2024
3. Motion to recommend the Board of Directors accept the proposed fee increase with Foster & Forster for FY 2022-2023 and to include future increases based on CPI with a maximum of 5% and a minimum of 2% per year increase.

**COMMITTEE REPORTS**

**Quality Committee**

Dr. Galfo reported all items were covered during the Quality Committee meeting.

**Finance Committee**

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

**Executive Committee**

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

**Educational, Governmental and Community Relations Committee**

Ms. Fitzgerald reported all items were covered during the Education, 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**

No additional information was presented.

**Hospital Attorney**

Legal counsel had no report.

**OTHER**

**Recruitment assistance**

Mr. Mikitarian summarized the request made by Dr. Marshall to recruit a physician for their growing practice. Should this physician be unavailable, PMC will retain a consultant to assist in recruitment.

**CLOSING REMARKS**

There were no closing remarks.

**ADJOURNMENT**

There being no further business to discuss, the Parrish Medical Center Board of Directors meeting adjourned at 2:16 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 20, 2022**

**Present:** B. Mathews, MD, M. Navas, MD, I. Rashid, MD, C. Manion, MD, R. Patel, MD, D. Barimo, MD, G. Cuculino, MD, R. Rivera-Morales, MD, K. Patel, MD, J. Rojas, MD, H. Cole, C. Fernandez, MD. P. Carmona, MD

**Absent:** C. McAlpine, G. Mikitarian

The meeting of the Medical Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was called to order on September 20, 2022 at 5:30 pm in the Conference Center. A quorum was determined to be present.

**CALL TO ORDER.**

Dr. B. Mathews, MD, President, called the meeting to order at 5:35pm.

**I. REVIEW AND APPROVAL OF MINUTES**

Motion to approve the Regular Session minutes of August 16, 2022 as written and distributed. *Motion was made by Dr. Rojas, seconded by Dr. Manion and unanimously approved.*

**II. OLD BUSINESS: None**

**III. NEW BUSINESS: *Noted for the minutes.***

**Meditech 6.08 Enhancements- September 1, 2022**

**PCS Patient Care Systems**  
Home Medications *attached*

**Emergency Department Management (EDM)**  
E-Prescribing Medications *attached*

**Physician Care Manager (PCM)**  
E-Prescribing Medications  
Patient List – Vertical Scroll Bar

**Meditech 6.08 Enhancements – September 7, 2022**

**Patient Care Systems (PCS)**  
MAR-Hold Medications

**Pharmacy (PHA)**  
MAR-Hold Medications

**Meditech 6.08 Enhancements -- September 14, 2022**

**Patient Care Systems (PCS)**  
Pressure Injury Risk Assessment  
NB with HIV Positive Mother Interventions  
Discharge Instructions- Canned Text

**Order Management (OM)**  
NB with HIV Positive Mother Order Set

**I. Consent Agenda:** None

**II. Report from Administration:** None

**III. Report from the Board:** None

**IV. Committee Reports:**

1. CMEC Regular Session, September 12, 2022 *attached*

**V. Open Forum:**

Dr. Deukmedjian expressed interest in scaling back his privileges to CORE.  
Dr. Deukmedjian to advise his decision.

Dr. Deukmedjian conversation led to where do the volume of case logs required to demonstrate competencies come from? Requested copy of Neurology from Halifax yielded very different case requirements. Review each sub-specialty for core privileges.

**VI. Adjournment:** There being no further business the meeting adjourned at 5:36pm.  
**NEXT MEETING October 18, 2022**

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Biju Mathews, MD  
President, Medical Staff

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Christopher Manion, MD  
Secretary/Treasurer, Medical Staff



*Healing Families – Healing Communities®*

[parrishhealthcare.com](http://parrishhealthcare.com)

# Welcome New Provider

**James Wang, MD, FACC, FHRS – Cardiology/Cardiac Electrophysiology**

Medical School:

Doctor of Medicine– Shanghai  
Medical University

Fellowships:

Clinical Cardiology – Stanford  
University Hospital

Cardiac Electrophysiology – NY  
Presbyterian Hospital, Columbia  
University; Cleveland Clinic

