NOTICE OF MEETING

NORTH BROWARD HOSPITAL DISTRICT

BOARD OF COMMISSIONERS

A Regular Board meeting of the Board of Commissioners of the North Broward Hospital District will be held on Wednesday, October 30, 2019, at 4:00 p.m., at Broward Health Corporate Spectrum Location: 1700 Northwest 49 Street, Fort Lauderdale, Florida, 33309. The purpose of this Board meeting is to review and consider any matters within the Board’s jurisdiction.

Persons with disabilities requiring special accommodations in order to participate should contact the District by calling 954-473-7481 at least 48 hours in advance of the meeting to request such accommodations.

Any person who decides to appeal any decision of the District’s Board with respect to any matter considered at these meetings will need a record of the proceedings, and for such purpose, may need to ensure that a verbatim record of the proceedings is made which record includes testimony and evidence upon which the appeal is to be based.
REGULAR BOARD MEETING
3:00 pm, September 25, 2019

The Regular meeting of the Board of Commissioners of the North Broward Hospital District was held at 3:00 p.m. on September 25, 2019 at the Broward Health Corporate Spectrum location, 1700 Northwest 49 Street, Ft. Lauderdale, Florida.

1. **NOTICE**

Notice of this meeting is attached to the official Minutes as EXHIBIT I. The official Agenda for this meeting, as presented for the consideration of the Board, is attached to the official Minutes as EXHIBIT II.

This meeting was live streamed and is also available for viewing on the Broward Health website.

2. **CALL TO ORDER**

There being a quorum present, the meeting was called to order by Chairman Berry at 3:05 p.m.

3. **BOARD MEMBERS**

*Commissioners Present:* Commissioner Ray T. Berry, Chair
Commissioner Nancy W. Grégoire, Vice Chair
Commissioner Stacy L. Angier, Secretary/Treasurer
Commissioner Christopher T. Ure

*Not Present:* Commissioner Andrew M. Klein
Commissioner Marie C. Waugh

*Senior Leadership*

*Additionally Present:* Gino Santorio/President/Chief Executive Officer, Alan Goldsmith/Chief Administrative Officer, Alex Fernandez/Chief Financial Officer, Linda Epstein/Corporate General Counsel, Brett Bauman/Sr. Associate General Counsel, Jerry Del Amo/Sr. Associate General Counsel

4. **THE PLEDGE OF ALLEGIANCE**

Dylan Lindsey, a 6-year old leukemia patient who was recently diagnosed in remission, led in the Pledge of Allegiance with mother, Katrice Eason. A standing ovation was had as Dylan drove Broward Health’s pediatric electric car around the room.
5. **PUBLIC COMMENTS**

6. **COMMITTEE CHAIRS AND ASSIGNMENTS**

Chairman Berry announced that he wanted the commissioners could discuss vacant committee appointments and chair assignments. The following assignments were filled:

- Building Committee: Commissioner Angier as Chair, Commissioner Ure as Vice Chair
- Governance Committee: Commissioner Gregoire as Vice Chair
- Human Resource Committee: Commissioner Waugh as Chair, Commissioner Berry as Vice Chair, Commissioner Ure as 3rd Member
- Pension and Investment Committee: Commissioner Gregoire as Vice Chair
- Risk Committee: Commissioner Angier as Vice Chair

**MOTION** It was *moved* by Commissioner Gregoire *seconded* by Commissioner Angier that:

*Committee assignments for the Board of Commissioners of the North Broward Hospital District be approved.*

Motion *carried* unanimously.

Point of Order was made by Ms. Alfaro reminding the board that the assignments would have to be approved at the respective committee’s next meeting. Chairman Berry suggested the same assignments be considered for approval at the committee meetings.

Point of Order was made by Mr. Santorio reporting that Dr. Rodriguez had planned to give a report during public comments.

Dr. Hector Rodriguez-Cortes, M.D., pediatric hematologist/oncologist with the Broward Health Physician Group, spoke to the board regarding the progress and success of the hematology department at the Salah Foundation Children’s Hospital.

7. **APPROVAL OF MINUTES**

7.1. Approve September 11, 2019 First Tax Hearing Minutes

**MOTION** It was *moved* by Commissioner Gregoire, *seconded* by Commissioner Angier, to:

*Approve the September 11, 2019 First Tax Hearing minutes, as proposed.*

Motion *carried* unanimously.

7.2. Approve August 28, 2019 Regular Board Meeting Minutes

**MOTION** It was *moved* by Commissioner Ure, *seconded* by Commissioner Gregoire, to:
Approve the August 28, 2019 Regular Board Meeting minutes, as proposed.

Motion carried unanimously.

7.3 Approve July 24, 2019 Special Board Meeting Minutes

MOTION It was moved by Commissioner Gregoire, seconded by Commissioner Angier, to:
Approve the July 24, 2019 Special Board Meeting minutes, as proposed.

Motion carried unanimously.

8. MEDICAL STAFF CREDENTIALING – Dr. Andrew Ta
   8.1.) Broward Health North
   8.2.) Broward Health Imperial Point
   8.3.) Broward Health Coral Springs
   8.4.) Broward Health Medical Center

MOTION It was moved by Commissioner Angier, seconded by Commissioner Gregoire, to:
Adopt proposed Medical Staff Credentialing items 8.1 through 8.4.

Motion carried unanimously.


Medical staff updates were given by Dr. Lehr for Broward Health North, Dr. Jensen for Broward Health Imperial Point, Dr. Penate for Broward Health Coral Springs and Dr. Morrison for Broward Health Medical Center. Said reports highlighted each of the facilities’ objectives, events and awards received over the past month.

10. PRESENTATIONS

   10.1. President/CEO Update, Gino Santorio

Mr. Santorio presented his full monthly report highlighting the five pillars of the organization and progress at each of the facilities.

11. CONSENT AGENDA

   11.1. BH Systemwide, 3M Healthcare Information Systems Coding and Reimbursement Software Suite

   11.2. BH Systemwide, Radiology Picture Archiving System, Intellispace, Philips Healthcare
11.3. BHPG, Director Pediatric Hematology Oncology Services, Dr. Hector Rodriguez-Cortes

11.4. BHPG, Pediatric Hematology Oncology Services, Dr. Alejandro Cambara

11.5. BHPG, Clinical and Medical Director Interventional Cardiology Services, Dr. Violeta A. McCormack

11.6. GA-004-002 Compliance Office and General Counsel Protocol

**MOTION** It was moved by Commissioner Angier, seconded by Commissioner Gregoire, that:

**Items 11.1 through 11.6 on the Consent Agenda be approved.**

Motion carried unanimously.

12. **DISCUSSION AGENDA**

12.1. BH Community Health Services, Retain Board Composition, Healthcare for the Homeless Consumer Advisory Board

**MOTION** It was moved by Commissioner Ure, seconded by Commissioner Gregoire, that:

**The Board of Commissioners of the North Broward Hospital District retain the existing board composition and not pursue establishing a co-applicant board for the Healthcare for the Homeless Program.**

Motion carried unanimously.

12.2. BH Community Health Services, Expand Oral Health Dentures Services, Healthcare for the Homeless

**MOTION** It was moved by Commissioner Angier, seconded by Commissioner Ure, that:

**The Board of Commissioners of the North Broward Hospital District approve the expansion of oral health services to include dentures for Healthcare for the Homeless dental patients.**

Motion carried unanimously.

12.3. BH Community Health Services, Healthcare for Homeless, Family Planning Services at Cora Branyon

**MOTION** It was moved by Commissioner Ure, seconded by Commissioner Gregoire, that:
The Board of Commissioners of the North Broward Hospital District approve the opening of Family Planning Services at Cora Branyon (CEB) to serve the community need and satisfy the Health Resources and Services Administration (HRSA) requirements.

Motion carried unanimously.

12.4. BH Systemwide, Cerner Electronic Health Record

MOTION It was moved by Commissioner Gregoire, seconded by Commissioner Ure, that:

The Board of Commissioners of the North Broward Hospital District authorize the President/CEO to execute a $1,291,255 two-year agreement for professional services with Cerner.

Motion carried 3 to 1, opposed by Chairman Berry.

12.5. BHC Healthcare for the Homeless Billing and Collections Policy

MOTION It was moved by Commissioner Angier, seconded by Commissioner Berry, that:

The Board of Commissioners of the North Broward Hospital District authorize the President/CEO to approve Policy-CHS-003-014 Healthcare for the Homeless Billing and Collections.

Motion carried unanimously.

12.6. BHC Healthcare for the Homeless approval of health care sites, MHS

MOTION It was moved by Commissioner Angier, seconded by Commissioner Gregoire, that:

The Board of Commissioners of the North Broward Hospital District authorize the President/CEO to add the primary health care sites listed on the contract with Memorial Healthcare System to the scope of services on form SB for the Health Resources and Services Administration (HRSA) grant number H80CS000J9.

Motion carried unanimously.

12.7. Resolution FY20-04 – A District Resolution Appointing the Board of Directors of Broward Health ACO Services, Inc. and Adopting the Amended and Restated Articles of Incorporation and Bylaws

MOTION It was moved by Commissioner Gregoire, seconded by Commissioner Angier, to:

Accept staff’s recommendation to adopt Resolution FY20-04, with one amendment under number 3, to change Dr. Mohammed Allarahka to Dr. Robert Raggi, which is attached hereto.
Motion carried unanimously.

12.8. Procurement Code

Mr. Santorio briefly updated the board on the status of the proposed procurement code, which included feedback received by the board and public, in addition to final legal review.

No action taken.

13. COMMENTS BY COMMISSIONERS

Closing comments were given by the Board Members.

14. NEXT REGULAR BOARD MEETING

Next regularly scheduled Board of Commissioner’s meeting will be held on October 30, 2019 at 4:00 p.m. at the Broward Health Corporate Office, Spectrum site, Suite 150, 1700 Northwest 49th Street, Ft. Lauderdale, Florida, 33309.

15. ADJOURNMENT 4:32 p.m.

MOTION It was moved by Commissioner Angier, seconded by Commissioner Ure, that:

The Regular Board Meeting of the North Broward Hospital District be adjourned.

Motion carried unanimously.

Respectfully submitted,
Commissioner Stacy L. Angier, Secretary/Treasurer
MINUTES OF THE SPECIAL MEETING
SECOND AND FINAL PUBLIC TAX HEARING
BOARD OF COMMISSIONERS OF THE NORTH BROWARD HOSPITAL DISTRICT
SEPTEMBER 25, 2019 –5:30 P.M.

The Special Meeting of the Board of Commissioners of the North Broward Hospital District, Second and Final Public Tax Hearing for the North Broward Hospital District – Fiscal Year 2020.

Meeting was called to order by Chairman Ray T. Berry on Wednesday, September 25, 2018 at 5:30 p.m., at the Broward Health Corporate Office, Spectrum Complex, 1700 NW 49 Street – Suite 150, Fort Lauderdale, Florida.

ROLL CALL:

Present:  
Commissioner Ray T. Berry, Chair  
Commissioner Nancy W. Greigoire, Vice Chair  
Commissioner Stacy L. Angier, Secretary/Treasurer  
Commissioner Christopher T. Ure  
Commissioner Marie C. Waugh (via WebEx)

Not present:  
Commissioner Andrew M. Klein

A registration sheet listing all attendees is attached to the official minutes of this meeting and is on file in the Board of Commissioners’ office.

The Notice of this meeting is attached to the official minutes of this meeting as Exhibit I. The official Agenda for this Special Meeting as presented by Secretary Stacy L. Angier for the consideration of the “Board” is incorporated in the “Notice of Special Board Meeting.”

Chairman Berry announced that this was the second and final public tax hearing for the North Broward Hospital District for fiscal year 2020.

Chairman Berry confirmed for the record that this meeting had been duly advertised in a local Sun-sentinel newspaper on Friday, September 20, 2019.
5.1 Recommend consideration to approve the proposed millage rate for fiscal year 2020.

CFO, Mr. Alex Fernandez, reported the following information:

- The millage rate for 2018/2019 was 1.0855 mills
- The roll back rate for 2019/2020 is 1.0324 mills
- The proposed millage rate for 2019/2020 is 1.0324 mills

Mr. Fernandez recommended reducing the millage rate to 1.0324 mills, which was the same as the rollback rate. He further reported that a packet of information pertaining to the millage rate was provided before the meeting on or about September 13th, 2019, in addition to being posted on Broward Health's website and provided in hardcopy for the public's review.

Chairman Berry opened the floor for discussion and gave the public an opportunity for public comments. There being none, he entertained the following:

It was moved by Commissioner Gregoire, seconded by Commissioner Ure, that:

*The Board of Commissioners set the 2019/2020 millage rate for the North Broward Hospital District at 1.0324 mills, in accordance of the provisions of Chapter 200 of the Florida Statutes by adopting resolution Fiscal Year 20-05, which has been posted online, provided to the commissioners prior to this meeting and available in hardcopy for the public's review*

Motion confirmed by Roll Call vote:

<table>
<thead>
<tr>
<th>Commissioner</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ray T. Berry</td>
<td></td>
</tr>
<tr>
<td>Nancy W. Gregoire</td>
<td></td>
</tr>
<tr>
<td>Stacy L. Angier</td>
<td></td>
</tr>
<tr>
<td>Christopher T. Ure</td>
<td></td>
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<tr>
<td>Marie C. Waugh</td>
<td></td>
</tr>
</tbody>
</table>

Motion carried unanimously.
5.2 Mr. Fernandez recommended the Board’s consideration to approve the proposed budget for the North Broward Hospital District for Fiscal Year 2020.

Chairman Berry opened the floor for discussion and gave the public an opportunity for public comments. There being none, he entertained the following:

It was *moved* by Commissioner Gregoire, *seconded* by Commissioner Ure, that

The Board of Commissioners approve the budget proposed by Mr. Fernandez for the North Broward Hospital District, including all of its operations for fiscal 2020 beginning July 1st, 2019, and ending June 30th, 2020, in accordance with the provisions of Chapter 200 of the Florida Statutes, by adopting Resolution Fiscal Year 20-06, which has been posted online, provided to the commissioners prior to this meeting and available in hardcopy for the public’s review.

Motion confirmed by Roll Call vote:

- Commissioner Ray T. Berry: Yes
- Commissioner Nancy W. Gregoire: Yes
- Commissioner Stacy L. Angier: Yes
- Commissioner Christopher T. Ure: Yes
- Commissioner Marie C. Waugh: Yes

Motion *carried* unanimously.

Chairman Berry thanked board members and the rest of the organization for having worked diligently to reduce the tax burden to the taxpayers of the community, while still providing excellent services and continuing to improve the quality of care.

ADJOURNMENT:

It was *moved* by Commissioner Angier, *seconded* by Commissioner Ure, that

The Board of Commissioners of North Broward Hospital District move to close this public hearing pertaining to the proposed millage rate and tentative budget.
Motion confirmed by Roll Call vote:

Commissioner Ray T. Berry Yes
Commissioner Nancy W. Gregoire Yes
Commissioner Stacy L. Angier Yes
Commissioner Christopher T. Ure Yes
Commissioner Marie C. Waugh Yes

Motion carried unanimously.

There being no further business, the meeting was adjourned at 5:40 p.m.

Respectfully submitted,
Commissioner Stacy L. Angier, Secretary/Treasurer
SUMMARY OF REQUEST

DATE: October 30, 2019

ITEM: MEDICAL STAFF BOARD ITEMS

REASON: APPROVED RECOMMENDATIONS AS EXHIBITED FROM THE MEDICAL EXECUTIVE COMMITTEE OF BROWARD HEALTH NORTH

COST: NOT APPLICABLE

ADDITIONAL INFORMATION: NONE

LEGAL REVIEW: NOT APPLICABLE

APPROVED:

Gino Santorio 10/28/2019 17:15 Eastern Daylight
Gino Santorio, President/CEO

Alice Taylor, Chief Executive Officer, Broward Health North

Andrew Ta, Chief Medical Officer, Broward Health

Date: October 30, 2019
Date: October 15, 2019
Date: October 30, 2019
MEMORANDUM

TO: Board of Commissioners
FROM: Alice Taylor, Chief Executive Officer
       Broward Health North
DATE: October 30, 2019
SUBJECT: Medical Staff Board Items

The Medical Executive Committee of Broward Health North approved the recommendations as exhibited for:

1. Medical Staff Additions, Changes, Reappointments, and Resignation
2. Allied Health Staff Addition, Changes and Reappointments
3. Community Health Services Reappointment and Resignation

I, Gary Lehr, M.D., Chief of Staff at Broward Health North, do hereby attest that all pertinent and required information has been received and verified for providers being submitted to the Board of Commissioners for approval.

Therefore, it is requested that the Board of Commissioners approve these recommendations as submitted by the Medical Executive Committee at Broward Health North.
BROWARD HEALTH NORTH
ADDITIONS, CHANGES AND RESIGNATIONS

_____ Broward Health Medical Center  _____ Broward Health Imperial Point
X____ Broward Health North  _____ Broward Health Coral Springs

The following Medical Staff Committees:

CREDENTIALS: 10/10/2019  MEDICAL COUNCIL: 10/15/2019

1. Approved MEC Business:
   • OPPE reports for December 2018 to July 2019 for OPPE

2. APPROVED THE FOLLOWING NEW PRACTITIONERS:

<table>
<thead>
<tr>
<th>Practitioner</th>
<th>Department</th>
<th>Privileges</th>
<th>Primary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aza Abdalla, M.D.</td>
<td>Medicine</td>
<td>Nephrology</td>
<td>BHN</td>
</tr>
<tr>
<td>Gordana Bjekic, M.D.</td>
<td>Medicine</td>
<td>Pulmonary/Critical Care</td>
<td>BHCS</td>
</tr>
<tr>
<td>Wesley Cheng, D.O.</td>
<td>Medicine</td>
<td>Family Medicine</td>
<td>BHN</td>
</tr>
<tr>
<td>Maria De La Pena, M.D.</td>
<td>Surgery</td>
<td>Pain Management</td>
<td>BHIP</td>
</tr>
<tr>
<td>Edson Franco, M.D.</td>
<td>Surgery</td>
<td>Transplant/Gen Surgery</td>
<td>BHMC</td>
</tr>
<tr>
<td>Christian Gonzalez, M.D.</td>
<td>Surgery</td>
<td>Pain Management</td>
<td>BHIP</td>
</tr>
<tr>
<td>Isabel Novela, M.D.</td>
<td>Medicine</td>
<td>Pulmonary/Critical Care</td>
<td>BHCS</td>
</tr>
<tr>
<td>Anam Qureshi, APRN</td>
<td>Surgery</td>
<td>Nurse Practitioner</td>
<td>BHIP</td>
</tr>
<tr>
<td>Carlos Silva, M.D.</td>
<td>Medicine</td>
<td>Critical Care Medicine</td>
<td>BHCS</td>
</tr>
<tr>
<td>Jessica Taub, D.P.M.</td>
<td>Surgery</td>
<td>Podiatry</td>
<td>BHN</td>
</tr>
<tr>
<td>Rebecca Wiesenfeld, M.D.</td>
<td>Emergency Med</td>
<td>Emergency Medicine</td>
<td>BHMC</td>
</tr>
<tr>
<td>Junie F. Elisme, M.D. (CHS only)</td>
<td>Medicine</td>
<td>Pediatrics</td>
<td>BHN</td>
</tr>
<tr>
<td>John Pickens, M.D.</td>
<td>Surgery</td>
<td>Otolaryngology</td>
<td>BHMC</td>
</tr>
</tbody>
</table>

3. APPROVED THE FOLLOWING PRACTITIONER RESIGNATION(S):

<table>
<thead>
<tr>
<th>Practitioner</th>
<th>Specialty</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kirk Barrett, PA</td>
<td>Physician Assistant</td>
<td>AHP to Voluntary Resignation</td>
</tr>
<tr>
<td>Kendallly Guardia, PA</td>
<td>Physician Assistant</td>
<td>AHP to Voluntary Resignation</td>
</tr>
<tr>
<td>Larry Hirschfield, MD</td>
<td>Pathology</td>
<td>Active to Voluntary Resignation</td>
</tr>
<tr>
<td>Ruth Soto Malave, MD</td>
<td>Infectious Disease</td>
<td>Active to Voluntary Resignation</td>
</tr>
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</table>

4. APPROVED CHANGE IN STATUS:

<table>
<thead>
<tr>
<th>Practitioner</th>
<th>Department</th>
<th>New Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dusan Dragicovic, M.D.</td>
<td>Medicine</td>
<td>Change primary from BHN to BHCS</td>
</tr>
<tr>
<td>William Williams, M.D.</td>
<td>Pathology</td>
<td>Elevate to Honorary status</td>
</tr>
<tr>
<td>Kathy Zimmer, P.A.</td>
<td>Surgery</td>
<td>Change primary from BHCS to BHN</td>
</tr>
</tbody>
</table>

5. APPROVED A CHANGE IN SPONSORSHIP:

<table>
<thead>
<tr>
<th>Allied Health Practitioner</th>
<th>Department</th>
<th>New Sponsor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michelle Davis, APRN</td>
<td>Medicine</td>
<td>Adding Raja Singh, M.D.</td>
</tr>
<tr>
<td>Shelby Lane, P.A.</td>
<td>Surgery</td>
<td>Adding Richard Foltz, M.D.</td>
</tr>
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</table>
### ADDITIONAL/WITHDRAWAL PRIVILEGES

<table>
<thead>
<tr>
<th>Practitioner/Specialty</th>
<th>Department</th>
<th>Withdrawal/additional privilege</th>
</tr>
</thead>
<tbody>
<tr>
<td>Randy Kimmelman, D.O./Gen Surgery</td>
<td>Surgery</td>
<td>Adding da Vinci surgical system</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Role</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief of Staff</td>
<td></td>
<td>October 15, 2019</td>
</tr>
<tr>
<td>Chief Executive Officer</td>
<td></td>
<td>October 15, 2019</td>
</tr>
<tr>
<td>President/CEO</td>
<td></td>
<td>October 15, 2019</td>
</tr>
</tbody>
</table>
Broward Health – Credentialing Abstract – Medical Staff Applicant

Name: Aza Abdalla, MD

Date of Birth: 06/13/1978
Citizenship: US

Primary Facility: Broward Health North

Other Broward Health Facilities:
- Broward Health Coral Springs
- Broward Health Imperial Point
- Broward Health Medical Center

Specialty(ies):
- Nephrology
- Internal Medicine

Dept. at Primary Facility: Medicine
Secondary Facility Depts.: Medicine

Practice Name: Diab Agha Kidney and Hypertension Clinic, Inc.

Primary Address Information:
- 6268 North Federal Highway
- Fort Lauderdale, FL 33308
- Phone: 954-880-5553
- Fax: 954-208-4533
- Email: fernandadr.diab@gmail.com

ECFMG:
- Number: 07598311
- Date Issued: 10/26/2009

Medical/Professional School:
- Ahfad University For Women
- Omdurman,
- From: 08/01/1998
- To: 04/26/2004
- Degree: MD

Gap:
- Applying for post-graduate internship
- From: 05/01/2004
- To: 11/30/2004

Foreign Residency:
- El Ribat Teaching Hospital
- Khartoum, Sudan
  - From: 12/01/2004
  - To: 03/01/2005
  - Specialty: Internal Medicine

- El Ribat Teaching Hospital
  - Khartoum, Sudan
  - From: 03/01/2005
  - To: 06/01/2005
  - Specialty: Pediatrics

- El Selah Al Tiby
  - Omdurman, Sudan
  - From: 06/01/2005
  - To: 08/01/2005
  - Specialty: Otolaryngology

Aza Abdalla, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

Gap:
Maternity Leave
From: 08/02/2005
To: 10/31/2005

Surgery externship and ED volunteer at Soba University Hospital
From: 11/01/2005
To: 06/30/2006

Preparation for USMLE exams and relocating from Sudan to the US
From: 07/01/2006
To: 08/30/2010

Residency:
Englewood Hospital
Englewood, NJ
From: 07/01/2010
To: 07/01/2013
Specialty: Internal Medicine

Fellowship:
Jackson Memorial Hospital
Miami, FL
From: 09/15/2017
To: 09/14/2019
Specialty: Nephrology

Hospital Affiliations/Work History:
Broward Health North
Deerfield Beach, FL
From: 08/28/2013
To: 11/29/2017
Specialty: Internal Medicine

Broward Health Coral Springs
Coral Springs, FL
From: 03/25/2015
To: 12/20/2017
Specialty: Internal Medicine

Broward Health Medical Center
Fort Lauderdale, FL
From: 05/27/2017
To: 11/29/2017
Specialty: Internal Medicine

Broward Health North
Fort Lauderdale, FL
From: 05/27/2017
To: 11/29/2017
Specialty: Internal Medicine

Board Certification:
Board: American Board of Internal Medicine
Specialty: Internal Medicine
Certification Date: 08/21/2013
Certification Expiration: N/A

Board: American Board of Internal Medicine
Specialty: Nephrology
Eligibility Date: 09/14/2019
Eligibility Expiration: 09/14/2026

Aza Abdalla, MD
**Broward Health – Credentialing Abstract – Medical Staff Applicant**

<table>
<thead>
<tr>
<th><strong>Name:</strong></th>
<th><strong>Gordana Bjekic, MD</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of Birth:</strong></td>
<td>04/08/1965</td>
</tr>
<tr>
<td><strong>Citizenship:</strong></td>
<td>US</td>
</tr>
<tr>
<td><strong>Primary Facility:</strong></td>
<td>Broward Health Coral Springs</td>
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<td><strong>Other Broward Health Facilities:</strong></td>
<td>Broward Health North</td>
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<tr>
<td><strong>Specialty:</strong></td>
<td>Pulmonary Critical Care</td>
</tr>
<tr>
<td><strong>Dept. at Primary Facility:</strong></td>
<td>Medicine</td>
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<tr>
<td><strong>Secondary Facility Depts.:</strong></td>
<td>Medicine</td>
</tr>
<tr>
<td><strong>Practice Name:</strong></td>
<td>NuView Telehealth LLC</td>
</tr>
<tr>
<td><strong>Website:</strong></td>
<td>nuviewhealth.com</td>
</tr>
<tr>
<td><strong>Primary Address Information:</strong></td>
<td>1825 NW Corporate Boulevard</td>
</tr>
<tr>
<td></td>
<td>Suite 105</td>
</tr>
<tr>
<td></td>
<td>Boca Raton, FL 33431</td>
</tr>
<tr>
<td><strong>Phone:</strong></td>
<td>561-299-3667</td>
</tr>
<tr>
<td><strong>Fax:</strong></td>
<td>561-299-3670</td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td><a href="mailto:trosseau@nuviewhealth.com">trosseau@nuviewhealth.com</a></td>
</tr>
<tr>
<td><strong>ECFMG:</strong></td>
<td>Number: 0-457-735-9</td>
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<tr>
<td><strong>Date Issued:</strong></td>
<td>07/17/1992</td>
</tr>
<tr>
<td><strong>Medical/Professional School:</strong></td>
<td>University of Novi Sad</td>
</tr>
<tr>
<td></td>
<td>Novi Sad,</td>
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<td>From: 10/01/1984</td>
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<td>To: 08/31/1991</td>
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<td><strong>Degree:</strong></td>
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<td><strong>Hospital Affiliations/ Work History:</strong></td>
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<tr>
<td><strong>Title:</strong></td>
<td>Primary Care Physician</td>
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<tr>
<td><strong>Gap:</strong></td>
<td>Studying for the FLEX and relocating from Serbia to the US</td>
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<td><strong>Internship:</strong></td>
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<td><strong>Residency:</strong></td>
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<td></td>
<td>New York, NY</td>
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<td><strong>Specialty:</strong></td>
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Broward Health – Credentialing Abstract – Medical Staff Applicant

Hospital Affiliations/Work History (continued):
Private Practice
Palatka, FL
From: 06/01/1997
To: 07/01/2000
Specialty: Pulmonary Disease

Fellowship (continued):
Mount Sinai School of Medicine
New York, NY
From: 07/01/2000
To: 06/30/2001
Specialty: Critical Care Medicine

Gap:
Relocating from New York to Florida awaiting credentialing approval
From: 07/01/2001
To: 09/30/2001

Hospital Affiliations/Work History:
University of Miami Hospital formerly Cedar Medical Center
Miami, FL
From: 10/11/2001
To: 01/20/2003
Specialty: Critical Care / Internal Medicine

San Francisco Critical Care Group
San Francisco, CA
From: 09/16/2002
To: 06/09/2014
Title: Pulmonary Critical Care Medicine

California Pacific Medical Center
San Francisco, CA
From: 10/28/2002
To: 07/01/2014
Specialty: Pulmonary Disease

Kindred Hospital South Florida (INV)
Ft. Lauderdale, FL
From: 06/27/2014
To: Present
Specialty: Internal Medicine

Aventura Hospital and Medical Center
Aventura, FL
From: 07/10/2014
To: Present
Specialty: Pulmonary Disease/Critical Care Medicine

Gordana Bjekic MD PA
Aventura, FL
From: 08/11/2014
To: Present
Title: Pulmonary Disease/Critical Care Medicine

Jackson North Medical Center
North Miami Beach, FL
From: 04/27/2017
To: Present
Specialty: Pulmonary Disease/Critical Care Medicine

Gordana Bjekic, MD
### Hospital Affiliations/
### Work History (continued):

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<td>Capital Regional Medical Center (HCA)</td>
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<td>Critical Care Medicine/Pulmonary Disease</td>
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<td>Jupiter Medical Center (EM)</td>
<td>Jupiter, FL</td>
<td>04/05/2018</td>
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<td>Critical Care Medicine</td>
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<td>Frank R Howard Memorial Hospital</td>
<td>Willits, CA</td>
<td>09/12/2018</td>
<td>Present</td>
<td>Internal Medicine</td>
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<td>Broward Health Coral Springs &amp; Salah Foundation Children's Hospital</td>
<td>Coral Springs, FL</td>
<td>07/31/2019</td>
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### Board Certification:

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Gordana Bjekic, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

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Broward Health – Credentialing Abstract – Medical Staff Applicant

<table>
<thead>
<tr>
<th>Name:</th>
<th>Wesley Cheng, DO</th>
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<tbody>
<tr>
<td>Date of Birth:</td>
<td>10/23/1988</td>
</tr>
<tr>
<td>Citizenship:</td>
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<tr>
<td>Primary Facility:</td>
<td>Broward Health North</td>
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<td>Other Broward Health Facilities:</td>
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<td>Specialty:</td>
<td>Family Medicine</td>
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<td>Dept. at Primary Facility:</td>
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<td>Practice Name:</td>
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<tr>
<td>Primary Address Information:</td>
<td>5430 W Sample Road Margate, FL 33073</td>
</tr>
<tr>
<td></td>
<td>Phone: 954-320-3303</td>
</tr>
<tr>
<td></td>
<td>Fax: 954-755-2224</td>
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<td></td>
<td>Certification Expiration: 12/31/2028</td>
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</table>
Name: Maria De La Pena, MD

Date of Birth: 08/07/1981

Citizenship: US

Primary Facility: Broward Health Imperial Point

Other Broward Health Facilities: None

Specialty: Pain Management

Dept. at Primary Facility: Surgery

Secondary Facility Depts.: None

Practice Name: Spine and Wellness Center of America

Website:

Primary Address Information: 21097 NE 27 Court
Suite 350
Aventura, FL 33180
Phone: 305-974-5533
Fax: 954-367-2846
Email: crosado@asjwc.com

ECFMG: Number: 06856504
Date Issued: 02/02/2007

Medical/Professional School: Universidad Del Norte Medical School
Barranquilla, Colombia
From: 01/01/1998
To: 12/19/2003
Degree: MD

Gap: Clinica de Fracturas
Barranquilla, Colombia
From: 01/01/2004
To: 05/31/2005
Title: ER Physician/ Surgical Assist

Worked as general physician in Colombia
From: 06/01/2005
To: 09/30/2006

Research Associate: University of Miami Jackson Memorial Hospital
Miami, FL
From: 07/01/2006
To: 06/30/2008
Specialty: Clinical Clerkship Multiple Specialties

Internship: University of Miami Jackson Memorial Hospital
Miami, FL
From: 06/24/2008
To: 06/23/2009
Specialty: General Surgery
Broward Health – Credentialing Abstract – Medical Staff Applicant

Residency:
University of Miami School of Medicine
Miami, FL
From: 07/01/2009
To: 06/30/2012
Specialty: Anesthesiology

Fellowship:
Beth Israel Deaconess Medical Center
Boston, MA
From: 07/01/2012
To: 06/30/2013
Specialty: Pain Medicine

Hospital Affiliations/
Work History:
Lee Memorial Hospital
Fort Myers, FL
From: 08/22/2013
To: 05/15/2015
Specialty: Anesthesiology

Plantation General Hospital (HCA)
Plantation, FL
From: 06/15/2016
To: Present
Specialty: Anesthesiology / Pain Medicine

Aventura Hospital
Aventura, FL
From: 06/16/2016
To: Present
Specialty: Anesthesiology / Pain Medicine

Jackson Memorial Hospital
Miami, FL
From: 06/29/2015
To: 10/18/2017
Specialty: Anesthesiology

Westside Regional Medical Center (HCA)
Plantation, FL
From: 09/01/2016
To: Present
Specialty: Anesthesiology / Pain Medicine

Broward Health Imperial Point
Fort Lauderdale, FL
From: 04/19/2017
To: Present
Specialty: Pain Medicine

Broward Health Medical Center
Fort Lauderdale, FL
From: 06/28/2017
To: Present
Specialty: Pain Medicine

North Miami Beach Surgical Center
Miami, FL
From: 10/18/2017
To: 10/17/2018
Specialty: Anesthesiology / Pain Medicine

Maria De La Pena, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

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### Broward Health – Credentialing Abstract – Medical Staff Applicant

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<tr>
<th>Name:</th>
<th>Edson S Franco, MD</th>
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<td>Date of Birth:</td>
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| Other Broward Health Facilities: | Broward Health Coral Springs  
|                  | Broward Health Imperial Point        |
|                  | Broward Health North                 |
| Specialty:       | Transplant Surgery                   |
|                  | General Surgery                      |
| Dept. at Primary Facility: | Surgery                              |
| Secondary Facility Depts.: | Surgery                              |
| Practice Name:   | North Broward Hospital District      |
|                  | Website: www.browardhealth.org       |
| Primary Address Information: | 1625 SE 3rd Avenue                  |
|                  | Suite 721                            |
|                  | Fort Lauderdale, FL 33316            |
|                  | Phone: 954-831-2753                  |
|                  | Fax: 954-712-3970                    |
|                  | Email: Alopez@browardhealth.org      |
| ECFMG:           | N/A                                 |
| Medical/Professional School: | University of California at San Diego |
|                  | San Diego, CA                        |
| From:            | 09/24/1990                          |
| To:              | 06/05/1994                          |
| Degree:          | MD                                  |
| Internship:      | N/A                                 |
| Residency:       | University of California- San Diego- Medical Center |
|                  | San Diego, CA                        |
| From:            | 06/24/1994                          |
| To:              | 06/30/1996                          |
| Specialty:       | General Surgery                      |
| Research Fellowship: | University of California San Diego |
|                  | San Diego, CA                        |
| From:            | 09/09/1996                          |
| To:              | 06/30/1998                          |
| Specialty:       | Burn Clinical and Research Fellow    |
|                  | University of Texas Health Science Center @ San Antonio |
|                  | San Antonio, TX                      |
| From:            | 07/01/1998                          |
| To:              | 06/30/2001                          |
| Specialty:       | General Surgery                      |
| Fellowship:      | University of Miami/ Jackson Memorial Hospital |
|                  | Miami, FL                            |
| From:            | 07/01/2001                          |
| To:              | 12/31/2003                          |
| Specialty:       | Transplant Surgery                   |

Edson S Franco, MD
### Hospital Affiliations/Work History:

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<th>Specialty</th>
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<td>Tampa General Hospital</td>
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<td>07/31/2018</td>
<td>Transplant Surgery</td>
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<td>Riverside Community Hospital</td>
<td>03/25/2009</td>
<td>04/21/2009</td>
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<td>Lifelink Healthcare Institute Inc. <strong>Unable to verify - Closed</strong></td>
<td>04/01/2009</td>
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<td>Tampa General Medical Group</td>
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<td>South Bay Surgical Specialist</td>
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Edson S Franco, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

Name: Christian Gonzalez, MD

Date of Birth: 08/20/1976

Citizenship: US

Primary Facility: Broward Health Imperial Point

Other Broward Health Facilities:
- Broward Health Medical Center
- Broward Health Coral Springs
- Broward Health North

Specialty: Pain Management

Dept. at Primary Facility: Surgery

Secondary Facility Depts.: Surgery

Practice Name: Spine and Wellness Center of America

Primary Address Information:
21097 NE 27 Court
Suite 350
Aventura, FL 33180
Phone: 305-907-7414
Fax: 954-367-2846
Email: crosado@asjwc.com

ECFMG: N/A

Medical/Professional School:
- Ponce School of Medicine
  Puerto Rico,
  From: 07/10/1998
  To: 05/30/2002
  Degree: MD

Internship:
N/A

Residency:
- Baylor College of Medicine
  Houston, TX
  From: 07/01/2002
  To: 06/30/2006
  Specialty: Anesthesiology

Fellowship:
- Massachusetts General Hospital
  Boston, MA
  From: 07/01/2006
  To: 06/30/2007
  Specialty: Pain Medicine

Hospital Affiliations/
Work History:
- University of Massachusetts Medical School
  Boston, MA
  From: 07/01/2007
  To: 10/30/2010
  Title: Physician/ Professor Depart of Anesthesiology

- UM/Miller School of Medicine
  Miami, FL
  From: 11/22/2010
  To: 04/02/2011
  Title: Professor Department of Anesthesiology
Anne Bates Leach Eye Hospital
Miami, FL
From: 11/05/2010
To: 04/01/2011
Specialty: Pain Medicine/Anesthesiology

University of Miami Sylvester Cancer Hospital
Miami, FL
From: 11/05/2010
To: 04/01/2011
Specialty: Pain Medicine/Anesthesiology

University of Miami Medical Group
Coral Gables, FL
From: 11/05/2010
To: 04/01/2011
Specialty: Pain Medicine/Anesthesiology

University of Miami Hospital
Miami, FL
From: 11/24/2010
To: 04/01/2011
Specialty: Pain Medicine/Anesthesiology

UM Miller School of Medicine
From: 10/01/2010
To: 07/11/2011
Specialty: Professor Department of Anesthesiology

Aventura Hospital
Aventura, FL
From: 07/12/2011
To: Present
Specialty: Pain Medicine/Anesthesiology

Plantation General Hospital – Mercy Hospital (HCA)
Plantation, FL
From: 10/17/2012
To: Present
Specialty: Pain Medicine/Anesthesiology

Surgical Park Center
Miami, FL
From: 04/24/2013
To: 04/09/2014
Specialty: Pain Medicine/Anesthesiology

Miami Lakes Surgery Center
Miami, FL
From: 06/05/2013
To: 04/29/2014
Specialty: Pain Medicine/Anesthesiology

Doctors Hospital
Coral Gables, FL
From: 12/04/2014
To: Present
Specialty: Pain Medicine

Christian Gonzalez, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

Kendall Regional Medical Center (HCA)
Miami, FL
From: 02/03/2016
To: Present
Specialty: Pain Medicine/ Anesthesiology

Surgery Center of Aventura
Aventura, FL
From: 04/15/2013
To: Present
Specialty: Pain Medicine/ Anesthesiology

Mount Sinai Medical Center
Miami Beach, FL
From: 08/16/2016
To: Present
Specialty: Pain Medicine

Palms West Hospital
Loxahatchee, FL
From: 09/15/2016
To: Present
Specialty: Pain Medicine/ Anesthesiology

Westside Regional Medical Center
Plantation, FL
From: 10/05/2016
To: Present
Specialty: Pain Medicine/ Anesthesiology

Broward Health Imperial Point
Fort Lauderdale, FL
From: 10/26/2016
To: Present
Specialty: Pain Medicine

North Miami Beach Surgical Center
North Miami Beach, FL
From: 01/18/2017
To: 01/17/2018
Specialty: Pain Medicine/ Anesthesiology

JFK Medical Center
Atlantis, FL
From: 01/24/2017
To: Present
Specialty: Pain Medicine/ Anesthesiology

Palms West Surgery Center
Loxahatchee, FL
From: 04/10/2017
To: 04/09/2018
Specialty: Pain Medicine/ Anesthesiology

North County Suricenter
Palm Beach County, FL
From: 04/24/2017
To: 04/23/2018
Specialty: Pain Medicine/ Anesthesiology

Christian Gonzalez, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

Atlantis Outpatient Center
Lake Worth, FL
From: 05/02/2017
To: 04/11/2018
Specialty: Pain Medicine/ Anesthesiology

Broward Health Medical Center & Salah Foundation Children's Hospital
Fort Lauderdale, FL
From: 10/25/2017
To: Present
Specialty: Pain Medicine

Board Certification:
Board: American Board of Anesthesiology
Specialty: Anesthesiology
Certification Date: 04/20/2007
MOC Reverification Date: 12/31/2027
Certification Expiration: N/A

Board: American Board of Anesthesiology
Specialty: Pain Medicine
Certification Date: 09/15/2007
NOC Reverification Date: 12/31/2027
Certification Expiration: N/A

Christian Gonzalez, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

Name: Isabel Novela MD

Date of Birth: 09/07/1974

Citizenship: US

Primary Facility: Broward Health Coral Springs

Other Broward Health Facilities:

Broward Health North

Specialty(ies): Pulmonary Disease

Critical Care Medicine

Dept. at Primary Facility: Medicine

Secondary Facility Depts.: Medicine

Practice Name: NuView Health LLC

Website: www.nuviewhealth.com

Primary Address Information:

1825 NW Corporate Boulevard

Suite 105

Boca Raton, FL 33431

Phone: 561-299-3667

Fax: 561-299-3670

Email: trouseau@nuviewhealth.com

ECFMG:

Number: 0-619-468-2

Date Issued: 03/22/2002

Medical/Professional School:

Universidad Central del este

San Pedro de Macoris, DR

From: 06/01/1998

To: 10/12/2001

Degree: MD

Gap:

Studying for ECFMG Certification examination.

10/13/2001

06/30/2002

Internship:

Kansas University Medical Center

Kansas City, KS

From: 07/01/2002

To: 06/30/2003

Specialty: Family Medicine

Residency:

Mount Sinai Medical Center

Miami Beach, FL

From: 06/24/2003

To: 06/30/2006

Specialty: Internal Medicine

Gap:

Studying for Internal Medicine Board examination.

07/01/2006

12/12/2006
### Hospital Affiliations/Work History:

**Baptist Hospital of Miami**  
Miami, FL  
**From:** 12/13/2006  
**To:** 11/21/2007  
**Specialty:** Internal Medicine

**South Miami Hospital**  
Miami, FL  
**From:** 01/10/2007  
**To:** 04/25/2011  
**Specialty:** Internal Medicine

### Fellowship:

**University of Miami**  
Coral Gables, FL  
**From:** 07/01/2007  
**To:** 06/30/2010  
**Specialty:** Pulmonary Disease/Critical Care Medicine

### Hospital Affiliations/Work History:

**Palmetto General Hospital**  
Hialeah, FL  
**From:** 09/23/2010  
**To:** 04/27/2017  
**Specialty:** Pulmonary Disease/Critical Care Medicine

**Kendall Regional Medical Center (HCA)**  
Miami, FL  
**From:** 09/30/2010  
**To:** Present  
**Specialty:** Critical Care Medicine

**Aventura Medical Center**  
Aventura, FL  
**From:** 04/20/2017  
**To:** Present  
**Specialty:** Pulmonary Disease/Critical Care Medicine

**JFK Medical Center (HCA)**  
Atlantis, FL  
**From:** 04/25/2017  
**To:** 11/14/2018  
**Specialty:** Internal Medicine/Critical Care Medicine

**Westside Regional Medical Center (HCA)**  
Plantation, FL  
**From:** 06/20/2017  
**To:** 04/05/2018  
**Specialty:** Internal Medicine/Pulmonary Disease/Critical Care

**Northwest Medical Center (HCA)**  
Margate, FL  
**From:** 08/16/2017  
**To:** Present  
**Specialty:** Internal Medicine/Critical Care Medicine

**Broward Health Coral Springs & Salah Foundation Children’s Hospital**  
Coral Springs, FL  
**From:** 05/29/2019  
**To:** Present  
**Specialty:** Pulmonary Disease/Critical Care Medicine
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<th>Board Certification:</th>
<th>Board: American Board of Internal Medicine</th>
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<td>Specialty: Critical Care Medicine</td>
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<tr>
<td>Certification Date:</td>
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| Board: American Board of Internal Medicine |
| Specialty: Pulmonary Disease               |
| Certification Date: 10/26/2009              |
| MOC Reverification Date: N/A               |
| Certification Expiration: 12/31/2019        |

| Board: American Board of Internal Medicine |
| Specialty: Internal Medicine               |
| Certification Date: 09/01/2006              |
| MOC Reverification Date: N/A               |
| Certification Expiration: 04/01/2020        |

Isabel Novela, MD
Broward Health – Credentialing Abstract – Allied Health Professional Applicant

Name: Anam Qureshi, ARNP

Date of Birth: 02/03/1990
Citizenship: US
Primary Facility: Broward Health Medical Center
Other Broward Health Facilities:
   Broward Health Imperial Point
   Broward Health North
Specialty: Nurse Practitioner
Dept. at Primary Facility: Surgery
Secondary Facility Depts.: Surgery
Physician Sponsorship: Christina Gonzalez, MD
                       Maria De La Pena, MD
Practice Name: Spine and Wellness Center of America
Website: www.spinewellnessamerica.com
Primary Address Information:
21097 NE 27 Court
   Suite 350
   Aventura, FL 33180
   Phone: 305-974-5533
   Fax: 954-367-2846
   Email: Qureshi_anam@hotmail.com
Professional School:
University of Miami Miller School of Medicine
   Coral Gables, FL
   From: 01/15/2015
   To: 08/05/2016
   Degree: Masters in Nursing
   Major: ARNP
Hospital Affiliations/Work History:
Aventura Hospital and Medical Center
   Aventura, FL
   From: 03/23/2013
   To: Present
   Title: RN
Broward Health Medical Center
   Fort Lauderdale, FL
   From: 07/26/2017
   To: Present
   Specialty: Nurse Practitioner
Broward Health Imperial Point
   Fort Lauderdale, FL
   From: 07/26/2017
   To: Present
   Specialty: Nurse Practitioner
Board Certification:
   Board: American Academy of Nurse Practitioners
   Specialty: Family Nurse Practitioner
   Certification Date: 09/27/2016
   Certification Expiration: 09/26/2021
# Broward Health – Credentialing Abstract – Medical Staff Applicant

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<thead>
<tr>
<th>Name:</th>
<th>Carlos H Silva MD</th>
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<tr>
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<td>07/06/1978</td>
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<tr>
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<tr>
<td>Primary Facility:</td>
<td>Broward Health Coral Springs</td>
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<td>Other Broward Health Facilities:</td>
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<tr>
<td>Specialty(ies):</td>
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<td>Dept. at Primary Facility:</td>
<td>Medicine</td>
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<td>Secondary Facility Depts.:</td>
<td>Medicine</td>
</tr>
<tr>
<td>Practice Name:</td>
<td>NuView Telehealth LLC</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.nuviehealth.com">www.nuviehealth.com</a></td>
</tr>
<tr>
<td>Primary Address Information:</td>
<td>1825 NW Corporate Boulevard, Suite 105, Boca Raton, FL 33431</td>
</tr>
<tr>
<td>Phone:</td>
<td>561-299-3667</td>
</tr>
<tr>
<td>Fax:</td>
<td>561-299-3670</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:toulouse@nuviewhealth.com">toulouse@nuviewhealth.com</a></td>
</tr>
<tr>
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<td>Number: 07682024</td>
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<tr>
<td>Date Issued:</td>
<td>10/14/2010</td>
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<tr>
<td>Medical/Professional School:</td>
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<tr>
<td>From:</td>
<td>09/01/2005</td>
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<tr>
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<tr>
<td>Gap:</td>
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<td>Residency:</td>
<td>University of Miami Miller School of Medicine, Miami, FL</td>
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<td>Specialty:</td>
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Carlos H Silva, MD
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Broward Health – Credentialing Abstract – Medical Staff Applicant

NuView Health LLC  
Boca Raton, FL  
From: 04/28/2019  
To: Present  
Title: Internist

**Board Certification:**

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Carlos H Silva, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

Name: Jessica E Taub DPM

Date of Birth: 06/25/1989

Citizenship: US

Primary Facility: Broward Health Coral Springs

Other Broward Health Facilities:
Broward Health North

Specialty(ies): Podiatry

Dept. at Primary Facility: Surgery

Secondary Facility Depts.:
Surgery

Practice Name: Certified Foot and Ankle Specialists
Website: http://certifiedfoot.com/

Primary Address Information:
1601 Clint Moore Road
Suite 180
Boca Raton, FL 33487
Phone: 561-995-0229
Fax: 561-989-0775
Email: jessicataub@gmail.com

ECFMG: N/A

Medical/Professional School:
Kent State University College of Podiatric Medicine
Independence, OH
From: 08/01/2012
To: 05/20/2016
Degree: Doctor of Podiatric Medicine

Internship: N/A

Residency:
St Vincent’s Medical Center
Jacksonville, FL
From: 07/01/2016
To: 06/30/2018
Specialty: Podiatry

Atlanta VA Medical Center
Decatur, GA
From: 07/01/2018
To: 06/30/2019
Specialty: Podiatry

Fellowship: N/A

Hospital Affiliations/
Work History: N/A

Board Certification:
Board: American Board of Podiatric Medicine
Specialty: Podiatric Medicine
Eligibility Date: 06/30/2019
Eligibility Expiration: 06/30/2026
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<tr>
<th><strong>Name:</strong></th>
<th><strong>Rebecca E Wiesenfeld MD</strong></th>
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<tr>
<td><strong>Date of Birth:</strong></td>
<td>03/12/1987</td>
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<td><strong>Citizenship:</strong></td>
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<td><strong>Primary Facility:</strong></td>
<td>Broward Health Medical Center</td>
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| **Other Broward Health Facilities:** | Broward Health Coral Springs  
Broward Health Imperial Point  
Broward Health North |
| **Specialty(ies):** | Emergency Medicine |
| **Dept. at Primary Facility:** | Emergency Medicine |
| **Secondary Facility Depts.:** | Medicine |
| **Practice Name:** | Envision Physician Services |
| **Website:** | [www.envisionhealth.com](http://www.envisionhealth.com) |
| **Primary Address Information:** | 1600 South Andrews Avenue  
Emergency Department  
Fort Lauderdale, FL 33316  
Phone: 954-355-5199  
Fax: 954-355-5113  
Email: Kim.Durcan@envisionhealth.com |
| **ECFMG:** | N/A |
| **Medical/Professional School:** | Florida International University  
Miami, FL  
From: 07/04/2011  
To: 05/31/2015  
Degree: MD |
| **Internship:** | N/A |
| **Residency:** | Christiana Care Health Services  
Newark, DE  
From: 07/01/2015  
To: 06/30/2018  
Specialty: Emergency Medicine |
| **Fellowship:** | N/A |
| **Hospital Affiliations/Work History:** | EMPro's  
Ormond Beach, FL  
From: 07/01/2018  
To: Present  
Specialty: Emergency Medicine |
| **Board Certification:** | Board: American Board of Emergency Medicine  
Specialty: Emergency Medicine  
Certification Date: 06/04/2019  
MOC Expiration: N/A  
Certification Expiration: 12/31/2029 |
Junie F Eliisme, MD

Name: Junie F Eliisme, MD

Date of Birth: 10/30/1966

Citizenship: US

Primary Facility: Broward Health North (CHS Only)

Other Broward Health Facilities: None

Specialty: Pediatrics

Dept. at Primary Facility: Medicine

Secondary Facility Depts.: None

Practice Name: Pompano Pediatric Center

Primary Address Information: 601 West Atlantic Boulevard
Pompano Beach, FL 33060
Phone: 954-786-5418
Fax: 954-467-4584

ECFMG: N/A

Medical/Professional School: University of Miami Miller School of Medicine
Miami, FL
From: 08/29/1988
To: 05/14/1993
Degree: MD

Internship: N/A

Residency: Jackson Memorial Hospital- Miami University
Miami, FL
From: 06/24/1993
To: 06/30/1996
Specialty: Pediatrics

Fellowship: N/A

Hospital Affiliations/Work History: Sheridan Children Healthcare Services **Unable to verify - Closed**
Hollywood, FL
From: 07/01/1996
To: 07/30/1998
Title: pediatric hospitalist

Gap: At home mom
From: 08/01/1998
To: 07/30/1999

Hospital Affiliations/Work History: Kids First Pediatric
Pompano Beach, FL
From: 08/01/1999
To: 12/30/2000
Title: Pediatrician/Owner
Broward Health – Credentialing Abstract – Medical Staff Applicant

Broward Health Coral Springs & Salah Foundation Children’s Hospital
Coral Springs, FL
From: 11/22/1999
To: 02/28/2001
Specialty: Pediatrics

Weatherby Locums
Ft. Lauderdale, FL
From: 01/02/2001
To: 06/27/2006
Title: Locums Pediatrician

Maxim Healthcare Service (Staffing Agency)
Columbia, MD
From: 12/20/2004
To: 06/19/2006
Title: Pediatrician

Broward Health Medical Center & Salah Foundation Children’s Hospital
Ft Lauderdale, FL
From: 07/19/2006
To: 04/25/2007
Specialty: Pediatrics

Broward Health North
Deerfield Beach, FL
From: 07/19/2006
To: 05/23/2007
Specialty: Pediatrics

South Florida Medical Centers, Inc **Unable to verify – closed**
Ft Lauderdale, FL
From: 09/01/2006
To: 09/30/2013
Specialty: Pediatrics

Pediatric Associates
Plantation, FL
From: 01/02/2009
To: Present
Title: Pediatrician

Joe DiMaggio Children’s Hospital
Miami, FL
From: 04/24/2019
To: Present
Specialty: Pediatrics

Board Certification:
Board: American Board of Pediatrics
Specialty: Pediatrics
Certification Date: 11/01/2005
MOC Reverification Date: 02/15/2020
Certification Expiration: N/A

Junie F Elisme, MD
Name: John P Pickens MD

Date of Birth: 09/13/1954
Citizenship: US
Primary Facility: Broward Health Medical Center
Other Broward Health Facilities: Broward Health North
Specialty(ies): Otolaryngology
Dept. at Primary Facility: Surgery
Secondary Facility Depts.: None
Practice Name: All Star Recruiting Locums LLC
Website: http://www.allstarrecruiting.com/
Primary Address Information: 800 Fairway Drive
Suite 300
Deerfield Beach, FL 33441
Phone: 800-926-0229
Fax: 888-503-0752
Email: ncampo@asrllocums.com
ECFMG: N/A
Medical/Professional School: East Tennessee State University, Quillen College of Medicine
Johnson City, TN
From: 08/20/1979
To: 06/30/1983
Degree: MD
Residency: East Tennessee State University, Quillen College of Medicine
Johnson City, TN
From: 07/01/1983
To: 06/30/1985
Specialty: General Surgery
Hospital Affiliations/Work History: Park Ridge Hospital (Unable to verify)
Fletcher, TN
From: 07/01/1983
To: 06/30/1985
Title: Medical Director
Residency: West Virginia University School Of Medicine
Morgantown, WV
From: 07/01/1989
To: 06/30/1993
Specialty: Otolaryngology
Fellowship: Univ. of Missouri - Kansas City / Truman Medical Center
Kansas City, MO
From: 07/01/1993
To: 06/30/1994
Specialty: Plastic Surgery
### Hospital Affiliations/
#### Work History:

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<td>Park Ridge Health (Advent Health) Hendersonville, NC</td>
<td>07/25/1994</td>
<td>Present</td>
<td>Otolaryngology</td>
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<tr>
<td>Margaret R. Pardee Memorial Hospital Hendersonville, NC</td>
<td>09/16/1994</td>
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<td>Otolaryngology</td>
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<tr>
<td>St Bernards Medical Center Jonesboro, AR</td>
<td>12/07/2008</td>
<td>12/25/2018</td>
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<td>Quillen College of Medicine VA Medical Center Mountain Home, TN</td>
<td>04/01/2018</td>
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<td>05/09/1995</td>
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John P Pickens, MD
# BROWARD HEALTH NORTH

## MEDICAL STAFF REAPPOINTMENTS

**CREDENTIALS: 10/10/2019  MEDICAL COUNCIL: 10/15/2019**

### RECOMMENDED WITH NO CHANGE IN STATUS

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<tr>
<th>Physician</th>
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<tbody>
<tr>
<td>Anthony Dardano, DO</td>
<td>Surgery</td>
<td>Plastic Surgery</td>
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<tr>
<td>Douglas Faig, MD</td>
<td>Medicine</td>
<td>Hematology/Oncology</td>
<td>Active-Primary</td>
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<tr>
<td>Jocelyn Garcia de Viera, MD</td>
<td>Medicine</td>
<td>Pediatric Cardiology</td>
<td>Affiliate-Non-Primary</td>
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<tr>
<td>Seyed-Mojtaba Gashti, MD</td>
<td>Surgery</td>
<td>Vascular Surgery</td>
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<td>Deborah Guilbaud, MD</td>
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<td>Muhammad Ismail, MD</td>
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<td>Marshal Lieberfarb, MD</td>
<td>Surgery</td>
<td>Radiation Oncology</td>
<td>Active-Non-Primary</td>
</tr>
<tr>
<td>Paul Meli, MD</td>
<td>Surgery</td>
<td>Orthopaedic Surgery</td>
<td>Active-Non-Primary</td>
</tr>
<tr>
<td>Peter Merkle, MD</td>
<td>Surgery</td>
<td>Orthopaedic Surgery/Hand</td>
<td>Active-Primary</td>
</tr>
<tr>
<td>Igor Nichiporenko, MD</td>
<td>Surgery</td>
<td>General Surgery</td>
<td>Active-Primary</td>
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<tr>
<td>Alan Niederman, MD</td>
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<tr>
<td>Jaroslav Ondruszek, MD</td>
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</tr>
<tr>
<td>Paul Rondino, MD</td>
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<td>Cardiology</td>
<td>Active-Primary</td>
</tr>
<tr>
<td>David Rooney, MD</td>
<td>Medicine</td>
<td>Psychiatry</td>
<td>Consulting-Non-Primary</td>
</tr>
<tr>
<td>Reinaldo Rosario, MD</td>
<td>Medicine</td>
<td>Nephrology</td>
<td>Active-Primary</td>
</tr>
<tr>
<td>Heather Sher, MD</td>
<td>Radiology</td>
<td>Radiology</td>
<td>Active-Non-Primary</td>
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### RECOMMENDED WITH CHANGE IN STATUS

<table>
<thead>
<tr>
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<th>Current Status</th>
<th>Recommended Status</th>
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<tbody>
<tr>
<td>Robert Antoine, MD</td>
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<td>Active-Primary</td>
<td>Consulting-Primary</td>
</tr>
<tr>
<td>Brian Burrough, MD</td>
<td>Surgery</td>
<td>Pain Mgt</td>
<td>Provisional-1-P</td>
<td>Consulting-Primary</td>
</tr>
<tr>
<td>John Crescetti, DO</td>
<td>Medicine</td>
<td>Family Medicine</td>
<td>Provisional-1-N</td>
<td>Courtesy - Non-Primary</td>
</tr>
<tr>
<td>Azhar Dalal, DO</td>
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<td>Provisional-2-Non-Primary</td>
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<tr>
<td>David Gerth, MD</td>
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<td>ENT</td>
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<td>Telemedicine</td>
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<td>Sabine Hesse, MD</td>
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<td>ENT</td>
<td>LOA-1 N-Pri</td>
<td>LOA-2 Non-Primary</td>
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<td>Mohammad Latif-Jangda, MD</td>
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<td>Psychiatry</td>
<td>Provisional-1-N</td>
<td>Consulting-Non-Primary</td>
</tr>
<tr>
<td>Michael Last, MD</td>
<td>Medicine</td>
<td>Internal Medicine</td>
<td>Provisional-1-P</td>
<td>Provisional-2-Primary</td>
</tr>
<tr>
<td>Jim Omatseye, MD</td>
<td>Emerg Med</td>
<td>Emergency Medicine</td>
<td>Active-Primary</td>
<td>Consulting-Primary</td>
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<tr>
<td>Ryan Queen, MD</td>
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</tr>
<tr>
<td>Thomas Riley, MD</td>
<td>Surgery</td>
<td>Ortho Spine</td>
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<td>Courtesy-Primary</td>
</tr>
<tr>
<td>John Thomassen, MD</td>
<td>Surgery</td>
<td>Plastic Surgery</td>
<td>Courtesy-N-P</td>
<td>Active-Non-Primary</td>
</tr>
<tr>
<td>Robert Topper, MD</td>
<td>Surgery</td>
<td>General Surgery</td>
<td>Courtesy-Primary</td>
<td>Consulting-Primary</td>
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<tr>
<td>Jay Wallshein, MD</td>
<td>Surgery</td>
<td>Ophthalmology</td>
<td>Provisional-N</td>
<td>Courtesy-Non-Primary</td>
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<td>John Westine, MD</td>
<td>Surgery</td>
<td>ENT</td>
<td>Courtesy-Primary</td>
<td>Consulting-Primary</td>
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</tbody>
</table>
# BROWARD HEALTH NORTH

## ALLIED HEALTH REAPPOINTMENTS

**CREDENTIALS:** 10/10/2019  **MEDICAL COUNCIL:** 10/15/2019

### RECOMMENDED WITH NO CHANGE IN STATUS

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Specialty</th>
<th>Sponsor(s)</th>
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</thead>
<tbody>
<tr>
<td>Avonny Bennett, CRNA</td>
<td>Surgery</td>
<td>Nurse Anesthetist</td>
<td>Dr. Naveen Gandreti, et al.</td>
</tr>
<tr>
<td>Lawrence Chen, APRN</td>
<td>Surgery</td>
<td>Nurse Practitioner</td>
<td>Dr. Sanjeev Gupta</td>
</tr>
<tr>
<td>Kathy Zimmer, PA</td>
<td>Surgery</td>
<td>Physician Assistant</td>
<td>Drs. Bruce Janke, Steven Naide and Wael Tamim</td>
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### NOT RECOMMENDED

<table>
<thead>
<tr>
<th>Name</th>
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</thead>
<tbody>
<tr>
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# BROWARD HEALTH NORTH

## COMMUNITY HEALTH SERVICES

### MEDICAL STAFF REAPPOINTMENTS

**CREDENTIALS:** 10/10/2019  **MEDICAL COUNCIL:** 10/15/2019

<table>
<thead>
<tr>
<th>Practitioner</th>
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<tbody>
<tr>
<td>Aldo Calvo, DO</td>
<td>Medicine</td>
<td>CHS Family Practice</td>
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#### RECOMMENDED WITH NO CHANGE IN STATUS

Reappointment Cycle: 10/30/2019 to 9/30/2021

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#### RECOMMENDED WITH CHANGE IN STATUS

Reappointment Cycle: 10/30/2019 to 9/30/2021

<table>
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#### NOT RECOMMENDED

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<tr>
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<th>Department</th>
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<th>Reason</th>
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<tbody>
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</table>
SUMMARY OF REQUEST

DATE: October 30, 2019

FACILITY: Broward Health Imperial Point

ITEM: Medical Staff Board Items

REASON: Approved recommendations as exhibited from the Medical Council of Broward Health Imperial Point.

COST: Not applicable

ADDITIONAL INFORMATION: None

LEGAL REVIEW: Not applicable

APPROVED: Gino Santorio

DATE: 10/17/2019

Mark Sprada, VP Strategy & Clinical Ops

DATE: 10/28/2019 17:22 Eastern Daylight Time

Andrew Ta, CMO
MEMORANDUM

TO: Board of Commissioners

FROM: Mark Sprada, VP Strategy & Clinical Ops (BHIP Acting CEO)

DATE: October 30, 2019

SUBJECT: Medical Staff Board Items

The Medical Council at Broward Health Imperial Point, at its monthly meeting on October 7, 2019 approved the recommendations as exhibited for:

Medical Staff Changes and Additions
Medical Staff Reappointments

Allied Health Changes and Additions
Allied Health Reappointments

I, William Jensen, DO, Chief of Staff at Broward Health Imperial Point do hereby attest that all pertinent and required information has been received and verified for providers being submitted to the Board of Commissioners for approval.

Therefore, it is recommended that the Board of Commissioners approve these recommendations as submitted from the Medical Council at Broward Health Imperial Point.
OFFICE OF THE MEDICAL STAFF
William Jensen, DO
Chief of Staff
Joel Gellman, MD
Chairman, Department of Medicine
Chance Kaplan, MD
Vice Chief of Staff
Jonathan Levine, MD
Chairman, Department of Surgery
Howard Lewkowitz, MD
Past Chief of Staff
Sandeep Mendiratta, MD
Chairman, Department of Psychiatry
Richmond Estacio, MD
Secretary/Treasurer

BROWARD HEALTH IMPERIAL POINT
MEDICAL STAFF CHANGES AND ADDITIONS

______ Broward Health Medical Center
______ Broward Health North
______ Broward Health Imperial Point
______ Broward Health Coral Springs

The following Medical Staff Committees:
CREDENTIALS COMMITTEE: 10/1/2019
MEDICAL COUNCIL: 10/7/2019

Approved the following New Members – Medical Staff:
**RECOMMENDED FOR MEDICAL STAFF MEMBERSHIP AND CLINICAL PRIVILEGES**
Appointment Cycle: 10/30/2019 to 9/30/2021

<table>
<thead>
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<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Aza Abdalla, MD</td>
<td>Medicine</td>
<td>Nephrology/Internal Medicine</td>
<td>BHN</td>
</tr>
<tr>
<td>Melissa Armas, DO</td>
<td>Medicine</td>
<td>Family Medicine</td>
<td>BHIP</td>
</tr>
<tr>
<td>Even Boyar, DO</td>
<td>Medicine</td>
<td>Emergency Medicine</td>
<td>BHN</td>
</tr>
<tr>
<td>Yira De La Paz, MD</td>
<td>Medicine</td>
<td>Hospital Medicine</td>
<td>BHCS</td>
</tr>
<tr>
<td>Thomas King, MD</td>
<td>Medicine</td>
<td>Hospital Medicine</td>
<td>BHCS</td>
</tr>
<tr>
<td>Cody Ott, MD</td>
<td>Surgery</td>
<td>Ophthalmology</td>
<td>BHIP</td>
</tr>
<tr>
<td>Daniel Reikher, MD</td>
<td>Medicine</td>
<td>Hospital Medicine</td>
<td>BHCS</td>
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Approved the following New Members – Allied Health:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
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<th>Sponsor(s)</th>
<th>Primary</th>
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Accepted the following Change of Status

<table>
<thead>
<tr>
<th>Name</th>
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Accepted the following Request for Additional Privileges

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<tr>
<td>Robert Raggi, MD</td>
<td>Surgery</td>
<td>Anesthesiology</td>
<td>Add: Anesthesia privileges</td>
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<tr>
<td>Jean-Jacques Rajter, MD</td>
<td>Medicine</td>
<td>Pulmonary Medicine/Critical Care</td>
<td>Delete: Sedation – ACLS card expired and not updated yet.</td>
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Approved the following Medical Staff Reappointments and Status Changes:

**RECOMMENDED WITH NO CHANGE IN STATUS – 2 YEARS**

Reappointment Cycle: 10/30/2019 to 9/30/2021

<table>
<thead>
<tr>
<th>Physician</th>
<th>Department</th>
<th>Specialty</th>
<th>Recommended Status</th>
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</thead>
<tbody>
<tr>
<td>Juan Bravo, MD</td>
<td>Medicine</td>
<td>Hyperbaric Medicine</td>
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<tr>
<td>Thomas Breza, SR.</td>
<td>Medicine</td>
<td>Dermatology</td>
<td>Consulting</td>
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<td>John Crescitelli, MD</td>
<td>Medicine</td>
<td>Family Medicine</td>
<td>Active</td>
</tr>
<tr>
<td>Mario Del Cid, MD</td>
<td>Surgery</td>
<td>Ophthalmology</td>
<td>Active</td>
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<tr>
<td>Douglas Faig, MD</td>
<td>Medicine</td>
<td>Hematology/ Internal Medicine</td>
<td>Active</td>
</tr>
<tr>
<td>Jocelyn Garcia De Viera, MD</td>
<td>Medicine</td>
<td>Pediatric Cardiology</td>
<td>Consulting</td>
</tr>
<tr>
<td>James Garner, MD</td>
<td>Medicine</td>
<td>Urology</td>
<td>Active</td>
</tr>
<tr>
<td>Deborah Guilbaud, MD</td>
<td>Medicine</td>
<td>Radiology</td>
<td>Active</td>
</tr>
<tr>
<td>Jeyavarna Karthikeyan, MD</td>
<td>Medicine</td>
<td>Hospital Medicine</td>
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<tr>
<td>David Kenigsberg, MD</td>
<td>Medicine</td>
<td>Cardiology/ Electrophysiology</td>
<td>Courtesy</td>
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<tr>
<td>Roman Klos, MD</td>
<td>Surgery</td>
<td>Thoracic/ Vascular Surgery</td>
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<tr>
<td>Andre Landau, MD</td>
<td>Medicine</td>
<td>Cardiology</td>
<td>Active</td>
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<tr>
<td>Evan Landau, MD</td>
<td>Medicine</td>
<td>Radiation Oncology</td>
<td>Consulting</td>
</tr>
<tr>
<td>Marah Lee, DO</td>
<td>Medicine</td>
<td>Internal Medicine</td>
<td>Active</td>
</tr>
<tr>
<td>Tom Maciek, MD</td>
<td>Surgery</td>
<td>Pain Management</td>
<td>Consulting</td>
</tr>
<tr>
<td>Cynthia McDonald, DPM</td>
<td>Surgery</td>
<td>Podiatry</td>
<td>Active</td>
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<tr>
<td>Paul Meli, MD</td>
<td>Surgery</td>
<td>Orthopedic Surgery</td>
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<tr>
<td>Peter Merkle, MD</td>
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<td>Orthopedic/ Foot and Ankle Surgery</td>
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<td>Edward Michaelson, MD</td>
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<td>Affiliate</td>
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<td>Kristoff Naberezny, MD</td>
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<td>Alan Niederman, MD</td>
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<td>Edgar Nieter, DPM</td>
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<td>Courtesy</td>
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<td>Jaroslav Ondruske, MD</td>
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<td>Jan Pavlinec, MD</td>
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<tr>
<td>Patricia Rooney, MD</td>
<td>Surgery</td>
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<td>Active</td>
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<tr>
<td>Heather Sher, MD</td>
<td>Medicine</td>
<td>Radiology</td>
<td>Active</td>
</tr>
<tr>
<td>John Thomassen, MD</td>
<td>Surgery</td>
<td>Plastic Surgery</td>
<td>Active</td>
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<tr>
<td>Max Zaslavsky, DMD</td>
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<td>Affiliate</td>
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<td>Kathryn Zeoli, MD</td>
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<td>Dermatology</td>
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**RECOMMENDED WITH CHANGE IN STATUS – 2 YEARS**

Reappointment Cycle: 10/30/2019 to 9/30/2021

<table>
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<th>Recommended Status</th>
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</thead>
<tbody>
<tr>
<td>Tania Espinal-Krane, DO</td>
<td>Medicine</td>
<td>Hospital Medicine</td>
<td>Provisional</td>
<td>Courtesy</td>
</tr>
<tr>
<td>Jorge Gonzalez, MD</td>
<td>Medicine</td>
<td>Sports Medicine</td>
<td>Provisional</td>
<td>Courtesy</td>
</tr>
<tr>
<td>Kevin Kelly, MD</td>
<td>Surgery</td>
<td>Ophthalmology</td>
<td>Provisional</td>
<td>Consulting</td>
</tr>
<tr>
<td>Marshall Lieberfarb, MD</td>
<td>Medicine</td>
<td>Radiation Oncology</td>
<td>Provisional</td>
<td>Consulting</td>
</tr>
<tr>
<td>Jasmine Pierre, MD</td>
<td>Medicine</td>
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<td>Provisional</td>
<td>Active</td>
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<tr>
<td>Catherine Polera, MD</td>
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<td>Courtesy</td>
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<tr>
<td>Ryan Queen, MD</td>
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<td>Emergency Medicine</td>
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<td>Thomas Riley, MD</td>
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<td>Jonathan Silverman, MD</td>
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<tr>
<td>Kathir Subramanian, MD</td>
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52
RECOMMENDED WITH CHANGE IN STATUS – 1 YEAR
Reappointment Cycle: 10/30/2019 to 9/30/2020

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<tbody>
<tr>
<td>Raja Singh, MD</td>
<td>Medicine</td>
<td>Critical Care/ Internal Medicine</td>
<td>Provisional</td>
<td>Provisional II</td>
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Approved the following AHP Reappointments and Status Changes:

AHP RECOMMENDED WITH NO CHANGE IN STATUS – 2 YEARS
Reappointment Cycle: 10/30/2019 to 9/30/2021

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<th>Department</th>
<th>Specialty/</th>
<th>Sponsor(s)</th>
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</thead>
<tbody>
<tr>
<td>Kirk Barrett, PA-C</td>
<td>Surgery</td>
<td>Physician Assistant</td>
<td>Kenneth Herskowitz, MD; Wael Tamim, MD</td>
</tr>
<tr>
<td>Lawrence Chen, APRN</td>
<td>Surgery</td>
<td>Nurse Practitioner</td>
<td>Kush Tripathi, MD</td>
</tr>
<tr>
<td>Heather Garcia, APRN</td>
<td>Medicine</td>
<td>Nurse Practitioner</td>
<td>Yared Akilulu, MD</td>
</tr>
<tr>
<td>Christian Jean-Baptiste, APRN</td>
<td>Psychiatry</td>
<td>Nurse Practitioner</td>
<td>Peter Ventre, MD; Sandeep Mendiratta, MD; Nelson</td>
</tr>
<tr>
<td>Linda Milano, APRN</td>
<td>Psychiatry</td>
<td>Nurse Practitioner</td>
<td>Cordero-Torres, MD; Joant Perdomo Espinal, MD</td>
</tr>
<tr>
<td>Grace Sharp, PA-C</td>
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<td>Physician Assistant</td>
<td>Maria Del Pena, MD</td>
</tr>
<tr>
<td>Chenelle Stanford, PA-C</td>
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<td>Physician Assistant</td>
<td>Maria Del Pena, MD</td>
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Accepted the following Resignations – Medical Staff:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Privileges</th>
<th>Status</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raymund Dala, MD</td>
<td>Surgery</td>
<td>Pathology</td>
<td>Consulting</td>
<td>Voluntary: Contract Term</td>
</tr>
<tr>
<td>Jonathan Grima, MD</td>
<td>Medicine</td>
<td>Emergency Medicine</td>
<td>Active</td>
<td>Voluntary: Contract Term</td>
</tr>
<tr>
<td>Mohan Gupta, MD</td>
<td>Medicine</td>
<td>Internal Medicine</td>
<td>Courtesy</td>
<td>Voluntary – Zero Patient Contacts</td>
</tr>
<tr>
<td>Christopher LaCross, MD</td>
<td>Medicine</td>
<td>Hospital Medicine</td>
<td>Active</td>
<td>Voluntary: Contract Term</td>
</tr>
<tr>
<td>Lewis Starasoler, MD</td>
<td>Surgery</td>
<td>Pathology</td>
<td>Active</td>
<td>Voluntary: Contract Term</td>
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Accepted the following Resignations – Allied Health Professionals:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
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<th>Status</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Margaret Carlton, PA-C</td>
<td>Medicine</td>
<td>Physician Assistant</td>
<td>AHP</td>
<td>Voluntary - Relocation</td>
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Accepted the following Change of Sponsor(s) – Allied Health

<table>
<thead>
<tr>
<th>Allied Health Provider</th>
<th>Department</th>
<th>Specialty</th>
<th>Change of Sponsor(s)</th>
</tr>
</thead>
</table>

I, William Jensen, DO, Chief of Staff at Broward Health Imperial Point, do hereby attest that all pertinent and required information has been received and verified for providers being submitted to the Board of Commissioners for approval.

William Jensen, DO, Chief of Staff ____________________________ Date: 10/17/2019

Mark Sprada, VP Strategy & Clinical Ops ______________________ Date: 10/17/2019
(BHIP Acting CEO)
Gino Santorio, President/CEO ________________________________ Date __________
Aza Abdalla, MD

Date of Birth: 06/13/1978
Citizenship: US
Primary Facility: Broward Health North
Other Broward Health Facilities: Broward Health Coral Springs
Broward Health Imperial Point
Broward Health Medical Center
Specialty(ies): Nephrology
Internal Medicine
Dept. at Primary Facility: Medicine
Secondary Facility Depts.: Medicine
Practice Name: Diab Agha Kidney and Hypertension Clinic, Inc.
Primary Address Information: 6268 North Federal Highway
Fort Lauderdale, FL 33308
Phone: 954-880-5553
Fax: 954-208-4533
Email: fernandadr.diab@gmail.com
ECFMG: Number: 07598311
Date Issued: 10/26/2009
Medical/Professional School: Ahfad University For Women
Omdurman,
From: 08/01/1998
To: 04/26/2004
Degree: MD
Gap: Applying for post-graduate internship
From: 05/01/2004
To: 11/30/2004
Foreign Residency: El Ribat Teaching Hospital
Khartoum, Sudan
From: 12/01/2004
To: 03/01/2005
Specialty: Internal Medicine
El Ribat Teaching Hospital
Khartoum, Sudan
From: 03/01/2005
To: 06/01/2005
Specialty: Pediatrics
El Selah Al Tiba
Omdurman, Sudan
From: 06/01/2005
To: 08/01/2005
Specialty: Otolaryngology
Broward Health – Credentialing Abstract – Medical Staff Applicant

Gap:
Maternity Leave
From: 08/02/2005
To: 10/31/2005

Surgery externship and ED volunteer at Soba University Hospital
From: 11/01/2005
To: 06/30/2006

Preparation for USLME exams and relocating from Sudan to the US
From: 07/01/2006
To: 09/30/2010

Residency:
Englewood Hospital
Englewood, NJ
From: 07/01/2010
To: 07/01/2013
Specialty: Internal Medicine

Fellowship:
Jackson Memorial Hospital
Miami, FL
From: 09/15/2017
To: 09/14/2019
Specialty: Nephrology

Hospital Affiliations/Work History:
Broward Health North
Deerfield Beach, FL
From: 08/28/2013
To: 11/29/2017
Specialty: Internal Medicine

Broward Health Coral Springs
Coral Springs, FL
From: 03/25/2015
To: 12/20/2017
Specialty: Internal Medicine

Broward Health Medical Center
Fort Lauderdale, FL
From: 05/27/2017
To: 11/29/2017
Specialty: Internal Medicine

Broward Health North
Fort Lauderdale, FL
From: 05/27/2017
To: 11/29/2017
Specialty: Internal Medicine

Board Certification:
Board: American Board of Internal Medicine
Specialty: Internal Medicine
Certification Date: 08/21/2013
Certification Expiration: N/A
Certification Expiration: 12/31/2023

Board: American Board of Internal Medicine
Specialty: Nephrology
Eligibility Date: 09/14/2019
Eligibility Expiration: 09/14/2026

Aza Abdalla, MD
<table>
<thead>
<tr>
<th><strong>Name:</strong></th>
<th><strong>Melissa Armas, DO</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of Birth:</strong></td>
<td>05/05/1990</td>
</tr>
<tr>
<td><strong>Citizenship:</strong></td>
<td>US</td>
</tr>
<tr>
<td><strong>Primary Facility:</strong></td>
<td>Broward Health Imperial Point</td>
</tr>
<tr>
<td><strong>Other Broward Health Facilities:</strong></td>
<td>Broward Health Coral Springs</td>
</tr>
<tr>
<td></td>
<td>Broward Health Medical Center</td>
</tr>
<tr>
<td></td>
<td>Broward Health North</td>
</tr>
<tr>
<td><strong>Specialty:</strong></td>
<td>Family Medicine</td>
</tr>
<tr>
<td><strong>Dept. at Primary Facility:</strong></td>
<td>Medicine</td>
</tr>
<tr>
<td><strong>Secondary Facility Depts.:</strong></td>
<td>Medicine</td>
</tr>
<tr>
<td></td>
<td>Family Medicine</td>
</tr>
<tr>
<td><strong>Practice Name:</strong></td>
<td>Broward Health Physician Group</td>
</tr>
<tr>
<td><strong>Primary Address Information:</strong></td>
<td>5430 W Sample Road</td>
</tr>
<tr>
<td></td>
<td>Margate, FL 33073</td>
</tr>
<tr>
<td></td>
<td>Phone: 954-320-3303</td>
</tr>
<tr>
<td></td>
<td>Fax: 954-755-2224</td>
</tr>
<tr>
<td><strong>ECFMG:</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Medical/Professional School:</strong></td>
<td>Edward Via College of Osteopathic Medicine</td>
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<tr>
<td></td>
<td>Spartanburg, SC</td>
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<tr>
<td></td>
<td>From: 07/30/2012</td>
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<tr>
<td></td>
<td>To: 05/21/2016</td>
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<tr>
<td></td>
<td>Degree: DO</td>
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<tr>
<td><strong>Internship:</strong></td>
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<tr>
<td><strong>Residency:</strong></td>
<td>Palmetto General Hospital</td>
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<tr>
<td></td>
<td>Hialeah, FL</td>
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<td>From: 06/20/2016</td>
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<td>To: 09/21/2019</td>
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<td></td>
<td>Specialty: Family Medicine</td>
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<td><strong>Fellowship:</strong></td>
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<tr>
<td><strong>Hospital Affiliations/Work History:</strong></td>
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<td><strong>Board Certification:</strong></td>
<td>Board: American Osteopathic Board of Family Physicians</td>
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<td></td>
<td>Specialty: Family Medicine / Osteopathic Manipulative Treatment</td>
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<td>Eligibility Date: 09/21/2019</td>
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<td></td>
<td>Eligibility Expiration: 09/21/2026</td>
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</tbody>
</table>

Melissa Armas, DO
Broward Health – Credentialing Abstract – Medical Staff Applicant

Name: Evan L Boyar MD

Date of Birth: 12/17/1973
Citizenship: US
Primary Facility: Broward Health North
Other Broward Health Facilities:
- Broward Health Coral Springs
- Broward Health Imperial Point
- Broward Health Medical Center

Specialty(ies): Emergency Medicine
Dept. at Primary Facility: Emergency Medicine
Secondary Facility Depts.:
- Medicine
- Emergency Medicine

Practice Name: Envision Physician Services
Website: www.EnvisionHealth.com

Primary Address Information:
Broward Health North - Emergency Department
201 E. Sample Road
Deerfield Beach, FL 33064
Phone: 954-786-6800
Fax: 954-786-6719
Email: Kim.Durcan@EnvisionHealth.com

ECFMG:
Number: 0-613-455-5
Date Issued: 06/07/2002

Medical/Professional School:
University College of Dublin
Dublin, Ireland
From: 07/01/1998
To: 06/01/2002
Degree: MD

Internship:
N/A

Residency:
Henry Ford Hospital
Detroit, MI
From: 07/01/2002
To: 06/01/2005
Specialty:

Fellowship:
N/A

Hospital Affiliations/ Work History:
Henry Ford Hospital
Detroit, MI
From: 07/19/2005
To: 07/01/2006
Specialty: Emergency Medicine

Henry Ford Macomb Hospital
Warren, MI
From: 09/07/2005
To: 12/31/2007
Specialty: Emergency Medicine

Evan L Boyar, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

Lakeland Regional Medical Center
Lakeland, FL
From: 04/24/2006
To: 01/25/2012
Specialty: Emergency Medicine

Broward Health North
Deerfield Beach, FL
From: 04/28/2010
To: Present
Specialty: Emergency Medicine

Board Certification:
Board: American Board of Emergency Medicine
Specialty: Emergency Medicine
Certification Date: 06/14/2006
Certification Expiration: 12/31/2026

Evan L Boyar, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

<table>
<thead>
<tr>
<th>Name:</th>
<th>Yira De La Paz MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>04/30/1974</td>
</tr>
<tr>
<td>Citizenship:</td>
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<tr>
<td>Primary Facility:</td>
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<td>Other Broward Health Facilities:</td>
<td>Broward Health Imperial Point</td>
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<td>Specialty(ies)</td>
<td>Family Medicine</td>
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<td>Hospital Medicine</td>
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<td>Dept. at Primary Facility:</td>
<td>Medicine</td>
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<td>Secondary Facility Depts.:</td>
<td>Medicine</td>
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<tr>
<td>Practice Name:</td>
<td>Schumacher Clinical Partners</td>
</tr>
<tr>
<td></td>
<td>Website: <a href="http://www.scp-health.com">www.scp-health.com</a></td>
</tr>
<tr>
<td>Primary Address Information:</td>
<td>3000 Coral Hills Drive</td>
</tr>
<tr>
<td></td>
<td>Coral Springs, FL 33065</td>
</tr>
<tr>
<td></td>
<td>Phone: 954-344-3296</td>
</tr>
<tr>
<td></td>
<td>Fax: 954-796-3922</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:karen_windhorst@scp-health.com">karen_windhorst@scp-health.com</a></td>
</tr>
<tr>
<td>ECFMG:</td>
<td>N/A</td>
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<tr>
<td>Medical/Professional School:</td>
<td>UMDNJ Robert Wood Johnson Medical School</td>
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<tr>
<td></td>
<td>Camden, NJ</td>
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<tr>
<td>From:</td>
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<td>To:</td>
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<tr>
<td>Degree:</td>
<td>M.D.</td>
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<td>Internship/Residency:</td>
<td>New York Presbyterian Hospital (Columbia Campus)</td>
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<td>From:</td>
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<td>To:</td>
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<td>Hospital Affiliations/ Work History:</td>
<td>Anchor Health Centers</td>
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<td>Naples, FL</td>
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<td>From:</td>
<td>08/01/2004</td>
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<td>To:</td>
<td>08/31/2006</td>
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<td>Title:</td>
<td>Family Medicine</td>
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<td>Yira De La Paz, MD PA</td>
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<td></td>
<td>Pembroke Pines, FL</td>
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<tr>
<td>From:</td>
<td>08/01/2006</td>
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<td>To:</td>
<td>01/31/2009</td>
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<td>Title:</td>
<td>Medical Director</td>
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<tr>
<td>Broward Health Physician Group</td>
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<tr>
<td></td>
<td>Fort Lauderdale, FL</td>
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<tr>
<td>From:</td>
<td>08/11/2008</td>
</tr>
<tr>
<td>To:</td>
<td>08/12/2011</td>
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<tr>
<td>Title:</td>
<td>Family Medicine</td>
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</table>

Yira De La Paz, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

Broward Health Medical Center
Fort Lauderdale, FL
From: 08/27/2008
To: 02/26/2014
Specialty: Family Medicine

South Florida Health and Research Centers
Planation, FL
From: 01/19/2010
To: 12/12/2011
Title: Family Medicine

De La Paz Medical and Weight Loss PA
Pembroke Pines, FL
From: 07/15/2011
To: 01/17/2017
Title: Family Medicine

Care Medical Center Group
Pembroke Pines , FL
From: 05/01/2012
To: 02/18/2013
Title: Family Medicine

Capital Regional Medical Center (HCA)
Tallahassee, FL
From: 08/28/2012
To: 04/23/2013
Specialty: Family Medicine

JFK Medical Center (HCA)
Atlantis, FL
From: 11/19/2013
To: 08/20/2014
Specialty: Family Medicine

FLACS Team Health
Atlantis, FL
From: 08/26/2013
To: 06/30/2014
Title: Family Medicine

University Hospital & Medical Center
Tamarac, FL
From: 02/26/2015
To: Present
Specialty: Family Medicine

Broward Health Coral Springs
Coral Springs, FL
From: 03/11/2015
To: Present
Specialty: Family Medicine

Northwest Medical Center
Margate, FL
From: 03/11/2015
To: Present
Specialty: Family Medicine

Yira De La Paz, MD
Board Certification:

- Board: American Board of Family Medicine
- Specialty: Family Medicine
- Certification Date: 07/10/2004
- MOC Reverification: 02/15/2020
- Certification Expiration: N/A

Yira De La Paz, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

Name: Thomas F. King, MD

Date of Birth: 01/19/1958

Citizenship: US

Primary Facility: Broward Health Coral Springs

Other Broward Health Facilities:
Broward Health Imperial Point

Specialty(ies):
Internal Medicine
Hospital Medicine

Dept. at Primary Facility: Medicine

Secondary Facility Depts.:
Medicine

Practice Name: Schumacher Clinical Partners
Website: www.scp-health.com

Primary Address Information:
3000 Coral Hills Drive
Coral Springs, FL 33065
Phone: 954-344-3296
Fax: 954-796-3922
Email: karen_windhorst@scp-health.com

ECFMG: N/A

Medical/Professional School:
Autonomous University of Guadalajara
Guadalajara, Mexico
From: 01/01/1981
To: 12/31/1984
Degree: M.D.

Gap:
Relocated from Mexico to the United States
From: 01/01/1985
To: 03/31/1985

Albert Einstein College of Medicine of Yeshiva University
Bronx, NY
From: 04/01/1985
To: 12/30/1985
Degree: Fifth Pathway

Internship: N/A

Residency:
Harlem Hospital Center
New York, NY
From: 01/15/1986
To: 01/14/1989
Specialty: Internal Medicine
**Hospital Affiliations/ Work History:**

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<th>Hospital Affiliation</th>
<th>Location</th>
<th>From:</th>
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<th>Specialty</th>
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<tbody>
<tr>
<td>Nyack Hospital</td>
<td>Nyack, NY</td>
<td>01/01/1989</td>
<td>11/30/1990</td>
<td>Internal Medicine</td>
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<tr>
<td>Thomas F King, MD PA</td>
<td>Stony Point, NY</td>
<td>01/01/1991</td>
<td>12/31/2002</td>
<td>Internal Medicine</td>
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<tr>
<td>VA Hudson Valley Health Care</td>
<td>Castle Point, NY</td>
<td>05/18/2002</td>
<td>06/24/2012</td>
<td>Internal Medicine</td>
</tr>
<tr>
<td>Helen Hayes Hospital</td>
<td>West Haverstraw, NY</td>
<td>11/15/2003</td>
<td>03/31/2012</td>
<td>Internal Medicine</td>
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<tr>
<td>Lincoln Hospital and Medical Center</td>
<td>Bronx, NY</td>
<td>02/01/2010</td>
<td>03/23/2012</td>
<td>Internal Medicine</td>
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<tr>
<td>West Palm Beach VA Medical Center</td>
<td>West Palm Beach, FL</td>
<td>01/12/2012</td>
<td>Present</td>
<td>Internal Medicine</td>
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<tr>
<td>St Mary Medical Center</td>
<td>West Palm Beach, FL</td>
<td>12/18/2012</td>
<td>08/01/2016</td>
<td>Internal Medicine</td>
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<tr>
<td>Broward Health Coral Springs</td>
<td>Coral Springs, FL</td>
<td>04/19/2017</td>
<td>Present</td>
<td>Internal Medicine</td>
</tr>
<tr>
<td>Broward Health Imperial Point</td>
<td>Coral Springs, FL</td>
<td>04/19/2017</td>
<td>02/27/2019</td>
<td>Hospital Medicine</td>
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**Board Certification:**

<table>
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<tr>
<th>Board</th>
<th>Specialty</th>
<th>Certification Date</th>
<th>MOC Reverification</th>
<th>Certification Expiration</th>
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<td>American Board of Internal Medicine</td>
<td>Internal Medicine</td>
<td>09/13/1989</td>
<td>N/A</td>
<td>Lifetime</td>
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</table>

Thomas F King, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

Name: Cody Ott MD

Date of Birth: 11/06/1987

Citizenship: US

Primary Facility: Broward Health Imperial Point

Other Broward Health Facilities: Broward Health Medical Center

Specialty(ies): Ophthalmology

Dept. at Primary Facility: Surgery

Secondary Facility Depts.: Surgery

Practice Name: Elgut Eye Care
Website: https://www.elguteyecare.com/

Primary Address Information: 6333 N Federal Highway
Suite 401
Fort Lauderdale, FL 33308
Phone: 954-463-4761
Fax: 954-463-4763
Email: Leelah_elguteyecare@yahoo.com

ECFMG: N/A

Medical/Professional School: University of Miami Miller School of Medicine
Miami, FL
From: 06/01/2011
To: 05/31/2015
Degree: MD

Internship: Jackson Memorial Hospital- Miami University
Miami, FL
From: 06/24/2015
To: 06/23/2016
Specialty: Internal Medicine

Residency: University of Missouri - Kansas City
Kansas City, MO
From: 07/01/2016
To: 06/30/2019
Specialty: Ophthalmology

Fellowship: N/A

Hospital Affiliations/Work History: N/A

Gap: Moved from Kansas City to Florida. Awaiting privileging with Broward Health.
From: 07/01/2019
To: Present

Board Certification:
Board: American Board of Ophthalmology
Specialty: Ophthalmology
Eligibility Date: 06/30/2019
MOC Reverification: N/A
Eligibility Expiration: 06/30/2026

Cody Ott, MD
Name: **Daniel Reikher MD**

Date of Birth: 10/13/1988

Citizenship: US

Primary Facility: Broward Health Coral Springs

Other Broward Health Facilities: Broward Health Imperial Point

Specialty(ies): Internal Medicine
Hospital Medicine

Dept. at Primary Facility: Medicine

Secondary Facility Depts.: Medicine

Practice Name: Schumacher Clinical Partners
Website: [www scp-health.com](http://www scp-health.com)

Primary Address Information:
3000 Coral Hills Drive
Coral Springs, FL 33065
Phone: 954-344-3296
Fax: 954-796-3922
Email: [karen windhorst@scp-health.com](mailto:karen windhorst@scp-health.com)

ECFMG: N/A

Medical/Professional School:
University of Wisconsin School of Medicine and Public Health
Madison, WI
From: 07/09/2012
To: 06/19/2016
Degree: MD

Internship/Residency:
Texas Health Presbyterian Dallas
Dallas, TX
From: 06/24/2016
To: 06/23/2019
Specialty: Internal Medicine

Fellowship: N/A

Hospital Affiliations/Work History:
Healthpark Medical Center
Fort Myers, FL
From: 07/05/2019
To: Present
Specialty: Internal Medicine

Lee Memorial Physicians Group
Fort Myers, FL
From: 07/05/2019
To: Present
Title: Internal Medicine

Board Certification:
Board: American Board of Internal Medicine
Specialty: Internal Medicine
Eligibility Date: 06/30/2019
MOC Reverification: N/A
Eligibility Expiration: 06/30/2027
SUMMARY OF REQUEST

DATE: October 30, 2019

FACILITY: Broward Health Coral Springs

ITEM: Medical Staff Board Items

REASON: Approved Recommendations as Exhibited From the Medical Executive Committee of Broward Health Coral Springs

COST: Not applicable

ADDITIONAL INFORMATION: See Attached

SUBMITTED FOR LEGAL COUNSEL REVIEW: Not applicable

APPROVED:

Gino Santorio 10/28/2019 17:16 Eastern Daylight

Andrew Ta 10/28/2019 17:22 Eastern Daylight

Jared Smith 10/19/19
MEMORANDUM

TO: Board of Commissioners

FROM: Jared Smith, CEO

DATE: October 30, 2019

SUBJECT: Medical Staff Board Items

The Medical Executive Committee at Broward Health Coral Springs, at its monthly meeting on October 15, 2019, approved the recommendations as exhibited for the following:

- Medical Staff Changes and Additions
- Medical Staff Reappointments
- Allied Health Changes and Additions
- Allied Health Reappointments

I, Israel Penate, MD, Chief of Staff at Broward Health Coral Springs, do hereby attest that all pertinent and required information has been received and verified for providers being submitted to the Board of Commissioners for approval.

Therefore, it is requested that the Board of Commissioners approve these recommendations as submitted from the Medical Executive Committee at Broward Health Coral Springs.
BROWARD HEALTH CORAL SPRINGS
MEDICAL STAFF CHANGES AND ADDITIONS

Broward Health Medical Center
Broward Health North
Broward Health Imperial Point
Broward Health Coral Springs

The following Medical Staff Committees:

- CREDENTIALS COMMITTEE: October 3, 2019
- MEDICAL EXECUTIVE COMMITTEE: October 15, 2019

Approved MEC New Business:
1. OPPE Report: November 2018 – June 2019

Approved the following New Members - Medical Staff:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Specialty</th>
<th>Primary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdalla, Aza, MD</td>
<td>Medicine</td>
<td>Nephrology; Internal Medicine</td>
<td>BHN</td>
</tr>
<tr>
<td>Armas, Melissa, DO</td>
<td>Medicine</td>
<td>Family Medicine</td>
<td>BHIP</td>
</tr>
<tr>
<td>Black, Craig, DO</td>
<td>Medicine</td>
<td>Emergency Medicine; Sedation</td>
<td>BHCS</td>
</tr>
<tr>
<td>Leventhal-Fromkin, Beth, MD</td>
<td>Medicine</td>
<td>Nephrology</td>
<td>BHMC</td>
</tr>
<tr>
<td>Munera, Veronica, MD</td>
<td>Medicine</td>
<td>Internal Medicine</td>
<td>BHCS</td>
</tr>
<tr>
<td>Reikher, Daniel, MD</td>
<td>Medicine</td>
<td>Internal Medicine</td>
<td>BHCS</td>
</tr>
<tr>
<td>Ricart, Carlos, MD</td>
<td>Surgery</td>
<td>Pathology</td>
<td>BHN</td>
</tr>
<tr>
<td>Wiley, Hazel, DO</td>
<td>Medicine</td>
<td>Neurology</td>
<td>BHN</td>
</tr>
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</table>

Approved the following New Members - Allied Health:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Specialty</th>
<th>Sponsor</th>
<th>Primary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ezem, Mary, CRNA</td>
<td>Surgery</td>
<td>Nurse Anesthetist</td>
<td>Gladys Cardenas, DO</td>
<td>BHCS</td>
</tr>
</tbody>
</table>

Accepted the following Addition of Privileges:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Specialty</th>
<th>Requested Privilege(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bravo, Juan, MD</td>
<td>Medicine</td>
<td>Family Medicine</td>
<td>Change to Family Medicine; Hyperbaric not used at BHCS</td>
</tr>
</tbody>
</table>

Accepted the following Status Changes:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Specialty</th>
<th>Current Status</th>
<th>Status Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster, Steven, MD</td>
<td>Medicine</td>
<td>Medicine</td>
<td>Active</td>
<td>LOA</td>
</tr>
<tr>
<td>Nelson-Curtis, Beverley Yvonne, MD</td>
<td>Pediatrics</td>
<td>Pediatrics</td>
<td>Primary at BHMC</td>
<td>Primary at BHCS</td>
</tr>
</tbody>
</table>
Approved the following Medical Staff Reappointments and Status Changes:

**RECOMMENDED WITH NO CHANGE IN STATUS – 2 YEARS**

Reappointment Cycle: 10/30/2019 – 09/30/2021

<table>
<thead>
<tr>
<th>Physician</th>
<th>Department</th>
<th>Specialty</th>
<th>Recommended Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bayer, Ashley, DO</td>
<td>Pediatrics</td>
<td>Pediatrics</td>
<td>Affiliate</td>
</tr>
<tr>
<td>Bravo, Juan, MD</td>
<td>Medicine</td>
<td>Family Medicine</td>
<td>Active</td>
</tr>
<tr>
<td>Deulofeut, Harold, MD</td>
<td>Pediatrics</td>
<td>Pediatrics</td>
<td>Courtesy</td>
</tr>
<tr>
<td>Dubner, Barry, MD</td>
<td>Medicine</td>
<td>Dermatology</td>
<td>Consulting</td>
</tr>
<tr>
<td>Fine, Jory, DO</td>
<td>Medicine</td>
<td>Emergency Medicine; Sedation</td>
<td>Active</td>
</tr>
<tr>
<td>Fingerer, Walter, MD</td>
<td>Surgery</td>
<td>Otolaryngology</td>
<td>Active</td>
</tr>
<tr>
<td>Fuchs, Scott, MD</td>
<td>Medicine</td>
<td>Gastroenterology</td>
<td>Active</td>
</tr>
<tr>
<td>Garcia De Viera, Jocelyn, MD</td>
<td>Pediatrics</td>
<td>Pediatric Cardiology</td>
<td>Consulting</td>
</tr>
<tr>
<td>Gelb, Howard, MD</td>
<td>Surgery</td>
<td>Orthopaedic Surgery; Sports Medicine</td>
<td>Courtesy</td>
</tr>
<tr>
<td>Graber, Benjamin, MD</td>
<td>OBGYN</td>
<td>Gynecology ONLY</td>
<td>Courtesy</td>
</tr>
<tr>
<td>Grima, Jonathan, DO</td>
<td>Medicine</td>
<td>Emergency Medicine; Sedation</td>
<td>Active</td>
</tr>
<tr>
<td>Guilbaud, Deborah, MD</td>
<td>Medicine</td>
<td>Radiology</td>
<td>Active</td>
</tr>
<tr>
<td>Ismail, Muhammad, MD</td>
<td>Medicine</td>
<td>Rheumatology</td>
<td>Active</td>
</tr>
<tr>
<td>Kimmel, Steven, MD</td>
<td>Medicine</td>
<td>Nephrology</td>
<td>Active</td>
</tr>
<tr>
<td>Kleinberg, Jeffrey, MD</td>
<td>Pediatrics</td>
<td>Pediatrics</td>
<td>Consulting</td>
</tr>
<tr>
<td>Lago, Charles, MD</td>
<td>Surgery</td>
<td>Colon/Rectal Surgery</td>
<td>Active</td>
</tr>
<tr>
<td>Lieberfarb, Marshal, MD</td>
<td>Medicine</td>
<td>Radiation Oncology</td>
<td>Consulting</td>
</tr>
<tr>
<td>Martin, Edouard, MD</td>
<td>Medicine</td>
<td>Nephrology</td>
<td>Active</td>
</tr>
<tr>
<td>Merkle, Peter, MD</td>
<td>Surgery</td>
<td>Orthopaedic Surgery</td>
<td>Active</td>
</tr>
<tr>
<td>Nelson-Curtis, Beverley, MD</td>
<td>Pediatrics</td>
<td>Pediatrics</td>
<td>Active</td>
</tr>
<tr>
<td>Niederman, Alan, MD</td>
<td>Medicine</td>
<td>Cardiovascular Disease</td>
<td>Consulting</td>
</tr>
<tr>
<td>Omateyeye, Jim, MD</td>
<td>Medicine</td>
<td>Emergency Medicine; Sedation</td>
<td>Active</td>
</tr>
<tr>
<td>Ondrusak, Jaroslav, MD</td>
<td>Medicine</td>
<td>Infectious Disease</td>
<td>Active</td>
</tr>
<tr>
<td>Pierre Louis, Pierre, DO</td>
<td>Medicine</td>
<td>Internal Medicine</td>
<td>Active</td>
</tr>
<tr>
<td>Porth, Manuel, MD</td>
<td>Surgery</td>
<td>Orthopaedic Surgery</td>
<td>Active</td>
</tr>
<tr>
<td>Puglisi, Roberto, MD</td>
<td>Surgery</td>
<td>Pediatric Surgery</td>
<td>Active</td>
</tr>
<tr>
<td>Rombro, Tali, MD</td>
<td>OBGYN</td>
<td>Obstetrics / Gynecology</td>
<td>Active</td>
</tr>
<tr>
<td>Rothberg, Melanie, DMD</td>
<td>Pediatrics</td>
<td>Pediatric Dentistry</td>
<td>Active</td>
</tr>
<tr>
<td>Sanborn, Chad, MD</td>
<td>Pediatrics</td>
<td>Pediatric Infectious Disease</td>
<td>Courtesy</td>
</tr>
<tr>
<td>Sher, Heather, MD</td>
<td>Medicine</td>
<td>Radiology; Sedation</td>
<td>Active</td>
</tr>
<tr>
<td>Thomassen, John, MD</td>
<td>Medicine</td>
<td>Plastic Surgery</td>
<td>Active</td>
</tr>
</tbody>
</table>

**RECOMMENDED WITH CHANGES IN STATUS – 2 YEARS**

Reappointment Cycle: 10/30/2019 – 09/30/2021

<table>
<thead>
<tr>
<th>Physician</th>
<th>Department</th>
<th>Specialty</th>
<th>Current Status</th>
<th>Recommended Status</th>
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</thead>
<tbody>
<tr>
<td>Gaier, Jeffrey, MD</td>
<td>Medicine</td>
<td>Nephrology</td>
<td>Active</td>
<td>Courtesy</td>
</tr>
<tr>
<td>Halpert, Elias, MD</td>
<td>Medicine</td>
<td>Rheumatology</td>
<td>Active</td>
<td>Courtesy</td>
</tr>
<tr>
<td>Landau, Evan, MD</td>
<td>Medicine</td>
<td>Radiation Oncology</td>
<td>Active</td>
<td>Consulting</td>
</tr>
<tr>
<td>Latif-Jangda, Mohammad, MD</td>
<td>Medicine</td>
<td>Psychiatry</td>
<td>Provisional</td>
<td>Active</td>
</tr>
<tr>
<td>Nagovski, Neil, MD</td>
<td>Medicine</td>
<td>Hematology / Oncology</td>
<td>Provisional</td>
<td>Active</td>
</tr>
<tr>
<td>Pierre, Jasmine, MD</td>
<td>Medicine</td>
<td>Emergency Medicine; Sedation</td>
<td>Provisional II</td>
<td>Consulting</td>
</tr>
<tr>
<td>Queen, Ryan, MD</td>
<td>Medicine</td>
<td>Emergency Medicine; Sedation</td>
<td>Provisional</td>
<td>Courtesy</td>
</tr>
<tr>
<td>Rosario, Reinaldo, MD</td>
<td>Medicine</td>
<td>Nephrology</td>
<td>Provisional II</td>
<td>Consulting</td>
</tr>
<tr>
<td>Shulman, Susan, DO</td>
<td>Pediatrics</td>
<td>Pediatrics</td>
<td>Courtesy</td>
<td>Affiliate</td>
</tr>
<tr>
<td>Streit, Barry, MD</td>
<td>Medicine</td>
<td>Pulmonary Medicine</td>
<td>Active</td>
<td>Affiliate</td>
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### RECOMMENDED WITH CHANGE IN STATUS – 1 YEAR

Reappointment Cycle: 10/30/2019 – 09/30/2020

<table>
<thead>
<tr>
<th>Physician</th>
<th>Department</th>
<th>Specialty</th>
<th>Current Status</th>
<th>Recommended Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Espinal-Krane, Tania, DO</td>
<td>Medicine</td>
<td>Internal Medicine</td>
<td>Provisional</td>
<td>Provisional II</td>
</tr>
<tr>
<td>2. Gupta, Archana, MD</td>
<td>Surgery</td>
<td>Ophthalmology</td>
<td>Provisional</td>
<td>Provisional II</td>
</tr>
<tr>
<td>3. Santana, Marcus, MD</td>
<td>Medicine</td>
<td>Pulmonary Critical Care</td>
<td>Provisional</td>
<td>Provisional II</td>
</tr>
<tr>
<td>4. Stephens, Alexis, DO</td>
<td>Medicine</td>
<td>Dermatology</td>
<td>Provisional</td>
<td>Provisional II</td>
</tr>
<tr>
<td>5. Weinblatt, Michael, MD</td>
<td>Medicine</td>
<td>Cardiovascular Disease</td>
<td>Provisional</td>
<td>Provisional II</td>
</tr>
</tbody>
</table>

Approved the following AHP Reappointments and Status Changes:

#### AHP RECOMMENDED WITH NO CHANGE IN STATUS – 2 YEARS

Reappointment Cycle: 10/30/2019 – 09/30/2021

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Specialty</th>
<th>Sponsor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Beck, Kathleen, PA-C</td>
<td>Medicine</td>
<td>Physician Assistant (Emergency Med)</td>
<td>Gary Lai, DO; Nirit Swerdloff, MD</td>
</tr>
<tr>
<td>2. Bennett, Avonny, CRNA</td>
<td>Surgery</td>
<td>Nurse Anesthetist</td>
<td>Gladys Cardenas, DO</td>
</tr>
<tr>
<td>4. Chen, Lawrence, APRN</td>
<td>Medicine</td>
<td>Nurse Practitioner (Pain Mgmt)</td>
<td>Kush Tripathi, MD</td>
</tr>
<tr>
<td>5. Estelle, Storm, PA-C</td>
<td>Surgery</td>
<td>Physician Assistant (Ortho)</td>
<td>Richard Berkowitz, MD</td>
</tr>
<tr>
<td>6. Jenista, Courtney, PA-C</td>
<td>Surgery</td>
<td>Physician Assistant (Ortho)</td>
<td>Howard Gelb, MD</td>
</tr>
<tr>
<td>7. Michaud, Alexandra, CRNA</td>
<td>Surgery</td>
<td>Nurse Anesthetist</td>
<td>Gladys Cardenas, DO</td>
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</tbody>
</table>

Accepted the following Resignations – Medical Staff:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Specialty</th>
<th>Status</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Edelstein, Andrew, MD</td>
<td>Pediatrics</td>
<td>Pediatric Gastroenterology</td>
<td>Courtesy</td>
<td>Voluntary Resignation (relocation)</td>
</tr>
<tr>
<td>2. Graber Schuk, Cari, DO</td>
<td>OBGYN</td>
<td>Obstetrics / Gynecology</td>
<td>Courtesy</td>
<td>Voluntary Resignation (practice change)</td>
</tr>
<tr>
<td>3. Karthikeyan, Jeyavarna, MD</td>
<td>Medicine</td>
<td>Internal Medicine</td>
<td>Active</td>
<td>Voluntary Resignation (no availability to work at BHCS)</td>
</tr>
<tr>
<td>4. LaCross, Christopher, MD</td>
<td>Medicine</td>
<td>Internal Medicine</td>
<td>Active</td>
<td>Voluntary Resignation (employment termination)</td>
</tr>
<tr>
<td>5. Logan, Adina, MD</td>
<td>Medicine</td>
<td>Internal Medicine</td>
<td>Active</td>
<td>Voluntary Resignation (provider not reappointing)</td>
</tr>
<tr>
<td>6. Mileo, Nadia, MD</td>
<td>OBGYN</td>
<td>Obstetrics / Gynecology</td>
<td>Active</td>
<td>Voluntary Resignation (does not want privs at BHCS)</td>
</tr>
<tr>
<td>7. Naverezny, Kristoff, MD</td>
<td>Medicine</td>
<td>Internal Medicine</td>
<td>Courtesy</td>
<td>Voluntary Resignation (no availability to work at BHCS)</td>
</tr>
<tr>
<td>8. Russo, Charles, DMD</td>
<td>Surgery</td>
<td>Oral/Maxillofacial</td>
<td>Courtesy</td>
<td>Voluntary Resignation (relocation)</td>
</tr>
<tr>
<td>9. Soto Malave, Ruth, MD</td>
<td>Medicine</td>
<td>Infectious Disease</td>
<td>Courtesy</td>
<td>Voluntary Resignation (relocation)</td>
</tr>
<tr>
<td>10. Starasoler, Lewis, MD</td>
<td>Surgery</td>
<td>Pathology</td>
<td>Consulting</td>
<td>Voluntary Resignation (no explanation provided)</td>
</tr>
<tr>
<td>11. Tackore, Nadina, MD</td>
<td>OBGYN</td>
<td>Obstetrics / Gynecology</td>
<td>Active</td>
<td>Voluntary Resignation (relocation)</td>
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</tbody>
</table>
**Accepted the following Resignations – Allied Health Professional:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Specialty</th>
<th>Sponsor(s)</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powtakien, Vivian, APRN</td>
<td>Medicine</td>
<td>Nurse Practitioner</td>
<td>Gary Lai, DO</td>
<td>Voluntary Resignation (relocation)</td>
</tr>
<tr>
<td>Robertson, Lauren, APRN</td>
<td>Medicine</td>
<td>Nurse Practitioner</td>
<td>Sonia Kalirao, MD</td>
<td>Voluntary Resignation (practice change)</td>
</tr>
</tbody>
</table>

**Accepted the following Change of Sponsor(s) – Allied Health:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Specialty</th>
<th>Sponsor(s)</th>
<th>Add/Delete Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davis, Michelle, APRN</td>
<td>Medicine</td>
<td>Nurse Practitioner</td>
<td>ADD: Raja Singh, MD</td>
<td></td>
</tr>
<tr>
<td>Mathew, Jibi, APRN</td>
<td>Medicine</td>
<td>Nurse Practitioner</td>
<td>ADD: Lai Bhachandani, MD</td>
<td>DELETE: Keith Robinson, MD</td>
</tr>
<tr>
<td>Sahlgren, Erica, PA-C</td>
<td>Surgery</td>
<td>Physician Assistant</td>
<td>ADD: Joseph Corallo, MD</td>
<td></td>
</tr>
</tbody>
</table>

Chief of Staff: ___________________________ Date: 10/15/2019

BHCS/CEO: ___________________________ Date: 10/16/19

President, CEO: ___________________________ Date:
Broward Health – Credentialing Abstract – Medical Staff Applicant

Name: Aza Abdalla, MD

Date of Birth: 06/13/1978
Citizenship: US
Primary Facility: Broward Health North

Other Broward Health Facilities:
- Broward Health Coral Springs
- Broward Health Imperial Point
- Broward Health Medical Center

Specialty(ies): Nephrology, Internal Medicine
Dept. at Primary Facility: Medicine
Secondary Facility Depts.: Medicine
Practice Name: Diab Agha Kidney and Hypertension Clinic, Inc.

Primary Address Information:
6258 North Federal Highway
Fort Lauderdale, FL 33308
Phone: 954-880-5553
Fax: 954-208-4533
Email: fernandadr.diab@gmail.com

ECFMG: Number: 07598311
Date Issued: 10/26/2009

Medical/Professional School:
Ahfad University For Women, Omdurman,
From: 08/01/1998 To: 04/26/2004
Degree: MD

Gap: Applying for post-graduate internship
From: 05/01/2004 To: 11/30/2004

Foreign Residency:
El Ribat Teaching Hospital, Khartoum, Sudan
From: 12/01/2004 To: 03/01/2005
Specialty: Internal Medicine

El Ribat Teaching Hospital, Khartoum, Sudan
From: 03/01/2005 To: 06/01/2005
Specialty: Pediatrics

El Selah Al Tiby, Omdurman, Sudan
From: 06/01/2005 To: 08/01/2005
Specialty: Otolaryngology

Aza Abdalla, MD
**Broward Health – Credentialing Abstract – Medical Staff Applicant**

**Gap:**
- **Maternity Leave**
  - From: 08/02/2005
  - To: 10/31/2005

- **Surgery externship and ED volunteer at Soba University Hospital**
  - From: 11/01/2005
  - To: 06/30/2006

- **Preparation for USMLE exams and relocating from Sudan to the US**
  - From: 07/01/2006
  - To: 06/30/2010

**Residency:**
- **Englewood Hospital**
  - Englewood, NJ
  - From: 07/01/2010
  - To: 07/01/2013
  - Specialty: Internal Medicine

**Fellowship:**
- **Jackson Memorial Hospital**
  - Miami, FL
  - From: 09/15/2017
  - To: 09/14/2019
  - Specialty: Nephrology

**Hospital Affiliations/ Work History:**
- **Broward Health North**
  - Deerfield Beach, FL
  - From: 06/28/2013
  - To: 11/29/2017
  - Specialty: Internal Medicine

- **Broward Health Coral Springs**
  - Coral Springs, FL
  - From: 03/25/2015
  - To: 12/29/2017
  - Specialty: Internal Medicine

- **Broward Health Medical Center**
  - Fort Lauderdale, FL
  - From: 05/27/2017
  - To: 11/29/2017
  - Specialty: Internal Medicine

- **Broward Health North**
  - Fort Lauderdale, FL
  - From: 05/27/2017
  - To: 11/29/2017
  - Specialty: Internal Medicine

**Board Certification:**
- **Board:** American Board of Internal Medicine
  - **Specialty:** Internal Medicine
  - **Certification Date:** 08/21/2013
  - **Certification Expiration:** N/A
  - **Certification Expiration:** 12/31/2023

- **Board:** American Board of Internal Medicine
  - **Specialty:** Nephrology
  - **Eligibility Date:** 09/14/2019
  - **Eligibility Expiration:** 09/14/2026

**Aza Abdalla, MD**
**Broward Health – Credentialing Abstract – Medical Staff Applicant**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Melissa Armas, DO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>05/05/1990</td>
</tr>
<tr>
<td>Citizenship:</td>
<td>US</td>
</tr>
<tr>
<td>Primary Facility:</td>
<td>Broward Health Imperial Point</td>
</tr>
</tbody>
</table>
| Other Broward Health Facilities: | Broward Health Coral Springs  
|                  | Broward Health Medical Center  
|                  | Broward Health North                            |
| Specialty:       | Family Medicine                                 |
| Dept. at Primary Facility: | Medicine  
| Secondary Facility Depts.: | Medicine  
|                  | Family Medicine                                 |
| Practice Name:   | Broward Health Physician Group                  |
| Primary Address Information: | 5430 W Sample Road  
|                  | Margate, FL 33073                               |
|                  | Phone: 954-320-3303                              |
|                  | Fax: 954-755-2224                                |
| ECFMG:           | N/A                                              |
| Medical/Professional School: | Edward Via College of Osteopathic Medicine  
|                  | Spartanburg, SC                                  |
|                  | From: 07/30/2012                                 |
|                  | To: 05/21/2016                                   |
|                  | Degree: DO                                       |
| Internship:      | N/A                                              |
| Residency:       | Palmetto General Hospital                        |
|                  | Hialeah, FL                                      |
|                  | From: 06/20/2016                                 |
|                  | To: 09/21/2019                                   |
|                  | Specialty: Family Medicine                      |
| Fellowship:      | N/A                                              |
| Hospital Affiliations/ Work History: | None  
| Board Certification: | Board: American Osteopathic Board of Family Physicians  
|                  | Specialty: Family Medicine / Osteopathic Manipulative  
|                  | Treatment:                                       |
|                  | Eligibility Date: 09/21/2019                     |
|                  | Eligibility Expiration: 09/21/2026               |

Melissa Armas, DO
Name: Craig Black DO

Date of Birth: 09/17/1972
Citizenship: US

Primary Facility: Broward Health Coral Springs
Other Broward Health Facilities: None

Specialty(ies): Emergency Medicine
Dept. at Primary Facility: Medicine
Secondary Facility Depts.: Emergency medicine

Practice Name: Envision Physician Services
Website: www.envisionhealth.com

Primary Address Information: Emergency Department
3000 Coral Hills Drive
Coral Springs, FL 33065
Phone: 954-344-3100
Fax: 954-344-3389
Email: Kim.Durcan@envisionhealth.com

ECFMG: N/A

Medical/Professional School: New York College of Osteopathic Medicine
Old Westbury, NY
From: 08/01/1994
To: 05/31/1998
Degree: DO

Internship: Long Beach Medical Center (program closed)
Long Beach, NY
From: 07/01/1998
To: 06/30/1999
Specialty: Traditional Rotating Internship

Residency: St. Barnabas Hospital
Bronx, NY
From: 07/01/1999
To: 09/30/2002
Specialty: Emergency Medicine

Fellowship: N/A

Hospital Affiliations/ Work History:
Plantation General Hospital (HCA)
Plantation, FL
From: 05/05/2002
To: 04/18/2003
Specialty: Emergency Medicine

University Hospital and Medical Center (HCA)
Tamarac, FL
From: 07/09/2002
To: 09/17/2003
Specialty: Emergency Medicine

Craig Black, DO
| Hospital Affiliations/ Work History: cont'd | North Central Medical Center (HCA)  
Margate, FL  
From: 12/13/2002  
To: 05/20/2008  
Specialty: Emergency Medicine  
Westside Regional Medical Center (HCA)  
Plantation, FL  
From: 03/03/2005  
To: 05/22/2008  
Specialty: Emergency Medicine  
Cleveland Clinic Hospital  
Weston, FL  
From: 11/30/2007  
To: Present  
Specialty: Emergency Medicine  
Bethesda Memorial Hospital (EM)  
Boynton Beach, FL  
From: 05/23/2017  
To: 05/21/2018  
Specialty: Emergency Medicine  
JFK Medical Center (HCA)  
Atlantis, FL  
From: 07/25/2017  
To: Present  
Specialty: Emergency Medicine  
| Board Certification: | American Osteopathic Board of Emergency Medicine  
Specialty: Emergency Medicine  
Certification Date: 04/19/2005  
MOC Reverification: N/A  
Certification Expiration: 12/31/2025  

Craig Black, DO
Broward Health – Credentialing Abstract – Medical Staff Applicant

Name: Beth M Leventhal-Fromkin, MD

Date of Birth: 06/12/1968
Citizenship: US

Primary Facility: Broward Health Medical Center
Other Broward Health Facilities: Broward Health Coral Springs

Specialty: Nephrology
Dept. at Primary Facility: Medicine

Secondary Facility Depts.: Medicine

Practice Name: South Florida Nephrology Associates

Primary Address Information: 2951 NW 49th Avenue
Suite 101
Lauderdale Lakes, FL 33313
Phone: 954-739-2511
Fax: 954-739-0239
Email: sfna@sfnamd.com

ECFMG: N/A

Medical/Professional School: Albert Einstein College of Medicine of Yeshiva University
Bronx, NY
From: 07/01/1989
To: 06/01/1994
Degree: MD

Internship: N/A

Residency: Yale - New Haven Hospital
Greenwich, CT
From: 07/01/1994
To: 05/30/1997
Specialty: Internal Medicine

Hospital Affiliations/Work History: Jacobi Medical Center
Bronx, NY
From: 07/21/1997
To: 05/30/1998
Specialty: Internal Medicine

Fellowship: New York Presbyterian Hospital/Cornell University
New York, NY
From: 07/01/1998
To: 06/30/2000
Specialty: Nephrology

Hospital Affiliations/Work History: New York Presbyterian Hospital **Unable to verify – records no longer available**
New York, NY
From: 07/01/2000
To: 06/30/2001
Specialty: Instructor
Broward Health – Credentialing Abstract – Medical Staff Applicant

| Hospital Affiliations/ Work History (continued): | Cleveland Clinic Florida  
Weston, FL  
From: 09/25/2001  
To: 12/01/2014  
Specialty: Nephrology |
| --- | --- |
| Memorial Regional Hospital South  
Hollywood, FL  
From: 11/23/2015  
To: Present  
Specialty: Nephrology |
| Memorial Hospital Pembroke  
Pembroke Pines, FL  
From: 11/23/2015  
To: Present  
Specialty: Nephrology |
| Memorial Hospital Miramar  
Miramar, FL  
From: 11/23/2015  
To: Present  
Specialty: Nephrology |
| Memorial Hospital West  
Pembroke Pines, FL  
From: 11/25/2015  
To: Present  
Specialty: Nephrology |
| University Hospital and Medical Center  
Tamarac, FL  
From: 05/19/2019  
To: Present  
Specialty: Nephrology |
| Westside Regional Medical Center (HCA)  
Plantation, FL  
From: 06/27/2019  
To: Present  
Specialty: Nephrology |

| Board Certification: | Board: American Board of Internal Medicine  
Specialty: Nephrology  
Certification Date: 11/08/2000  
MOC Reverification: N/A  
Certification Expiration: 12/31/2022 |
### Broward Health – Credentialing Abstract – Medical Staff Applicant

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<tr>
<th>Name:</th>
<th>Veronica Munera MD</th>
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<td>Date of Birth:</td>
<td>12/03/1978</td>
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<tr>
<td>Citizenship:</td>
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<td>Primary Facility:</td>
<td>Broward Health Coral Springs</td>
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<td>Specialty(ies):</td>
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<td>Dept. at Primary Facility:</td>
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<tr>
<td>Practice Name:</td>
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<tr>
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<td><a href="http://www.browardhealth.org">www.browardhealth.org</a></td>
</tr>
<tr>
<td>Primary Address Information:</td>
<td>2300 N Commerce Parkway #303, Weston, FL 33326</td>
</tr>
<tr>
<td>Phone:</td>
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</tr>
<tr>
<td>Fax:</td>
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</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:vmunera@yahoo.com">vmunera@yahoo.com</a></td>
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<tr>
<td>ECFMG:</td>
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<td>Date Issued:</td>
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<td>From:</td>
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<td>Degree:</td>
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<td>Foreign Hospital Affiliations/ Work History:</td>
<td>Worked in Colombia as a Primary Care &amp; Urgent Care Physician Practice Medellin, Colombia</td>
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<td>To:</td>
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<tr>
<td>Post-Doctoral Research Associate:</td>
<td>University of Pennsylvania Medical Center Pittsburgh, PA</td>
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<td>To:</td>
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<td>Residency:</td>
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Veronica Munera, MD
## Broward Health – Credentialing Abstract – Medical Staff Applicant

### Hospital Affiliations/ Work History:

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<td>Safecare Medical Center</td>
<td>Hallandale, FL</td>
<td>10/01/2011</td>
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<td>Holy Cross Hospital</td>
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<td>12/22/2016</td>
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<td>Ft. Lauderdale, FL</td>
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<td>10/13/2015</td>
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<td>Internal Medicine</td>
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<td>09/27/2015</td>
<td>Internal Medicine</td>
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<td>Metcare Boca Raton</td>
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<td>01/16/2017</td>
<td>08/06/2019</td>
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Veronica Munera, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

Name: Daniel Relkher MD

Date of Birth: 10/13/1988

Citizenship: US

Primary Facility: Broward Health Coral Springs

Other Broward Health Facilities:
- Broward Health Imperial Point

Specialty(ies):
- Internal Medicine
- Hospital Medicine

Dept. at Primary Facility: Medicine

Secondary Facility Depts.:
- Medicine

Practice Name: Schumacher Clinical Partners
Website: www.scp-health.com

Primary Address Information:
- 3000 Coral Hills Drive
  Coral Springs, FL 33065
- Phone: 954-344-3296
- Fax: 954-796-3922
- Email: karen.windhorst@scp-health.com

ECFMG: N/A

Medical/Professional School:
- University of Wisconsin School of Medicine and Public Health
  Madison, WI
- From: 07/09/2012
- To: 06/19/2016
- Degree: MD

Internship/Residency:
- Texas Health Presbyterian Dallas
  Dallas, TX
- From: 06/24/2016
- To: 06/23/2019
- Specialty: Internal Medicine

Fellowship:
- N/A

Hospital Affiliations/Work History:
- Healthpark Medical Center
  Fort Myers, FL
  From: 07/05/2019
  To: Present
  Specialty: Internal Medicine

- Lee Memorial Physicians Group
  Fort Myers, FL
  From: 07/05/2019
  To: Present
  Title: Internal Medicine

Board Certification:
- Board: American Board of Internal Medicine
- Specialty: Internal Medicine
- Eligibility Date: 06/30/2019
- MOC Reverification: N/A
- Eligibility Expiration: 06/30/2027

Daniel Relkher, MD
<table>
<thead>
<tr>
<th>Name:</th>
<th>Carlos Ricart MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>12/13/1958</td>
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<tr>
<td>Citizenship:</td>
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<td>Primary Facility:</td>
<td>Broward Health Imperial Point</td>
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</table>
| Other Broward Health Facilities: | Broward Health Coral Springs  
                                           | Broward Health Medical Center  
                                           | Broward Health North                  |
| Specialty(ies):               | Pathology                               |
| Dept. at Primary Facility:    | Pathology                               |
| Secondary Facility Depts.:    | Surgery                                 |
|                               | Pathology                               |
| Practice Name:                | FirstPath Laboratory Services, LLC      |
|                               | Website: www.firstpathlab.com           |
| Primary Address Information:  | 3141 West McNab Road                    |
|                               | Fort Lauderdale, FL 33069               |
|                               | Phone: 954-977-9777                     |
|                               | Fax: 954-977-6922                       |
|                               | Email: sfernandez@firstpathlab.com      |
| ECFMG:                        | Number: 0-355-225-4                     |
|                               | Date issued: 05/31/1985                 |
| Medical/Professional School:  | Universidad Nacional Pedro Henriquez Urena  
                                           | Santo Domingo, Dominican Republic        |
|                               | From: 07/01/1978                        |
|                               | To: 12/01/1982                          |
|                               | Degree: MD                              |
| Foreign Hospital Affiliations/ | Social Services Work                    |
| Work History:                 | Centro Sanitario, Dominican Republic     |
|                               | From: 12/02/1982                        |
|                               | To: 08/31/1984                          |
|                               | Degree: MD                              |
| Gap:                          | Completed a Pathology Externship at Danbury Hospital  
                                           | Danbury, CT                             |
|                               | From: 09/01/1984                        |
|                               | To: 06/30/1985                          |
| Residency:                    | Danbury Hospital - Yale Affiliate       |
|                               | Danbury, CT                             |
|                               | From: 07/01/1985                        |
|                               | To: 06/30/1989                          |
|                               | Specialty: Anatomical and Clinical Pathology |
| Fellowship:                   | Danbury Hospital - Yale Affiliate       |
|                               | Danbury, CT                             |
|                               | From: 07/01/1989                        |
|                               | To: 06/30/1990                          |
|                               | Specialty: Anatomical and Clinical Pathology |

Carlos Ricart, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

Fellowship:
Thomas Jefferson University Hospital
Philadelphia, PA
From: 07/01/1990
To: 06/30/1991
Specialty: Blood Bank

Rutgers University New Brunswick, NJ
From: 07/01/1991
To: 06/30/1992
Specialty: Hematopathology

Hospital Affiliations/ Work History:
West Jersey Hospital system (Virtua)
Voorhees, NJ
From: 08/01/1992
To: 09/01/1996
Title: Pathologist

Impath Laboratory (unable to verify – records no longer available)
New York, NY
From: 10/28/1996
To: 02/18/1999
Title: Hematopathologist

Robert Wood Johnson - University Hospital/Hamilton
Hamilton, NJ
From: 06/29/1999
To: 11/01/2008
Specialty: Anatomic/Clinical Pathology

Pathmed Associates, LLC (unable to verify – facility closed)
Atlantis, FL
From: 03/01/2008
To: 08/25/2010
Specialty: Anatomic/Clinical Pathology

JFK Medical Center (HCA)
Atlantis, FL
From: 04/24/2008
To: 01/21/2014
Specialty: Anatomic/Clinical Pathology

Palms West Hospital
Loxahatchee, FL
From: 10/14/2009
To: 11/30/2013
Specialty: Anatomic/Clinical Pathology

Palms West Surgery Center
Loxahatchee, FL
From: 10/14/2009
To: 11/30/2013
Specialty: Anatomic/Clinical Pathology

West Palm Hospital HCA
West Palm Beach, FL
From: 01/26/2011
To: 12/31/2013
Specialty: Anatomic/Clinical Pathology

Carlos Ricart, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

Hospital Affiliations/Work History: (cont’d)

Boca Raton Regional Hospital
Boca raton, FL
From: 11/21/2013
To: 06/27/2014
Specialty: Pathology

Vitro Molecular Laboratory
Miami, FL
From: 01/01/2015
To: 06/28/2019
Title: Senior hematopathologist

Bayside Ambulatory Center
Miami, FL
From: 06/14/2016
To: Present
Specialty: Anatomic/Clinical Pathology

Venture Ambulatory Surgery Center
North Miami Beach, FL
From: 06/30/2016
To: Present
Specialty: Anatomic/Clinical Pathology

North Miami Beach Surgical Center
North Miami, FL
From: 07/20/2016
To: Present
Specialty: Anatomic/Clinical Pathology

Surgical Park Center
Aventura, FL
From: 07/22/2016
To: Present
Specialty: Anatomic/Clinical Pathology

Surgery Center of Aventura
Aventura, FL
From: 07/26/2016
To: Present
Specialty: Anatomic/Clinical Pathology

Miami Lakes Surgery Center
Miami, FL
From: 07/27/2016
To: Present
Specialty: Anatomic/Clinical Pathology

Atlantis Outpatient Center
Lake Worth, FL
From: 07/15/2019
To: Present
Specialty: Anatomic/Clinical Pathology

Carlos Ricart, MD
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<th>Board Certification:</th>
<th>Board:</th>
<th>American Board of Pathology</th>
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Broward Health - Credentialing Abstract – Medical Staff Applicant

Name: Hazel Wiley DO

Date of Birth: 12/06/1977
Citizenship: US

Primary Facility: Broward Health North
Other Broward Health Facilities: Broward Health Coral Springs

Specialty(ies): Neurology
Dept. at Primary Facility: Medicine
Secondary Facility Depts.: Medicine

Practice Name: Hazel Wiley DO, P.A.
Website: N/A

Primary Address Information:
8130 Royal Palm Boulevard
Suite 205
Coral Springs, FL 33065
Phone: 954-340-1500
Fax: 954-340-1700
Email: dr.hazelwiley@yahoo.com

ECFMG: N/A

Medical/Professional School: Nova Southeastern University
Davie, FL
From: 03/01/2001
To: 05/01/2005
Degree: DO

Internship: Botsford General Hospital
Farmington Hills, MI
From: 07/01/2005
To: 06/01/2006
Specialty: Traditional Rotating Internship

Residency: Botsford General Hospital
Farmington Hills, MI
From: 07/01/2006
To: 11/03/2009
Specialty: Neurology

Gap: Seeking Employment, and moved from Michigan to Florida.
From: 08/27/2009
To: 11/02/2009
Specialty: Neurology

Fellowship: N/A

Hospital Affiliations/Work History:
Florida Medical Center
Fort Lauderdale, FL
From: 11/03/2009
To: Present
Specialty: Neurology

Hazel Wiley, DO
Broward Health – Credentialing Abstract – Medical Staff Applicant

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<td>01/18/2011</td>
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Hazel Wiley, DO
<table>
<thead>
<tr>
<th>Name:</th>
<th>Mary Ezem, CRNA</th>
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<td>03/20/1975</td>
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<td>Physician Sponsorship:</td>
<td>Gladys Cardenas, DO</td>
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<td>Practice Name:</td>
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<td><a href="http://www.drivinghp.com">www.drivinghp.com</a></td>
</tr>
<tr>
<td>Primary Address Information:</td>
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</tr>
<tr>
<td></td>
<td>Suite 4F</td>
</tr>
<tr>
<td></td>
<td>Fort Lauderdale, FL 33309</td>
</tr>
<tr>
<td></td>
<td>Phone: 954-485-5666</td>
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<td>Fax: 954-484-1651</td>
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<td>Email: <a href="mailto:bmelendez@anesco.net">bmelendez@anesco.net</a></td>
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<td>Miami Shores, FL</td>
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<td></td>
<td>Memorial Hospital Miramar</td>
</tr>
<tr>
<td></td>
<td>Miramar, FL</td>
</tr>
<tr>
<td>From:</td>
<td>07/23/2014</td>
</tr>
<tr>
<td>To:</td>
<td>Present</td>
</tr>
<tr>
<td>Specialty:</td>
<td>CRNA</td>
</tr>
<tr>
<td></td>
<td>Memorial Regional Hospital</td>
</tr>
<tr>
<td></td>
<td>Hollywood, FL</td>
</tr>
<tr>
<td>From:</td>
<td>07/23/2014</td>
</tr>
<tr>
<td>To:</td>
<td>Present</td>
</tr>
<tr>
<td>Specialty:</td>
<td>CRNA</td>
</tr>
</tbody>
</table>
Hospital Affiliations/Work History (continued):

Joe DiMaggio Childrens Hospital
Hollywood, FL
From: 07/23/2014
To: Present
Specialty: CRNA

Memorial Hospital West
Pembroke Pines, FL
From: 07/23/2014
To: Present
Specialty: CRNA

Memorial Hospital Pembroke
Pembroke Pines, FL
From: 07/23/2014
To: Present
Specialty: CRNA

Palmetto General Hospital
Hialeah, FL
From: 07/27/2017
To: Present
Specialty: CRNA

North Shore Hospital (Tenet)
Miami, FL
From: 01/08/2019
To: Present
Specialty: CRNA

Board Certification:

Board: National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA)
Specialty: Certified Registered Nurse Anesthetist (CRNA)
Certification Date: 06/23/2011
Certification Expiration: 07/31/2021
SUMMARY OF REQUEST

DATE: October 30, 2019

FACILITY: Broward Health Medical Center

ITEM: Medical Staff Board Items

REASON: Approved Recommendations as Exhibited From the Medical Executive Committee of Broward Health Medical Center

COST: N/A

ADDITIONAL INFORMATION: See Attached

SUBMITTED FOR LEGAL COUNSEL REVIEW: N/A

APPROVED: Heather Havericak, Chief Executive Officer

Andrew Ta, MD, EVP, Chief Medical Officer

Gino Santorío, Broward Health, Chief Executive Officer
MEMORANDUM

TO: Board of Commissioners
FROM: Heather Havericak, Chief Executive Officer
DATE: October 30, 2019
SUBJECT: Medical Staff Board Items

The Medical Executive Committee at Broward Health Medical Center, at its monthly meeting on October 15, 2019 approved the recommendations as exhibited for the following:

- Medical Staff Changes and Additions
- Allied Health Changes and Additions
- Community Health Services Changes and Additions
- Medical Staff Reappointments
- Allied Health Reappointments
- Community Health Services & Urgent Care Center Reappointments
- Committee Service Recommendations

I, Michael A. Morrison, MD, Chief of Staff at BHMC, do hereby attest that all pertinent and required information has been received and verified for providers being submitted to the Board of Commissioners for approval.

Therefore, it is requested that the Board of Commissioners approve these recommendations as submitted from the Medical Executive Committee at Broward Health Medical Center.

HH/MA
NORTH BROWARD HOSPITAL DISTRICT  
MEDICAL STAFF CHANGES AND ADDITIONS

Broward Health Medical Center  
Broward Health North

Broward Health Imperial Point  
Broward Health Coral Springs

The following Medical Staff Committees:

CREDSIALLS COMMITTEE: October 3, 2019  
MEDICAL EXECUTIVE COMMITTEE: October 15, 2019

APPROVED THE FOLLOWING NEW MEMBERS:

<table>
<thead>
<tr>
<th>Doctor</th>
<th>Department</th>
<th>Privileges</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aza Abdalla, MD</td>
<td>Medicine</td>
<td>Nephrology/ Internal Medicine</td>
<td>Provisional</td>
</tr>
<tr>
<td>Motaz Al-Hafnawi, MD</td>
<td>Medicine</td>
<td>Transplant Hepatology / Gastroenterology</td>
<td>Provisional</td>
</tr>
<tr>
<td>Melissa Armas, DO</td>
<td>Family Medicine</td>
<td>Family Medicine</td>
<td>Provisional</td>
</tr>
<tr>
<td>Daniel Carney, MD</td>
<td>Medicine</td>
<td>Physical Rehabilitation Medicine</td>
<td>Provisional</td>
</tr>
<tr>
<td>Christopher Lacross, MD</td>
<td>Medicine</td>
<td>Internal Medicine</td>
<td>Provisional</td>
</tr>
<tr>
<td>Garima Lal, MD</td>
<td>Surgery</td>
<td>Pediatric &amp; Adult Ophthalmology</td>
<td>Provisional</td>
</tr>
<tr>
<td>Beth Leventhal-Fromkin, MD</td>
<td>Medicine</td>
<td>Nephrology</td>
<td>Provisional</td>
</tr>
<tr>
<td>Melodie Moorehead, PhD</td>
<td>Psychiatry</td>
<td>Psychology</td>
<td>Provisional</td>
</tr>
<tr>
<td>Cody Ott, MD</td>
<td>Surgery</td>
<td>Ophthalmology</td>
<td>Provisional</td>
</tr>
<tr>
<td>Edward Perez, MD</td>
<td>Surgery</td>
<td>Orthopaedic Surgery</td>
<td>Provisional</td>
</tr>
<tr>
<td>Willie Richardson, MD</td>
<td>Medicine</td>
<td>Dermatology</td>
<td>Provisional</td>
</tr>
<tr>
<td>Shelby Wilbourn, MD</td>
<td>OBGYN</td>
<td>OBGYN</td>
<td>Provisional</td>
</tr>
</tbody>
</table>

APPROVED THE FOLLOWING NEW MEMBERS ALLIED HEALTH PRACTITIONERS:

<table>
<thead>
<tr>
<th>Provider</th>
<th>Department</th>
<th>Physician Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norma Bonilla, APRN</td>
<td>Pediatrics</td>
<td>J. Tryzmel, MD</td>
</tr>
</tbody>
</table>

APPROVED THE FOLLOWING NEW MEMBER(S) (CHS):

<table>
<thead>
<tr>
<th>Provider</th>
<th>Privileges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rosalyn Amante, DO</td>
<td>Family Medicine (BHCS Primary &amp; CHS)</td>
</tr>
<tr>
<td>Shelby Wilbourn, MD</td>
<td>OBGYN (BHMC Primary &amp; CHS secondary)</td>
</tr>
</tbody>
</table>

APPROVED THE FOLLOWING NEW ALLIED HEALTH PROFESSIONALS (CHS):

<table>
<thead>
<tr>
<th>Provider</th>
<th>Department</th>
<th>Physician Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marivil Castro-Santiago, APRN</td>
<td>Family Medicine</td>
<td>A. McLean, DO (CHS only)</td>
</tr>
</tbody>
</table>

APPROVED THE FOLLOWING NEW MEMBER(S) AT CDTC:

<table>
<thead>
<tr>
<th>Provider</th>
<th>Privileges</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helena Gaviria, MD</td>
<td>Pediatrics</td>
<td></td>
</tr>
</tbody>
</table>

APPROVED THE FOLLOWING NEW ALLIED HEALTH PROFESSIONAL(S) URGENT CARE CENTERS:

<table>
<thead>
<tr>
<th>Provider</th>
<th>Physician Sponsor</th>
<th>Physician Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REQUEST FOR DELETION PRIVILEGES/SETTING:

<table>
<thead>
<tr>
<th>Provider</th>
<th>Department</th>
<th>Specialty</th>
<th>Privileges/Setting Deleted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suraj Bhardwaj, PA-C</td>
<td>Medicine</td>
<td>Gastroenterology, IM</td>
<td>V. Gupta, MD; M. Gupta, MD</td>
</tr>
<tr>
<td>Rebecca McLaughlin, PA-C</td>
<td>Medicine</td>
<td>Critical Care</td>
<td>V. Novara, MD</td>
</tr>
</tbody>
</table>

REQUEST FOR ADDITIONAL PRIVILEGES/SETTING:

<table>
<thead>
<tr>
<th>Provider</th>
<th>Department</th>
<th>Specialty</th>
<th>Privileges Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Houman Khalili, MD</td>
<td>Medicine</td>
<td>Cardiology</td>
<td>Watchman Device</td>
</tr>
</tbody>
</table>
REQUEST FOR ADDITIONAL SPONSOR
Provider                  Department      Sponsor
Mikel Calderon, PA-C      Surgery         K. McCarthy, MD
Jason Eker, APRN          Medicine        S. Kumar, MD
Linda Milano, APRN        Psychiatry      J. Perdomo Espinal, MD
Evelyn Quevedo Enriquez, APRN Medicine      A. Dalal, DO

REQUEST FOR CHANGE IN STATUS
Provider                  Department      Specialty     Current Status     New Status
None

REQUEST FOR CHANGE IN PRIMARY FACILITY
Provider                  Department      New Primary Facility:
None

REQUEST FOR LEAVE OF ABSENCE
Provider                  Department      Specialty
Ana Puga, MD              Pediatric      Pediatric Infectious Disease – 1st year

APPROVED THE FOLLOWING MEDICAL STAFF RESIGNATIONS:
Doctor                  Department      Reason
Raymund Dala, MD          Pathology      Voluntary – Practice Change
Andrew Edelstein, MD      Pediatrics      Voluntary – Relocation
Lewis Starasoler, MD      Pathology      Voluntary – Contract Change
Edgar Torres Villamil, MD Psychiatry      Voluntary

APPROVED THE FOLLOWING RESIGNATIONS AHP:
Provider                  Department
Ramona Noguera Washington, APRN Medical – Voluntary
Tyler Shepard, CRNA       Surgery – Voluntary

APPROVED THE FOLLOWING REAPPOINTMENTS: See attached List.

Chief of Staff: ___________________________ Date: 10/17/19

BHMC CEO: _______________________________ Date: 10/28/19

President, CEO: ___________________________ Date: ___________________________
October 31, 2019

Board of Commissioners
North Broward Hospital District
303 SE 17th Street
Fort Lauderdale, FL 33316

Re: Reappointment Recommendations
Medical Staff

Dear Members of the Board:

The Medical Executive Committee, at its October 15, 2019 meeting, approved the recommendation of the clinical departments with regard to the reappointment of members of the Medical Staff at Broward Health Medical Center.

Therefore, the attached Medical Staff Reappointments are hereby submitted for your review and approval.

Very truly yours,

Heather Havericak, CEO

HH/MA
# BHMC Medical Staff Reappointments

## October 2019

### Recommended with No Change in Status

**Reappointment Cycle:** 10/30/2019 – 9/30/2021

<table>
<thead>
<tr>
<th>Physician</th>
<th>Specialty</th>
<th>Department</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shino Aguilera, DO</td>
<td>Dermatology</td>
<td>Medicine</td>
<td>Consulting</td>
</tr>
<tr>
<td>Lauren Cohn, PhD</td>
<td>Psychology</td>
<td>Psychiatry</td>
<td>Consulting</td>
</tr>
<tr>
<td>Jocelyn Garcia De Viera, MD</td>
<td>Pediatric Cardiology</td>
<td>Pediatrics</td>
<td>Active</td>
</tr>
<tr>
<td>Jonathan Grima, MD</td>
<td>Emergency Medicine</td>
<td>Emergency Medicine</td>
<td>Active</td>
</tr>
<tr>
<td>Deborah Guelbaud, MD</td>
<td>Radiology</td>
<td>Radiology</td>
<td>Active</td>
</tr>
<tr>
<td>Mohan Gupta, MD</td>
<td>Internal Medicine</td>
<td>Medicine</td>
<td>Active</td>
</tr>
<tr>
<td>Anna Hayden, DO</td>
<td>Family Medicine</td>
<td>Family Medicine</td>
<td>Associate-Active</td>
</tr>
<tr>
<td>David Kenigsberg, MD</td>
<td>Cardiology-Electrophysiology</td>
<td>Medicine</td>
<td>Active</td>
</tr>
<tr>
<td>Andre Landau, MD</td>
<td>Cardiology</td>
<td>Medicine</td>
<td>Active</td>
</tr>
<tr>
<td>Evan Landau, MD</td>
<td>Radiation Oncology</td>
<td>Medicine</td>
<td>Active</td>
</tr>
<tr>
<td>Marshal Lieberfarb, MD</td>
<td>Radiation Oncology</td>
<td>Medicine</td>
<td>Active</td>
</tr>
<tr>
<td>Edouard Martin, MD</td>
<td>Nephrology</td>
<td>Medicine</td>
<td>Active</td>
</tr>
<tr>
<td>Beverly Nelson-Curtis, MD</td>
<td>Pediatrics</td>
<td>Pediatrics</td>
<td>Courtesy</td>
</tr>
<tr>
<td>Alan Niederman, MD</td>
<td>Cardiology</td>
<td>Medicine</td>
<td>Active</td>
</tr>
<tr>
<td>Roberto Puglisi, MD</td>
<td>Pediatric Surgery</td>
<td>Surgery</td>
<td>Active</td>
</tr>
<tr>
<td>Ryan Queen, DO</td>
<td>Emergency Medicine</td>
<td>Emergency Medicine</td>
<td>Active</td>
</tr>
<tr>
<td>Kenneth Zelnick, MD</td>
<td>Cardiology</td>
<td>Medicine</td>
<td>Active</td>
</tr>
<tr>
<td>Kathir Subramanian, MD</td>
<td>Interventional Cardiology</td>
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<tr>
<td>Donald Revis, MD</td>
<td>Plastic Surgery</td>
<td>Surgery</td>
<td>Active</td>
</tr>
<tr>
<td>Kristie Rivers, MD</td>
<td>Pediatrics</td>
<td>Pediatrics</td>
<td>Active</td>
</tr>
<tr>
<td>Christopher Roberts, DO</td>
<td>Neurosurgery</td>
<td>Surgery</td>
<td>Active</td>
</tr>
<tr>
<td>Heather Sher, MD</td>
<td>Radiology</td>
<td>Radiology</td>
<td>Active</td>
</tr>
<tr>
<td>Steven Steinlauf, MD</td>
<td>Orthopaedic Surgery</td>
<td>Surgery</td>
<td>Courtesy</td>
</tr>
</tbody>
</table>

### Recommended with Change in Status

**Reappointment Cycle:** 10/30/2019 – 9/30/2021

<table>
<thead>
<tr>
<th>Physician</th>
<th>Specialty</th>
<th>Department</th>
<th>Current Status</th>
<th>New Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Gerth, MD</td>
<td>Otolaryngology</td>
<td>Surgery</td>
<td>Provisional I</td>
<td>Active</td>
</tr>
<tr>
<td>Herbert Gregg, MD</td>
<td>Telemedicine Neurology</td>
<td>Medicine</td>
<td>Provisional I</td>
<td>Consulting</td>
</tr>
<tr>
<td>Eric Hensen, DO</td>
<td>Otolaryngology</td>
<td>Surgery</td>
<td>Provisional I</td>
<td>Courtesy</td>
</tr>
<tr>
<td>Shannon Keating, DO</td>
<td>Hematology/Oncology</td>
<td>Medicine</td>
<td>Provisional I</td>
<td>Active</td>
</tr>
<tr>
<td>Toni Richardl, PsyD</td>
<td>Psychology</td>
<td>Psychiatry</td>
<td>Provisional I</td>
<td>Active</td>
</tr>
<tr>
<td>David Rooney, MD</td>
<td>Psychiatry</td>
<td>Psychiatry</td>
<td>Courtesy</td>
<td>Consulting</td>
</tr>
<tr>
<td>Moshin Siddiqui, DO</td>
<td>Internal Medicine</td>
<td>Medicine</td>
<td>Provisional II</td>
<td>Courtesy</td>
</tr>
<tr>
<td>John Thomassen, MD</td>
<td>Plastic Surgery</td>
<td>Surgery</td>
<td>Active</td>
<td>Courtesy</td>
</tr>
<tr>
<td>Jay Wallshein, MD</td>
<td>Ophthalmology</td>
<td>Surgery</td>
<td>Provisional</td>
<td>Courtesy</td>
</tr>
</tbody>
</table>
### Recommended with Change in Status
Reappointment Cycle: 10/30/2019 – 9/30/2020

<table>
<thead>
<tr>
<th>Physician</th>
<th>Specialty</th>
<th>Department</th>
<th>Current Status</th>
<th>New Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas Riley, MD</td>
<td>Orthopaedic Surgery</td>
<td>Surgery</td>
<td>Provisional I</td>
<td>Provisional II</td>
</tr>
<tr>
<td>Marcus Santana, MD</td>
<td>Pulmonary Medicine</td>
<td>Medicine</td>
<td>Provisional I</td>
<td>Provisional II</td>
</tr>
<tr>
<td>Khalid Mutawalli, DDS</td>
<td>Dentistry</td>
<td>Surgery</td>
<td>Provisional I</td>
<td>Provisional II</td>
</tr>
</tbody>
</table>

### Reappointments – Allied Health Professional Staff
Recommended with No Change in Status
Reappointment Cycle: 10/30/2019 – 9/30/2021

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Specialty</th>
<th>Sponsor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kirk Barrett, PA-C</td>
<td>Surgery</td>
<td>Physician Assistant</td>
<td>K. Herskowitz, MD; W. Tamim, MD</td>
</tr>
<tr>
<td>Heather Garcia, APRN</td>
<td>Medicine</td>
<td>Nurse Practitioner</td>
<td>Y. Aklilu, MD</td>
</tr>
<tr>
<td>Kendally Guardia, PA-C</td>
<td>Surgery</td>
<td>Physician Assistant</td>
<td>A. Sahal, MD</td>
</tr>
<tr>
<td>Maria Hellkamp, APRN</td>
<td>Medicine</td>
<td>Nurse Practitioner</td>
<td>L. Carcas, MD</td>
</tr>
<tr>
<td>Melissa Jalil, APRN</td>
<td>Pediatrics</td>
<td>Nurse Practitioner</td>
<td>D. Duro, MD</td>
</tr>
<tr>
<td>Christian Jean-Baptiste, APRN</td>
<td>Psychiatry</td>
<td>Nurse Practitioner</td>
<td>P. Ventre, MD; N. Cordero-Torres, MD; S. Mendiratta, MD; J. Perdomo-Espinal, MD</td>
</tr>
<tr>
<td>Montia McIntosh, APRN</td>
<td>Medicine</td>
<td>Nurse Practitioner</td>
<td>W. McKenzie, MD; R. McKenzie, MD</td>
</tr>
<tr>
<td>Rebecca McLaughlin, PA-C</td>
<td>Medicine</td>
<td>Nurse Practitioner</td>
<td>S. Kumar, MD</td>
</tr>
<tr>
<td>Alexandra Michaud, CRNA</td>
<td>Surgery</td>
<td>Nurse Anesthetist</td>
<td>E. Czinn, MD; G. Cardenas, MD</td>
</tr>
<tr>
<td>Linda Milano, APRN</td>
<td>Psychiatry</td>
<td>Nurse Practitioner</td>
<td>P. Ventre, MD; N. Cordero-Torres, MD; S. Mendiratta, MD; J. Perdomo-Espinal, MD</td>
</tr>
<tr>
<td>Michelle Roachford, CNM</td>
<td>Medicine</td>
<td>Nurse Midwife</td>
<td>A. Gonzalez-Garcia, MD</td>
</tr>
<tr>
<td>Michael Selepec, PA-C</td>
<td>Surgery</td>
<td>Physician Assistant</td>
<td>G. Caldwell, MD</td>
</tr>
<tr>
<td>Grace Sharp, PA-C</td>
<td>Surgery</td>
<td>Physician Assistant</td>
<td>M. De La Pena, MD</td>
</tr>
<tr>
<td>Chenelle Stanford, PA-C</td>
<td>Surgery</td>
<td>Physician Assistant</td>
<td>M. De La Pena, MD</td>
</tr>
<tr>
<td>Stephanie Wright, CNM</td>
<td>Medicine</td>
<td>Nurse Midwife</td>
<td>A. Gonzalez-Garcia, MD</td>
</tr>
</tbody>
</table>

### Community Health Services Medical Staff Reappointments
Recommended with NO Change in Status
Reappointment Cycle: 10/30/2019 – 9/30/2021

<table>
<thead>
<tr>
<th>Physician</th>
<th>Specialty</th>
<th>Current Status</th>
<th>Recommended Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aldo Calvo, DO</td>
<td>Family Medicine</td>
<td>Associate</td>
<td>Associate</td>
</tr>
<tr>
<td>Hung Nguyen, MD</td>
<td>Psychiatry</td>
<td>Associate</td>
<td>Associate</td>
</tr>
</tbody>
</table>
### Community Health Services AHP Reappointments

**Recommended with NO Change in Status**

Reappointment Cycle: 10/30/2019 – 9/30/2021

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Specialty</th>
<th>Sponsor(s)</th>
</tr>
</thead>
</table>

### Urgent Care Centers Medical Staff Reappointments

**Recommended with NO Change in Status**

Reappointment Cycle: 10/30/2019 – 9/30/2021

<table>
<thead>
<tr>
<th>Physician</th>
<th>Department</th>
<th>Specialty</th>
<th>Recommended Status</th>
</tr>
</thead>
</table>

The above applicants have been reviewed by Quality and Health Information Management; they have met the required criteria to be reappointed.

* = Quality review report cited various outcomes, met criteria to be reappointed.
Broward Health – Credentialing Abstract – Medical Staff Applicant

Name: Aza Abdalla, MD

Date of Birth: 06/13/1978

Citizenship: US

Primary Facility: Broward Health North

Other Broward Health Facilities:
  Broward Health Coral Springs
  Broward Health Imperial Point
  Broward Health Medical Center

Specialty(ies): Nephrology
  Internal Medicine

Dept. at Primary Facility: Medicine

Secondary Facility Depts.: Medicine

Practice Name: Diab Agha Kidney and Hypertension Clinic, Inc.

Primary Address Information:
  6208 North Federal Highway
  Fort Lauderdale, FL 33308
  Phone: 954-980-6553
  Fax: 954-208-4533
  Email: fernandadr.diab@gmail.com

ECFMG:
  Number: 07598311
  Date Issued: 10/26/2009

Medical/Professional School:
  Ahfad University For Women
  Omdurman,
  From: 08/01/1998
  To: 04/26/2004
  Degree: MD

Gap:
  Applying for post-graduate internship
  From: 05/01/2004
  To: 11/30/2004

Foreign Residency:
  El Ribat Teaching Hospital
  Khartoum, Sudan
  From: 12/01/2004
  To: 03/01/2005
  Specialty: Internal Medicine

  El Ribat Teaching Hospital
  Khartoum, Sudan
  From: 03/01/2005
  To: 05/01/2005
  Specialty: Pediatrics

  El Selah Al Tify
  Omdurman, Sudan
  From: 06/01/2005
  To: 08/01/2005
  Specialty: Otolaryngology

Aza Abdalla, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

Gap:
Maternity Leave
From: 08/02/2005
To: 10/31/2005

Surgery externship and ED volunteer at Soba University Hospital
From: 11/01/2005
To: 06/30/2006

Preparation for USMLE exams and relocating from Sudan to the US
From: 07/01/2006
To: 06/30/2010

Residency:
Englewood Hospital
Englewood, NJ
From: 07/01/2010
To: 07/01/2013
Specialty: Internal Medicine

Fellowship:
Jackson Memorial Hospital
Miami, FL
From: 09/15/2017
To: 09/14/2019
Specialty: Nephrology

Hospital Affiliations/Work History:
Broward Health North
Deerfield Beach, FL
From: 08/28/2013
To: 11/29/2017
Specialty: Internal Medicine

Broward Health Coral Springs
Coral Springs, FL
From: 03/25/2015
To: 12/20/2017
Specialty: Internal Medicine

Broward Health Medical Center
Fort Lauderdale, FL
From: 05/27/2017
To: 11/29/2017
Specialty: Internal Medicine

Broward Health North
Fort Lauderdale, FL
From: 05/27/2017
To: 11/29/2017
Specialty: Internal Medicine

Board Certification:
Board: American Board of Internal Medicine
Specialty: Internal Medicine
Certification Date: 08/21/2013
Certification Expiration: N/A
Certification Expiration: 12/31/2023

Board: American Board of Internal Medicine
Specialty: Nephrology
Eligibility Date: 09/14/2019
Eligibility Expiration: 08/14/2026

Aza Abdalla, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

Name: **Motaz Al-Hafnawi, MD**

Date of Birth: 08/15/1975

Citizenship: US

Primary Facility: Broward Health Medical Center

Other Broward Health Facilities: None

Specialty: Gastroenterology

Transplant Hepatology

Dept. at Primary Facility: Medicine

Secondary Facility Depts.: None

Practice Name: All Star Recruiting Locums LLC

Website: [www.allstaremployment.com](http://www.allstaremployment.com)

Primary Address Information:

800 Fairway Drive, Suite 300
Deerfield Beach, FL 33441
Phone: 800-929-0229
Fax: 888-503-0752
Email: bedwards@aslocums.com

ECFMG:

Number: 0-626-149-9
Date Issued: 06/03/2003

Medical/Professional School: University of Jordan School of Medicine

Amman, Jordan

From: 07/01/1994

To: 06/30/2000

Degree: M.B.B.S

Foreign Internship:

Albashir Hospital

Amman, Jordan

From: 07/01/2000

To: 06/30/2001

Specialty: Transitional Intern

Foreign Residency:

Albashir Hospital

Albashir, Jordan,

From: 07/01/2001

To: 06/30/2005

Specialty: Internal Medicine

Residency:

Rochester General Hospital

Rochester, NY

From: 06/27/2005

To: 06/25/2008

Specialty: Internal Medicine

Work History:

University of Rochester

Rochester, NY

From: 07/07/2003

To: 06/24/2009

Title: Clinical Instructor
## Fellowship:
Jackson Memorial Hospital- Miami University  
Miami, FL  
- **From:** 07/01/2009  
- **To:** 08/30/2010  
- **Specialty:** Hepatology

## Work History:
Jackson Health System  
Miami, FL  
- **From:** 07/01/2009  
- **To:** 10/27/2010  
- **Title:** Associated Medical Director

## Foreign Fellowship:
McMaster University  
Hamilton, Ontario,  
- **From:** 07/01/2013  
- **To:** 06/30/2015  
- **Specialty:** Gastroenterology

The University of New Mexico  
Albuquerque, NM  
- **From:** 08/17/2015  
- **To:** 07/31/2016  
- **Specialty:** Advanced Endoscopy

## Hospital Affiliations/Work History:
All Star Recruiting Locums LLC  
Deerfield Beach, FL  
- **From:** 09/01/2016  
- **To:** Present  
- **Title:** Gastroenterology

Osceola Regional Medical Center (HCA)  
Kissimmee, FL  
- **From:** 10/14/2016  
- **To:** 10/03/2017  
- **Specialty:** Internal Medicine/Gastroenterology

Baptist Healthcare of Pensacola (INV) & Gulfbreeze Hosp  
Pensacola, FL  
- **From:** 11/07/2018  
- **To:** Present  
- **Specialty:** Gastroenterology

Gastroenterology and Hepatology Experts PA  
Palmetto Bay, FL  
- **From:** 11/13/2018  
- **To:** Present  
- **Title:** Private Practice

## Board Certification:
- **Board:** American Board of Internal Medicine  
- **Specialty:** Gastroenterology  
- **Certification Date:** 11/01/2016  
- **Certification Expiration:** 04/01/2020

---

Motaz Al-Hafnawi, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

Name: Melissa Armas, DO

Date of Birth: 05/05/1990

Citizenship: US

Primary Facility: Broward Health Imperial Point

Other Broward Health Facilities:
- Broward Health Coral Springs
- Broward Health Medical Center
- Broward Health North

Specialty: Family Medicine

Dept. at Primary Facility: Medicine

Secondary Facility Depts.:
- Medicine
- Family Medicine

Practice Name: Broward Health Physician Group

Primary Address Information:
- 5430 W Sample Road
  - Margate, FL 33073
- Phone: 954-320-3303
- Fax: 954-755-2224
- Email:

ECFMG: N/A

Medical/Professional School: Edward Via College of Osteopathic Medicine
- Spartanburg, SC
- From: 07/30/2012
- To: 05/21/2016
- Degree: DO

Internship: N/A

Residency:
- Palmetto General Hospital
  - Hialeah, FL
- From: 06/20/2016
- To: 09/21/2019
- Specialty: Family Medicine

Fellowship: N/A

Hospital Affiliations/Work History:

Board Certification:
- Board: American Osteopathic Board of Family Physicians
- Specialty: Family Medicine / Osteopathic Manipulative
- Treatment
- Eligibility Date: 09/21/2019
- Eligibility Expiration: 09/21/2026

Melissa Armas, DO
Broward Health – Credentialing Abstract – Medical Staff Applicant

Name: Daniel C Carney DO
Date of Birth: 01/28/1955
Citizenship: US
Primary Facility: Broward Health Imperial Point
Other Broward Health Facilities: Broward Health Coral Springs
Broward Health Medical Center
Specialty: Physical Medicine & Rehabilitation
Dept. at Primary Facility: Medicine
Secondary Facility Depts.: Medicine
Practice Name: Catholic Health Services Medical Group
Website: www.catholichealthservices.org
Primary Address Information: 3487 NW 30th Street
Lauderdale Lakes, FL 33311
Phone: 954-641-4200
Fax: 954-487-1607
Email: mhair@chsfla.com
ECFMG: N/A
Medical/Professional School: Nova Southeastern University
Fort Lauderdale, FL
From: 08/11/1991
To: 05/26/1995
Degree: DO
Internship: Palmetto General Hospital
Hialeah, FL
From: 06/17/1995
To: 06/21/1996
Specialty: Rotating Intern
Residency: Boston Medical Center
Boston, MA
From: 07/01/1996
To: 06/30/1999
Specialty: Physical Medicine & Rehabilitation
Fellowship: N/A
Hospital Affiliations/Work History: Boston Medical Center
Boston, MA
From: 08/01/1999
To: 03/01/2003
Specialty: Physical Medicine & Rehabilitation
St. John's Rehabilitation Hospital/ Catholic Health Services
Lauderdale Lakes, Florida
From: 03/03/2003
To: Present
Specialty: Physical Medicine & Rehabilitation

Daniel C Carney, DO
Broward Health – Credentialing Abstract – Medical Staff Applicant

Broward Health Imperial Point
Ft Lauderdale, FL
From: 03/26/2003
To: Present
Specialty: Physical Medicine and Rehab

Broward Health Medical Center & Salah Foundation Children’s Hospital
Fort Lauderdale, FL
From: 02/22/2006
To: 07/31/2019
SPECIALTY: Physical Medicine and Rehabilitation

Broward Health Coral Springs & Salah Foundation Children’s Hospital
Fort Lauderdale, FL
From: 11/18/2015
To: Present
SPECIALTY: Physical Medicine and Rehabilitation

Board Certification:
Board: American Board of Physical Medicine & Rehabilitation
SPECIALTY: Physical Medicine and Rehabilitation
Certification Date: 07/31/2012
MOC Reverification Date: N/A
Certification Expiration: 12/31/2022

Daniel C Carney, DO
Name: Christopher P LaCross, MD

Date of Birth: 06/30/1985
Citizenship: US
Primary Facility: Broward Health Imperial Point
Other Broward Health Facilities:
- Broward Health Coral Springs
- Broward Health Medical Center
Specialty: Hospital Medicine
Dept. at Primary Facility: Internal Medicine
Secondary Facility Depts.: Medicine
Practice Name: Midland Medical Broward, Inc.

Primary Address Information:
1421 E Oakland Park Blvd
Oakland Park, FL 33334
Phone: 954-565-0875
Fax: 954-565-0876

ECFMG: N/A

Medical/Professional School:
Tufts University School Of Medicine
Boston, MA
From: 08/01/2009
To: 05/21/2013
Degree: MD

Internship:
Tulane Univ School of Medicine
New Orleans, LA
From: 06/21/2013
To: 06/20/2014
Specialty: Internal Medicine

Residency:
Tulane Univ School of Medicine
New Orleans, LA
From: 06/21/2014
To: 06/20/2016
Specialty: Internal Medicine

Fellowship: N/A

Hospital Affiliations/Work History:
New Orleans Urgent Care
New Orleans, LA
From: 01/06/2015
To: 07/01/2016
Title: Physician

Sound Physician
Coral Springs, FL
From: 08/02/2016
To: 12/31/2017
Title: Sound Ambassador
### Hospital Affiliations/Work History (continued):

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<td>Coral Springs, FL</td>
<td>01/25/2017</td>
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<td>Internal Medicine</td>
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<tr>
<td>Schumacher Clinical Partners</td>
<td>Fort Lauderdale, FL</td>
<td>02/09/2017</td>
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<td>Hospitalist</td>
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<td>02/22/2017</td>
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### Board Certification:

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<td>American Board of Internal Medicine</td>
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<td>08/19/2016</td>
<td>04/01/2020</td>
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Christopher P LaCross, MD
# Broward Health – Credentialing Abstract – Medical Staff Applicant

<table>
<thead>
<tr>
<th>Name:</th>
<th><strong>Garima Lal, MD</strong></th>
</tr>
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<tbody>
<tr>
<td>Date of Birth:</td>
<td>03/18/1971</td>
</tr>
<tr>
<td>Citizenship:</td>
<td>US</td>
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<tr>
<td>Primary Facility:</td>
<td>Broward Health Medical Center</td>
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<td>Other Broward Health Facilities:</td>
<td>None</td>
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<tr>
<td>Specialty(ies):</td>
<td>Pediatric Ophthalmology Ophthalmology</td>
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<td>Dept. at Primary Facility:</td>
<td>Surgery</td>
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<td>Secondary Facility Depts.:</td>
<td>None</td>
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<tr>
<td>Practice Name:</td>
<td>Pediatric Eye Associates Inc.</td>
</tr>
<tr>
<td>Primary Address Information:</td>
<td>17901 NW 5th Street Suite 204 Pembroke Pines, FL 33029 Phone: 954-885-6575 Fax: 954-885-6572 Email: <a href="mailto:business@myfamilyeye.com">business@myfamilyeye.com</a></td>
</tr>
<tr>
<td>ECFMG:</td>
<td>N/A</td>
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<tr>
<td>Medical/Professional School:</td>
<td>University of Oklahoma College of Medicine Oklahoma City, OK From: 06/01/1994 To: 05/20/1998 Degree: Medical Doctorate</td>
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<tr>
<td>Internship:</td>
<td>N/A</td>
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<td>Residency:</td>
<td>Mayo Graduate School of Medicine Rochester, MN From: 06/27/1998 To: 06/25/1999 Specialty: Internal Medicine</td>
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<td></td>
<td>Mayo Graduate School of Medicine Rochester, MN From: 06/26/1999 To: 06/28/2002 Specialty: Ophthalmology</td>
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<tr>
<td>Fellowship:</td>
<td>Medical University of South Carolina Charleston, SC From: 07/01/2002 To: 06/30/2003 Specialty: Pediatric Ophthalmology</td>
</tr>
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</table>

Garima Lal, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

Memorial Hospital West
Pembroke Pines, FL
From: 06/26/2003
To: 06/01/2008
Specialty: Pediatric Ophthalmology

Joe DiMaggio Children's Hospital
Hollywood, FL
From: 07/24/2003
To: Present
Specialty: Pediatric Ophthalmology

Eye Surgery Associates
Hollywood, FL
From: 08/25/2003
To: 09/06/2004
Title: Associate Physician

Pediatric Eye Associates, Inc
Pembroke Pines, FL
From: 11/01/2004
To: Present
Title: President/Physician and Surgeon

Memorial Hospital Miramar
Miramar, FL
From: 02/23/2005
To: Present
Specialty: Pediatric Ophthalmology

Board Certification:
Board: American Board of Ophthalmology
Specialty: Ophthalmology
Certification Date: 10/26/2003
MOC Reverification Date: N/A
Certification Expiration: 12/31/2023

Garima Lal, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

Name: Beth M Leventhal-Fromkin, MD

Date of Birth: 06/12/1968

Citizenship: US

Primary Facility: Broward Health Medical Center

Other Broward Health Facilities:

- Broward Health Coral Springs

Specialty: Nephrology

Dept. at Primary Facility: Medicine

Secondary Facility Depts.: Medicine

Practice Name: South Florida Nephrology Associates

Primary Address Information:

- 2951 NW 49th Avenue
- Suite 101
- Lauderdale Lakes, FL 33313
- Phone: 954-739-2511
- Fax: 954-739-2039
- Email: sfna@sfnamd.com

ECFMG: N/A

Medical/Professional School:

Albert Einstein College of Medicine of Yeshiva University
Bronx, NY

- From: 07/01/1989
- To: 05/01/1994
- Degree: MD

Internship: N/A

Residency:

- Yale - New Haven Hospital
- Greenwich, CT
- From: 07/01/1994
- To: 06/30/1997
- Specialty: Internal Medicine

Hospital Affiliations/Work History:

- Jacobi Medical Center
  - Bronx, NY
  - From: 07/21/1997
  - To: 06/30/1998
  - Specialty: Internal Medicine

Fellowship:

- New York Presbyterian Hospital/Cornell University
  - New York, NY
  - From: 07/01/1998
  - To: 06/30/2000
  - Specialty: Nephrology

Hospital Affiliations/Work History:

- New York Presbyterian Hospital
  - **Unable to verify – records no longer available**
  - New York, NY
  - From: 07/01/2000
  - To: 06/30/2001
  - Specialty: Instructor
Broward Health – Credentialing Abstract – Medical Staff Applicant

Hospital Affiliations/Work History (continued):

Cleveland Clinic Florida
Weston, FL
From: 09/25/2001
To: 12/01/2014
Specialty: Nephrology

Memorial Regional Hospital South
Hollywood, FL
From: 11/23/2015
To: Present
Specialty: Nephrology

Memorial Hospital Pembroke
Pembroke Pines, FL
From: 11/23/2015
To: Present
Specialty: Nephrology

Memorial Hospital Miramar
Miramar, FL
From: 11/23/2015
To: Present
Specialty: Nephrology

Memorial Hospital West
Pembroke Pines, FL
From: 11/25/2015
To: Present
Specialty: Nephrology

University Hospital and Medical Center
Tamarac, FL
From: 06/19/2019
To: Present
Specialty: Nephrology

Westside Regional Medical Center (HCA)
Plantation, FL
From: 06/27/2019
To: Present
Specialty: Nephrology

Board Certification:

Board: American Board of Internal Medicine
Specialty: Nephrology
Certification Date: 11/08/2000
MOC Reverification: N/A
Certification Expiration: 12/31/2022

Beth M Leventhal-Fromkin, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

Name: Melodie K Moorehead PhD

Date of Birth: 06/19/1949

Citizenship: US

Primary Facility: Broward Health Medical Center

Other Broward Health Facilities: None

Specialty(ies): Psychology

Dept. at Primary Facility: Psychiatry

Secondary Facility Depts.: None

Practice Name: Melodie K. Moorehead, PhD ABPP PA
Website: www.drmoorehead.com

Primary Address Information: Melodie K. Moorehead PhD ABPP PA
2616 Clematis Place
Phone: 954-444-1445
Fax: N/A
Email: Psychmm@gmail.com

ECFMG: N/A

Medical/Professional School: The Union Institute
Cincinnati, OH
From: 02/20/1981
To: 06/29/1983
Degree: PhD

Internship: N/A

Residency: N/A

Fellowship: N/A

Hospital Affiliations/Work History:

Joan M. DiGregorio, PhD (unable to verify)
Miramar, FL
From: 07/01/1983
To: 12/31/1995
Specialty: Psychology

Drs. Moorehead, Parish & Associates, PA
Fort Lauderdale, FL
From: 09/26/1995
To: 09/26/2008
Specialty: Psychology

Plantation General Hospital
Plantation, FL
From: 09/02/1998
To: 03/19/2017
Specialty: Psychology

Melodie K Moorehead, PhD
### Hospital Affiliations/Work History:

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<th>Hospital Name</th>
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<th>To Date</th>
<th>Specialty</th>
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<tr>
<td>Kindred Hospital</td>
<td>Fort Lauderdale, FL</td>
<td>09/28/1998</td>
<td>09/28/2013</td>
<td>Psychology</td>
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<tr>
<td>Holy Cross Hospital</td>
<td>Fort Lauderdale, FL</td>
<td>07/31/2001</td>
<td>Present</td>
<td>Psychology</td>
</tr>
<tr>
<td>Melodie K. Moorehead, Ph.D., ABPP, PA (private practice)</td>
<td>Fort Lauderdale, FL</td>
<td>08/23/2004</td>
<td>Present</td>
<td>Psychologist</td>
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### Board Certification:

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<tr>
<td>American Board of Professional Psychology</td>
<td>Clinical Health Psychology</td>
<td>09/22/2007</td>
<td>N/A</td>
<td>12/31/2019</td>
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</table>

Melodie K Moorehead, PhD
Broward Health – Credentialing Abstract – Medical Staff Applicant

Name: Cody Ott MD

Date of Birth: 11/06/1987

Citizenship: US

Primary Facility: Broward Health Imperial Point

Other Broward Health Facilities: Broward Health Medical Center

Specialty(ies): Ophthalmology

Dept. at Primary Facility: Surgery

Secondary Facility Dept(s): Surgery

Practice Name: Elge Eye Care
Website: https://www.elguyecare.com/

Primary Address Information: 6333 N Federal Highway
Suite 401
Fort Lauderdale, FL 33308
Phone: 954-463-4761
Fax: 954-463-4763
Email: Leelah_elgueyecare@yahoo.com

ECFMG: N/A

Medical/Professional School: University of Miami Miller School of Medicine
Miami, FL
From: 06/01/2011
To: 05/31/2015
Degree: MD

Internship: Jackson Memorial Hospital- Miami University
Miami, FL
From: 06/24/2015
To: 06/23/2016
Specialty: Internal Medicine

Residency: University of Missouri - Kansas City
Kansas City, MO
From: 07/01/2016
To: 06/30/2019
Specialty: Ophthalmology

Fellowship: N/A

Hospital Affiliations/ Work History: N/A

Gap: Moved from Kansas City to Florida, Awaiting privileging with Broward Health.
From: 07/01/2019
To: Present

Board Certification:
Board: American Board of Ophthalmology
Specialty: Ophthalmology
Eligibility Date: 06/30/2019
MOC Reverification: N/A
Eligibility Expiration: 06/30/2026

Cody Ott, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

Name: Edward Perez MD

Date of Birth: 01/05/1968

Citizenship: US

Primary Facility: Broward Health Medical Center

Other Broward Health Facilities: None

Specialty(ies): Orthopedic Surgery, Orthopedic Trauma Surgery

Dept. at Primary Facility: Surgery

Secondary Facility Deps.: None

Practice Name: Broward Health Physician Group
Website: www.browardhealth.org

Primary Address Information: 1601 South Andrews Avenue
2ND Floor
Fort Lauderdale, FL 33316
Phone: 954-355-3490
Fax: 954-355-3498
Email: perezmemphis@gmail.com

ECFMG: N/A

Medical/Professional School: Rush Medical College of Rush University
Chicago, IL
From: 09/10/1990
To: 06/10/1994
Degree: MD

Internship: Oregon Health and Science University
Portland, OR
From: 06/26/1994
To: 06/25/1995
Specialty: General Surgery

Residency: Oregon Health and Science University
Portland, OR
From: 07/01/1995
To: 06/30/2000
Specialty: Orthopedic Surgery

Fellowship: University of Maryland Shock Trauma
Baltimore, MD
From: 08/01/2000
To: 07/31/2001
Specialty: Orthopedic Trauma Surgery
### Hospital Affiliations/Work History:

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<th>Hospital/Work History</th>
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<tr>
<td>Campbell Clinic Orthopaedics</td>
<td>08/30/2001</td>
<td>Present</td>
<td>Orthopaedic Surgeon</td>
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<tr>
<td>University of Tennessee Health Science Center</td>
<td>09/01/2001</td>
<td>Present</td>
<td>Professor</td>
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<tr>
<td>Methodist Healthcare Memphis Hospitals</td>
<td>12/12/2001</td>
<td>Present</td>
<td>Orthopedic Surgery</td>
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<td>Regional One Health – Regional Medical Center at Memphis</td>
<td>04/09/2002</td>
<td>Present</td>
<td>Orthopedic Surgery</td>
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<td>Board:</td>
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<td>Certification Date:</td>
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<td>Certification Expiration:</td>
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</table>

Edward Perez, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

Name: Willie F Richardson MD

Date of Birth: 12/11/1973
Citizenship: US

Primary Facility: Broward Health Medical Center

Other Broward Health Facilities:

Specialty(ies): Dermatology
Dept. at Primary Facility: Medicine
Secondary Facility Depts.: None

Practice Name: Natura Dermatology and Cosmetics
Website: www.naturadermatology.com

Primary Address Information:
1120 Bayview Drive
Fort Lauderdale, FL 33304
Phone: 954-537-4106
Fax: 954-537-4186
Email: doctor@naturadermatology.com

ECFMG: N/A

Medical/Professional School: East Carolina University
Greenville, NC
From: 06/01/1996
To: 05/31/2000
Degree: MD

Internship:
Medical University of South Carolina
Charleston, SC
From: 06/01/2000
To: 06/30/2001
Degree: Internal Medicine

Residency:
University of New Mexico Health Sciences
Albuquerque, NM
From: 07/01/2001
To: 06/30/2004
Specialty: Dermatology

Fellowship: N/A

Hospital Affiliations/Work History:
Gallup Indian Medical Center
Gallup, NM
From: 02/01/2003
To: 06/30/2004
Specialty: Internal Medicine/Contracted Physician

Presbyterian Medical Group
Albuquerque, NM
From: 07/26/2004
To: 09/26/2005
Specialty: Dermatology

Willie F Richardson, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

Hospital Affiliations/
Work History: (cont'd)

Broward Health Medical Center & Chris Evert Children's Hospital
Fort Lauderdale, FL
From: 11/16/2005
To: 08/29/2014
Specialty: Dermatology

Natura Dermatology & Cosmetics (Private Practice)
Fort Lauderdale, FL
From: 12/01/2006
To: Present
Title: Dermatology

Board Certification:

Board: American Board of Dermatology
Specialty: Dermatology
Certification Date: 08/10/2004
MOC Reverification: N/A
Certification Expiration: 12/31/2024

Willie F Richardson, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

Name: Shelby Wilbourn, MD

Date of Birth: 09/14/1960

Citizenship: US

Primary Facility: Broward Health Medical Center

Other Broward Health Facilities:
Community Health Services -- Cora E. Braynon Family Health Center

Specialty(ies): Obstetrics/Gynecology

Dept. at Primary Facility: OB/GYN

Secondary Facility Depts.: OB/GYN

Practice Name: Envision Physician Services
Website: www.envisionhealth.com

Primary Address Information:
1600 S. Andrews Avenue
West Wing, Rm 342
Fort Lauderdale, FL 33316
Phone: 954-355-5110
Fax: 954-355-4919
Email: Kim.Durcan@envisionhealth.com

Medical/Professional School:
Tulane University School of Medicine
New Orleans, LA
From: 08/01/1982
To: 05/31/1986
Degree: MD

Internship:
University of Tennessee Health Science Center
Memphis, TN
From: 06/01/1986
To: 06/30/1987
Specialty: General Surgery

Residency:
Tulane University School of Medicine
New Orleans, LA
From: 07/01/1987
To: 10/31/1990
Specialty: Obstetrics / Gynecology

Hospital Affiliations/Work History:
Moutain Valley OB/GYN
Las Vegas, NV
From: 01/01/1990
To: 12/31/2002
Specialty: Obstetrics / Gynecology

Las Vegas OB/GYN Associates
Las Vegas, NV
From: 10/01/1990
To: 07/31/1997
Specialty: Obstetrics / Gynecology

Hospital Affiliations/Work History:
University of Nevada School of Medicine

Shelby Wilbourn, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

Work History: (cont’d)

Remo, NV
From: 11/01/1990
To: 07/31/1997
Specialty: Assistant Professor- Dept. OB/GYN

Sunrise-Sunrise Childrens Hospital
Las Vegas, NV
From: 12/01/1990
To: 08/20/2002
Specialty: Obstetrics / Gynecology

University Medical Center Las Vegas
Las Vegas, NV
From: 01/31/1991
To: 09/30/2003
Specialty: Obstetrics / Gynecology

Mountain View Hospital
Las Vegas, NV
From: 02/05/1996
To: 09/05/2003
Specialty: Obstetrics / Gynecology

Waldo County General Hospital
Belfast, ME
From: 10/28/2002
To: 03/01/2010
Specialty: Obstetrics / Gynecology

Belfast OB/ GYN Associates
Belfast, ME
From: 11/01/2005
To: 03/31/2010
Specialty: Obstetrics / Gynecology

Broward Health Medical Center
Fort Lauderdale, FL
From: 04/07/2010
To: 03/13/2013
Specialty: Obstetrics / Gynecology

Columbia Memorial Hospital
Hudson, NY
From: 04/01/2013
To: 08/30/2015
Specialty: Obstetrics / Gynecology

Gap:

Took time off to take care of terminally ill spouse until his passing, then began seeking employment.
From: 10/01/2015
To: 03/29/2016

Broward Health Medical Center
Fort Lauderdale, FL
From: 03/30/2016
To: 01/30/2019
Specialty: Obstetrics / Gynecology

Hospital Affiliations/

JFK Medical Center

Shelby Wilbourn, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

<table>
<thead>
<tr>
<th>Work History: (cont’d)</th>
<th>Atlantis, FL</th>
</tr>
</thead>
<tbody>
<tr>
<td>From:</td>
<td>04/27/2016</td>
</tr>
<tr>
<td>To:</td>
<td>12/22/2016</td>
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<tr>
<td>Specialty:</td>
<td>Obstetrics / Gynecology</td>
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<table>
<thead>
<tr>
<th>Plantation General Hospital</th>
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<tbody>
<tr>
<td>Plantation, FL</td>
</tr>
<tr>
<td>From:</td>
</tr>
<tr>
<td>To:</td>
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<tr>
<td>Specialty:</td>
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<table>
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<tr>
<th>Northwest Medical Center</th>
</tr>
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<tbody>
<tr>
<td>Margate, FL</td>
</tr>
<tr>
<td>From:</td>
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<td>To:</td>
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<td>Specialty:</td>
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<table>
<thead>
<tr>
<th>Board Certification:</th>
<th>American Board of Obstetrics and Gynecology</th>
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<tr>
<td>Specialty:</td>
<td>Obstetrics and Gynecology</td>
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<tr>
<td>Certification Date:</td>
<td>12/11/1992</td>
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<td>MOC Reverification:</td>
<td>12/31/2019</td>
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<td>Certification Expiration:</td>
<td>N/A</td>
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Shelby Wilbourn, MD
Name: Norma Bonilla, APRN

Date of Birth: 06/04/1968

Citizenship: US

Primary Facility: Broward Health Medical Center

Other Broward Health Facilities: None

Specialty: Nurse Practitioner

Dept. at Primary Facility: Pediatrics

Secondary Facility Depts.: None

Physician Sponsorship: Johny Tryzmel, MD

Practice Name: Mednax Services, Inc.

Primary Address Information: 1301 Concord Terrace
Sunrise, FL 33323
Phone: 954-384-0175

Professional School: University of South Alabama
Mobile, AL
From: 08/10/2015
To: 12/15/2018
Degree: MSN
Major: Neonatal Nurse Practitioner

Hospital Affiliations/ Work History: Baptist Health South Florida
Miami, FL
From: 10/27/2003
To: Present
Title: Registered Nurse

Board Certification: National Certification Corporation
Specialty: Neonatal Nurse Practitioner
Certification Date: 04/28/2019
Certification Expiration: 09/15/2022
Broward Health – Credentialing Abstract – Medical Staff Applicant

Name: Rosalyn Amante, DO

Date of Birth: 04/23/1987

Citizenship: US

Primary Facility: Broward Health Coral Springs & Salah Foundation Children's Hospital

Other Broward Health Facilities:
Broward Health Medical Center & Salah Foundation Children's Hospital (CHS Only)

Specialty: Family Medicine

Dept. at Primary Facility: Medicine

Secondary Facility Depts.: Family Medicine

Practice Name: Cora E Braynon Family Health Center

Primary Address Information:
200 NW 7th Avenue
Fort Lauderdale, FL 33311
Phone: 954-759-6600
Fax: 954-759-6665
Email:

ECFMG: N/A

Medical/Professional School:
Nova Southeastern College of Osteopathic Medicine
Fort Lauderdale, FL
From: 07/30/2012
To: 05/20/2016
Degree: DO

Internship: None

Residency:
Palmetto General Hospital
Hialeah, FL
From: 06/20/2016
To: 06/30/2019
Specialty: Family Medicine

Fellowship: None

Gap:
Completing credentialing process for Broward Health
From: 07/01/2019
To: 08/27/2019

Hospital Affiliations/Work History:
Broward Health Coral Springs & Salah Foundation Children's Hospital
Coral Springs, FL
From: 08/28/2019
To: Present
Specialty: Family Medicine

Board Certification:
Board: American Osteopathic Board of Family Physicians
Specialty: Family Physicians
Eligibility Date: 06/30/2019
Eligibility Expiration: 06/30/2026

Rosalyn Amante, DO
Broward Health – Credentialing Abstract – Medical Staff Applicant

Name: Shelby Wilbourn, MD

Date of Birth: 09/14/1960
Citizenship: US
Primary Facility: Broward Health Medical Center
Other Broward Health Facilities: Community Health Services – Cora E. Braynon Family Health Center
Specialty(ies): Obstetrics/Gynecology
Dept. at Primary Facility: OB/ GYN
Secondary Facility Depts.: OB/GYN
Practice Name: Envision Physician Services
Website: www.envisionhealth.com

Primary Address Information: 1600 S. Andrews Avenue
West Wing, Rm 342
Fort Lauderdale, FL 33316
Phone: 954-355-5110
Fax: 954-355-4919
Email: Kim.Durcan@envisionhealth.com

Medical/Professional School: Tulane University School of Medicine
New Orleans, LA
From: 08/01/1982
To: 05/31/1986
Degree: MD

Internship: University of Tennessee Health Science Center
Memphis, TN
From: 06/01/1986
To: 06/30/1987
Specialty: General Surgery

Residency: Tulane University School of Medicine
New Orleans, LA
From: 07/01/1987
To: 10/31/1990
Specialty: Obstetrics / Gynecology

Hospital Affiliations/ Work History: Moutain Valley OB/ GYN
Las Vegas, NV
From: 01/01/1990
To: 12/31/2002
Specialty: Obstetrics / Gynecology

Las Vegas OB/GYN Associates
Las Vegas, NV
From: 10/01/1990
To: 07/31/1997
Specialty: Obstetrics / Gynecology

Hospital Affiliations/ University of Nevada School of Medicine

Shelby Wilbourn, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

Work History: (cont'd)

Remo, NV
From: 11/01/1990
To: 07/31/1997
Specialty: Assistant Professor- Dept. OB/GYN

Sunrise-Sunrise Childrens Hospital
Las Vegas, NV
From: 12/01/1990
To: 08/20/2002
Specialty: Obstetrics / Gynecology

University Medical Center Las Vegas
Las Vegas, NV
From: 01/31/1991
To: 09/30/2003
Specialty: Obstetrics / Gynecology

Mountain View Hospital
Las Vegas, NV
From: 02/05/1996
To: 09/05/2003
Specialty: Obstetrics / Gynecology

Waldo County General Hospital
Belfast, ME
From: 10/28/2002
To: 03/01/2010
Specialty: Obstetrics / Gynecology

Belfast OB/ GYN Associates
Belfast, ME
From: 11/01/2005
To: 03/31/2010
Specialty: Obstetrics / Gynecology

Broward Health Medical Center
Fort Lauderdale, FL
From: 04/07/2010
To: 03/13/2013
Specialty: Obstetrics / Gynecology

Columbia Memorial Hospital
Hudson, NY
From: 04/01/2013
To: 09/30/2015
Specialty: Obstetrics / Gynecology

Gap:
Took time off to take care of terminally ill spouse until his passing, then began seeking employment.
From: 10/01/2015
To: 03/29/2016

Broward Health Medical Center
Fort Lauderdale, FL
From: 03/30/2016
To: 01/30/2019
Specialty: Obstetrics / Gynecology

Hospital Affiliations:

JFK Medical Center

Shelby Wilbourn, MD
Name: Marivil Castro-Santiago, ARNP

Date of Birth: 08/14/1968

Citizenship: US

Primary Facility: Broward Health Medical Center (CHS Only)

Other Broward Health Facilities: None

Specialty: Nurse Practitioner

Dept. at Primary Facility: Medicine

Secondary Facility Depts.: None

Physician Sponsorship: Archie McLean Jr., DO

Practice Name: Specialty Care Center
Website: Browardhealth.org

Primary Address Information:
1111 West Broward Boulevard
Fort Lauderdale, FL 33312
Phone: 954-463-7313
Fax: 954-482-8890

Professional School:
South University
Tampa, FL
From: 01/14/2012
To: 03/29/2014
Degree: MSN

Hospital Affiliations/Work History:
Osceola Regional Medical Center
Kissimmee, FL
From: 04/29/2013
To: 04/01/2015
Title: Registered Nurse

OBT Medical Clinic
Orlando, FL
From: 09/01/2014
To: 12/05/2014
Title: Nurse Practitioner

Miami Blue Health Sport Medicine Clinic
Hialeah, FL
From: 10/01/2014
To: 02/01/2015
Title: Nurse Practitioner

Your Home Advantage
Deerfield Beach, FL
From: 11/30/2014
To: 12/30/2014
Title: Nurse Practitioner

SunCoast Premier Medical
Clermont, FL
From: 02/02/2015
To: 02/21/2015
Title: Nurse Practitioner

Marivil Castro, ARNP
Broward Health – Credentialing Abstract – Allied Health Professional Applicant

Pompano Beach Internal Medicine
Pompano Beach, FL
From: 02/27/2015
To: 03/23/2015
Title: Nurse Practitioner

Veterans Evaluation Services
Miami, FL
From: 04/01/2016
To: 11/01/2016
Title: Nurse Practitioner

Broward Health
Fort Lauderdale, FL
From: 11/29/2016
To: Present
Title: Nurse Practitioner

Broward Health Medical Center
Fort Lauderdale, FL
From: 12/20/2017
To: 11/28/2018
Title: Nurse Practitioner

Board Certification:
Board: American Academy of Nurse Practitioners
Specialty: Family Nurse Practitioner
Certification Date: 06/25/2014
Certification Expiration: 06/24/2024

Marivel Castro, ARNP
<table>
<thead>
<tr>
<th>Name:</th>
<th>Helena Gaviria MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>07/12/1983</td>
</tr>
<tr>
<td>Citizenship:</td>
<td>US</td>
</tr>
<tr>
<td>Primary Facility:</td>
<td>Broward Health Medical Center</td>
</tr>
<tr>
<td>Other Broward Health Facilities:</td>
<td>None</td>
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<tr>
<td>Specialty:</td>
<td>Pediatrics</td>
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<tr>
<td>Dept. at Primary Facility:</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Secondary Facility Depts.:</td>
<td>None</td>
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<tr>
<td>Practice Name:</td>
<td>Children's Diagnostic and Treatment Center</td>
</tr>
<tr>
<td>Primary Address Information:</td>
<td>1401 South Federal Highway, Fort Lauderdale, FL 33316</td>
</tr>
<tr>
<td>Phone:</td>
<td>954-728-8080</td>
</tr>
<tr>
<td>Fax:</td>
<td>954-779-1957</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:rsales@browardhealth.org">rsales@browardhealth.org</a></td>
</tr>
<tr>
<td>ECFMG:</td>
<td>Number: 0-795-054-5</td>
</tr>
<tr>
<td></td>
<td>Date Issued: 12/16/2011</td>
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<tr>
<td>Medical/Professional School:</td>
<td>Instituto De Ciencias De La Salud Medellin,</td>
</tr>
<tr>
<td></td>
<td>From: 01/06/2003, To: 11/28/2008</td>
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<tr>
<td></td>
<td>Degree: MD</td>
</tr>
<tr>
<td>Foreign Affiliation:</td>
<td>Hospital San Juan de Dios Yarumal, QC</td>
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<tr>
<td></td>
<td>From: 12/15/2008, To: 06/26/2009</td>
</tr>
<tr>
<td></td>
<td>Title: Medical Director</td>
</tr>
<tr>
<td>Observer:</td>
<td>Multiple Pediatric Practices</td>
</tr>
<tr>
<td></td>
<td>From: 08/01/2009, To: 08/31/2011</td>
</tr>
<tr>
<td></td>
<td>Title: Observer</td>
</tr>
<tr>
<td>Work History:</td>
<td>24/7 Total Medical Care, P.A Pembroke Pines, FL</td>
</tr>
<tr>
<td></td>
<td>From: 08/01/2011, To: 05/17/2013</td>
</tr>
<tr>
<td></td>
<td>Title: Medical Assistant</td>
</tr>
<tr>
<td>Internship:</td>
<td>None</td>
</tr>
<tr>
<td>Residency:</td>
<td>Lincoln Medical and Mental Health Center Bronx, NY</td>
</tr>
<tr>
<td></td>
<td>From: 07/01/2013, To: 09/20/2016</td>
</tr>
<tr>
<td></td>
<td>Specialty: Pediatrics</td>
</tr>
<tr>
<td>Fellowship:</td>
<td>None</td>
</tr>
</tbody>
</table>

Helena Gaviria, MD
Broward Health – Credentialing Abstract – Medical Staff Applicant

| Hospital Affiliations/Work History: | One Source Pediatrics  
Weston, FL  
From: 10/24/2016  
To: 02/24/2017  
Title: Pediatrician |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
|                                   | Memorial Hospital Miramar  
Miramar, FL  
From: 12/16/2016  
To: 11/21/2018  
Specialty: Pediatrics |
|                                   | Pediatric Associates, Inc.  
Plantation, FL  
From: 04/10/2017  
To: 06/29/2018  
Title: Pediatrician |
|                                   | Comprehensive Health Center Pediatrics  
Hollywood, FL  
From: 11/05/2018  
To: 03/29/2019  
Title: Pediatrician |
|                                   | Joe DiMaggio Children's Hospital  
Hollywood, FL  
From: 04/24/2019  
To: Present  
Specialty: Pediatrics |
|                                   | Memorial Hospital West  
Pembroke Pines, FL  
From: 04/24/2019  
To: Present  
Specialty: Pediatrics |

| Board Certification: | Board: American Board of Pediatrics  
Specialty: Pediatrics  
Certification Date: 10/18/2017  
Certification Expiration: 12/15/2022 |

Helena Gaviria, MD
SUMMARY OF REQUEST

DATE: 
October 30, 2019

FACILITY: 
North Broward Hospital District

PROGRAM/PRODUCT LINE: 
Not Applicable

REQUEST: 
Acceptance of the Interim Financial Statement for the month of July, 2019

PURPOSE: 
Not Applicable

CAPITAL REQUIRED: 
Not Applicable

FISCAL IMPACT: 
Not Applicable

BUDGET STATUS: 
Not Applicable

LEGAL REVIEW: 
Not Applicable

APPROVED:  
Gino Santorio 10/21/2019 18:08 Eastern Daylight Time  
Gino Santorio, President/CEO BH

APPROVED:  
Alex Fernandez 10/22/2019 08:48 Eastern Daylight Time  
Alex Fernandez, CFO/Chief Financial Officer
<table>
<thead>
<tr>
<th><strong>NORTH BROWARD HOSPITAL DISTRICT</strong></th>
<th><strong>Page 1</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STATEMENT OF NET POSITION</strong></td>
<td><strong>Fiscal Year 2020</strong></td>
</tr>
<tr>
<td>For Period 1 Ending July 31, 2019</td>
<td></td>
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**ASSETS**

<table>
<thead>
<tr>
<th><strong>2022</strong></th>
<th><strong>2019</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CURRENT ASSETS:</strong></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>62,664,650.17</td>
</tr>
<tr>
<td>Cash &amp; Investments Externally</td>
<td>16,654,310.38</td>
</tr>
<tr>
<td>Short-term investments</td>
<td>439,713,183.29</td>
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<tr>
<td>Assets whose use is limited and required for current liabilities due from patients and other net of allowance for uncollectible</td>
<td>7,437,000.00</td>
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<tr>
<td>Inventories</td>
<td>142,688,860.14</td>
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<tr>
<td>Est. third party payer</td>
<td>35,331,101.22</td>
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<tr>
<td>Net Taxes Receivable</td>
<td>9,613,346.52</td>
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<tr>
<td>Other Current Assets</td>
<td>133,470,913.08</td>
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<tr>
<td><strong>Total current assets</strong></td>
<td>946,047,341.16</td>
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**ASSETS WHOSE USE IS LIMITED:**

<table>
<thead>
<tr>
<th><strong>2022</strong></th>
<th><strong>2019</strong></th>
</tr>
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<tbody>
<tr>
<td>Held by trustee under bond indenture agreement for Held by trustee for self-ins.</td>
<td>38,797,126.56</td>
</tr>
<tr>
<td><strong>Total assets whose use is limited, net</strong></td>
<td>38,797,126.56</td>
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**INVESTMENTS**

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<tr>
<th><strong>2022</strong></th>
<th><strong>2019</strong></th>
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<tbody>
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<td>228,225,599.67</td>
<td>150,187,925.91</td>
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**CAPITAL ASSETS, NET**

<table>
<thead>
<tr>
<th><strong>2022</strong></th>
<th><strong>2019</strong></th>
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<tbody>
<tr>
<td>556,616,788.92</td>
<td>575,430,209.94</td>
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**OTHER ASSETS**

<table>
<thead>
<tr>
<th><strong>2022</strong></th>
<th><strong>2019</strong></th>
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<tr>
<td>24,868,039.12</td>
<td>27,909,218.90</td>
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**TOTAL ASSETS**

<table>
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<tr>
<th><strong>2022</strong></th>
<th><strong>2019</strong></th>
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<tbody>
<tr>
<td>1,787,805,703.22</td>
<td>1,788,599,513.13</td>
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**DEFERRED OUTFLOWS OF RESOURCES**

<table>
<thead>
<tr>
<th><strong>2022</strong></th>
<th><strong>2019</strong></th>
</tr>
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<tbody>
<tr>
<td>Accumulated decrease in fair loss on debt refinancing</td>
<td>24,889,335.10</td>
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<tr>
<td>Deferred pension amounts open</td>
<td>15,995,370.89</td>
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<tr>
<td>1,664,659.00</td>
<td>0.00</td>
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**Total Outflows of Resources**

<table>
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<tr>
<th><strong>2022</strong></th>
<th><strong>2019</strong></th>
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</thead>
<tbody>
<tr>
<td>42,539,304.99</td>
<td>56,452,403.93</td>
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</table>

**Total Assets & Deferred Outflows**

<table>
<thead>
<tr>
<th><strong>2022</strong></th>
<th><strong>2019</strong></th>
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</thead>
<tbody>
<tr>
<td>1,830,344,008.21</td>
<td>1,844,951,915.06</td>
</tr>
</tbody>
</table>
LIABILITIES AND NET POSITION

2020       2019

CURRENT LIABILITIES:
Current maturities of revenue bonds payable
Current maturities of lease facility obligations
Advanced Funds-Property Taxes
Accounts payable and acc. exp
Accrued salaries and payroll tax
Accrued personal leave
Estimated third-party payor Interest Payable
Current portion of self-ins

Total Current Liabilities

REVENUE BONDS, NET OF CURRENT LEASE FACILITY CDBG, NET OF
SELF-INS LIAB, NET OF CURRENT NET PENSION LIABILITY

TOTAL OPER LIABILITY

Total liabilities

DEFERRED INFLOWS OF RESOURCES

DEFERRED PENSION AMOUNTS OPER

Total Deferred Inflows NET POSITION

Net Investments in Capital Assets
Restricted net assets-donor restrictions
Unrestricted
Project Fund - Restricted

Total Net Position

TOTAL LIAB, DEF. INF & NET PO
<table>
<thead>
<tr>
<th>CURRENT MONTH</th>
<th>FLEXED</th>
<th>PRIOR YEAR</th>
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</tr>
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<tbody>
<tr>
<td>227,938,589</td>
<td>224,081,681</td>
<td>3,856,908</td>
<td>1.7</td>
</tr>
<tr>
<td>161,067,082</td>
<td>160,014,115</td>
<td>1,052,967</td>
<td>0.7</td>
</tr>
<tr>
<td>389,005,671</td>
<td>384,959,796</td>
<td>4,909,875</td>
<td>1.3</td>
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</table>

<table>
<thead>
<tr>
<th>OVER/ UNDER</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(UNDER)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>OVER/ UNDER</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(UNDER)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GROSS PATIENT REVENUE</th>
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<tbody>
<tr>
<td>Inpatient</td>
<td></td>
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<tr>
<td>Outpatient/Emergency</td>
<td></td>
</tr>
<tr>
<td>TOTAL GROSS PAT REV</td>
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<table>
<thead>
<tr>
<th>DEDUCTIONS</th>
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<tbody>
<tr>
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<td>Medicaid-Traditional</td>
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<td>MC - MCA/Commercial</td>
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<td>104,612,780</td>
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| 4,439,628 | (224,580) | (4.8) | 4,439,628 | 4,439,628 |

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<td>Dividend/Interest Inc</td>
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<td>Gain/(Loss) on Invest</td>
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<td>----------------</td>
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<td>42,026</td>
</tr>
<tr>
<td>8,156</td>
<td>8,373</td>
</tr>
<tr>
<td>73,489</td>
<td>76,498</td>
</tr>
<tr>
<td>4,776</td>
<td>4,866</td>
</tr>
<tr>
<td>24,924</td>
<td>24,518</td>
</tr>
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<td>61.8%</td>
</tr>
<tr>
<td>22.9%</td>
<td>21.3%</td>
</tr>
<tr>
<td>23.3%</td>
<td>24.1%</td>
</tr>
<tr>
<td>(1.4%)</td>
<td>(7.2%)</td>
</tr>
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<td>7,899.5</td>
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<tr>
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<td>166.8</td>
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<tr>
<td>139.4</td>
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<td>1,978</td>
</tr>
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**KEY INDICATORS:**

- Admissions
- Outpatient
- Patient Days
- Sal/Ben % NOR
- Supplies % NOR
- Other Exp % NOR
- Oper. Exp % NOR
- Total FTEs

**OPERATING INDICATORS:**

- Avg Daily Census
- Avg Length of Stay
- Short Hospital
- Short Stay-ACD
- Short Stay-ALS
- ER Dept Visits
- Direct Admits
- Direct Admits %
- Births
- Nursery Days
- IP Admissions
- OP Admissions
- Total Surgeries
- Short Stay Days
- Short Stay Visits
- OP Ancillary Visits
- OP Med Ctr Visits
- OP Clinic Visits
- ER Dept Visits
- BCHR Visits
- Hospice Home Care Visits
- Physician Office Visit
- BH Imaging Visits
- BMU Center Visits
- BH Weston Visits
- Primary Care Visits
- CDTC Visits

**ACTUAL  | PLANNED BUDGET | OVER/ UNDER | % OVER/ UNDER | FLEXED BUDGET | PRIOR YEAR |
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<td>25,328</td>
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<tr>
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<td>61.8%</td>
<td>(1.1%)</td>
<td>(1.8%)</td>
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<td>61.9%</td>
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<tr>
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<td>21.3%</td>
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<td>7.4%</td>
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<td>21.1%</td>
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<tr>
<td>(1.4%)</td>
<td>(7.2%)</td>
<td>(7.2%)</td>
<td>(7.2%)</td>
<td>(7.2%)</td>
<td>(7.2%)</td>
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<td>31.69</td>
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## ADMISSIONS

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<th>ACTUAL</th>
<th>BUDGET</th>
<th>DIFF</th>
<th>% VAR</th>
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<td>820</td>
<td>709</td>
<td>778</td>
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## PATIENT DAYS

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<th>BUDGET</th>
<th>DIFF</th>
<th>% VAR</th>
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<td>(5.32)</td>
<td>5,073</td>
<td>4,736</td>
<td>5,002</td>
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<td>0.00</td>
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<td>24,518</td>
<td>406.00</td>
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## E.R. VISITS

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<th>ACTUAL</th>
<th>BUDGET</th>
<th>DIFF</th>
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<th>LFY</th>
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## D.P. VISITS

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<th>LFY</th>
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North Broward Hospital District
Summary of Monthly Patient Payments
January 2016 through December 2019

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<th>Calendar 2017</th>
<th>Calendar 2018</th>
<th>Calendar 2019</th>
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North Broward Hospital District  
Days in Accounts Receivable  
Period Ended July 31, 2019 Draft Unaudited

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<td>40.0</td>
<td>41.1</td>
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<td>54.9</td>
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<td>55.8</td>
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### North Broward Hospital District

#### Days in Accounts Receivable Quarterly Comparison

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<td>75,322,946</td>
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<td>12,884,571</td>
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<td>42.66</td>
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SUMMARY OF REQUEST

DATE: October 30, 2019

FACILITY: North Broward Hospital District

PROGRAM/PRODUCT LINE: Not Applicable

REQUEST: Acceptance of the Interim Financial Statement for the month of August, 2019

PURPOSE: Not Applicable

CAPITAL REQUIRED: Not Applicable

FISCAL IMPACT: Not Applicable

BUDGET STATUS: Not Applicable

LEGAL REVIEW: Not Applicable

APPROVED:  Gino Santorio 10/21/2019 18:06 Eastern Daylight
           Gino Santorio, President/CEO BH

APPROVED:  Alex Fernandez 10/22/2019 08:47 Eastern Daylight
           Alex Fernandez, CFO/Chief Financial Officer
## NORTH BROWARD HOSPITAL DISTRICT
### STATEMENT OF NET POSITION
For Period Ending August 31, 2019
Fiscal Year 2020

### ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>2020</th>
<th>2019</th>
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<tr>
<td>Cash and cash equivalents</td>
<td>38,379,386.05</td>
<td>50,331,346.58</td>
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<tr>
<td>Cash &amp; Investments Externally</td>
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<tr>
<td>Short-term investments</td>
<td>490,184,594.14</td>
<td>502,510,805.73</td>
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<tr>
<td>Assets whose use is limited and required for current liability due from patients and other</td>
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</tr>
<tr>
<td>net of allowance for uncollectible</td>
<td>152,224,880.03</td>
<td>147,158,353.60</td>
</tr>
<tr>
<td>Inventories</td>
<td>35,422,134.39</td>
<td>33,481,459.41</td>
</tr>
<tr>
<td>Est. third party payer</td>
<td>12,841,259.42</td>
<td>8,638,829.76</td>
</tr>
<tr>
<td>Net Taxes Receivable</td>
<td>133,434,180.81</td>
<td>133,010,270.81</td>
</tr>
<tr>
<td>Other Current Assets</td>
<td>57,932,281.73</td>
<td>53,701,147.23</td>
</tr>
</tbody>
</table>

**Total current assets**

|                                                     | 948,108,812.65 | 988,682,569.07 |

### ASSETS WHOSE USE IS LIMITED:

<table>
<thead>
<tr>
<th>Description</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Held by trustee under bond indenture agreement for</td>
<td>38,888,899.87</td>
<td>37,880,146.42</td>
</tr>
<tr>
<td>Held by trustee for self-ins.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>38,888,899.87</td>
<td>37,880,146.42</td>
</tr>
</tbody>
</table>

**Total assets whose use is limited, net**

|                                                     | 33,133,477.92 | 47,635,495.35 |

### INVESTMENTS

|                                                     | 219,495,925.25 | 160,190,563.79 |

### CAPITAL ASSETS, Net

|                                                     | 556,853,829.69 | 573,490,639.64 |

### OTHER ASSETS

|                                                     | 24,972,566.36 | 28,019,168.65 |

**TOTAL ASSETS**

|                                                     | 1,777,549,411.76 | 1,788,023,356.42 |

### DEFERRED OUTFLOWS OF RESOURCES

<table>
<thead>
<tr>
<th>Description</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accumulated decrease in fair market value of long-term debt</td>
<td>24,660,880.91</td>
<td>27,402,133.19</td>
</tr>
<tr>
<td>LOSS ON DEBT REPAYMENTS</td>
<td>15,985,370.89</td>
<td>28,821,842.55</td>
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<tr>
<td>DEFERRED PENSION AMOUNTS</td>
<td>1,664,509.00</td>
<td>0.00</td>
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</tbody>
</table>

**Total Outflows of Resources**

|                                                     | 42,310,768.80 | 56,223,965.74 |

**Total Assets & Deferred Outflow**

|                                                     | 1,819,860,180.56 | 1,844,247,326.16 |
## LIABILITIES AND NET POSITION

### CURRENT LIABILITIES:
Current maturities of revenue bonds payable
Current maturities of lease facility obligations
Advanced Funds-Property Taxes
Accounts payable and acc. exp.
Accrual salaries and payroll tax
Accrued personal leave
Estimated third-party payor
Interest Payable
Current portion of self-ins

<table>
<thead>
<tr>
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<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>(6,025,090.00)</td>
<td>(6,530,090.00)</td>
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<tr>
<td>(1,788,718.50)</td>
<td>(108,856.80)</td>
</tr>
<tr>
<td>(111,224,760.90)</td>
<td>(130,675,732.00)</td>
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<tr>
<td>(120,387,169.11)</td>
<td>(136,634,637.76)</td>
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<tr>
<td>(36,084,841.80)</td>
<td>(48,104,867.63)</td>
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<tr>
<td>(27,463,620.21)</td>
<td>(37,711,996.33)</td>
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<tr>
<td>(32,115,315.72)</td>
<td>(31,803,603.97)</td>
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<tr>
<td>(2,610,208.34)</td>
<td>(2,543,795.66)</td>
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<tr>
<td>(7,437,000.00)</td>
<td>(6,261,662.00)</td>
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**Total Current Liabilities**

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<tr>
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<th>2019</th>
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</thead>
<tbody>
<tr>
<td>(361,728,854.58)</td>
<td>(363,494,734.84)</td>
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### REVENUE BONDS, NET OF CURRENT

<table>
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<tbody>
<tr>
<td>(337,012,860.80)</td>
<td>(343,408,912.84)</td>
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### LEASE FACILITY OBLIG., NET OF

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<tr>
<td>(5,572,696.51)</td>
<td>(218,012.59)</td>
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### SELF-INS LIAB., NET OF CURRENT

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<td>(28,154,049.00)</td>
<td>(26,561,824.63)</td>
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### NET PENSION LIABILITY

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<td>11,853,255.00</td>
<td>1,880,129.00</td>
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### TOTAL OPEB LIABILITY

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<td>(151,649,847.70)</td>
<td>(159,107,497.39)</td>
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**Total liabilities**

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</thead>
<tbody>
<tr>
<td>(669,287,454.49)</td>
<td>(691,210,562.29)</td>
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### DEFERRED INFLOWS OF RESOURCES

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<tr>
<td>(28,282,427.39)</td>
<td>(20,899,171.99)</td>
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### OPEB

<table>
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<tbody>
<tr>
<td>(5,246,907.00)</td>
<td>(5,644,386.00)</td>
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### Total Deferred Inflows

<table>
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<th>2019</th>
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</thead>
<tbody>
<tr>
<td>(34,428,364.99)</td>
<td>(36,443,557.99)</td>
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### NET POSITION

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<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>(232,114,622.79)</td>
<td>(263,129,962.52)</td>
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###assets

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<th>2019</th>
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</thead>
<tbody>
<tr>
<td>(27,465,178.91)</td>
<td>(25,737,128.37)</td>
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<tr>
<td>(666,707,883.97)</td>
<td>(621,709,139.71)</td>
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<tr>
<td>(666,578.04)</td>
<td>(16,017,010.93)</td>
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**Total Net Position**

<table>
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<tr>
<th>2020</th>
<th>2019</th>
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</thead>
<tbody>
<tr>
<td>(915,994,360.71)</td>
<td>(915,593,241.53)</td>
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### TOTAL LIAB., DEP. INFLOWS & NET PO

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<th>2020</th>
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<tbody>
<tr>
<td>(1,613,860,180.19)</td>
<td>(1,644,247,161.62)</td>
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<tr>
<td>ACTUAL</td>
<td>PLANNED</td>
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<tr>
<td>--------</td>
<td>---------</td>
</tr>
<tr>
<td>229,763,532</td>
<td>223,373,116</td>
</tr>
<tr>
<td>392,052,840</td>
<td>386,997,509</td>
</tr>
<tr>
<td>41,232,372</td>
<td>39,192,761</td>
</tr>
<tr>
<td>162,288,802</td>
<td>163,616,453</td>
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<tr>
<td>392,052,840</td>
<td>386,997,509</td>
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</tbody>
</table>

**GROSS PATIENT REVENUE**

**OUTPATIENT/EMERGENCY**

**DELECTIONS**

**DEMENTS**

**TOTAL DEDUCTIONS**

**REIMBURSEMENT**

**REIMBURSEMENT**

**TOTAL REIMBURSEMENT**

**NET OPERATING REVENUE**

**OPERATING EXPENSES**

**NET OPERATING REVENUE**

**GAIN/LOSS OPERATIONS**

**NON-OPERATING REVENUE**

**NON-OPERATING EXPENSE**

**NON-OPERATING EXPENSE**

**EXCESS OVER EXP**

**Page 1**

**12SEP-2019 4:39 PM**
## Total System Operating Statement

**Internal Management Format - not for external reporting**

**JUL - AUG**

<table>
<thead>
<tr>
<th>Actual</th>
<th>Planned</th>
<th>Current</th>
<th>Over/Under</th>
<th>% Over/Under</th>
<th>FLEXED</th>
<th>Prior</th>
<th>Year</th>
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</thead>
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</tr>
<tr>
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<td>42,371</td>
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<td>(0.2)</td>
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<td>8,903</td>
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<td>83,244</td>
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<td>4,124</td>
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<td>79,120</td>
<td>76,133</td>
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<td>5.6</td>
<td>4,701</td>
<td>4,706</td>
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<tr>
<td>24,762</td>
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<td>312</td>
<td>1.3</td>
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<td>24,508</td>
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<td></td>
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</tr>
<tr>
<td>7,586</td>
<td>7,922</td>
<td>406</td>
<td>5.1</td>
<td>7,922</td>
<td>7,574.5</td>
<td>5691</td>
<td>7,453.7</td>
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<td>5,96</td>
<td>5,85</td>
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<td>(0.9)</td>
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<td>4,98</td>
<td>5,53</td>
<td>4,84</td>
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<tr>
<td>159.6</td>
<td>168.6</td>
<td>(9)</td>
<td>(5.5)</td>
<td>168.3</td>
<td>150.3</td>
<td>161.6</td>
<td>150.8</td>
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<tr>
<td>130.7</td>
<td>146.9</td>
<td>(16.2)</td>
<td>(5.5)</td>
<td>146.7</td>
<td>128.1</td>
<td>139.1</td>
<td>126.7</td>
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<td>31.7</td>
<td>32.7</td>
<td>(9)</td>
<td>(3.1)</td>
<td>32.7</td>
<td>25.4</td>
<td>33.1</td>
<td>24.6</td>
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<tr>
<td>27.9</td>
<td>29.1</td>
<td>(2)</td>
<td>(6.4)</td>
<td>29.4</td>
<td>24.6</td>
<td>30.8</td>
<td>25.3</td>
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<tr>
<td>34.2</td>
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<td>0.0</td>
<td>34.2</td>
<td>31.8</td>
<td>33.5</td>
<td>31.7</td>
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<tr>
<td>1,914</td>
<td>2,000</td>
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<td>(4.3)</td>
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<td>1,607</td>
<td>1,903</td>
<td>1,641</td>
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<td>2,161</td>
<td>2,940</td>
<td>(79)</td>
<td>(3.3)</td>
<td>2,889</td>
<td>1,795</td>
<td>2,160</td>
<td>1,839</td>
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<tr>
<td>1,096</td>
<td>1,335</td>
<td>(48)</td>
<td>(4.3)</td>
<td>1,164</td>
<td>705</td>
<td>1,057</td>
<td>710</td>
</tr>
<tr>
<td>4,238</td>
<td>4,701</td>
<td>(484)</td>
<td>(10.4)</td>
<td>4,636</td>
<td>3,617</td>
<td>4,085</td>
<td>3,479</td>
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<td>46,636</td>
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<td>47,157</td>
<td>46,101</td>
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<td>10,868</td>
<td>11,318</td>
<td>(450)</td>
<td>(4.0)</td>
<td>11,361</td>
<td>9,514</td>
<td>10,976</td>
<td>9,897</td>
</tr>
<tr>
<td>12,187</td>
<td>12,678</td>
<td>(484)</td>
<td>(4.0)</td>
<td>12,786</td>
<td>10,967</td>
<td>12,357</td>
<td>12,614</td>
</tr>
</tbody>
</table>

### Key Indicators:
- **Actual**: 84,854 (84,397, 567, 0.5, 83,949, 93,317)
- **Planned**: 15,137 (15,949, 1,184, 0.8, 145,849, 160,208)
- **Current**: 79,094 (78,755, 347, 0.4, 75,846, 80,922)
- **Over/Under**: 4,760 (4,642, 124, 0.2, 166, 318)
- **% Over/Under**: 6.2% (5.8%, 0% 0.0, 6.2%, 6.0%)
- **FLEXED**: 4,984 (4,984, 0, 0.0, 4,984, 4,984)
- **Prior Year**: 79,094 (78,755, 347, 0.4, 79,094, 93,317)

### Operating Indicators:
- **Total Revenue**: 801.7 (799.9, 12, 1.5, 0.0, 803.8)
- **Avg Daily Census**: 801.7 (799.9, 12, 1.5, 0.0, 803.8)
- **Avg Length of Stay**: 801.7 (799.9, 12, 1.5, 0.0, 803.8)
- **Short Stay - LOS**: 801.7 (799.9, 12, 1.5, 0.0, 803.8)
- **Short Stay - ALLOS**: 801.7 (799.9, 12, 1.5, 0.0, 803.8)
- **ER Dept Admissions**: 801.7 (799.9, 12, 1.5, 0.0, 803.8)
- **Direct Admit %**: 801.7 (799.9, 12, 1.5, 0.0, 803.8)
- **Births**: 801.7 (799.9, 12, 1.5, 0.0, 803.8)
- **IP Surgeries**: 801.7 (799.9, 12, 1.5, 0.0, 803.8)
- **Total Surgeries**: 801.7 (799.9, 12, 1.5, 0.0, 803.8)
- **Short Stay - Days**: 801.7 (799.9, 12, 1.5, 0.0, 803.8)
- **Short Stay - Cases**: 801.7 (799.9, 12, 1.5, 0.0, 803.8)
- **HCFA Tele**: 801.7 (799.9, 12, 1.5, 0.0, 803.8)
- **Hospice Care**: 801.7 (799.9, 12, 1.5, 0.0, 803.8)
- **Primary Care**: 801.7 (799.9, 12, 1.5, 0.0, 803.8)

### Operating Indicators:
- **Total Expense/AA**: 12,357 (12,248, 238, 2.1, 11,281, 9,697)
- **Total Expense/AA**: 12,357 (12,248, 238, 2.1, 11,281, 9,697)
- **Total Expense/AA**: 12,357 (12,248, 238, 2.1, 11,281, 9,697)
- **Total Expense/AA**: 12,357 (12,248, 238, 2.1, 11,281, 9,697)
- **Total Expense/AA**: 12,357 (12,248, 238, 2.1, 11,281, 9,697)
- **Total Expense/AA**: 12,357 (12,248, 238, 2.1, 11,281, 9,697)
- **Total Expense/AA**: 12,357 (12,248, 238, 2.1, 11,281, 9,697)
- **Total Expense/AA**: 12,357 (12,248, 238, 2.1, 11,281, 9,697)
- **Total Expense/AA**: 12,357 (12,248, 238, 2.1, 11,281, 9,697)
- **Total Expense/AA**: 12,357 (12,248, 238, 2.1, 11,281, 9,697)
<table>
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<tr>
<th>PAYOR TYPE</th>
<th>CURRENT MONTH</th>
<th>PERIOD TO DATE</th>
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<tr>
<td></td>
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<td>BUDGET</td>
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<td>928</td>
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<td>416</td>
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<td>0</td>
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<tr>
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<td>819</td>
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<tr>
<td>HMO/PPO-MCAID</td>
<td>715</td>
<td>773</td>
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<td>109</td>
<td>159</td>
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<td>565</td>
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<td><strong>PATIENT DAYS</strong></td>
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<td>4,991</td>
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<td>5,752</td>
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<td><strong>TOTAL ER VISITS</strong></td>
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<td>22,938</td>
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<td><strong>O.P. VISITS</strong></td>
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<td>17,054</td>
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<tr>
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<tr>
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## North Broward Hospital District
### Summary of Monthly Patient Payments
#### January 2016 through December 2019

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<th>Month of</th>
<th>Calendar 2016</th>
<th>Calendar 2017</th>
<th>Calendar 2018</th>
<th>Calendar 2019</th>
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<td>January</td>
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<td>82,725,718</td>
<td>80,264,778</td>
<td>73,798,544</td>
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<tr>
<td>February</td>
<td>73,935,952</td>
<td>75,482,775</td>
<td>73,700,385</td>
<td>76,751,711</td>
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<td>87,205,021</td>
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<td>82,434,673</td>
<td>84,003,349</td>
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<tr>
<td>May</td>
<td>83,226,329</td>
<td>93,299,553</td>
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<tr>
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<td>79,336,337</td>
<td>78,139,000</td>
<td>72,279,255</td>
<td>78,444,101</td>
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<td>70,080,337</td>
<td>77,332,169</td>
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<td>85,291,665</td>
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<td>79,515,110</td>
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<td><strong>Totals</strong></td>
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<td><strong>Monthly Average</strong></td>
<td><strong>77,308,608</strong></td>
<td><strong>79,215,852</strong></td>
<td><strong>77,292,213</strong></td>
<td><strong>78,332,304</strong></td>
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<td><strong>Last 12 month average</strong></td>
<td><strong>77,078,174</strong></td>
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<td><strong>77,970,082</strong></td>
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North Broward Hospital District  
Days in Accounts Receivable  
Period Ended August 31, 2019 Draft Unaudited

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<th>Month</th>
<th>BHMC</th>
<th>BHN</th>
<th>BHIP</th>
<th>BHCS</th>
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<td>40.4</td>
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</tr>
<tr>
<td>September</td>
<td>2017</td>
<td>63.2</td>
<td>56.9</td>
<td>45.5</td>
<td>42.0</td>
<td>56.3</td>
</tr>
<tr>
<td>October</td>
<td>2017</td>
<td>61.3</td>
<td>58.2</td>
<td>40.0</td>
<td>41.1</td>
<td>54.8</td>
</tr>
<tr>
<td>November</td>
<td>2017</td>
<td>60.3</td>
<td>58.1</td>
<td>40.5</td>
<td>42.0</td>
<td>54.5</td>
</tr>
<tr>
<td>December</td>
<td>2017</td>
<td>60.5</td>
<td>58.3</td>
<td>39.1</td>
<td>42.7</td>
<td>54.6</td>
</tr>
<tr>
<td>January</td>
<td>2018</td>
<td>60.2</td>
<td>57.3</td>
<td>41.2</td>
<td>41.6</td>
<td>54.4</td>
</tr>
<tr>
<td>February</td>
<td>2018</td>
<td>61.1</td>
<td>55.5</td>
<td>43.4</td>
<td>42.1</td>
<td>54.9</td>
</tr>
<tr>
<td>March</td>
<td>2018</td>
<td>60.5</td>
<td>56.5</td>
<td>41.3</td>
<td>39.4</td>
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<tr>
<td>April</td>
<td>2018</td>
<td>59.5</td>
<td>55.5</td>
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<tr>
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<td>2018</td>
<td>58.1</td>
<td>51.8</td>
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<td>51.7</td>
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<tr>
<td>June</td>
<td>2018</td>
<td>60.1</td>
<td>52.4</td>
<td>46.9</td>
<td>40.2</td>
<td>53.7</td>
</tr>
<tr>
<td>July</td>
<td>2018</td>
<td>62.1</td>
<td>52.9</td>
<td>46.3</td>
<td>39.7</td>
<td>54.5</td>
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<tr>
<td>August</td>
<td>2018</td>
<td>60.9</td>
<td>49.4</td>
<td>46.6</td>
<td>39.9</td>
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<tr>
<td>September</td>
<td>2018</td>
<td>63.6</td>
<td>50.3</td>
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<tr>
<td>October</td>
<td>2018</td>
<td>63.6</td>
<td>51.4</td>
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<tr>
<td>November</td>
<td>2018</td>
<td>63.2</td>
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<tr>
<td>December</td>
<td>2018</td>
<td>63.8</td>
<td>50.3</td>
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<tr>
<td>January</td>
<td>2019</td>
<td>66.5</td>
<td>50.4</td>
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<td>41.6</td>
<td>56.6</td>
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<tr>
<td>February</td>
<td>2019</td>
<td>63.8</td>
<td>48.0</td>
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<td>53.6</td>
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<tr>
<td>March</td>
<td>2019</td>
<td>66.3</td>
<td>48.8</td>
<td>40.3</td>
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<tr>
<td>April</td>
<td>2019</td>
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<tr>
<td>May</td>
<td>2019</td>
<td>56.7</td>
<td>44.9</td>
<td>39.1</td>
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<tr>
<td>June</td>
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<td>54.8</td>
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<td>47.3</td>
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<tr>
<td>July</td>
<td>2019</td>
<td>55.2</td>
<td>42.6</td>
<td>37.1</td>
<td>38.4</td>
<td>47.5</td>
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<tr>
<td>August</td>
<td>2019</td>
<td>60.5</td>
<td>45.9</td>
<td>41.3</td>
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North Broward Hospital District
Days in Accounts Receivable Quarterly Comparison

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<td>Net Revenue/Day</td>
<td>2,558,789</td>
<td>2,564,291</td>
<td>2,589,336</td>
<td>2,527,641</td>
<td>2,551,472</td>
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<td>2,461,908</td>
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<td>54.43</td>
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<td>53.71</td>
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<td>54.56</td>
<td>56.31</td>
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<td>Net A/R</td>
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<td>68,406,136</td>
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<td>1,249,203</td>
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<td>1,256,651</td>
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<td>1,253,501</td>
<td>1,379,046</td>
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<td>A/R Days</td>
<td>60.48</td>
<td>55.18</td>
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<td>66.32</td>
<td>63.76</td>
<td>63.59</td>
<td>60.10</td>
<td>60.54</td>
<td>60.53</td>
<td>63.19</td>
<td>54.35</td>
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<tr>
<td>Net Revenue/Day</td>
<td>629,453</td>
<td>628,352</td>
<td>634,023</td>
<td>605,997</td>
<td>573,377</td>
<td>539,400</td>
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<td>574,328</td>
<td>586,182</td>
<td>660,834</td>
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<td>42.61</td>
<td>42.56</td>
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<td>50.32</td>
<td>50.29</td>
<td>52.43</td>
<td>56.46</td>
<td>58.27</td>
<td>56.87</td>
<td>44.57</td>
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<tr>
<td>Net A/R</td>
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<td>9,924,775</td>
<td>10,728,371</td>
<td>10,853,725</td>
<td>12,322,513</td>
<td>11,630,557</td>
<td>12,647,078</td>
<td>13,729,491</td>
<td>12,723,409</td>
<td>12,884,671</td>
<td>12,888,426</td>
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<tr>
<td>A/R Days</td>
<td>41.34</td>
<td>37.15</td>
<td>39.22</td>
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<td>45.31</td>
<td>44.67</td>
<td>46.93</td>
<td>41.30</td>
<td>39.13</td>
<td>45.52</td>
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<tr>
<td>Net A/R</td>
<td>17,233,766</td>
<td>16,134,851</td>
<td>16,348,127</td>
<td>16,923,007</td>
<td>17,573,691</td>
<td>17,440,251</td>
<td>16,396,629</td>
<td>16,096,190</td>
<td>16,632,570</td>
<td>16,606,834</td>
<td>16,466,332</td>
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<td>A/R Days</td>
<td>41.12</td>
<td>38.37</td>
<td>37.79</td>
<td>42.81</td>
<td>39.10</td>
<td>41.87</td>
<td>40.23</td>
<td>39.40</td>
<td>42.66</td>
<td>41.95</td>
<td>38.61</td>
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<td><strong>ALL OTHER</strong></td>
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<tr>
<td>Net A/R</td>
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<td>5,411,518</td>
<td>6,210,999</td>
<td>6,355,482</td>
<td>6,907,336</td>
<td>7,251,321</td>
<td>8,226,819</td>
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<td>7,733,535</td>
<td>7,963,022</td>
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<tr>
<td>Net Revenue/Day</td>
<td>37,252</td>
<td>31,982</td>
<td>37,589</td>
<td>70,455</td>
<td>72,651</td>
<td>72,171</td>
<td>73,285</td>
<td>84,892</td>
<td>82,373</td>
<td>121,652</td>
<td>89,407</td>
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<td>143.93</td>
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<td>90.94</td>
<td>102.28</td>
<td>63.47</td>
<td>89.06</td>
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<td><strong>CONSOLIDATED</strong></td>
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<tr>
<td>Net Revenue/Day</td>
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<td>2,596,272</td>
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<td>2,604,096</td>
<td>2,624,122</td>
<td>2,529,792</td>
<td>2,535,153</td>
<td>2,799,430</td>
<td>2,635,232</td>
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<tr>
<td>A/R Days</td>
<td>52.99</td>
<td>48.85</td>
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<td>55.34</td>
<td>54.68</td>
<td>55.02</td>
<td>55.41</td>
<td>56.06</td>
<td>56.55</td>
<td>49.38</td>
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</tbody>
</table>
SUMMARY OF REQUEST

DATE: October 30, 2019

FACILITY: North Broward Hospital District

PROGRAM/PRODUCT LINE: Not Applicable

REQUEST: Acceptance of the Interim Financial Statement for the month of September, 2019

PURPOSE: Not Applicable

CAPITAL REQUIRED: Not Applicable

FISCAL IMPACT: Not Applicable

BUDGET STATUS: Not Applicable

LEGAL REVIEW: Not Applicable

APPROVED: ___________________________ DATE: ____________
Gino Santorio, President/CEO BH

APPROVED: ___________________________ DATE: ____________
Alex Fernandez, CFO/Chief Financial Officer
## NORTH BRONX HOSPITAL DISTRICT

### STATEMENT OF NET POSITION

**For Period 3 Ending September 30, 2019**

**Fiscal Year 2020**

### ASSETS

#### CURRENT ASSETS:
- Cash and cash equivalents: 62,168,365.39
- Cash & Investments Externally: 16,544,213.16
- Short-term investments: 483,283,025.54
- Assets whose use is limited and required for current liabilities: 7,437,000.00
- Due from patients and other net of allowance for uncolli: 161,773,836.55
- Inventories: 35,383,191.71
- Ext. third party payer: 16,462,272.60
- Net Taxes Receivable: 138,810,815.37
- Other Current Assets: 58,393,593.09

**Total Current Assets:**

#### ASSETS WHOSE USE IS LIMITED:
- Held by trustee under bond indenture agreement for self-ins: 38,964,607.00
- Held by trustee for self-ins: 38,964,607.00

#### LESS AMOUNT REQUIRED TO MEET CURRENT OBLIGATIONS:
- Project Fund - Restricted: 161,820.53

**Total assets whose use is limited, net:**

#### INVESTMENTS:

#### CAPITAL ASSETS, NET:

#### OTHER ASSETS:

**Total Assets:**

#### DEFERRED OUTFLOWS OF RESOURCES:
- Accumulated decrease in fair loss on debt refunding: 24,432,662.72
- Deferred pension amounts: 19,985,370.89
- Other: 1,664,509.00

**Total Outflows of Resources:**

**Total Assets & Deferred Outflow:**
<table>
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<tr>
<th>LIABILITIES AND NET POSITION</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT LIABILITIES:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current maturities of revenue bonds payable</td>
<td>(5,025,000.00)</td>
<td>(4,630,000.00)</td>
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<tr>
<td>Current maturities of lease facility obligations</td>
<td>(1,792,716.23)</td>
<td>(768,076.18)</td>
</tr>
<tr>
<td>Advanced Funds-Property Taxes</td>
<td>(101,584,893.74)</td>
<td>(99,788,151.00)</td>
</tr>
<tr>
<td>Accounts payable and acc. exp</td>
<td>(134,659,107.42)</td>
<td>(143,807,610.19)</td>
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<tr>
<td>Accrued salaries and payroll tax</td>
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<td>(47,317,072.19)</td>
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<td>Accrued personal leave</td>
<td>(27,549,856.70)</td>
<td>(29,044,612.16)</td>
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<tr>
<td>Estimated third-party payor</td>
<td>(32,115,315.69)</td>
<td>(31,934,118.76)</td>
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<td>Interest Payable</td>
<td>(3,951,312.51)</td>
<td>(3,965,897.49)</td>
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<tr>
<td>Current portion of self-ins</td>
<td>(7,437,060.00)</td>
<td>(6,261,662.30)</td>
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<tr>
<td>Total Current Liabilities</td>
<td>(382,821,548.92)</td>
<td>(366,337,094.57)</td>
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<td>REVENUE BONDS, NET OF CURRENT</td>
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<td></td>
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<tr>
<td>Revenues</td>
<td>(336,899,494.88)</td>
<td>(343,204,729.92)</td>
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<td>LEASE FACILITY OBLIG. NET OF</td>
<td></td>
<td></td>
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<tr>
<td>.INTERNAL LIAB. NET OF</td>
<td>(5,395,066.53)</td>
<td>(2,985,069.71)</td>
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<td>Self-Ins Liab., Net of Current</td>
<td>(24,313,676.55)</td>
<td>(26,884,845.15)</td>
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<td>11,851,255.00</td>
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<td>(162,623,698.11)</td>
<td>(169,622,389.55)</td>
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<td>Total liabilities</td>
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<td></td>
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<tr>
<td>Total liabilities</td>
<td>(870,200,226.59)</td>
<td>(897,323,705.42)</td>
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<td>DEFERRED INFLOWS OF RESOURCES</td>
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<td></td>
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<td>DEFERRED PENSION AMOUNTS</td>
<td>(28,261,457.99)</td>
<td>(30,899,171.99)</td>
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<td>OPEB</td>
<td>(6,346,907.00)</td>
<td>(5,544,384.60)</td>
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<td>Total Deferred Inflows</td>
<td>(34,608,364.99)</td>
<td>(36,443,557.59)</td>
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<td>NET POSITION</td>
<td></td>
<td></td>
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<tr>
<td>Net Investments in Capital</td>
<td></td>
<td></td>
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<tr>
<td>Assets</td>
<td></td>
<td></td>
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<tr>
<td>Restricted net assets-donor restrictions</td>
<td>(27,450,859.12)</td>
<td>(26,578,598.72)</td>
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<tr>
<td>Unrestricted</td>
<td>(640,012,011.07)</td>
<td>(624,872,842.00)</td>
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<td>Project Fund - Restricted</td>
<td>(161,820.53)</td>
<td>(111,367,517.86)</td>
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<td>Total Net Position</td>
<td>(906,134,876.54)</td>
<td>(311,815,595.06)</td>
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<td>TOTAL LIAB., DEF. INF &amp; NET PO</td>
<td>(1,830,943,468.12)</td>
<td>(1,845,582,768.47)</td>
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<tr>
<td>Month</td>
<td>Current</td>
<td>Planned</td>
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<tr>
<td>-------</td>
<td>---------</td>
<td>---------</td>
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<tr>
<td>Jun</td>
<td>225,664,486</td>
<td>218,246,186</td>
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### DEDUCTIONS

- **Outpatient/Inpatient:**
  - **Inpatient:** 131,910,595
  - **Outpatient:** 131,910,595

- **Charity Care:** 24,545,857

- **Third Party/Other:** 777,043,477

### TOTAL DEDUCTIONS

- 927,530,809

### REIMBURSEMENTS

- **Medicare-Traditional:** 45,697,059

- **Medicaid-Traditional:** 5,325,591

- **Other:** 837,997,280

### TOTAL REIMBURSEMENTS

- 987,977,937

### TOTAL REVENUE

- 2,051,357,257

### OPERATING EXPENSES

- **Salaries:** 2,126,717,059

- **Supplies:** 2,162,528,717

- **Utilities:** 4,184,377

- **Interest Expense:** 4,357,743

- **Non-Operative:** 929,217,879

- **Common Service:** 9,560,918

### TOTAL EXPENSES

- 2,982,922,428

### GAIN/(LOSS) OPERATIONS

- 3,038,462,055

### NON-OFFICE REVENUE

- **Unrecovered Tax Revenue:** 32,742,143

- **Dividend/Interest Income:** 1,399,993

### TOTAL NON-OFFICE REVENUE

- 34,141,136

### NON-OFFICE EXPENSES

- **Investment Mgmt Fees:** 2,182,540

- **Other Non-Operative:** 4,686,378

### TOTAL NON-OFFICE EXPENSES

- 6,869,018

### OPERATING EXPENSES OVER EXP

- (10,790,819)
| TOTAL SYSTEM |
| OPERATING STATEMENT |
| Internal Management Format - not for external reporting |
| JUL - SEP |

<table>
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<tr>
<th>ACTUAL</th>
<th>PLANNED BUDGET</th>
<th>OVER/UNDER</th>
<th>% OVER/UNDER</th>
<th>FLEXED BUDGET</th>
<th>PRIOR YEAR</th>
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<td>42,385</td>
<td>50,827</td>
<td>2,226</td>
<td>5.5</td>
<td>40,537</td>
<td>44,668</td>
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<tr>
<td>7,978</td>
<td>8,042</td>
<td>(64)</td>
<td>(0.8)</td>
<td>8,006</td>
<td>8,002</td>
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<tr>
<td>2,931</td>
<td>1,401</td>
<td>(532)</td>
<td>(32.7)</td>
<td>2,205</td>
<td>1,165</td>
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<tr>
<td>7,337</td>
<td>6,788</td>
<td>529</td>
<td>7.8</td>
<td>7,337</td>
<td>7,137</td>
</tr>
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</table>

| KEY INDICATORS: |
| Ad/Adj Patient Days | 127,707 | 125,024 | 2,683 | 2.1 | 125,024 | 137,985 |
| Ad/Adj Admissions   | 26,541  | 25,676  | (271) | (1.0) | 25,670 | 0.3 | 26,202 |
| Vistors/Out/Pat Days | 25,288 | 25,288 | 3,416 | 13.4 | 21,872 | 21,872 |
| Vistors/Admissions  | 14,433  | 13,926  | 507 | 3.6 | 14,433 | 13,926 |
| Sal/Ben % NOR       | 62.2%   | 62.0%   | 0.2% | 0.2% | 61.9% | 63.4% |
| Materials % NOR     | 23.1%   | 21.1%   | 2% | 9.6% | 21.1% | 21.1% |
| Other Exp % NOR     | 23.7%   | 26.0%   | 0% | 1.1% | 26.0% | 26.0% |
| Oper/EBITDPR % NOR  | 9.0%    | 7.2%    | 2.8% | 33.6% | 7.0% | 8.3% |

| FTE's - Total |
| FTE's/AOB | 5.46 | 5.83 | (37) | (6.4%) | 5.83 | 5.03 |
| Hours/AOB | 162.1 | 168.0 | (58) | (35.3%) | 168.0 | 191.3 |
| Admissions | 153.6 | 147.1 | (6.5) | (4.3%) | 147.1 | 129.6 |
| Productive Hrs/Week | 333.6 | 333.3 | (3) | (0.9%) | 333.3 | 28.7 |
| Hours/FS | 332.4 | 332.8 | (4.4) | (1.3%) | 332.8 | 28.7 |
| Productive Hrs/FS | 26.9 | 26.3 | 0.6 | 2.3% | 26.3 | 28.7 |
| Avg Hrly Rate | 33.66 | 33.71 | (0.2) | (0.6%) | 33.71 | 32.43 |
| Total Reimb/FS | 1,836 | 1,995 | (159) | (8.0%) | 1,995 | 1,660 |
| NOR/FS | 2,083 | 2,238 | (154) | (6.7%) | 2,238 | 1,563 |
| Salaries/FS | 1,049 | 1,062 | (13) | (1.2%) | 1,062 | 3,081 |
| Supplies/FS | 482 | 472 | 10 | 2.0% | 472 | 398 |
| Total Expense/FS | 2,375 | 2,509 | (134) | (5.4%) | 2,509 | 2,110 |

| DPR/AA |
| 47,350 | 46,243 | 1,107 | 2.4% | 46,243 | 40,480 |
| NOR/AA | 10,642 | 11,297 | (655) | (5.6%) | 11,297 | 9,807 |
| Total Expense/AA | 12,397 | 12,667 | (270) | (2.2%) | 12,667 | 11,199 |

| OPERATING INDICATORS: |
| Avg Daily Census | 816.3 | 789.9 | 26 | 3.3% | 789.9 | 803.5 |
| Avg Length of Stay | 9.3 | 9.0 | 0.3 | 3.3% | 9.0 | 7.9 |
| Short Stay-AD | 102.2 | 92.5 | 9.4 | 9.4% | 92.5 | 89.7 |
| Short Stay-ALS | 13.5 | 14.0 | 0.5 | 4.0% | 14.0 | 14.0 |
| DRG Dept Admissions | 11,657 | 10,730 | 927 | 8.6% | 10,730 | 10,730 |
| Direct Admits % | 28.2 | 30.2 | (2) | (6.8%) | 30.2 | 30.2 |
| Births | 1,565 | 1,561 | 4 | 0.3% | 1,561 | 1,561 |
| Nursery Days | 3,163 | 3,194 | 31 | 1.0% | 3,194 | 3,194 |
| IP Surgeries | 3,269 | 3,305 | (36) | (1.1%) | 3,305 | 3,305 |
| OP Surgeries | 3,037 | 3,132 | 95 | 3.1% | 3,132 | 3,132 |
| Total Surgeries | 6,306 | 6,437 | 131 | 2.0% | 6,437 | 6,437 |
| Short Stay Days | 9,313 | 8,512 | 800 | 9.4% | 8,512 | 8,512 |
| Short Stay OR | 6,255 | 6,630 | 375 | 5.8% | 6,630 | 6,630 |
| OP Ancillary visits | 1,500 | 1,500 | 0 | 0% | 1,500 | 1,500 |
| OP Med Ctr Visits | 46,153 | 48,315 | (2,162) | (4.5%) | 48,315 | 48,254 |
| OP Clinic Visits | 46,153 | 48,315 | (2,162) | (4.5%) | 48,315 | 48,254 |
| ER Dept Visits | 67,777 | 69,483 | (1,706) | (2.5%) | 69,483 | 66,318 |
| GCHR Visits | 2,870 | 3,200 | (330) | (10.3%) | 3,200 | 4,285 |
| BHUC Center Visits | 2,055 | 2,751 | (696) | (25.3%) | 2,751 | 2,618 |
| Primary Care Visits | 6,777 | 6,091 | 686 | 11.4% | 6,091 | 5,633 |
| BH Weston visits | 7,477 | 7,060 | 417 | 5.9% | 7,060 | 7,060 |
| Primary Care Visits | 24,056 | 24,239 | (183) | (0.7%) | 24,239 | 23,953 |
| CDC visits | 7,337 | 8,416 | (779) | (12.7%) | 8,416 | 11,199 |
### Combined - Monthly Payor Statistics by Medical Center - Sep FY20

#### Jul - Sep

<table>
<thead>
<tr>
<th>Payor Type</th>
<th>Actual</th>
<th>Budget</th>
<th>Diff</th>
<th>% Var</th>
<th>LFY</th>
<th>** ***</th>
<th>Period To Date</th>
<th>** ***</th>
<th>Period To Date</th>
</tr>
</thead>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Admissions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare</td>
<td>930</td>
<td>901</td>
<td>29.00</td>
<td>3.22</td>
<td>815</td>
<td>2,817</td>
<td>2,761</td>
<td>56.00</td>
<td>2.03</td>
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<td>Medicaid</td>
<td>322</td>
<td>392</td>
<td>(70.00)</td>
<td>(17.86)</td>
<td>424</td>
<td>1,159</td>
<td>1,206</td>
<td>(67.00)</td>
<td>(5.36)</td>
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<td>0</td>
<td>0</td>
<td>1.00</td>
<td>0.00</td>
</tr>
<tr>
<td>HMO/PPO/COMM</td>
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<td>1,175</td>
<td>(44.00)</td>
<td>(3.76)</td>
<td>1,076</td>
<td>3,611</td>
<td>3,604</td>
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<td>HMO/PPO-MCARE</td>
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<td>45.00</td>
<td>5.66</td>
<td>725</td>
<td>2,520</td>
<td>2,438</td>
<td>152.00</td>
<td>6.23</td>
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<tr>
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<td>717</td>
<td>(68.00)</td>
<td>(4.82)</td>
<td>775</td>
<td>2,717</td>
<td>2,298</td>
<td>(163.00)</td>
<td>(7.09)</td>
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<td>Charity Adms</td>
<td>104</td>
<td>132</td>
<td>(28.00)</td>
<td>(21.21)</td>
<td>142</td>
<td>312</td>
<td>407</td>
<td>(95.00)</td>
<td>(23.34)</td>
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<td>Priv Pay Adms</td>
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<td>548</td>
<td>142.00</td>
<td>25.91</td>
<td>578</td>
<td>1,809</td>
<td>1,682</td>
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<td>7.55</td>
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<tr>
<td><strong>Total Admits</strong></td>
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<td>4,690</td>
<td>38.00</td>
<td>0.81</td>
<td>4,536</td>
<td>14,414</td>
<td>14,356</td>
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#### Patient Days

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<td>5,294</td>
<td>4,854</td>
<td>440.00</td>
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<td>4,762</td>
<td>14,883</td>
<td>14,847</td>
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<td>(524.00)</td>
<td>(19.94)</td>
<td>2,892</td>
<td>7,756</td>
<td>8,467</td>
<td>(711.00)</td>
<td>(8.40)</td>
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<td>0</td>
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<tr>
<td>HMO/PPO/COMM</td>
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<td>4.16</td>
<td>4,902</td>
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<td>4,143</td>
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<td>11,212</td>
<td>11,222</td>
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<td>6,562</td>
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<td><strong>Total Pat Days</strong></td>
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<td>24,086</td>
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<td>72,667</td>
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#### E.R. Visits

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<td>5,983</td>
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<td>5,903</td>
<td>3,668</td>
<td>(569.00)</td>
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<td>14,629</td>
<td>(918.00)</td>
<td>(6.28)</td>
<td>13,711</td>
<td>41,127</td>
<td>45,308</td>
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<td>Charity/Priv Pay/Unass</td>
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<td>17,656</td>
<td>17,424</td>
<td>232.00</td>
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<td><strong>Total ER Visits</strong></td>
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<td>23,506</td>
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<td>(4.46)</td>
<td>22,476</td>
<td>67,182</td>
<td>69,483</td>
<td>(2,301.00)</td>
<td>(3.31)</td>
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#### O.P. Visits

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<td>(1.44)</td>
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<td>0.00</td>
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<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
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<td>HMO/PPO/COMM</td>
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<td>5.43</td>
<td>5.35</td>
<td>4.97</td>
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<td>3.83</td>
<td>0.06</td>
<td>1.59</td>
<td>4.47</td>
<td>3.87</td>
<td>3.82</td>
<td>(0.55)</td>
<td>(14.37)</td>
</tr>
<tr>
<td>Priv Pay</td>
<td>5.37</td>
<td>5.05</td>
<td>0.32</td>
<td>6.31</td>
<td>5.31</td>
<td>5.23</td>
<td>5.05</td>
<td>0.15</td>
<td>3.07</td>
</tr>
</tbody>
</table>

**Sub Total**

5.37     5.05     0.32  6.31  5.31  5.23  5.05  0.15  3.07  5.29
North Broward Hospital District  
Summary of Monthly Patient Payments  
January 2016 through December 2019  

<table>
<thead>
<tr>
<th>Month of</th>
<th>Calendar 2016</th>
<th>Calendar 2017</th>
<th>Calendar 2018</th>
<th>Calendar 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>64,110,729</td>
<td>82,725,718</td>
<td>80,264,778</td>
<td>73,798,544</td>
</tr>
<tr>
<td>February</td>
<td>73,935,952</td>
<td>75,482,775</td>
<td>73,700,385</td>
<td>76,751,711</td>
</tr>
<tr>
<td>March</td>
<td>92,851,627</td>
<td>87,205,021</td>
<td>82,457,515</td>
<td>77,078,094</td>
</tr>
<tr>
<td>April</td>
<td>81,361,062</td>
<td>75,245,228</td>
<td>82,434,673</td>
<td>84,003,349</td>
</tr>
<tr>
<td>May</td>
<td>83,226,329</td>
<td>93,299,553</td>
<td>84,176,586</td>
<td>85,925,307</td>
</tr>
<tr>
<td>June</td>
<td>79,336,337</td>
<td>78,139,000</td>
<td>72,279,255</td>
<td>78,444,101</td>
</tr>
<tr>
<td>July</td>
<td>71,457,553</td>
<td>70,080,337</td>
<td>77,332,169</td>
<td>80,315,843</td>
</tr>
<tr>
<td>August</td>
<td>84,434,591</td>
<td>85,291,665</td>
<td>79,874,701</td>
<td>70,341,481</td>
</tr>
<tr>
<td>September</td>
<td>74,567,437</td>
<td>70,640,385</td>
<td>65,963,088</td>
<td>71,892,525</td>
</tr>
<tr>
<td>October</td>
<td>70,392,912</td>
<td>79,515,110</td>
<td>78,146,472</td>
<td></td>
</tr>
<tr>
<td>November</td>
<td>77,112,960</td>
<td>77,732,246</td>
<td>76,914,542</td>
<td></td>
</tr>
<tr>
<td>December</td>
<td>74,915,809</td>
<td>75,233,182</td>
<td>73,962,391</td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>927,703,298</td>
<td>950,590,219</td>
<td>927,506,554</td>
<td>698,550,955</td>
</tr>
<tr>
<td>Monthly Average</td>
<td>77,308,608</td>
<td>79,215,852</td>
<td>77,292,213</td>
<td>77,616,773</td>
</tr>
<tr>
<td>Last 12 month average</td>
<td>76,842,129</td>
<td>78,377,614</td>
<td>77,580,307</td>
<td>77,297,863</td>
</tr>
<tr>
<td>Month</td>
<td>BHMC</td>
<td>BHN</td>
<td>BHIP</td>
<td>BHCS</td>
</tr>
<tr>
<td>------------</td>
<td>------</td>
<td>-----</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>September</td>
<td>2017</td>
<td>63.2</td>
<td>56.9</td>
<td>45.5</td>
</tr>
<tr>
<td>October</td>
<td>2017</td>
<td>61.3</td>
<td>58.2</td>
<td>40.0</td>
</tr>
<tr>
<td>November</td>
<td>2017</td>
<td>60.3</td>
<td>58.1</td>
<td>40.5</td>
</tr>
<tr>
<td>December</td>
<td>2017</td>
<td>60.5</td>
<td>58.3</td>
<td>39.1</td>
</tr>
<tr>
<td>January</td>
<td>2018</td>
<td>60.2</td>
<td>57.3</td>
<td>41.2</td>
</tr>
<tr>
<td>February</td>
<td>2018</td>
<td>61.1</td>
<td>55.5</td>
<td>43.4</td>
</tr>
<tr>
<td>March</td>
<td>2018</td>
<td>60.5</td>
<td>56.5</td>
<td>41.3</td>
</tr>
<tr>
<td>April</td>
<td>2018</td>
<td>59.5</td>
<td>55.5</td>
<td>39.5</td>
</tr>
<tr>
<td>May</td>
<td>2018</td>
<td>58.1</td>
<td>51.8</td>
<td>39.3</td>
</tr>
<tr>
<td>June</td>
<td>2018</td>
<td>60.1</td>
<td>52.4</td>
<td>46.9</td>
</tr>
<tr>
<td>July</td>
<td>2018</td>
<td>62.1</td>
<td>52.9</td>
<td>46.3</td>
</tr>
<tr>
<td>August</td>
<td>2018</td>
<td>60.9</td>
<td>49.4</td>
<td>46.6</td>
</tr>
<tr>
<td>September</td>
<td>2018</td>
<td>63.6</td>
<td>50.3</td>
<td>44.7</td>
</tr>
<tr>
<td>October</td>
<td>2018</td>
<td>63.6</td>
<td>51.4</td>
<td>44.2</td>
</tr>
<tr>
<td>November</td>
<td>2018</td>
<td>63.2</td>
<td>50.1</td>
<td>42.4</td>
</tr>
<tr>
<td>December</td>
<td>2018</td>
<td>63.8</td>
<td>50.3</td>
<td>45.3</td>
</tr>
<tr>
<td>January</td>
<td>2019</td>
<td>66.5</td>
<td>50.4</td>
<td>46.9</td>
</tr>
<tr>
<td>February</td>
<td>2019</td>
<td>63.8</td>
<td>48.0</td>
<td>39.7</td>
</tr>
<tr>
<td>March</td>
<td>2019</td>
<td>66.3</td>
<td>48.8</td>
<td>40.3</td>
</tr>
<tr>
<td>April</td>
<td>2019</td>
<td>64.1</td>
<td>44.2</td>
<td>39.8</td>
</tr>
<tr>
<td>May</td>
<td>2019</td>
<td>56.7</td>
<td>44.9</td>
<td>39.1</td>
</tr>
<tr>
<td>June</td>
<td>2019</td>
<td>54.8</td>
<td>42.6</td>
<td>39.2</td>
</tr>
<tr>
<td>July</td>
<td>2019</td>
<td>55.2</td>
<td>42.6</td>
<td>37.1</td>
</tr>
<tr>
<td>August</td>
<td>2019</td>
<td>60.5</td>
<td>45.9</td>
<td>41.3</td>
</tr>
<tr>
<td>September</td>
<td>2019</td>
<td>63.0</td>
<td>47.2</td>
<td>39.8</td>
</tr>
</tbody>
</table>
# North Broward Hospital District

## Days in Accounts Receivable Quarterly Comparison

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Revenue/Day</strong></td>
<td>2,501,705</td>
<td>2,558,789</td>
<td>2,564,291</td>
<td>2,589,336</td>
<td>2,527,641</td>
<td>2,551,472</td>
<td>2,403,620</td>
<td>2,461,908</td>
<td>2,714,538</td>
<td>2,552,859</td>
<td>2,457,520</td>
<td>2,816,557</td>
</tr>
<tr>
<td><strong>A/R Days</strong></td>
<td>53.23</td>
<td>51.70</td>
<td>47.46</td>
<td>47.30</td>
<td>55.67</td>
<td>54.43</td>
<td>54.79</td>
<td>53.71</td>
<td>54.11</td>
<td>56.56</td>
<td>56.31</td>
<td>48.12</td>
</tr>
</tbody>
</table>

| BGMC | **Net A/R** | 75,757,773 | 75,015,577 | 68,872,917 | 68,406,136 | 83,848,663 | 80,121,700 | 75,502,177 | 75,332,946 | 83,492,147 | 76,475,872 | 77,310,921 | 76,297,900 |
| **Net Revenue/Day** | 1,202,884 | 1,240,369 | 1,248,256 | 1,249,203 | 1,257,302 | 1,256,651 | 1,187,344 | 1,253,501 | 1,379,046 | 1,263,464 | 1,223,439 | 1,403,780 |
| **A/R Days** | 62.98        | 60.48        | 55.18        | 54.76        | 66.32        | 63.76        | 63.59        | 60.10        | 60.54        | 60.53        | 63.19        | 54.36        |

| NBMC | **Net A/R** | 28,083,638 | 28,774,046 | 26,776,182 | 26,983,936 | 29,544,306 | 28,854,057 | 27,128,000 | 27,856,665 | 33,558,348 | 33,463,930 | 32,143,172 | 29,851,825 |
| **Net Revenue/Day** | 594,538 | 620,453 | 628,392 | 634,023 | 605,997 | 573,377 | 539,400 | 531,358 | 594,534 | 574,328 | 555,182 | 669,834 |
| **A/R Days** | 47.24         | 45.93        | 42.61        | 42.56        | 48.75        | 50.32        | 52.39        | 52.43        | 56.46        | 58.27        | 56.87        | 44.57        |

| IPMC | **Net A/R** | 10,972,744 | 11,278,360 | 9,924,775 | 10,728,371 | 10,853,725 | 12,322,513 | 11,630,557 | 12,647,078 | 13,729,461 | 12,723,409 | 12,884,571 | 12,888,426 |
| **Net Revenue/Day** | 273,930 | 272,792 | 267,181 | 273,555 | 269,018 | 271,948 | 260,358 | 269,490 | 332,452 | 325,167 | 293,035 | 315,763 |
| **A/R Days** | 39.77         | 41.34        | 37.15        | 39.22        | 40.35        | 45.31        | 44.87        | 46.93        | 41.30        | 38.13        | 45.52        | 40.62        |

| CSMC | **Net A/R** | 18,353,337 | 17,233,786 | 16,134,851 | 16,548,127 | 16,923,007 | 17,573,691 | 17,440,251 | 16,396,629 | 16,096,199 | 16,632,570 | 16,606,834 | 16,499,332 |
| **A/R Days** | 42.84         | 41.18        | 38.37        | 37.79        | 42.51        | 39.15        | 41.87        | 40.23        | 39.40        | 42.66        | 41.55        | 38.61        |

| ALL OTHER | **Net A/R** | 5,451,169 | 5,257,484 | 5,117,169 | 5,411,518 | 6,210,999 | 6,355,482 | 6,907,336 | 7,251,321 | 8,228,819 | 8,425,394 | 7,733,635 | 7,963,022 |
| **Net Revenue/Day** | 82,210 | 73,262 | 71,982 | 73,999 | 78,455 | 72,651 | 122,171 | 73,285 | 84,892 | 92,373 | 121,852 | 89,407 |
| **A/R Days** | 69.31         | 141.13       | 169.00        | 143.63        | 91.24        | 87.46        | 92.64        | 90.65        | 102.29        | 63.47        | 99.09        | 99.09        |

| **Net Revenue/Day** | 2,563,915 | 2,596,041 | 2,598,272 | 2,629,935 | 2,604,096 | 2,624,122 | 2,525,792 | 2,535,193 | 2,796,430 | 2,635,232 | 2,580,372 | 2,905,964 |
| **A/R Days** | 53.65         | 52.99        | 48.85        | 48.68        | 56.42        | 55.34        | 54.98        | 55.02        | 55.41        | 56.09        | 56.65        | 49.38        |
Agenda

• Required Communications Letter
• Communications of No Material Weaknesses
• Independent Auditors’ Report
• Financial Statements and Notes to the Financial Statements
Required Communications

QUALITATIVE ASPECTS OF ACCOUNTING PRACTICES

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the District are described in Note 2 to the financial statements. During the year ended June 30, 2019, the District adopted Governmental Accounting Standards Board (GASB) Statement No. 83, Certain Asset Retirement Obligations, and GASB Statement No. 88, Certain Disclosures Related to Debt, including Direct Borrowing and Direct Placements. No other new accounting policies were adopted that had a significant impact on the District’s financial statements and the application of existing policies was not changed during 2019. We noted no transactions entered into by the District during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.
In November 2016, the GASB issued Statement No. 83, Certain Asset Retirement Obligations, which addresses accounting and financial reporting for certain asset retirement obligations (AROs). An ARO is a legally enforceable liability associated with the retirement of a tangible capital asset. Specifically, this statement requires that a governmental entity that has legal obligations to perform future asset retirement activities related to its tangible capital assets to recognize a liability based on the guidance in this statement. GASB No. 83 establishes criteria for determining the timing and pattern of recognition of a liability and a corresponding deferred outflow of resources for AROs. The determination of when the liability is incurred should be based on the occurrence of external laws, regulations, contracts, or court judgments, together with the occurrence of an internal event that obligates a government to perform asset retirement activities. This statement requires the measurement of an ARO to be based on the best estimate of the current value of outlays expected to be incurred. GASB Statement No. 83 is effective for reporting periods beginning after June 15, 2018. The adoption of this statement for fiscal year ended June 30, 2019, had no financial impact on the District’s financial statements.
Excerpt from Note 2 of the Financial Statements page 27

In March 2018, the GASB issued GASB Statement No. 88, Certain Disclosures Related to Debt, including Direct Borrowing and Direct Placements. This statement defines debt for purposes of disclosure in notes to financial statements and establishes additional financial statement note disclosure requirements related to debt obligations of governments, including direct borrowings and direct placements. Direct borrowings and direct placements have terms negotiated directly with the investor or lender and are not offered for public sale. The requirements of this statement are effective for reporting periods beginning after June 15, 2018. Earlier application is encouraged. The adoption of this statement for fiscal year ended June 30, 2019, had no financial impact on the District’s financial statements.
The most sensitive estimates affecting the District’s financial statements were:

- Management’s estimate of the allowance for uncollectibles and the allowance for contractual adjustments is based on historical collection and write-off percentages, and reimbursement agreements with third-party payors.
- Management’s estimate of estimated third-party payor settlements is based on preliminary, as filed and final settled cost reports.
- Management’s estimate of the provision for unpaid group health claims, workers’ compensation claims, and professional and general liability claims is based on actuarial calculations and assumptions applied to the actual results of claims and cases associated with the District.
- Management’s estimate of the pension and other postemployment benefits (OPEB) liabilities is based upon the results of independent actuaries applied to data provided by the District.
- Management’s estimate of contingent liabilities is based on the latest information available provided by attorneys and other third-parties working on behalf of the District.

We evaluated the key factors and assumptions used to develop these estimates in determining that they are reasonable in relation to the financial statements taken as a whole.

Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. The most sensitive disclosures affecting the financial statements are the disclosures related to the Corporate Integrity Agreement (see Note 20 (d)) and Significant Business Risk (see Note 21).
## CORRECTED AND UNCORRECTED MISSTATEMENTS

### Post Closing Entries

<table>
<thead>
<tr>
<th>Increase (Decrease)</th>
<th>Assets/Deferred Outflows</th>
<th>Liabilities/Deferred Inflows</th>
<th>Net Position</th>
<th>Changes in Net Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided by Client: To adjust for market valuation of investments</td>
<td>$3,093</td>
<td>$ -</td>
<td>$ -</td>
<td>$3,093</td>
</tr>
<tr>
<td>Provided by Client: To adjust pension plan for GASB 68</td>
<td>$(2,784)</td>
<td>$(5,655)</td>
<td>$ -</td>
<td>$2,871</td>
</tr>
<tr>
<td>Provided by Client: To adjust FRS pension plan for GASB 68</td>
<td>221</td>
<td>210</td>
<td>$ -</td>
<td>11</td>
</tr>
<tr>
<td>Provided by Client: To adjust OPEB for GASB 75</td>
<td>1,665</td>
<td>743</td>
<td>$ -</td>
<td>922</td>
</tr>
<tr>
<td>Provided by Client: To adjust Medicare reserve for Sleep Study audit</td>
<td>$(2,654)</td>
<td>$ -</td>
<td>$ -</td>
<td>$(2,654)</td>
</tr>
<tr>
<td>Provided by Client: To adjust management bonus accrual</td>
<td>$ -</td>
<td>3,898</td>
<td>$ -</td>
<td>$(3,898)</td>
</tr>
<tr>
<td>Provided by Client: To adjust yearend purchase order accruals</td>
<td>$ -</td>
<td>$(1,556)</td>
<td>$ -</td>
<td>1,556</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$(459)</td>
<td>$(2,360)</td>
<td>$ -</td>
<td>$1,901</td>
</tr>
</tbody>
</table>

(In thousands of dollars)
Certain misstatements detected as a result of our audit procedures were not corrected in the financial statements. Management has determined that their effects are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

### CORRECTED AND UNCORRECTED MISSTATEMENTS (CONTINUED)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>To pass on adjusting beginning net position for inventory not recorded as of June 30, 2018 and corrected in May 2019.</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ (2,678)</td>
</tr>
<tr>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$ (2,678)</td>
</tr>
</tbody>
</table>
Disagreements with Management
For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor’s report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations
Prior to the issuance of our report, we will be requesting certain representations from management that will be included in the management representation letter dated the same date as our independent auditors’ report.

Management Consultations with Other Independent Accountants
In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a “second opinion” on certain situations. If a consultation involves application of an accounting principle to the District’s financial statements or a determination of the type of auditor’s opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues
We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with the Audit Committee, Board of Commissioners or management prior to retention as the District’s auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.
Other Matters
We applied certain limited procedures to management's discussion and analysis, and the schedules of changes in net pension liability and related ratios – defined benefit pension plan, employer contributions – defined benefit pension plan, money-weighted rate of return – defined benefit pension plan and changes in total OPEB liability and related ratios, which are required supplementary information (RSI) that supplements the basic financial statements. Our procedures consisted of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We did not audit the RSI and do not express an opinion or provide any assurance on the RSI.

We were engaged to report on the combining schedules of net position, and revenues, expenses, and changes in net position, which accompany the financial statements but are not RSI. With respect to this supplementary information, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with accounting principles generally accepted in the United States of America, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

Restriction on Use
This information is intended solely for the use of the Audit Committee, Board of Commissioners and management of North Broward Hospital District and is not intended to be, and should not be, used by anyone other than these specified parties.
Communication of No Material Weakness

In planning and performing our audit of the financial statements of North Broward Hospital District (the District) as of and for the year ended June 30, 2019, in accordance with auditing standards generally accepted in the United States of America, we considered the District’s internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District’s internal control. Accordingly, we do not express an opinion on the effectiveness of the District’s internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity’s financial statements will not be prevented, or detected and corrected, on a timely basis.

Our consideration of internal control was for the limited purpose described in the first paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses. Given these limitations during our audit, we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

This communication is intended solely for the information and use of the Audit Committee, Board of Commissioners and management of North Broward Hospital District, and is not intended to be, and should not be, used by anyone other than these specified parties.
In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and the aggregate remaining fund information of the North Broward Hospital District as of June 30, 2019 and 2018, and the respective changes in financial position and, where applicable, cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.
# Financial Statements and Notes to the Financial Statements

## STATEMENTS OF NET POSITION

<table>
<thead>
<tr>
<th>Assets</th>
<th>(In thousands of dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2019</td>
</tr>
<tr>
<td>Current assets:</td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$22,709</td>
</tr>
<tr>
<td>Cash and investments externally restricted by donors</td>
<td>$16,634</td>
</tr>
<tr>
<td>Short-term investments</td>
<td>$512,727</td>
</tr>
<tr>
<td>Assets whose use is limited required for current liabilities - Investments</td>
<td>$7,457</td>
</tr>
<tr>
<td>Due from patients and others, net of allowance for uncollectibles of $236,279 ($248,968 in 2018)</td>
<td>$142,401</td>
</tr>
<tr>
<td>Inventories</td>
<td>$33,213</td>
</tr>
<tr>
<td>Estimated third-party payer settlements</td>
<td>$21,220</td>
</tr>
<tr>
<td>Other current assets</td>
<td>$47,463</td>
</tr>
<tr>
<td>Total current assets</td>
<td>$865,824</td>
</tr>
<tr>
<td>Assets whose use is limited – Cash and investments:</td>
<td></td>
</tr>
<tr>
<td>Amounts designated for self-insurance</td>
<td>$38,698</td>
</tr>
<tr>
<td>Project fund from debt issuance</td>
<td>$932</td>
</tr>
<tr>
<td>Less amount required to meet current obligations</td>
<td>$(7,457)</td>
</tr>
<tr>
<td>Assets whose use is limited, net</td>
<td>$32,193</td>
</tr>
<tr>
<td>Investments</td>
<td>$228,162</td>
</tr>
<tr>
<td>Capital assets, net</td>
<td>$560,493</td>
</tr>
<tr>
<td>Net pension asset</td>
<td>$11,853</td>
</tr>
<tr>
<td>Other assets</td>
<td>$24,278</td>
</tr>
<tr>
<td>Total noncurrent assets</td>
<td>$624,786</td>
</tr>
<tr>
<td>Total assets</td>
<td>$1,692,803</td>
</tr>
</tbody>
</table>

### Deferred Outflows of Resources

<table>
<thead>
<tr>
<th>Source</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss on debt refinancing</td>
<td>$29,117</td>
<td>$28,859</td>
</tr>
<tr>
<td>Deferred pension amounts</td>
<td>$10,915</td>
<td>$16,721</td>
</tr>
<tr>
<td>Deferred other postemployment benefits</td>
<td>$1,665</td>
<td>$1,665</td>
</tr>
<tr>
<td>Total deferred outflows of resources</td>
<td>$37,697</td>
<td>$44,245</td>
</tr>
</tbody>
</table>
## Financial Statements and Notes to the Financial Statements

### STATEMENTS OF NET POSITION

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current maturities of revenue bonds payable</td>
<td>$5,025</td>
<td>$4,030</td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$115,353</td>
<td>$122,357</td>
</tr>
<tr>
<td>Accrued salaries, benefits, and payroll taxes</td>
<td>$20,390</td>
<td>$31,225</td>
</tr>
<tr>
<td>Accrued personal leave</td>
<td>$20,040</td>
<td>$29,735</td>
</tr>
<tr>
<td>Current portion of lease obligations</td>
<td>$1,749</td>
<td>$108</td>
</tr>
<tr>
<td>Estimated third-party payer settlements</td>
<td>$38,126</td>
<td>$36,203</td>
</tr>
<tr>
<td>Current portion of self-insurance program liability</td>
<td>$7,437</td>
<td>$6,262</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td>$227,020</td>
<td>$229,920</td>
</tr>
<tr>
<td>Revenue bonds, net of current maturities</td>
<td>$337,242</td>
<td>$343,637</td>
</tr>
<tr>
<td>Lease obligations, net of current portion</td>
<td>$5,503</td>
<td>$2,377</td>
</tr>
<tr>
<td>Self-insurance program liability, net of current portion</td>
<td>$23,883</td>
<td>$26,148</td>
</tr>
<tr>
<td>Other postemployment benefit program liability</td>
<td>$159,987</td>
<td>$158,175</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>$754,035</strong></td>
<td><strong>$758,117</strong></td>
</tr>
</tbody>
</table>

#### Deferred Inflows of Resources

<table>
<thead>
<tr>
<th>Deferred Inflows of Resources</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deferred pension amounts</td>
<td>$23,192</td>
<td>$18,799</td>
</tr>
<tr>
<td>Deferred other postemployment benefits</td>
<td>$6,347</td>
<td>$5,544</td>
</tr>
<tr>
<td><strong>Total deferred inflows of resources</strong></td>
<td><strong>$29,539</strong></td>
<td><strong>$24,343</strong></td>
</tr>
</tbody>
</table>

#### Net Position

<table>
<thead>
<tr>
<th>Net Position</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net investment in capital assets</td>
<td>$236,624</td>
<td>$284,295</td>
</tr>
<tr>
<td>Restricted for donor restrictions</td>
<td>$26,968</td>
<td>$25,117</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>$653,334</td>
<td>$503,047</td>
</tr>
<tr>
<td><strong>Total net position</strong></td>
<td><strong>$916,926</strong></td>
<td><strong>$903,459</strong></td>
</tr>
</tbody>
</table>
## Financial Statements and Notes to the Financial Statements

### STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net patient service revenue (net of provision for uncollectible accounts of $463,461 in 2019 and $414,824 in 2018)</td>
<td>$956,786</td>
<td>$954,152</td>
</tr>
<tr>
<td>Other operating revenue</td>
<td>$77,584</td>
<td>$81,404</td>
</tr>
<tr>
<td><strong>Total operating revenues</strong></td>
<td><strong>1,034,370</strong></td>
<td><strong>1,035,556</strong></td>
</tr>
<tr>
<td>Operating expenses:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>$510,111</td>
<td>$516,727</td>
</tr>
<tr>
<td>Employee benefits</td>
<td>$111,685</td>
<td>$35,163</td>
</tr>
<tr>
<td>Professional fees</td>
<td>$55,651</td>
<td>$52,779</td>
</tr>
<tr>
<td>Purchased services and temporary labor</td>
<td>$12,534</td>
<td>$15,252</td>
</tr>
<tr>
<td>Outside services</td>
<td>$31,766</td>
<td>$32,496</td>
</tr>
<tr>
<td>Supplies</td>
<td>$235,087</td>
<td>$234,424</td>
</tr>
<tr>
<td>Insurance</td>
<td>$6,441</td>
<td>$10,017</td>
</tr>
<tr>
<td>Utilities</td>
<td>$18,604</td>
<td>$18,539</td>
</tr>
<tr>
<td>Repairs and maintenance</td>
<td>$20,288</td>
<td>$20,869</td>
</tr>
<tr>
<td>State assessments</td>
<td>$13,261</td>
<td>$12,293</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>$56,829</td>
<td>$53,537</td>
</tr>
<tr>
<td>Other</td>
<td>$90,937</td>
<td>$81,497</td>
</tr>
<tr>
<td><strong>Total operating expenses</strong></td>
<td><strong>1,163,194</strong></td>
<td><strong>1,083,593</strong></td>
</tr>
<tr>
<td><strong>Operating loss</strong></td>
<td>$(128,824)</td>
<td>$(48,037)</td>
</tr>
</tbody>
</table>
## STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION

(In thousands of dollars)

<table>
<thead>
<tr>
<th>Description</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonoperating revenues (expenses):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ad valorem tax revenue</td>
<td>128,635</td>
<td>138,582</td>
</tr>
<tr>
<td>Investment income, net</td>
<td>39,898</td>
<td>52,960</td>
</tr>
<tr>
<td>Interest expense</td>
<td>(17,362)</td>
<td>(18,089)</td>
</tr>
<tr>
<td>Other</td>
<td>(8,983)</td>
<td>(5,313)</td>
</tr>
<tr>
<td><strong>Total nonoperating revenues</strong></td>
<td>142,188</td>
<td>168,140</td>
</tr>
<tr>
<td>Gain before capital contributions</td>
<td>13,364</td>
<td>120,103</td>
</tr>
<tr>
<td><strong>Capital contributions</strong></td>
<td>103</td>
<td>97</td>
</tr>
<tr>
<td>Increase in net position</td>
<td>13,467</td>
<td>120,200</td>
</tr>
<tr>
<td><strong>Net position:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beginning of year, as adjusted in 2018 (note 2)</td>
<td>903,459</td>
<td>783,259</td>
</tr>
<tr>
<td>End of year</td>
<td>$916,926</td>
<td>$903,459</td>
</tr>
</tbody>
</table>
In June 2017, the GASB issued GASB Statement No. 87, Leases. This statement increases the usefulness of governments’ financial statements by requiring recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. Under this statement, a lessee is required to recognize a lease liability and an intangible right-to-use lease asset, and a lessor is required to recognize a lease receivable and a deferred inflow of resources, thereby enhancing the relevance and consistency of information about governments’ leasing activities. The requirements for this statement are effective for reporting periods beginning after December 15, 2019. Earlier application is encouraged. The District has not elected to implement this statement early; however, management is still evaluating the impact of this statement in the year of adoption.
NOTES TO THE FINANCIAL STATEMENTS

Excerpt from Note 15 Ad Valorem Tax Revenue – page 61

The Board of the District is empowered and directed to annually levy upon all real and personal taxable property within the boundaries of the District a sufficient tax, not to exceed 2.5 mills, to accomplish the purposes of the District, as determined by the Board. For fiscal years 2019 and 2018, the levies were 1.0855 mills and 1.2483 mills, respectively. The total assessed value for which fiscal years 2019 and 2018 levies were based was approximately $131.6 billion and $123.0 billion, respectively, with total taxes, net of associated fees, levied at the District level aggregating $128.7 million and $138.6 million for fiscal years 2019 and 2018, respectively. The Broward County Property Appraiser assesses and the Broward County Tax Collector collects all ad valorem taxes within Broward County.
The Audit Committee and Board of Commissioners
North Broward Hospital District
Ft. Lauderdale, Florida

We have audited the financial statements of the North Broward Hospital District (the District) for the year ended June 30, 2019, and anticipate issuing our report on or about [REPORT DATE]. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated July 25, 2019. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the District are described in Note 2 to the financial statements. During the year ended June 30, 2019, the District adopted Governmental Accounting Standards Board (GASB) Statement No. 83, Certain Asset Retirement Obligations, and GASB Statement No. 88, Certain Disclosures Related to Debt, including Direct Borrowing and Direct Placements. No other new accounting policies were adopted that had a significant impact on the District's financial statements and the application of existing policies was not changed during 2019. We noted no transactions entered into by the District during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the District's financial statements were:

- Management's estimate of the allowance for uncollectibles and the allowance for contractual adjustments is based on historical collection and write-off percentages, and reimbursement agreements with third-party payors.
- Management's estimate of estimated third-party payor settlements is based on preliminary, as filed and final settled cost reports.
- Management's estimate of the provision for unpaid group health claims, workers' compensation claims, and professional and general liability claims is based on actuarial calculations and assumptions applied to the actual results of claims and cases associated with the District.
- Management's estimate of the pension and other postemployment benefits (OPEB) liabilities is based upon the results of independent actuaries applied to data provided by the District.
- Management's estimate of contingent liabilities is based on the latest information available provided by attorneys and other third-parties working on behalf of the District.
We evaluated the key factors and assumptions used to develop these estimates in determining that they are reasonable in relation to the financial statements taken as a whole.

Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. The most sensitive disclosures affecting the financial statements are the disclosures related to the Corporate Integrity Agreement (see Note 20 (d)) and Significant Business Risk (see Note 21).

The financial statement disclosures are neutral, consistent, and clear.

**Difficulties Encountered in Performing the Audit**

We encountered no significant difficulties in dealing with management in performing and completing our audit.

**Corrected and Uncorrected Misstatements**

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. The following adjustments were made to the financial statements:

<table>
<thead>
<tr>
<th>Description</th>
<th>Increase (Decrease)</th>
<th>Net Position (in thousands of dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided by Client: To adjust for market valuation of investments</td>
<td>$3,093</td>
<td>$3,093</td>
</tr>
<tr>
<td>Provided by Client: To adjust pension plan for GASB 68</td>
<td>($2,871)</td>
<td></td>
</tr>
<tr>
<td>Provided by Client: To adjust FRS pension plan for GASB 68</td>
<td>221</td>
<td>11</td>
</tr>
<tr>
<td>Provided by Client: To adjust OPEB for GASB 75</td>
<td>743</td>
<td>922</td>
</tr>
<tr>
<td>Provided by Client: To adjust Medicare reserve for Sleep Study audit</td>
<td>($2,654)</td>
<td>($2,654)</td>
</tr>
<tr>
<td>Provided by Client: To adjust management bonus accrual</td>
<td>3,898</td>
<td>(3,898)</td>
</tr>
<tr>
<td>Provided by Client: To adjust yearend purchase order accruals</td>
<td>(1,556)</td>
<td>1,556</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>($459)</strong></td>
<td><strong>$1,901</strong></td>
</tr>
</tbody>
</table>

Additionally, certain misstatements detected as a result of our audit procedures were not corrected in the financial statements. Management has determined that their effects are immaterial, both individually and in the aggregate, to the financial statements taken as a whole. Such differences are summarized as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>Increase (Decrease)</th>
<th>Net Position (in thousands of dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To pass on adjusting beginning net position for inventory not recorded as of June 30, 2018 and corrected in May 2019</td>
<td>$ (2,678)</td>
<td></td>
</tr>
</tbody>
</table>

**Disagreements with Management**

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

**Management Representations**

Prior to the issuance of our report, we will be requesting certain representations from management that will be included in the management representation letter dated the same date as our independent auditors' report.
Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a “second opinion” on certain situations. If a consultation involves application of an accounting principle to the District’s financial statements or a determination of the type of auditor’s opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with the Audit Committee, Board of Commissioners or management prior to retention as the District’s auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Matters

We applied certain limited procedures to management’s discussion and analysis, and the schedules of changes in net pension liability and related ratios – defined benefit pension plan, employer contributions – defined benefit pension plan, money-weighted rate of return – defined benefit pension plan and changes in total OPEB liability and related ratios, which are required supplementary information (RSI) that supplements the basic financial statements. Our procedures consisted of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management’s responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We did not audit the RSI and do not express an opinion or provide any assurance on the RSI.

We were engaged to report on the combining schedules of net position, and revenues, expenses, and changes in net position, which accompany the financial statements but are not RSI. With respect to this supplementary information, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with accounting principles generally accepted in the United States of America, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

Restriction on Use

This information is intended solely for the use of the Audit Committee, Board of Commissioners and management of North Broward Hospital District and is not intended to be, and should not be, used by anyone other than these specified parties.

Warren Averett, LLC
Birmingham, Alabama
SUMMARY OF REQUEST

DATE: October 30, 2019

FACILITY: Broward Health Medical Center, Broward Health Imperial Point, Broward Health Coral Springs, Broward Health North

PROGRAM/PRODUCT LINE: Patient Care- Apheresis

REQUEST: The medical centers are requesting approval to enter into a new agreement with Fresenius for Apheresis services.

PURPOSE: This contract will allow for all regions to offer Apheresis services. Because of some medical conditions patients require certain harmful substances or components to be removed from their blood. State of the art transfusion machines are used by specially trained personal to safely filter a patient’s blood. Patients at the various Broward Health regions are treated in either the outpatient setting, or in the hospital bedside.

CAPITAL REQUIRED: Annual spend for the system is approximately $273,000, with a three year spend of $819,000. This is a budgeted expense in the operations budget at each region.

FISCAL IMPACT: FY 2020

BUDGET STATUS: Yes

LEGAL REVIEW: The contract is subject to General Counsel’s review and approval as to legal form and conditioned on no material changes in the approved business terms.

APPROVED: ____________________________

DATE: _______________

Gino Santoro, President/CEO BH

Gino Santoro, President/CEO BH 10/22/2019 08:02 Eastern Daylight Time
MEMORANDUM

TO: Board of Commissioners
FROM: Gino Santorio, President/CEO BH
DATE: October 30, 2019
SUBJECT: Approval to enter into a new agreement with Fresenius for Apheresis services.

BACKGROUND
Because of some medical conditions patients require certain harmful substances or components to be removed from their blood. Specially trained medical staff, uses state-of-the-art transfusion machines to safely filter a patient’s blood and monitor necessary transfusions. Patients at Broward Health are treated in either our outpatient infusion centers or in the hospital at their bedside. This vendor was awarded through a formal request for proposals.

ACTION/PROJECT DESCRIPTION
The request is to enter into a new agreement for three (3) years with Fresenius for Apheresis services. Services will be offered at Broward Health Medical Center, Broward Health Imperial Point, Broward Health Coral Springs, and Broward Health North.

FINANCIAL/BUDGETARY IMPACT
The five (3) year proforma shows an $819,200 spend for the system. This is a budgeted line in operations at each of the regions.

JUSTIFICATION
Broward Health does not have the ability or clinical expertise to provide Apheresis services in house and has opted through a formal request for proposal to engage in a new contract with Fresenius for services. Existing provider is no longer providing the services. This is the most efficient method to ensure care delivery for patients requiring Apheresis services.

STAFF RECOMMENDATION
Therefore, it is requested that the Board of Commissioners of the North Broward Hospital District authorize the President/CEO, to enter into a new agreement with the vendor, Fresenius, for a three (3) year cost of $819,000.
RESOLUTION FY20-07

RESOLUTION CREATING A NEW PROCUREMENT CODE AND ESTABLISHING EMERGENCY WAIVERS

WHEREAS, North Broward Hospital District (the “District”) is a special taxing district of the State of Florida, and is authorized and empowered to maintain hospitals and supportive facilities for the care and treatment of the people of said district;

WHEREAS, Section 24 of the Charter of the District (the “Charter”) authorizes the District’s Board of Commissioners (“Board”) to establish procedures governing the purchase of supplies, equipment, materials, and construction services;

WHEREAS, since the adoption of the current Procurement Code, laws and best practices regarding procurements has changed;

WHEREAS, Section 24 of the Charter authorizes the District’s Board to waive prescribed competitive procurement policies or other requirements of when emergency or unusual conditions exist for the acquisition of supplies, equipment, and services;

WHEREAS, the Board finds that, when emergency or unusual conditions exist, the waiver of prescribed competitive procurement policies set forth in the District’s Procurement Code is necessary when procuring supplies, equipment, or services;

WHEREAS, pursuant to § 255.20, Florida Statutes, procedures for the procurement of construction management services, design/build contracts, continuation contracts based on unit prices, and any other contract arrangement with a private sector contractor may be permitted by district resolution; and

WHEREAS, capitalized words not defined herein shall have the meanings associated to them in the Procurement Code attached hereto as Exhibit A.

NOW, THEREFORE, BE IT RESOLVED, by the Board that:

1. The Board hereby establishes the Procurement Code and all of the Procurement Policies attached hereto as Exhibit A and incorporated herein by reference as if fully set forth herein.

2. Such Procurement Code and Procurement Policies shall specifically supersede the previous Procurement Code and any conflicting policies, all in effect as of the date of the ratification of this Resolution.

3. The Board makes a finding that “emergency or unusual conditions” as referenced within Section 24(4) of the Charter shall mean those situations that exist whereby following the procedures of the Procurement Code or Procurement Policies may be detrimental to the interests of the District because it may result in an actual or perceived threat to: (a) Broward Health’s compliance with regulatory requirements; (b) the life, health, safety, or welfare of patients, employees, or the public; or (c) the operations of Broward Health facilities.

4. In cases of emergency or unusual conditions, competitive procedures, as prescribed by the
Charter, Procurement Code, Procurement Policies, or other requirements of Broward Health, may be altered or waived by Broward Health in any manner that is reasonable to handle the emergency or unusual conditions.

5. It is authorized that Broward Health may hire professional firms for construction management and/or design-build services or continuing contracts (as defined in Section 287.055(1)(g), Florida Statutes) based on unit prices, as expressly allowed pursuant to Section 255.20(1), Florida Statutes. Broward Health shall have the right, as an option, to bid construction management services and, design-build contracts through an invitation to bid or request for proposal process as provided in Section 255.20(1).

6. If any portion of this Resolution is determined by any court of competent jurisdiction to be invalid, the invalid portion shall be stricken, and such striking shall not affect the validity of the remainder of this Resolution. If any Court determines that this Resolution, or any portion hereof, cannot be legally applied to any individual(s), group(s), entity(ies), property(ies), or circumstance(s), such determination shall not affect the applicability hereof to any other individual, group, entity, property, or circumstance.

7. The CEO or his designee (each such person, an “Authorized Officer”) are hereby authorized and empowered to correct any scrivener’s errors and make any other immaterial changes, including, without limitation, correcting misspellings, punctuation and grammatical errors, numbering and formatting changes, and policy title and number changes to the Procurement Code and the Procurement Policies as they or any one of them shall deem necessary, desirable, advisable, or appropriate to carry out the full intent and purposes of this Resolution.

8. This Resolution shall become effective upon adoption.

9. This Resolution hereby supersedes, amends, replaces, and repeals any previous conflicting resolution, policy, or policies.
Exhibit A

Procurement Code and Procurement Policies

Broward Health
2019 Proposed Procurement Code
August 23, 2019 (Draft)

<table>
<thead>
<tr>
<th>FUNCTION:</th>
<th>ADMINISTRATION</th>
<th>SECTION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLICY TITLE:</td>
<td>MASTER PROCUREMENT CODE</td>
<td>EFFECTIVE DATE: 10/2004</td>
</tr>
<tr>
<td>OWNER:</td>
<td>VP SUPPLY CHAIN SERVICES / CPO</td>
<td>REVISED: 10/2019</td>
</tr>
<tr>
<td>APPROVED:</td>
<td>BOARD OF COMMISSIONERS OF NORTH BROWARD HOSPITAL DISTRICT</td>
<td>APPROVED FOR USE: System-Wide</td>
</tr>
</tbody>
</table>

MASTER PROCUREMENT CODE

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I. Introduction and Purpose
II. Definitions and Acronyms
III. Application of this Code
IV. Exclusions
V. Other Policies Relevant to Procurement
VI. Code of Ethics and Professional Conduct
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VIII. Bid Waivers
IX. Emergency Commitments and Internal Approvals
X. Acquisition Procedures
XI. Supplier Diversity in Procurement
XII. Selection/Evaluation Committees
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XIV. Changes and Modifications Within 20% of Agreed Price
XV. Owner Direct Purchases (Tax-Exempt Status)
XVI. Information, Approval, and Execution Authority
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XVIII. Protests
I. INTRODUCTION AND PURPOSE

North Broward Hospital District d/b/a Broward Health ("Broward Health"), a special taxing district of the State of Florida, was originally established and created through its enabling legislation in 1951 under chapter 27438, Laws of Florida, and such enabling legislation was recodified in Chapter 2006-347, Laws of Florida, and subsequently amended by 2007-299, Laws of Florida (collectively, the “Charter”). It is the policy of Broward Health, consistent with its Charter, to promote competitive, fair, open and transparent Procurement processes for its effective and efficient operation, to reduce the appearance of improprieties and opportunities of favoritism, and to establish public confidence in the process by which commodities and contractual services are procured. To that end, the purpose of this Master Procurement Code (the “Code”) is to govern the Procurement of goods and services by Broward Health and to facilitate such goals and processes, except to the extent a more specific policy of the Board of Commissioners of North Broward Hospital District (the “Board”) applies to specific types of Procurements, including, but not limited to, those for design and construction services. This Code is intended to provide guidance to Broward Health employees in the conduct of orderly administrative Procurements under ordinary circumstances. Minor or immaterial deviations from this Code shall not constitute grounds for a protest or appeal by the persons affected by the activity at issue. As a special taxing district, Broward Health is not necessarily subject to all Florida state laws and regulations relating to Procurement matters but must still conduct its business efficiently, with integrity, and in compliance with all applicable laws and regulations.

II. DEFINITIONS AND ACRONYMS

The words and acronyms defined in this Section shall have the meanings set forth below wherever they appear in this Code, regardless of whether they are capitalized, unless:

1. The context in which they are used clearly requires a different meaning; or
2. A different definition is prescribed for a particular Section of this Code.

Words not defined shall be given their common and ordinary meaning unless the context in which they are used requires otherwise.

A. Definitions

<table>
<thead>
<tr>
<th>TERM</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Applicable Law&quot;</td>
<td>Means the Charter, applicable provisions of the Florida Constitution, and applicable Florida and federal laws, rules, and regulations, all as amended from time to time.</td>
</tr>
<tr>
<td>&quot;Bid&quot; or &quot;Proposal&quot;</td>
<td>Means an offer submitted by a vendor in response to a Request for Quote or a Request for Proposal issued by Broward Health.</td>
</tr>
<tr>
<td>&quot;Bidder&quot; or &quot;Offeror&quot;</td>
<td>Means a person or entity submitting a Bid, quote, or Proposal to Broward Health for the supply of goods or services.</td>
</tr>
<tr>
<td>&quot;Biomedical Equipment&quot;</td>
<td>Means all clinical, electrical equipment used to treat patients.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>“Board”</td>
<td>Means the Board of Commissioners of North Broward Hospital District.</td>
</tr>
<tr>
<td>“Broward Health”</td>
<td>Means the fictitious name established in 2007 for North Broward Hospital District to promote and effectively target the services of North Broward Hospital District in the healthcare marketplace. The naming of Broward Health does not modify or amend any covenants, Contracts, or other obligations of North Broward Hospital District. References to Broward Health throughout this Code mean and refer to the North Broward Hospital District and all of North Broward Hospital District’s other DBAs and wholly-owned entities now established and as further established from time to time by the Board. The term “Broward Health” shall specifically exclude all joint ventures of North Broward Hospital District unless the charter or articles of such joint venture indicate otherwise or unless the Board establishes a policy to subject such joint venture to the provisions of this Code.</td>
</tr>
<tr>
<td>“Budgeted”</td>
<td>Means expenditures by Broward Health which have been approved by the Board at a regular or a special meeting called for that purpose following a Budget Workshop and/or revised through the Final Tax Hearing.</td>
</tr>
<tr>
<td>“Business Day”</td>
<td>Means Monday through Friday from 9:00 a.m. to 5:00 p.m., excluding legal holidays that are recognized by the Broward County Government.</td>
</tr>
<tr>
<td>“Chief Procurement Officer”</td>
<td>Means the Broward Health employee acting as the principal public purchasing official for Broward Health that shall be responsible for the Procurement of goods, services, and materials in accordance with this Code.</td>
</tr>
<tr>
<td>“Code”</td>
<td>Means this Master Procurement Code.</td>
</tr>
<tr>
<td>“Code of Conduct”</td>
<td>Means Broward Health’s Code of Conduct, then in effect and as amended from time to time, as established by Broward Health’s Compliance and Ethics Program.</td>
</tr>
<tr>
<td>“Construction”</td>
<td>Means the process of designing, building, altering, repairing, remodeling, renovating, modifying, improving, or demolishing any structure, or building any real property owned or under the control of Broward Health.</td>
</tr>
<tr>
<td>“Contract”</td>
<td>Means all types of Broward Health agreements, regardless of what they may be called or referred to, for the Procurement or disposal of goods or services of any kind. Contracts also include amendments, modifications, supplemental agreements, addendums, exhibits, and/or attachments with respect to any of</td>
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</table>
the foregoing. Every Contract must be duly authorized and approved prior to execution as provided within this Code.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Contract Custodian”</td>
<td>Means the Broward Health employee designated in the Contract as the individual who is responsible for understanding the terms of the Contract and for insuring/monitoring the compliance of the Contract.</td>
</tr>
<tr>
<td>“Contract Modification”</td>
<td>Means any written alteration in specifications, delivery point, rate of delivery, period of performance, price, quantity, term, delivery date, payment date or other dates, or any other provisions of any Contract accomplished by mutual action of the parties to the Contract, in accordance with the terms the Contract.</td>
</tr>
<tr>
<td>“Contract Renewal”</td>
<td>Means the exercise of extending the term that a Contract is in effect.</td>
</tr>
<tr>
<td>“Contractor”</td>
<td>Means any person or entity having a Contract with Broward Health to provide goods or services of any kind.</td>
</tr>
<tr>
<td>“Cooperative Purchasing/Piggyback Contracts”</td>
<td>Means a Procurement process to procure goods or services by direct negotiation or another method from a supplier where the underlying purchasing agreement or Contract was competitively awarded by Broward Health or another public or government agency or entity (including, but not limited to, federal agencies or entities; tribal governments and entities; agencies, entities, counties, municipalities, special districts, boards, local governments, or other political subdivisions of the State of Florida; buying cooperatives; and other state and local governments) and which may also include shared Procurement programs and resources including advice and assistance.</td>
</tr>
<tr>
<td>“Diverse Vendor”</td>
<td>Means a Broward Health Certified or Verified Minority, Woman or Small Business Enterprise (M/W/SBE)</td>
</tr>
<tr>
<td>“Diverse Vendor Enhancements”</td>
<td>Means strategies designed by Broward Health which are intended to increase Procurement opportunities with Diverse Vendors, in accordance with the Procurement Policy Table.</td>
</tr>
<tr>
<td>“Formal Bid”</td>
<td>Means an RFP or RFQ as defined in this Code.</td>
</tr>
<tr>
<td>“Formal Bid Process”</td>
<td>Means the process of proceeding with the Procurement Procedures of an RFP or RFQ as provided in this Code.</td>
</tr>
<tr>
<td>“Group Purchasing Organization”</td>
<td>Means an entity or organization that aggregates the purchasing volume of members, such as hospitals and other health care providers, to leverage discounts with manufacturers, distributors, and other vendors to realize administrative savings and efficiencies. Also referred to as “Group Purchasing Plans.”</td>
</tr>
<tr>
<td>“General Services Administration Contracts” or “GSA Contracts”</td>
<td>Means Contracts entered into by the General Services Administration of the Federal Government (also known as GSA Schedules) that are multiple award contracts containing prices to be utilized by all federal government agencies. GSA Contracts also contain the most-preferred-customer clause.</td>
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</tbody>
</table>
making the prices contained in GSA Contracts equivalent with those that are given to the most preferred customer of the vendor. For purposes of this Code, GSA Contracts are a form of Cooperative Purchasing/Piggyback Contracts.

**“Informational Threshold”**
Means the threshold amount referenced within the Procurement Policy Table which requires Broward Health’s Senior Management to provide information to the Board regarding Broward Health’s Procurements and contractual engagements.

**“Legacy System”**
Means systems including, but not limited to, computer software, computer hardware, and Biomedical Equipment that are integrated into the daily operations of one or more of Broward Health’s Departments, are considered strategic in nature, or are unique to the producer, manufacturer, distributor, and/or provider.

**“Legal Counsel”**
Means the General Counsel in charge of Broward Health’s General Counsel’s office, other legal counsel of Broward Health’s General Counsel’s Office of Broward Health, or other legal counsel reporting to or retained by Broward Health’s General Counsel’s Office.

**“Line-Item Budget” or “Line-Item Budgeted”**
Means a budget for the current fiscal year that was sorted by line-item categories presented separately in the budget and approved by the Board. Such line items must be separated into categories and subcategories specific enough to identify the services to be rendered or goods to be Procured to be considered Line-Item Budgeted.

**“Non-Professional Services”**
Means services that do not require professional licensure or professional expertise.

**“Person”**
Means any business, individual, union, committee, club, other organization, or group of individuals.

**“Procurement” or “Procuring” or “Procurement Procedures”**
Means the buying, purchasing, renting, leasing, or otherwise acquiring of any supplies, commodities, products, equipment, or services, and all functions that pertain thereto, including the description of requirements, selection, and solicitation of sources and award of Contracts.

**“Procurement Policy” or “Procurement Policies”**
Means all of the Board’s Procurement policies and procedures referenced in the Procurement Policy Table, PC-XXX-XXX within Broward Health’s electronic policy database.

**“Procurement Policy Table”**
Means the Broward Health Policy containing the list and incorporation of all Procurement Policies applicable to this Code.

**“Professional Services” and “Consulting Services”**
Means non-Construction related services that require professional licensure or professional expertise.

**“Purchase Order”**
Means a purchaser’s document to formalize a purchase transaction with a vendor conveying acceptance of a vendor’s Proposal or Bid. The Purchase Order should contain statements
as to quantity, description, and price of the supplies or services ordered, and applicable terms as to payment, discounts, date(s) of performance, transportation, and other factors or suitable references pertinent to the purchase and its execution by the vendor.

“Qualified Contractor” Means an entity or person who: (1) has evidenced current qualifications to do business in the State of Florida; (2) possesses appropriate licensure; (3) maintains liability insurance in an amount determined to be adequate by Broward Health’s Risk Management Department; and (4) is registered in VRS.

“Request for Information” Means a request by Broward Health for specific information from a group of suppliers or the general public. An RFI does not commit Broward Health to a purchase and is not a method of Procurement of goods or services by Broward Health. An RFI usually requests suppliers to provide qualifications, products, or services regarding interest in the general areas of the information requested. The information gathered may be used to assist in developing an RFQ or RFP or to simply validate the availability or interest level of suppliers responding to the specific RFI request.

“Request for Proposal” Means a solicitation by Broward Health for Proposals and includes all documents, whether attached or incorporated by reference, utilized for soliciting Proposals.

“Request for Quote” Means a solicitation by Broward Health for Bids, and includes all documents, whether attached or incorporated by reference, utilized for soliciting Bids.

“Responsible Bidder” or “Offeror” Means a Bidder or Offeror who, as determined by Broward Health, has the capability in all respects to perform fully the Contract requirements, and the integrity and reliability which will assure good faith performance.

“Responsive Bidder” Means a Bidder or Offeror who, as determined by Broward Health, has submitted a Bid which conforms in all material respects to a solicitation.

“Selection/Evaluation Committee” Means a group of persons appointed by the Chief Procurement Officer or designee to evaluate Proposals in competitive Procurement processes by Broward Health.

“Senior Management” Means Broward Health’s President/CEO and certain other Executive Vice Presidents and Senior Vice Presidents overseeing North Broward Hospital District’s operations.

“Sole Source” Means the only vendor or the only reasonable vendor capable of providing a service or commodity.

“Solicitation” Means a Request for Proposals or a Request for Quote.

“Spending Threshold” Means the threshold amount referenced within the Procurement Policy Table which permits authorized signatories to execute Contracts and requisitions without obtaining Board approval.
"Standardization" | Means the use (standardization) of the same, similar, or compatible products or services providing consistency throughout Broward Health thereby reducing inventory of product, maximizing cost savings resulting in greater cost efficiencies, including, but not limited to, price, training, maintenance of equipment, etc.

"Supply Chain Services" | Means the entire Procurement Department and all of its individual divisions including, but not limited to, Purchasing, Sourcing, Materials Management, Materials Management, IT Systems, Bids, and Value Analysis.

"Threshold Category" | Means the specific Threshold Category referenced within the Procurement Policy Table

"Vendor" or "Supplier" | Means any person or entity, other than a Broward Health employee, that is doing business with or providing a service or product to Broward Health, or that otherwise seeks to do so.

"Vendor Registration System" | Means a Broward Health system where vendors and prospective vendors are required to register as a condition to providing goods or services to Broward Health.

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### B. Acronyms

To the extent used in this Code, the acronyms below refer to the following:

<table>
<thead>
<tr>
<th>TERM</th>
<th>NAME/TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEO</td>
<td>Chief Executive Officer of Broward Health</td>
</tr>
<tr>
<td>CFO</td>
<td>Chief Financial Officer of Broward Health</td>
</tr>
<tr>
<td>CPO</td>
<td>Chief Procurement Officer</td>
</tr>
<tr>
<td>GA</td>
<td>General Administrative</td>
</tr>
<tr>
<td>GPO</td>
<td>Group Purchasing Organization</td>
</tr>
<tr>
<td>GSA</td>
<td>General Services Administration</td>
</tr>
<tr>
<td>OEM</td>
<td>Original Equipment Manufacturer</td>
</tr>
<tr>
<td>OSD</td>
<td>Office of Supplier Diversity</td>
</tr>
<tr>
<td>PSC</td>
<td>Procurement Steering Committee</td>
</tr>
<tr>
<td>RFI</td>
<td>Request for Information</td>
</tr>
<tr>
<td>RFP</td>
<td>Request for Proposal</td>
</tr>
<tr>
<td>RFQ</td>
<td>Request for Quote</td>
</tr>
<tr>
<td>VRS</td>
<td>Vendor Registration System</td>
</tr>
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</table>

### III. APPLICATION OF THIS CODE

This Code shall apply to the purchase of goods or services made by Broward Health, irrespective of the source of funds, except as otherwise provided by Applicable Law, the provisions of this Code, or any applicable and related policies. No provision of this Code shall be construed as conflicting with or exceeding Applicable Law. In the event of a conflict between this Code and Applicable Law, Applicable Law shall govern and control as if fully set forth herein. In the event of a conflict between this Code and any applicable
and related Procurement Policies or other policies, the Procurement Policy or other policy or policies shall govern and control unless otherwise specifically provided in this Code or prohibited under Applicable Law.

If any one or more of the provisions of this Code, or the applicability of any provision to a specific situation, shall be held invalid or unenforceable, the provision shall be modified to the minimum extent necessary to make it or its application valid and enforceable, and the validity and enforceability of all other provisions of this Code and all other applications of any provision shall not be affected thereby. The headings contained in this Code are for reference purposes only and shall not affect in any way the meaning or interpretation of this Code.

IV. EXCLUSIONS

This Code does not apply to Procurement by Broward Health of the following:

1. Accounting or Audit Services;
2. Employment Contracts and Employment Matters Generally;
3. Finance-Related Services;
4. Legal Services;
5. Lobbyist Services;
6. Marketing Services;
7. Pharmaceuticals and Products Specific to the Regional Pharmacy Departments;
8. Physician Services;
9. Products specific to the Nutritional Services Department;
11. Professional Services and Consulting Services (non-construction);
12. Purchases with Broward Health Procurement Cards;
13. Purchasing and Procurement of Federal Awards;
14. Real Estate Initiatives; and
15. Travel and Entertainment-Related Services.

V. OTHER POLICIES RELEVANT TO PROCUREMENT

Notwithstanding any specific exclusions to this Code, the Board has established several policies and procedures complementary to this Code that pertain to the Procurement of supplies, materials, and services to ensure an open, transparent, and fair Procurement process. To that end, any and all Procurement Policies, as defined above, are hereby incorporated by reference as if full set forth herein. All such Procurement Policies are Board policies and may only be modified upon Board approval and any such modifications of these Procurement Policies absent Board approval are void ab initio.

Broward Health’s officers, employees, agents, and personnel are responsible for reviewing and complying with all applicable Procurement Policies and for raising any issues of
applicability or interpretation with the CPO as appropriate. In the event of a conflict between this Code and any Procurement Policy, the Procurement Policy shall control, unless otherwise explicitly stated in the Procurement Policy or this Code.

Supply Chain Services may establish a Standard Operating Procedure (the “SOP”) that establishes further procedures pertaining to the Procurement of goods and services whether covered under this Code or excluded from this Code; provided, however, in no event may the SOP contain provisions that conflict with this Code or any Procurement Policies. Broward Health’s officers, employees, agents, and personnel, in addition to reviewing and complying with this Code and any Procurement Policies, are also responsible for reviewing and complying with the SOP. In the event of a conflict between the SOP, this Code, or any Procurement Policy, this Code and such Procurement Policy shall control.

VI. CODE OF ETHICS AND PROFESSIONAL CONDUCT

Broward Health and its officers, employees, and personnel, as well as persons or entities who offer to or do business or provide services at or on behalf of Broward Health, must at all times comply with Applicable Law and perform their responsibility in an ethical and proper manner, consistent with the Code of Conduct.

For questions or concerns related to a compliance issue under the Code of Conduct or Broward Health’s Compliance and Ethics Program, please contact the Compliance Department at 954-473-7500 or contact the Compliance Hotline at 1-888-511-7370.

VII. PROCUREMENT ORGANIZATION AND AUTHORITIES

A. Chief Procurement Officer

The President/CEO shall appoint a CPO for Broward Health, which role may be served by a current employee of Broward Health. The CPO shall perform the duties of the principal public purchasing official for Broward Health and shall be responsible for the Procurement of goods, services, and materials in accordance with this Code. Except as otherwise provided in this Code, the CPO shall be responsible for:

(1) Interpreting the provisions of this Code;
(2) Procuring or supervising the Procurement of all goods, materials, and services needed by Broward Health in accordance with this Code;
(3) Soliciting and advertising Bids and Proposals for public improvements, goods, materials and services;
(4) Establishing and maintaining programs for the inspection, testing, and acceptance of goods and services; and
(5) Ensuring compliance with this Code by reviewing and monitoring Procurements conducted by any person to whom the CPO has delegated authority under this Code.
The CPO may delegate in writing the authority assigned or delegated by this Code to
designees within Broward Health. All Procurement transactions and commitments to
vendors must be performed by the CPO or such designees.

B. Procurement Steering Committee (PSC)

PSC performs pre-purchase analysis when (a) requests for Procurements of Contracts
exceed Threshold Category 3, or (b) in the event of multiple Contracts for one single
Project, requests whereby the aggregate cost of the Contracts for a single Project exceeds
Threshold Category 4. For the purposes of this Section, a “Project” shall be defined as a
large or major undertaking, especially one involving considerable money, personnel,
and/or equipment (e.g., construction, renovations, improvements to real or personal
property, etc.).

PSC’s pre-purchase analysis includes, but is not limited to, focusing on and ensuring that
Broward Health employees and departments are properly adhering to this Code and its
Formal Bid requirements, and compliance with maximum diverse vendor participation as
assigned by the OSD and approved by PSC.

1. Committee Membership

PSC’s membership is as follows:

<table>
<thead>
<tr>
<th>Chairperson:</th>
<th>CPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex Officio:</td>
<td>Internal Audit representative</td>
</tr>
<tr>
<td>Membership:</td>
<td>Procurement/Sourcing representative</td>
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<tr>
<td></td>
<td>Contracts Administration representative</td>
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<tr>
<td></td>
<td>Director, Supply Chain Services</td>
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<td></td>
<td>Value Analysis representative</td>
</tr>
<tr>
<td></td>
<td>Vendor Relations/Bids representative</td>
</tr>
<tr>
<td></td>
<td>OSD representative</td>
</tr>
<tr>
<td></td>
<td>Clinical/Biomedical Engineering representative</td>
</tr>
<tr>
<td></td>
<td>Design &amp; Construction representative</td>
</tr>
<tr>
<td></td>
<td>CFO or designee</td>
</tr>
<tr>
<td></td>
<td>CIO or designee</td>
</tr>
<tr>
<td>Non-Membership</td>
<td>These individuals receive meeting invitations, meeting agendas, and</td>
</tr>
<tr>
<td>Regular Invitees:</td>
<td>minutes of the PSC, but are not eligible to vote or participate in the</td>
</tr>
<tr>
<td></td>
<td>PSC’s deliberations:</td>
</tr>
<tr>
<td></td>
<td>Supply Chain Managers</td>
</tr>
<tr>
<td></td>
<td>Regional CEOs</td>
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<tr>
<td></td>
<td>Regional CFOs</td>
</tr>
<tr>
<td></td>
<td>Regional COOs</td>
</tr>
</tbody>
</table>

2. PSC Committee Meetings

PSC’s committee meetings shall be conducted as follows:
a. Meetings are scheduled on a monthly basis unless otherwise rescheduled due to extenuating circumstances. Special meetings may be called by the CPO.

b. Pre-meeting documents (i.e., agendas, exhibits and prior month’s minutes) should be distributed via e-mail prior to the scheduled meeting.

c. A quorum for any meeting is fifty percent (50%) of PSC’s members. A majority vote of the members in attendance at a meeting at which there is a quorum shall constitute an affirmative vote and recommendation of PSC to the CPO regarding the issues at hand. Members may attend meetings via telephone or videoconference and such attendance shall be counted towards the quorum and vote. Notwithstanding, in no event shall a PSC committee meeting be held unless the CPO or CFO are present; provided, however, the CFO can delegate temporary Chairperson authority in the CPO’s and CFO’s absence and, in such an event, a PSC committee meeting may be held.

d. The CPO shall be the ultimate authority regarding the decisions of the PSC. In making decisions and/or determinations, the CPO shall consider the recommendations and consensus of PSC’s members, but the CPO’s decision regarding a particular issue shall be the final decision unless otherwise overruled in whole or part by the CFO. In the event the CPO makes a final decision adverse to the consensus of PSC’s members, the CPO shall indicate his or her reasoning on the record.

e. Because the CPO is the ultimate authority regarding the decisions of PSC, in the event PSC cannot meet—because of an inability to establish a quorum or otherwise—or the CPO decides it is within Broward Health’s best interests, the CPO may make any decisions regarding Procurement methods and/or diverse vendor enhancements in the absence of a gathering of the PSC and without any input from the PSC. To the extent the CPO makes any such decisions in the absence of input from PSC, the CPO must properly document such decisions within the applicable arrangement in Broward Health’s electronic contracting database.

f. The CFO may, in his or her sole discretion, overrule in whole or part any final decision of the CPO regarding Procurements and/or diverse vendor enhancements. The CFO may also make any decisions regarding Procurement methods and/or diverse vendor enhancements in the absence of a gathering of the PSC and without any input from the PSC. To the extent the CFO makes any such decisions in the absence of input from PSC, the CFO must properly document such decisions within the applicable arrangement in Broward Health’s electronic contracting database.
g. In the absence of the CPO, the CFO may temporarily delegate the authority of Chairperson of the PSC to another responsible individual.

h. Minutes shall be taken for all PSC meetings. Following the preparation of draft minutes, such draft minutes shall be distributed to PSC’s committee members via e-mail. All minutes shall be reflective of recommendations of PSC, decisions of the CPO, actions affected and approved, and will include any post-PSC action items such as Supplier Diversity Enhancements or any pending portions of the regular monthly meeting. All minutes shall be formally approved at the following PSC meeting.

i. A master set of all agendas, minutes, exhibits, and supporting documentation shall be retained in Supply Chain Services as required under Florida law and its record retention schedules, as amended from time to time.

3. PSC’s and CPO’s Role in Procurement

PSC shall be tasked with reviewing and recommending, and the CPO for deciding and approving, proper Procurement methods (collectively, “PSC’s Roles”). The following list contains PSC’s Roles:

a. Formal Bids – Reviewing and approving all requests for Formal Bids to Procure any goods or services exceeding Threshold Category 3 except those purchases made in Emergency Situations (as defined below);

b. Bid Waivers – Reviewing and approving all Bid Waivers except those purchases made in Emergency Situations (as defined below);

c. Vendor Performance Issues – Reviewing and recommending actions related to vendor performance issues; and

d. Supplier Diversity Vendor Opportunities – Reviewing and approving Supplier Diversity Enhancements made by the OSD.

VIII. BID WAIVERS

A Contract may be awarded without following this Code’s Formal Bid Process when a Bid Waiver applies in accordance with this Section or as otherwise required by Applicable Law.

The Board waives this Code’s Formal Bid Process for the following types of Procurements even when the value of such Procurements exceeds Threshold Category 3. Notwithstanding the foregoing, with the exception of Procurements obtained through a GPO Contract, GSA Contract, Cooperative Purchasing/Piggyback Contract, or purchases made in an Emergency Situation (as defined below), the following Bid Waivers do not apply to Procurements of supplies, equipment, materials, or construction projects if the value of such Procurements, exceed one-and-one-half (1.5) mills of the total annual District

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revenues for the previous fiscal year. In such an event, such Procurements shall follow the Formal Bid Process.

A. **Group Purchasing Organizations & General Services Administration**

The Board recognizes, in accordance with its Charter, that purchases made through a GPO and/or GSA Contract are best practices in hospital Procurements nationwide with associated efficiencies, savings, and speed. Purchasing completed utilizing GPO or GSA Contracts are exempt from the competitive acquisition or Procurement process; however, should the purchase be a GPO multisource contract, Supply Chain Services may obtain multiple GPO and/or GSA Contract quotes.

B. **Cooperative Purchasing/Piggyback Contracts**

When it is in the best interest of Broward Health, and consistent with Applicable Law, Broward Health may Procure goods or services through Cooperative Purchasing/Piggyback Contracts whereby the Formal Bid Process or another process of competitive solicitations were consistent with the provisions of this Code and Procured by another government or public entity including, but not limited to, any state, regional, county, local, or municipal government entity of Florida or another state, whether executive, judicial, or legislative; any department, division, bureau, commission, authority, board, local government, special district, or political subdivision of Florida or another state; any public school, community college, or state university of Florida or another State; any and all federal or tribal agencies or entities, whether executive, judicial, or legislative; any public agencies or entities of any state, federal, or tribal governments; any buying cooperatives; and any other units of Florida government, other state governments, tribal governments, or the federal government. Notwithstanding the foregoing, Broward Health may, in its sole and absolute discretion, negotiate the terms and pricing of any Cooperative Purchasing/Piggyback Contract provided such negotiation is in accordance with Applicable Law.

PSC, consistent with its procedures as set forth in this Code, shall review and approve all requests for procurement by virtue of a Cooperative Purchasing/Piggyback Contract status. All items presented to PSC as a Cooperative Purchasing/Piggyback Contract must be validated and approved before further action may be taken.

C. **Legacy Systems**

All determinations regarding the status of systems as Legacy Systems and all requests for the support, maintenance, and expansion of Legacy Systems including, but not limited to, computer software, computer hardware, and Biomedical Equipment shall be decided, reviewed, and approved by PSC. The criteria used to identify and determine whether a system is deemed a Legacy System includes, but is not limited to, the following:

1. Systems that are fully integrated into the daily operations of one or more departments of Broward Health;
2. Systems that are strategic in nature; and/or
(3) Systems that are unique to the producer, manufacturer, distributor, and/or provider.

Any unbudgeted Legacy System expenditures exceeding the Spending Threshold in a single fiscal year require the Board’s determination that a system is a Legacy System and the Board’s approval to continue the maintenance, support, expansion and/or funding of a Legacy System. Notwithstanding the foregoing, a Legacy System that is Line-Item Budgeted indicates the Board’s determination that a system is indeed a Legacy System and includes a commitment to the continued maintenance and expansion of these Legacy Systems. The Board’s approval of a Line-Item Budget with Legacy Systems thereby empowers the PSC to waive/exempt Legacy Systems exceeding the Spending Threshold from the Formal Bid Process requirements without further Board approval even in the event the proposed Contract will extend beyond a single fiscal year; provided, however, in no event shall a Budgeted Legacy System Contract be entered into, renewed, or extended beyond a three (3) year term without the Board’s approval. Notwithstanding anything in this Code to the contrary, Legacy System expenditures requiring Board approval are not approved when Budgeted unless the line item specifically designates the Legacy System or Contract. The CPO, or his or her designee, is responsible for determining whether a line item in a budget is specific enough to constitute Board approval of a Legacy System.

Any expenditures or Contracts deemed Legacy Systems by PSC or the Board shall maintain the status of a Legacy System for a period of five (5) years from the date the status of the Legacy System was decided. All Legacy System determinations must be reviewed at least every five (5) years by PSC or the Board, as applicable, for a previously deemed Legacy System to continue in its status as a Legacy System.

D. Sole Source

All determinations regarding the status of Sole Source shall be decided, reviewed, and approved by PSC. The criteria used to identify and determine whether Sole Source status is appropriate in a particular Procurement includes, but is not limited to, the following:

(1) Equipment or services which are deemed unique and have a single producer, manufacturer, distributor, and/or provider;

(2) Software and hardware upgrades and maintenance agreements and Contracts for such software and hardware as provided by the OEM;

(3) Equipment needed to add to or expand an existing system and maintenance agreements and Contracts for such equipment as provided by the OEM; and/or

(4) Equipment, supplies, or services needed where using an alternative product jeopardizes a warranty, maintenance agreement, or Contract, or creates any user, patient, and/or financial risks. This includes consideration of lead times and geographical availability to avoid these risks.

All unbudgeted Sole Source expenditures exceeding the Spending Threshold in a single fiscal year require the Board’s approval and a determination that the goods, equipment,
and/or services are a Sole Source. Notwithstanding the foregoing, a Sole Source expenditure that is Line-Item Budgeted indicates the Board’s determination that the goods, equipment, and/or services are indeed a Sole Source and the Board’s approval to proceed with a Procurement exceeding the Spending Threshold in a single fiscal year without further Board approval even if the proposed Contract will extend beyond a single fiscal year; provided, however, in no event shall a Budgeted Sole Source Contract be entered into, renewed, or extended beyond a three (3) year term without the Board’s approval. Notwithstanding anything in this Code to the contrary, Sole Source expenditures or Contracts requiring Board approval are not approved when Budgeted unless the line item specifically designates the Sole Source expenditures or Contract. The CPO, or his or her designee, is responsible for determining whether a line item in a budget is specific enough to constitute Board approval of a Sole Source expenditure or Contract.

Any expenditures or Contracts deemed a Sole Source by PSC or the Board shall maintain the status of a Sole Source for a period of five (5) years from the date the status of the Sole Source was decided. All Sole Source determinations must be reviewed at least every five (5) years by PSC or the Board, as applicable, for a previously deemed Sole Source to continue in its status as a Sole Source.

E. Standardization

All requests for Bid Waivers by virtue of a Standardization status shall be reviewed, determined, and approved by the PSC. The criteria used to determine a Standardization status includes, but is not limited to, the following:

1. Equipment or services which are deemed appropriate to standardize at two (2) or more facilities due to technology or to promote cost savings and cost efficiencies including consistency of negotiated prices, services, training, or maintenance for equipment;

2. Reduction of inventory requirements (one (1) item is stocked in place of two (2) or more items);

3. Reduction in purchase price because the volume of purchases for two (2) or more previous items will be added together to provide additional leverage in negotiating price concessions;

4. Savings in training time when the same products are used throughout Broward Health or within individual facilities or hospitals;

5. Negotiating long-term Contracts for the purchase of multiple units over a period of multiple years which can be undertaken by standardizing one (1) type of equipment and such a purchase can provide significant savings in the cost of a few units that might be purchased within a single year; and/or

6. Supplies required to operate the equipment and equipment repair parts will be consistent because multiple units are in use throughout Broward Health, such consistency reduces the inventories necessary to support the
equipment, and higher-volume purchases can be used to negotiate lower purchase prices.

All unbudgeted requests for Standardization Bid Waivers exceeding the Spending Threshold within a single fiscal year require the Board’s approval unless the selection of the equipment, goods, or services were initially made through the Formal Bid process. Notwithstanding, a Standardization expenditure or Contract that is Line-Item Budgeted indicates the Board’s approval to proceed with a Procurement exceeding the Spending Threshold in a single fiscal year without further Board approval even if the proposed Standardization expenditure or Contract will extend beyond a single fiscal year; provided, however, in no event shall a Budgeted Standardization Contract be entered into, renewed, or extended beyond a three (3) year term without the Board’s approval. Notwithstanding anything in this Code to the contrary, Standardization expenditures requiring Board approval are not approved when Budgeted unless the line item specifically designates the Standardization expenditures or Contract. The CPO, or his or her designee, is responsible for determining whether a line item in a budget is specific enough to constitute Board approval of a Standardization expenditure or Contract.

Any expenditures or Contracts deemed a Standardization Contract by PSC or the Board shall maintain the status of a Standardization Contract for a period of five (5) years from the date the status of the Standardization Contract was decided. All Standardization Contract determinations must be reviewed at least every five (5) years by PSC or the Board, as applicable, for a previously deemed Standardization Contract to continue in its status as a Standardization Contract.

IX. EMERGENCY COMMITMENTS AND INTERNAL APPROVALS

Broward Health’s hospitals, medical centers, and non-acute health care facilities provide patient care twenty-four (24) hours per day and three hundred sixty-five (365) days per year. The Board, in accordance with the Charter, is permitted via resolution to identify emergency or unusual conditions, the existence of which compliance with this Code and the Formal Bid Process would be detrimental to the District. Accordingly, the Board has determined and makes a finding that in the event that following this Code may result in an actual or perceived threat to: (a) Broward Health’s compliance with regulatory requirements; (b) the life, health, safety, or welfare of patients, employees, or the public; or (c) the operations of Broward Health facilities (an “Emergency Situation”), such an Emergency Situation constitutes emergency or unusual conditions to permit deviations from this Code and the Formal Bid Process. Accordingly, in the event such an Emergency Situation exists, Broward Health may, at its sole discretion and without following the Formal Bid Process or the provisions of this Code, acquire goods, supplies, and/or services through an emergency purchase (“Emergency Purchase”) by adhering to the following procedures:

(1) To the extent possible, before engaging in any Emergency Purchase, appropriate authorization must be obtained from a department head;

(2) To the extent possible, prior confirmation of funding and approval by the CFO, or his or her designee, shall accompany all Emergency Purchases. If
confirmation of funding and approval cannot be obtained in advance, such confirmation shall be obtained as soon as possible following the Emergency Purchase;

(3) An Emergency Purchase shall be communicated to the CPO, or his or her designee, by email the same day or otherwise as soon as such communication is possible;

(4) The requesting department must complete an emergency procurement authorization request, as approved by Supply Chain Services, with a justification for the Emergency Purchase. The completed emergency procurement authorization request with its accompanying justification must be forwarded to the CPO, or his or her designee, prior to the Emergency Purchase or otherwise as soon as such communication is possible following the Emergency Purchase.

(5) The CPO, or his or her designee, will verify and forward the completed emergency procurement authorization request for approval to a person with a sufficient limit of requisition authority. Once signed by such person, a copy of the approved emergency procurement authorization form shall be retained by Supply Chain Services and the original emergency procurement authorization request shall be returned to the requesting department; and

(6) The requesting department shall enter a requisition and forward the requisition along with the emergency procurement authorization request and invoice to Accounts Payable for processing, if applicable.

Any Emergency Purchase shall be limited only to those goods, supplies, or services necessary to meet the Emergency Situation. All emergency purchases exceeding the CEO’s Spending Threshold shall be submitted to the Board for ratification as soon as possible following the Emergency Purchase.

X. ACQUISITION PROCEDURES

The CPO shall select the method of Procurement based on the application of the guidelines set forth in this Code. Unless a Bid Waiver applies, an Emergency Situation exists, or unless otherwise authorized by this Code, the Charter, or Applicable Law, all Broward Health Contracts subject to this Code shall be Procured in accordance with the methods outlined below as applicable to each of the following categories:

(1) Micro Purchases or Commitments Up To and Including Threshold Category 1;

(2) Small Purchases or Commitments Exceeding Threshold Category 1 and Up To and Including Threshold Category 2;

(3) Medium Purchases or Commitments Exceeding Threshold Category 2 and Up To and Including Threshold Category 3; and

(4) Large/Formal Purchases or Commitments Exceeding Threshold Category 3.
All transactions are subject to be reviewed and audited periodically by Supply Chain Services to ensure adherence to this Code. DEPARTMENTS SHALL NOT BREAK UP REQUESTS WITH THE INTENT TO AVOID REQUIRED APPROVALS.

A. Micro Purchases or Commitments Up To and Including Threshold Category 1

For a Procurement equal to or less than Threshold Category 1 ("Micro Purchase"), only one (1) quotation is required. The quotation may be written or verbal and shall be recorded on the purchase requisition. However, to the extent there is time and multiple available suppliers/vendors, Broward Health employees are encouraged to obtain information from multiple vendors/sources to maximize savings. Broward Health employees must still conduct business in a manner that is fair and reasonable regardless if such Procurement is a Micro Purchase.

The Procurement of goods and services constituting a Micro Purchase may be made without any Formal Bid or other competition because the benefits from following such procedures typically will not outweigh the costs. Notwithstanding, Broward Health employees should still conduct reasonable checks, such as a telephone or written quote request, to ensure pricing is fair and reasonable.

A written record shall be maintained in the Procurement file for each Micro Purchase and shall contain the price information obtained to support the determination of reasonableness and any other pertinent information regarding a particular Micro Purchase. Supply Chain Services may, in its sole and absolute discretion, solicit written Proposals or quotes via VRS.

B. Small Purchases or Commitments Exceeding Threshold Category 1 and Up To and Including Threshold Category 2

With respect to a Procurement exceeding Threshold Category 1 and up to and including Threshold Category 2 ("Small Purchase"), to the extent sufficient vendors are reasonably available, quotations or Proposals must be requested from a minimum of two (2) different vendors unless the transaction has an approved Bid Waiver, there is an Emergency Situation, or the transaction is otherwise exempt from this Code. Written quotes and Proposals may be in electronic form.

The Procurement of goods and services constituting a Small Purchase may be made based on quotations or Proposals from only two (2) vendors/suppliers because the benefits from a Formal Bid or conducting competition from a broader pool of vendors typically will not outweigh the time and costs.

A written record shall be maintained in the Procurement file for each Small Purchase and shall contain the price information obtained to support the determination of reasonableness of a particular Small Purchase and any other pertinent information regarding a particular Small Purchase. In cases where the selected vendor is not the apparent lowest-cost vendor, an explanation of the factor(s) considered and relied upon to select such vendor shall be
provided. Supply Chain Services may, in its sole and absolute discretion, solicit written Proposals or quotes via VRS.

**C. Medium Purchases or Commitments Exceeding Threshold Category 2 and Up To and Including Threshold Category 3**

With respect to a Procurement exceeding Threshold Category 2 and up to and including Threshold Category 3 (“Medium Purchase”), to the extent sufficient vendors are reasonably available, quotations or Proposals must be requested from a minimum of three (3) different vendors unless the transaction has an approved Bid Waiver, there is an Emergency Situation, or the transaction is otherwise exempt from this Code. Written quotes and Proposals may be in electronic form.

The Procurement of goods and services constituting a Medium Purchase may be made based on quotations or Proposals from three (3) vendors/suppliers because the benefits from a Formal Bid or conducting competition typically will not outweigh the time and costs.

A written record shall be maintained in the Procurement file for each Medium Purchase and shall contain the price information obtained to support the determination of reasonableness of a particular Medium Purchase and any other pertinent information regarding a particular Medium Purchase. In cases where the selected vendor is not the apparent lowest-cost vendor, an explanation of the factor(s) considered and relied upon to select such vendor shall be provided. Supply Chain Services may, in its sole and absolute discretion, solicit written Proposals or quotes via VRS.

**D. Large/Formal Purchases or Commitments Exceeding Threshold Category 3**

All purchases and Contracts exceeding Threshold Category 3 must be conducted pursuant to the advertisement requirements set forth below unless a Bid Waiver applies, there is an Emergency Situation, or such Procurement is otherwise exempt from this Code.

The CPO may authorize the release of an RFI to gather information to assist in determining acquisition methodology in the best interests of Broward Health. Since an RFI does not commit Broward Health to any business endeavor, it does not need to follow the advertisement requirements below.

1. **Cancellation of Solicitation, Rejection of Bids/Proposals and Waiver of Minor Irregularities**

   Any RFQ, RFP, RFI or other solicitation may be canceled, or any or all Bids or Proposals may be rejected, in whole or in part, when it is in the best interests of Broward Health. Broward Health further reserves the right to waive any minor irregularity, technicality or omission in any Bid or Proposal if Broward Health determines, in its sole and absolute discretion, that doing so will serve Broward Health’s best interests.

2. **Advertisement Requirements**
The following advertisement requirements apply to Large/Formal Purchases or Commitments unless otherwise provided in Applicable Law:

(a) **Large/Formal Purchases up to and including Threshold Category 5:** Where it is anticipated that the total Contract price for the initial term of an awarded Contract to a Bidder will be equal to or less than Threshold Category 5, the Formal Bid Process only requires an online advertisement via a posting on Broward Health’s website, www.browardhealth.org and a physical advertisement via a posting on a “Sunshine Board” located in the lobby of Broward Health’s Corporate Offices (“Advertisement Category 1”). The foregoing Advertisement Category 1 is based only on the anticipated total Contract price of the initial term of the awarded Contract and is not applicable to any renewal options or future or potential renewals or extensions of such Contracts. Notwithstanding, to the extent the total Contract price for the initial term of an awarded contract comes in at a higher value than was expected and exceeds Advertisement Category 1, the Formal Bid will be considered valid in the absence of a newspaper advertisement provided the total value of the initial term of the awarded contract does not exceed Threshold Category 6 (a “Permitted Increase Over Expected Amount”).

(b) **Large/Formal Purchases over Threshold Category 5:** Except to the extent the total Contract price for the initial term of an awarded Contract is a Permitted Increase Over Expected Amount as defined above, where it is anticipated that the total Contract price for the initial term of an awarded Contract to a Bidder will exceed Threshold Category 5, advertisements during the Formal Bid Process must be made by a publication in a newspaper of general circulation in the North Broward Hospital District (“Advertisement Category 2”). In addition to, but not in lieu of, such publication in a newspaper of general circulation, advertisements of Formal Bids over Threshold Category 5 may also be made by posting at www.browardhealth.org, and/or by posting on a “Sunshine Board” located in the lobby of Broward Health’s Corporate Offices. The foregoing Advertisement Category 2 is based only on the anticipated total Contract price of the initial term of the awarded Contract and is not applicable to any renewal options or future or potential renewals or extensions of such Contracts.

(c) **Construction-Related Contracts and Professional Design Services:** These Advertisement Requirements are inapplicable to construction-related projects, electrical work, and professional design services. Such construction-related projects, electrical work, and professional design services must follow the applicable policy referenced in the Procurement Policy Table.

**XI. SUPPLIER DIVERSITY IN PROCUREMENT**
Broward Health is committed to the participation of diverse vendors in the Procurement of supplies, equipment, services, and Contracts for general business purposes and will adhere to the OSD procedures documented in the Procurement Policy Table.

XII. SELECTION/EVALUATION COMMITTEES

Selection/Evaluation Committees shall be utilized for the evaluation of Bids and Proposals in Formal Bid Processes. The determination of the membership of Selection/Evaluation Committees shall follow the following procedures:

1. Recommendations are requested from the project custodian regarding the Selection/Evaluation Committee participants. Those recommendations are provided to CPO for consideration and approval. The CPO may approve or modify the Selection/Evaluation Committee as considered appropriate.

2. The CPO may appoint, alternate or substitute members to a Selection/Evaluation Committee as the CPO deems necessary. The CPO may also, in his or her sole discretion, permit a Selection/Evaluation Committee to consist of a reduced number of voting members when appointed members are unavailable to serve and the appointment of alternate members would, in CPO’s sole determination, compromise or unreasonably delay the Procurement process.

3. Supply Chain Services will provide appropriate instructions and training regarding the roles and responsibilities of the Selection/Evaluation Committee. Prior to serving on the Selection/Evaluation Committee, each member shall execute a Conflict of Interest Certification Form.

XIII. CONE OF SILENCE

Broward Health prohibits communication by any potential Vendor, contractor, subcontractor, service provider, Bidder, lobbyist, or consultant to or with any member of Broward Health’s Board or to or with any Broward Health officer, employee, agent, department, or division related to any Broward Health RFQ, RFP, or other competitive solicitation beginning upon the date on which the solicitation is first advertised by Broward Health and continuing until the later of the date of the final award of the competitive solicitation, the date of rejection of all Bids or responses to the competitive solicitation, or the date of final disposition by Broward Health of any protest of the competitive solicitation (“Cone of Silence”). Violation of this Cone of Silence may, at Broward Health’s sole discretion, result in disqualification of the offending vendor from the competitive solicitation, as well as possible suspension or debarment from participating in any future Broward Health Procurements or competitive solicitations. The Cone of Silence shall not apply to: (1) communications to or with the designated point of contact identified in any RFQ, RFP, or other competitive solicitation; (2) presentations by any Bidder or Proposer at duly noticed pre-Bid conferences; or (3) presentations before duly noticed Selection/Evaluation Committee meetings. All RFQs RFPs, and other competitive solicitations shall include provisions describing the requirements and prohibitions of this Cone of Silence.
XIV. **CHANGES AND MODIFICATIONS WITHIN 20% OF AGREED PRICE**

Pursuant to the Charter, Broward Health may negotiate and agree with a successful Bidder for changes and modifications to the successful Bid provided the total value of changes and modifications do not exceed twenty percent (20%) of the agreed price. To the extent any changes or modifications to the agreed price exceed twenty percent (20%), the Contract shall be void and the Formal Bid Process shall be redone.

XV. **OWNER DIRECT PURCHASES (TAX-EXEMPT STATUS)**

Rather than reimburse a contractor for the costs of the materials or supplies, which would include sales tax, Broward Health may determine, in its sole and absolute discretion, it is in its best interest to use its tax-exempt status to purchase materials or supplies on its own directly from its own suppliers or from suppliers or subcontractors designated by an awarded contractor. In such event, Broward Health may issue a Purchase Order for such supplies or materials, pay all associated invoices, and deduct from the awarded contract the cost of the materials and supplies and the amount of sales tax that would have been owed if the contractor had made the purchase or the actual amount stipulated in the contract for such materials or supplies.

XVI. **INFORMATION, APPROVAL, AND EXECUTION AUTHORITY**

A. **Spending Threshold**

The Board from time to time sets Spending Thresholds and permits Senior Management to execute Contracts and requisitions to purchase services, goods, supplies, materials, and other Procurements. When such Procurements or Contracts are equal to or below the Spending Threshold, no Board authorization or approval is required. Any Procurements or Contracts beyond the Spending Threshold require Board authorization or approval. The President/CEO is permitted to set his or her own authorization levels for requisitions when they do not exceed the Spending Threshold. However, only the Board may designate those positions authorized to bind the District to Contracts.

The Board’s approval of a Contract over the Spending Threshold only constitutes approval to enter into a Contract over the Spending Threshold and is not approval of a Bid Waiver or any other provisions of this Code requiring Board approval unless the Board so indicates. To that end, to the extent Broward Health requests Procurements and Contracts over the Spending Threshold that contain Bid Waivers or any other procedures or exemptions of this Code requiring Board approval, Broward Health must request Board approval and the Board must approve all of the foregoing before Broward Health proceeds with the Procurement. If the Board, pursuant to a request to approve all the foregoing, only approves the Procurement over the Spending Threshold, Broward Health may only proceed after following the Formal Bid Process.
1. Exceptions to the Spending Threshold
   
   a. Line-Item Budgets

   The Spending Threshold is inapplicable to Budgeted Contracts or Procurements provided such Contracts or Procurements are Line-Item Budgeted and approved by the Board. Once the Board approves the annual budget, the goods, services, Contracts, and other Procurements requested, as defined in the approved Line-Item Budget category regardless of amount, are approved for acquisition in accordance with Broward Health’s Policies and Procedures without further Board approval. To the extent a category is Line-Item Budgeted, the total amount of expected expenditures within the category—or any combination thereof (whether in one or multiple Contracts) up to the total amount in the Line-Item Budget category—may be Procured without further Board approval regardless of if the compensation amount in the Contract exceeds the Spending Threshold within a single year of the Contract’s effective term. Board-approved Line-Item Budgeted expenditures or Contracts are approved to extend beyond a single fiscal year; provided, however, in no event shall an expenditure or Contract in a Line-Item Budget that exceeds the Spending Threshold be entered into, renewed, or extended beyond a three (3) year term without the Board’s approval. Line-Item Budgeted expenditures are not approval of Bid Waivers unless the line item specifically designates the system, expenditure, or Contract claiming such Bid Waiver. The CPO, or his or her designee, is responsible for determining whether a line item in a budget is specific enough to constitute a Bid Waiver or an exception to the Spending Threshold.

   b. Pass-Through Funds

   The Spending Threshold is inapplicable to funding obtained from grantsors, government entities, or private entities used to fund a program or programs for which such funding was furnished to Broward Health (“Program”) provided such funding is solely pass-through funding and there are no funds (whether received from ad valorem taxes or otherwise) used from Broward Health’s own finances. Accordingly, the use of such pass-through funds and entering into Contracts using pass-through funds which exceed the Spending Threshold do not require Board approval. Notwithstanding, this exception for pass-through funds does not exempt such Procurements from any other procedures of this code including, but not limited to, the Formal Bid Process unless such Procurements are required from a particular Vendor or contractor pursuant to the terms of the Program.

   c. Receipt of Funds

   The Spending Threshold is inapplicable to Broward Health’s receipt of funds regardless of its source. Accordingly, any grants, Contracts, or other methods or means used by Broward Health to receive funding which are over the Spending Threshold do not require Board approval.
2. Execution of Contracts

   a. Entering Into or Renewing Contracts

   The Board hereby delegates the authority of executing Contracts and Contract renewals, whether on the same or different terms, to the CEO and the CFO.

   b. Delegation of Signing Authority

   The CEO and/or CFO may, in their absence, delegate the authority to execute Contracts to another employee or officer of Senior Management. Any delegation of signing authority shall be evidenced by a letter from the CEO or CFO, as applicable, delegating the authority to the employee or officer and such letter shall be documented in the Contract’s electronic file within Broward Health’s electronic database. In the event of delegation, the employee or officer delegated the CEO’s or CFO’s signing authority shall have the same power to bind the District as the CEO or CFO and may execute Contracts exceeding the Spending Threshold provided such Contracts were approved by the Board. Any authority delegated by the CEO or CFO shall no longer be effective upon return of the CEO or CFO unless and until the CEO again delegates his or her signing authority pursuant to this Section. Nothing herein shall be construed as preventing the CEO from delegating such authority in his or her absence despite the presence of the CFO nor shall it be construed as preventing the CFO from delegating such authority in his or her absence despite the presence of the CEO.

   B. Informational Threshold

   While the Board has delegated the authority to certain Senior Management to enter into Contracts and to requisition for Procurements equal to or under the Spending Threshold, the Board, pursuant to the Charter, maintains responsibility for the oversight of Broward Health. To that end, any Contracts or Procurements at or above the Informational Threshold and up to and including the Spending Threshold shall be communicated to all members of the Board; provided, however, that those Contracts and Procurements excepted from the Spending Threshold as indicated above (i.e., Line-Item Budgets, Pass-Through Funds, and Receipt of Funds) are also excepted from the Informational Threshold and do not need to be communicated to the Board for informational purposes.

XVII. PUBLIC RECORDS AND SUNSHINE LAW

All Bidders, Offerors, and Vendors are put on notice that Broward Health is subject to Florida’s Public Records Law (Ch. 119, Fla. Stat.) and Florida’s Government in the Sunshine Law (Ch. 286, Fla. Stat.). It is the responsibility of all Bidders, Offerors, and Vendors, consistent with the directions contained within each RFP or RFQ, to protect any trade secrets or proprietary information they submit in response to a Formal Bid. Broward Health is not responsible for protecting any trade secrets or proprietary information. Submission of a response to a Formal Bid constitutes the agreement by Bidders, Offerors, and Vendors to indemnify, defend, and hold Broward Health, its commissioners, officers, employees, and agents harmless from and against any actions pertaining to a public records request due to the Bidder’s, Offeror’s, or Vendor’s assertion of an exemption under Florida
law. If a Bidder, Offeror, or Vendor has any questions regarding application of these laws, such questions should be sent to Broward Health’s Public Records Custodian at PublicRecordsRequest@browardhealth.org.

**XVIII. PROTESTS**

Protest provisions enhance the accountability of the Procurement process, but the protest process also must not interfere with the prompt and efficient acquisition of goods and services needed by Broward Health. Broward Health’s goal is to ensure the prompt and fair resolution of vendor protests. The CPO, or his or her designee, shall be the point of contact for all Timely Protests, as defined below, to an RFP or RFQ advertisement and/or award. Upon receipt of a written and Timely Protest in accordance with the timeline and procedures below, the CPO, or his or her designee, shall notify appropriate parties and proceed consistent with the following:

(1) Any actual or prospective Bidder, Offeror, or contractor who is an interested party and is aggrieved in connection with a solicitation or award of a Contract over Threshold Category 3 may protest an award by submitting a timely and written protest to the Chief Procurement Officer no later than:
   (a) five (5) Business Days after the solicitation or any amendment/addendum to the solicitation is issued if protesting or challenging any of the terms or conditions of the solicitation or addendum, or
   (b) five (5) Business Days after the date of Notice of Intent to Award is given by Broward Health if protesting or challenging an award (“Timely Protest”). The Timely Protest must: (1) adequately identify the solicitation or Contract number; (2) set forth a detailed statement of the legal and factual grounds of protest, including copies of relevant documents; (3) provide a statement as to how the protestor is interested and aggrieved; and (4) state the relief requested. THE FAILURE TO TIMELY SUBMIT A WRITTEN PROTEST CONSISTENT WITH THIS SECTION SHALL CONSTITUTE A WAIVER OF ANY AND ALL PROTEST RIGHTS. Protests relating to solicitations or awards below Threshold Category 3 may be considered, but are not required to be considered by Broward Health and such consideration is within Broward Health’s sole and absolute discretion.

(2) In the event of a Timely Protest, Broward Health may decide, within its sole and absolute discretion, not to proceed further with the solicitation or with the award of the Contract until a final decision on the protest is issued by Broward Health.

(3) All protests shall follow the procedures in this Section and all appeals must be exhausted before the commencement of an action in court concerning the controversy. The CPO, or his or her designee, shall have the authority, in consultation with Legal Counsel, to settle and resolve a protest or appeal of an aggrieved actual or prospective Bidder, Offeror, or contractor concerning the solicitation or award of a Contract prior to the commencement of an action in court or another venue of competent jurisdiction concerning the controversy. In the event an action is filed in court or another venue of competent jurisdiction, any resolution or settlement may only be approved
by the Board. Broward Health may allow an awardee to participate in a protest as an intervenor if deemed advantageous to the resolution of the matter by Broward Health in its sole discretion.

(4) If the protest is not resolved by mutual agreement, the CPO, or his or her designee, will endeavor to issue a written decision on the protest within sixty (60) days after receipt of the protestor’s written and Timely Protest (“Written Decision”). The Written Decision shall state the reasons for the action taken and advise the protestor of its right to appeal the decision in accordance with this Code. The Written Decision on the protest shall be provided to the protesting vendor and, if relevant, the intended awardee by email and/or by certified mail, return receipt requested. Such delivery through the foregoing methods shall be deemed sufficient delivery of notice of the Written Decision and, in the event of delivery by email, such notice of the Written Decision shall be deemed received by the protesting vendor upon sending the email.

(5) Aggrieved parties to the original protest may appeal the CPO or his or her designee’s decision by filing a written appeal with the CFO within five (5) Business Days of the date of receipt of the Written Decision (“Written and Timely Appeal”). The Written and Timely Appeal must: (1) adequately identify the solicitation or Contract number; (2) attach a copy of the decision being appealed as rendered by the CPO, or his or her designee; (3) set forth a detailed statement of the legal and factual grounds for the appeal; and (4) state the relief requested. THE FAILURE TO SUBMIT A WRITTEN AND TIMELY APPEAL SHALL CONSTITUTE WAIVER OF ALL APPEAL RIGHTS AND THE CPO’S DECISION SHALL BE CONSIDERED FINAL.

(6) To the extent a Written and Timely Appeal is filed, the CFO will endeavor to render a written decision on the Written and Timely Appeal within ninety (90) days after receipt of the notice of the Written and Timely Appeal. The CFO’s written decision shall state the reasons for the decision, actions taken, if any, and shall be the final order on the protest. The written decision shall be provided to the appealing party by email and/or by certified mail, return receipt requested. The institution and filing of an appeal, and obtaining a decision from the CFO thereon, is an administrative remedy to be satisfied as a condition precedent to the institution and filing of any civil action against Broward Health concerning the action or intended action by Broward Health.

(7) The burden in any protest or appeal under this Section is on the party filing the protest or appeal to establish that the intended action by Broward Health is materially contrary to Broward Health’s governing statutes, its Charter, this Code, Broward Health’s Policies and Procedures, or the solicitation’s specifications. The standard of proof for such proceedings shall be whether the intended action by Broward Health would be clearly arbitrary or capricious.
Broward Health
Procurement Policies
I. Purpose

This Procurement Policy Table establishes and contains the listing of all established Board Procurement policies with the procedures to be used when acquiring certain supplies, equipment, materials, and services (“Procurement Policies”) that are subject to or exempt from the Master Procurement Code, GA-001-150 (the “Code”).

II. Definitions

The words and acronyms defined in this Policy shall have the meanings set forth in the Code regardless of whether they are capitalized, unless:

(a) The context in which they are used clearly requires a different meaning; or

(b) A different definition is prescribed for a particular section of this Policy.

Words not defined shall be given their common and ordinary meaning unless the context in which they are used requires otherwise.

III. Policy

Notwithstanding any specific exclusions to the Code, the Board has established several policies and procedures complementary to the Code that pertain to the Procurement of supplies, materials, and services to ensure an open, transparent, and fair Procurement process. To that end, any and all Procurement Policies referenced in this Policy are hereby incorporated by reference as if full set forth herein and are also incorporated by reference into the Code as if fully set forth therein. To the extent the Code or any Procurement Policy references this Procurement Policy Table, such reference includes a reference to the applicable Procurement Policy listed in the Procurement Policy Table below. All such Procurement Policies are Board policies and may only be modified upon Board approval and any such modifications of these Procurement Policies absent Board approval are void ab initio.
Broward Health’s officers, employees, agents, and personnel are responsible for reviewing and complying with all applicable Procurement Policies and for raising any issues of applicability or interpretation with the CPO as appropriate. In the event of a conflict between the Code and any Procurement Policy referenced below, the Procurement Policy shall control, unless otherwise explicitly stated in the Procurement Policy or the Code.

IV. Procurement Policy Table

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<td>GA Policies and Procedures Manual</td>
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<tr>
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</tr>
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</table>

V. Related Policies

GA-001-150, Master Procurement Code

VI. Interpretation and Administration

Administration and Interpretation of this policy is the responsibility of the Chief Procurement Officer.
I. Purpose

These Threshold Categories of the Procurement Code (this “Policy”) establishes and contains the threshold amounts referenced in the Master Procurement Code, GA-001-150 (the “Code”) and the signature authority and ability of certain officers of Broward Health to bind North Broward Hospital District (the “District”) to Contracts.

II. Definitions

The words and acronyms defined in this Policy shall have the meanings set forth in the Code regardless of whether they are capitalized, unless:

(a) The context in which they are used clearly requires a different meaning; or

(b) A different definition is prescribed for a particular section of this Policy.

Words not defined shall be given their common and ordinary meaning unless the context in which they are used requires otherwise.

For purposes of this Policy, the below terms shall have the following meanings associated with them:

“Contract Term” means the length of time a Contract is in effect.

“Spending Threshold” means the threshold amount referenced in this Policy and incorporated into the Code, which permits authorized signatories to execute Contracts and requisitions without obtaining Board approval.

“Threshold Category” means the particular threshold category amount referenced in this Policy and incorporated into the Code.

III. Policy

The Board has established several spending thresholds applicable to the Code that pertain to the District’s acquisition of services, supplies, goods, and materials. To that end, any and...
references in the Code to a “Threshold Category” or to a “Spending Threshold” shall be a reference to such specific terms and amounts contained in this Policy. Such Threshold Categories and Spending Thresholds are incorporated into the Code by reference as if fully set forth therein. To the extent the Code references the Procurement Policy Table, such reference includes a reference to this Policy, as applicable.

IV. Threshold Amounts

A. Threshold Categories

The following Threshold Categories are hereby created:

(1) Threshold Category 1: $5,000
(2) Threshold Category 2: $50,000
(3) Threshold Category 3: $100,000
(4) Threshold Category 4: $250,000
(5) Threshold Category 5: $1,000,000
(6) Threshold Category 6: $1,250,000

B. Spending Threshold

The Board from time to time sets Spending Thresholds and permits Broward Health’s President/CEO (“CEO”) and Broward Health’s Chief Financial Officer (“CFO”) to execute Contracts and requisitions to purchase services, goods, supplies, materials, and other Procurements. When such Procurements or Contracts are below the Spending Threshold, no Board authorization or approval is required. Any Procurements or Contracts beyond the Spending Threshold require Board authorization or approval. The CEO and/or CFO may, from time to time, delegate their signing authority to other officers of Senior Management in accordance with the procedures established in the Code.

The following Spending Threshold is hereby created:

Spending Threshold: Up to and including Four Hundred Thousand Dollars ($400,000.00) for each year of a Contract Term for a maximum Contract Term of five (5) years.

Notwithstanding the foregoing, Contracts without the exchange of monetary compensation may exceed a five (5) year Contract Term or contain an auto-renewal clause without obtaining Board approval.

As provided in the Code, this Spending Threshold is inapplicable to (1) line-item Budgeted Contracts and/or Procurements; (2) pass-through funding obtained from
grantors, government entities, or private entities used to fund a program or programs for which such funding was furnished; and (3) the receipt of funds regardless of its source.

C. **Informational Threshold**

Although the Board has delegated the authority to Broward Health to enter into Contracts and Procure services and goods, the Board, consistent with its Charter oversight duties, requires information for certain Contracts and Procurements. Accordingly, those Contracts and Procurements at or above the Informational Threshold and up to and including the Spending Threshold shall be communicated to all members of the Board.

The following Informational Threshold is hereby created:

Informational Threshold: $250,000 for each year of a Contract Term.

As provided in the Code, this Informational Threshold is inapplicable to (1) line-item Budgeted Contracts and/or Procurements; (2) pass-through funding obtained from grantors, government entities, or private entities used to fund a program or programs for which such funding was furnished; and (3) the receipt of funds regardless of its source.

V. **Related Policies**

GA-001-150, Master Procurement Code

**PC-###-###**, Procurement Policy Table

VI. **Interpretation and Administration**

Administration and Interpretation of this policy is the responsibility of the President/CEO, CFO and Chief Procurement Officer.
I. Purpose

This Policy establishes the procedures to be used in the Vendor Registration process.

II. Definitions

The words and acronyms defined in this Policy shall have the meanings set forth in the Master Procurement Code, GA-001-150 (the “Code”) of North Broward Hospital District (the “District”) regardless of whether they are capitalized, unless:

(a) The context in which they are used clearly requires a different meaning; or

(b) A different definition is prescribed for a particular section of this Policy.

Words not defined shall be given their common and ordinary meaning unless the context in which they are used requires otherwise.

For purposes of this Policy, the below term shall have the following meaning associated with it:

“Vendor Registration Application” means Broward Health’s vendor registration application form available on Broward Health’s website that must be completed by all business vendors wishing to conduct business with Broward Health prior to Broward Health engaging in business operations with such vendors.

“Vendor Registration System” means the Broward Health electronic system where vendors and prospective vendors are required to register as a condition precedent to providing goods or services to Broward Health or any other wholly-owned entity and/or DBAs of the District.

III. Policy

Broward Health requires all vendors wishing to conduct business with Broward Health or any other wholly-owned entities and/or DBAs of the District register their business entities
by completing a Vendor Registration Application available online at www.browardhealth.org. Vendors must complete the Broward Health Vendor Registration application to participate in business transactions and to be included in Broward Health’s competitive solicitation process. It is the vendor’s responsibility to keep their information current.

IV. Procedure

(1) New Registration

(a) Vendors shall register in the Vendor Registration System by completing all sections of the Vendor Registration Application. Vendors requiring assistance in completing the registration may contact Broward Health Vendor Relations at (954) 473-7289.

(b) All hospitals, departments, divisions, and employees of the District who, when procuring goods and/or services, have selected a particular vendor must direct the vendor to Broward Health’s website or Vendor Relations so the vendor can complete the Vendor Registration Application.

(c) The Office of Supplier Diversity shall also refer all diverse vendors to Broward Health’s website to complete the Vendor Registration Application. Diverse Vendors will upload their Minority Business Enterprise (MBE), Woman Business Enterprise (WBE), or Small Business Enterprise (SBE) certification documents into the Vendor Registration System.

(2) Benefits of the Vendor Registration Program

Although a requirement prior to conducting business with Broward Health, registration in the Vendor Registration System provides several benefits to prospective and current vendors:

(a) Registered vendors may, in Broward Health’s sole discretion, be contacted for quotations for purchases of goods and services according to Broward Health Procurement Code based on the product code(s) selected during the registration process.

(b) Registered vendors may also receive notification of Formal Bids (RFQs and RFPs) and RFIs whenever Broward Health deems it appropriate. It is the sole responsibility of the vendor to monitor public announcements regarding Solicitations, ensure that its contact information is accurate, and to contact the Vendor Relations department if its contact information changes.

(c) Registered vendors will, where reasonably requested and deemed helpful by Broward Health, be allowed to schedule appointments with department directors, cost center managers, or designated personnel to conduct ongoing business.

(d) Registered vendors will be allowed to participate in the product standardization process for Solicitations where reasonably requested and deemed appropriate by Broward Health.
(3) **Vendor Orientation Process**

Broward Health generally conducts quarterly vendor orientation sessions. The orientation sessions should provide attendees with detailed information on how to conduct business with Broward Health. The dates for all vendor orientation sessions will be listed and available online at www.browardhealth.org.

V. **Exceptions**

This Policy and the requirement of registration in the Vendor Registration System is not applicable to:

1. Any state, federal, or tribal government and/or public entity including, but not limited to, any state, federal, or tribal branch, department, division, bureau, commission, authority, board, local government, special district, political subdivision, public school, community college, or state or government university;
2. Any organizations exempt from taxation under the Internal Revenue Code, 26 U.S.C. § 501, and that are providing monetary compensation or in-kind contributions to Broward Health through a research or other charitable grant;
3. Organizations or entities that Broward Health submits bids to in response to requests for proposals or other competitive solicitations; and
4. Any other individuals or entities who the Chief Procurement Officer, or his or her designee, decides should be exempt from such registration for good cause.

In the event any of these exceptions are applicable to a given entity, organization, individual, or situation, the circumstances and/or exempting status must be properly documented within the applicable arrangement in Broward Health’s electronic contracting system.

VI. **Related Policies**

GA-001-150, Master Procurement Code

PC-###-###, Procurement Policy Table

VII. **Interpretation and Administration**

Administration and Interpretation of this policy is the responsibility of the Chief Procurement Officer.
I. Purpose

This policy is being established to delineate the policies and procedures pertaining to the selection and approval of Professional Consulting Services Agreements.

II. Definitions

The words and acronyms defined in this Policy shall have the meanings set forth in the Master Procurement Code, GA-001-150 (the “Code”), regardless of whether they are capitalized, unless:

(a) The context in which they are used clearly requires a different meaning; or

(b) A different definition is prescribed for a particular section of this Policy.

Words not defined shall be given their common and ordinary meaning unless the context in which they are used requires otherwise.

For purposes of this Policy, the term:

“Professional” means specialized degrees, licensures, certifications, patents, proprietary or specialized knowledge, business acumen, science, law, or the arts.

“Professional Consulting Services” means services rendered by an independent contractor who has a professed knowledge or professional expertise sought for the purpose of providing specialized guidance for specialized services required by Broward Health. Professional Consulting Services shall include, but not be limited to, legal services, lobbyist services, management services, finance-related services, consulting services and accounting and audit services.

For the purpose of this Policy, “Professional Consulting Services” shall not include design and construction services relating to architecture, professional engineering, landscape architecture, registered surveying and mapping, or construction and/or renovation services of any kind. For these services, please consult the relevant policy provided in the Procurement Policy Table.
III. Policy
Broward Health enters into contractual relationships with contractors providing Professional Consulting Services. When selecting contractors to provide Professional Consulting Services, Broward Health shall follow the procedures outlined herein to ensure proper transparency and competitiveness.

IV. Procedure
A. Contract Initiation
A request for Professional Consulting Services is initiated by a Broward Health department by obtaining at least two (2) proposals from qualified contractors providing reasonably similar services and then following the procedures for submission, review, and approval of a contract as set forth in the Contract Administration Standard Operating Procedure.

B. Exceptions to this Policy
1. In the event following this Policy and obtaining two (2) proposals would subject Broward Health to undue financial or operational risk, the relevant Broward Health department may forego obtaining two (2) proposals provided the procedures in the Section of the Code entitled “Emergency Commitments and Internal Approvals” are followed.

2. Professional Consulting Services that are strategic in nature, as determined by the President/CEO, in writing, shall be exempt from this Policy.

3. Arrangements where there are no other contractors to provide a second quote.

4. Arrangements where the Professional Consulting Services are so specialized that obtaining a second quote would be merely procedural in nature. These include, but are not limited to, arrangements for legal services and lobbying services.

V. Related Policies
GA-001-150, Master Procurement Code

VI. Interpretation and Administration
Administration and Interpretation of this policy is the responsibility of the President/CEO, CFO and Chief Procurement Officer.
I. Purpose

The purpose of this Policy is to set forth the general guidelines for the submission, approval, and administration of contracts, in conjunction with the Master Procurement Code, GA-001-150 (the “Code”) of North Broward Hospital District (the “District”).

II. Definitions

The words and acronyms defined in this Policy shall have the meanings set forth in the Code regardless of whether they are capitalized, unless:

(a) The context in which they are used clearly requires a different meaning; or

(b) A different definition is prescribed for a particular section of this Policy.

Words not defined shall be given their common and ordinary meaning unless the context in which they are used requires otherwise.

For purposes of this Policy, the below terms shall have the following meanings associated with them:

“Arrangement” means every District Contract, arrangement, procurement, or transaction, whether set forth in writing or otherwise, with another person, party, or entity that involves, directly or indirectly, the offer of payment, solicitation, or receipt of anything of value.

“Contract” means all types of contractual agreements and Arrangements of the District, regardless of what they may be called or referred to, for the procurement or disposal of goods or services of any kind.

“Contract Initiator” means an authorized employee of the District who initiates the contracting process.

“Contracts Administration” means the District department responsible for overseeing the review and administration of the District’s Contracts.
“Contracts Management System” means the District’s electronic contracting system that serves as the centralized repository for all District Contracts and which contains all Contract reviews, approvals, and supporting documentation.

“Contracting Process” means the process followed, in accordance with Contracts Administration’s Standard Operating Procedure, in the Contracts Management System when the District is entering into a Contract.

“Corporate Executive Management” means the District’s President/Chief Executive Officer, the District’s Chief Financial Officer, their designees, or any other individuals authorized by the Board to bind the District to Contracts.

“Department Authority” means the relevant individual in the District’s Corporate Executive Suite who, as provided within the District’s Organizational Chart, (1) possesses authority over the District or over a particular District hospital, facility, department, or division; and (2) with the exception of the President/Chief Executive Officer, reports directly to the President/Chief Executive Officer. Such individuals include, without limitation, the District’s (a) President/Chief Executive Officer, (b) Chief Financial Officer, (c) Chief Administrative Officer, (d) SVP, Operations, (e) Chief Medical Officer, (f) Chief Human Resources Officer, (g) any other individual who meets the criteria for being deemed “Department Authority,” and/or (h) any other individual or position delegated such “Department Authority” from time to time by the President/Chief Executive Officer.

“Focus Arrangement” means a Contract with an actual source of health care business or referrals to the District and involves, directly or indirectly, the offer, payment, or provision of anything of value; or is between the District and any physician (or a physician's immediate family member as defined in 42 C.F.R. § 411.351) who makes a referral to the District for designated health services (as defined in 42 U.S.C. § 1395nn(h)(6)).

III. Policy

This Policy governs the review, approval, and administration of the District’s Contracts. All of the District’s Contracts must be procured in accordance with the provisions of the Code and/or any applicable policy in the Procurement Policy Table that governs the procurement of goods and/or services.

IV. Procedure

(1) Every Arrangement entered into by the District shall follow the provisions of the Code and/or any applicable policy in the Procurement Policy Table.

(2) Every Arrangement entered into by the District shall be reviewed by the District’s Compliance and Ethics Department to determine whether such Arrangement is a Focus Arrangement. To the extent an Arrangement is deemed a Focus Arrangement, such Focus Arrangement shall always be in the form of a written Contract signed by both
parties to the Contract and shall always conform to the requirements of Section III.D. of the Corporate Integrity Agreement entered into on August 31, 2015 between the District and the Office of Inspector General, U.S. Department of Health and Human Services (“CIA”).

(3) Unless an exception otherwise exists as defined in Section V., Exceptions, below, all Contract requests shall be submitted by the Contract Initiator in the Contracts Management System where it will be reviewed and approved prior to its execution.

(4) Contracts Administration shall supervise and oversee the Contracting Process to ensure that all Contracts are properly routed to all applicable departments, divisions, and employees to receive the proper reviews and approvals.

(5) The Contracting Process procedure is set forth in Contracts Administration’s Standard Operating Procedure (a link to the Standard Operating Procedure can be found below).

(6) Following the Contracting Process, all Contracts shall be executed by Corporate Executive Management.

V. Exceptions

The following two (2) exceptions apply to temporarily exempt a District hospital, facility, department, or division from the Contracting Process:

(1) An actual or perceived threat or emergency exists whereby strictly adhering to the Contracting Process may result in (1) a negative effect to patient care; (2) a threat to the life, health, welfare, or safety of patients, employees, or the public; (3) the District failing to comply with regulatory requirements or its CIA; (4) severe financial consequences; or (5) adverse effects or negative consequences to the operations of any District hospital, facility, department, or division. To the extent such a perceived or actual threat or emergency exists, it must be communicated to the Department Authority before proceeding forward without adhering to the Contracting Process. The Department Authority possesses the ultimate authority to decide whether or not a Contract may proceed forward without following the Contracting Process. To the extent such an exception is granted, the relevant circumstances of the perceived or actual threat or emergency and the approval of the Department Authority must be documented within the relevant Contract file in the Contracts Management System.

(2) The General Counsel’s Office may draft, negotiate, and review Contracts and legal terms outside the Contracts Management System to ensure that all relevant reviews are being done in an effective and timely manner.

Notwithstanding the two (2) exceptions above, any and all documentation and completed reviews must be properly documented within the relevant Contract file in the Contracts Management System following such reviews and approval. In no event shall any of the exceptions above apply to exempt a Focus Arrangement from adhering to the requirements of Section III.D. of the CIA.
VI. Related Policies
    GA-001-150, Master Procurement Code
    PC-####-####, Procurement Policy Table
    Contracts Administration Standard Operating Procedure (the Standard Operating Procedure may be found by clicking this link: Standard Operating Procedure)

VII. Interpretation and Administration
    Administration and Interpretation of this policy is the responsibility of the Chief Procurement Officer.
I. Purpose

This Policy establishes written procurement and audit procedures for use of Federal Awards from the U.S. Department of Health & Human Services ("HHS") that comply with Federal procurement standards, including a process for ensuring that all procurement costs directly attributable to the Federal Award are allowable, consistent with Federal Cost Principles.

II. Definitions

The words and acronyms defined in this Policy shall have the meanings set forth in the Code regardless of whether they are capitalized, unless:

(a) The context in which they are used clearly requires a different meaning; or

(b) A different definition is prescribed for a particular section of this Policy.

Words not defined shall be given their common and ordinary meaning unless the context in which they are used requires otherwise.

For purposes of this Policy, the below terms shall have the following meanings associated with them:

“Broward Health Department” means any office, department, entity, or DBA of North Broward Hospital District that accepts Federal Awards from any Federal Agency including, but not limited to, Broward Health, Community Health Services, and Children’s Diagnostic & Treatment Center.

“Contract” means a written agreement used for the purpose of obtaining goods and services needed to carry out a project or program under a Federal Award. It does not include a legal instrument when the substance of the transaction meets the definition of a Federal Award or Subaward. Contract characteristics include:

(a) The provision of goods and services within normal business operations;

(b) The provision of similar goods or services to many different purchasers;
(c) Normally operating within a competitive environment;
(d) The provision of goods or services that are ancillary to the operation of the Federal Program; and
(e) Not being subject to compliance requirements of the Federal Program as a result of the relationship with Broward Health, although similar requirements may apply for other reasons, including as a result of contractual provisions.

“Compliance Manual” means the HRSA Health Center Program Compliance Manual that applies to all entities and Subrecipients that apply for or receive Federal Awards under the Health Center Program authorized under section 330 of the Public Health Service Act (“PHS Act”) (codified at 42 U.S.C. § 254b).

“Federal Agency” means any executive department, Federal Government corporation, Federal Government controlled corporation, or other establishment within HHS that provides Federal Awards including, but not limited to, the Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), National Institutes of Health (NIH), and Substance Abuse and Mental Health Services Administration (SAMHSA).

“Federal Award” means, depending on the context, either: (1) The Federal financial assistance or the cost-reimbursement contract under the Federal Acquisition Regulations that a non-Federal entity receives directly from a Federal Agency or indirectly from a Pass-Through Entity, as described in 45 C.F.R. § 75.101; or (2) An instrument setting forth the terms and conditions which can be a grant agreement, cooperative agreement, other agreement for assistance, or the cost-reimbursement contract awarded under the Federal Acquisition Regulations.

“Federal Program” means (1) all Federal Awards that are assigned a single number in the Catalog of Federal Domestic Assistance (CFDA); (2) all Federal Awards to non-Federal entities from the same Federal Agency made for the same purpose; or (3) a cluster of programs as defined in 45 C.F.R. § 75.2.

“Pass-Through Entity” means a non-Federal entity that provides a Subaward to a Subrecipient to carry out part of a Federal Program.

“Subaward” means an award provided by a Pass-Through Entity to a Subrecipient for the Subrecipient to carry out part of a Federal Award received by the Pass-Through Entity. A Subaward does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal Program.

“Subrecipient” means a non-Federal entity that receives a Subaward from a Pass-Through Entity to carry out part of a Federal Program.

“Uniform Data System” or “UDS” means the standardized reporting system whereby entities receiving Federal Awards under the Health Center Program authorized under section 330 of the PHS Act are required to input certain information including patient demographics, services provided, clinical processes and health outcomes, patients’ use of services, costs, and revenues.
III. Policy

Broward Health Departments receive Federal Awards for various purposes as authorized under Federal law. This Policy is being established to clarify the procedures for the procurement of supplies and other expendable property, equipment, real property and other services using funds from Federal Awards to ensure that such materials and services are obtained in an effective manner and in compliance with the provisions of Federal Programs and applicable Federal law. This Policy further establishes the audit procedures required when Federal Award funds are used for procurement of services and/or supplies as well as for Subawards to Subrecipients. Between the Code and any Procurement Policy referenced below, the Procurement Policy shall control, unless otherwise explicitly stated in the Procurement Policy or the Code.

IV. Procurement Procedure

1. Before procuring any materials and services using Federal Award funds, the Broward Health Department shall determine, on a case-by-case basis, consistent with the characteristics outlined in 45 C.F.R. § 75.351, whether an individual agreement will be carried out through a Contract or Subaward and the agreement shall be structured accordingly.

2. Before beginning the procurement process, the Broward Health Department shall request and receive approval from the relevant Federal Agency to contract for work and/or substantive programmatic work, as defined within the Compliance Manual, under its Federal Award by either an approved competing continuation/renewal of designation application or other competitive application; or by an approved post-award request for such arrangements submitted within the project period (for example, change in scope).

3. Any and all procurements of supplies or services paid in whole or part with a Federal Award shall conform with 45 C.F.R. Part 75. Such procurement transactions shall be conducted in a manner that provides full and open competition consistent with the standards of 45 C.F.R. § 75.328.

4. All procurements of goods and services directly attributable to a Federal Award shall be allowable consistent with Federal Cost Principles.

5. Non-competitive proposals may only be used when:
   (a) The item is available only from a single source;
   (b) The public exigency or emergency for the requirement will not permit a delay resulting from competitive solicitation;
   (c) The non-competitive proposal is specifically authorized by the Federal Agency in response to a written request from Broward Health; or
   (d) Competition is determined to be inadequate after soliciting a number of sources.
6. A cost or price analysis shall be performed in connection with every procurement action paid for in whole or in part by the Federal Award in excess of the Simplified Acquisition Threshold as set by the Federal Acquisition Regulation at 48 C.F.R. subpart 2.1 and in accordance with 41 U.S.C. § 1908.

7. All Subrecipient agreements that provide Subawards that support the Federal-approved scope of project must include provisions that address the following:
   (a) The specific portion of the approved scope of project to be performed by the Subrecipient;
   (b) The applicability of all Broward Health’s Federal Program requirements to the Subrecipient;
   (c) The applicability to the Subrecipient of any distinct statutory, regulatory, and policy requirements of other Federal Programs associated with their Federal-approved scope of project;
   (d) Mechanisms for Broward Health to monitor Subrecipient compliance and performance;
   (e) Requirements for the Subrecipient to provide data to Broward Health necessary to meet Broward Health’s applicable Federal financial and programmatic reporting requirements;
   (f) Provisions addressing record retention and access, audit, and property management; and
   (g) Requirements that all costs paid for by the Federal Subaward are allowable consistent with Federal Cost Principles.

8. All Contracts with other providers for the provision of health services within the Federal Agency-approved scope of project must include:
   (a) The specific activities or services to be performed or goods to be provided;
   (b) Mechanisms to monitor contractor performance;
   (c) Requirements for the contractor to provide data necessary to meet Broward Health’s applicable Federal financial and programmatic reporting requirements;
   (d) Provisions addressing record retention and access, audit, and property management; and
   (e) A schedule of rates and method of payment for such services.

9. Records must be maintained for all procurements—whether competitive or noncompetitive—paid for in whole or in part under a Federal Award and such records must include the rationale for method of procurement, selection of contract type, contractor selection or rejection, and the basis for the Contract price.

Any contractual or administrative issues arising out of procurements, with respect to Contracts (protests, disputes, claims, etc.) or how to take enforcement actions in the case
of Subawards (collectively, “Disputes”) shall be initially resolved through reasonable methods established by the Broward Health Department in conjunction with Broward Health’s Chief Administrative Officer. To the extent necessary, if such Disputes cannot appropriately be resolved or cured, the Broward Health Department, the contractor, or the Subrecipient may appeal to Broward Health’s President/CEO to take appropriate action. The President/CEO, to the extent necessary, may work with Broward Health’s General Counsel’s Office and/or Compliance & Ethics Department to resolve the Disputes in a matter consistent with Federal guidelines.

V. Monitoring of Subawards and Contracts

1. All contractors and Subrecipients shall be overseen and monitored to ensure their performance is in accordance with the terms, conditions, and specifications of their agreements and Contracts and to assure compliance with applicable Federal requirements.

2. To accomplish the purposes of audit and oversight of contractors and Subrecipients, Broward Health must have access to records and reports related to Federal Program activities in order to ensure that all activities and reporting requirements are being carried out in accordance with the provisions and timelines of their Contracts and agreements, including, but not limited to, making sure performance goals are achieved, UDS data is submitted by appropriate deadlines, and funds are used only for authorized purposes.

3. When monitoring contractors, the Broward Health Department shall:
   (a) Conduct periodic evaluations of contractor performance that are shared with the board and management staff; and/or
   (b) Receive and review appropriate documentation at the time of Contract completion or renewal that the contractor has met the terms, conditions, and specifications of the Contract.

4. Broward Health Departments shall utilize accepted methods of monitoring Subrecipients to ensure compliance with their agreements and Federal guidelines governing receipt of the Subaward. Such accepted methods may include any of the following, or a combination thereof:
   (a) Receiving/reviewing copies of the Subrecipient governing board’s meeting minutes;
   (b) Performing site visits;
   (c) Conducting regular check-in calls and updates regarding Federal Program requirements or new Federal Program policies;
   (d) Receiving/reviewing the Subrecipient’s annual audit;
   (e) Conducting periodic joint meetings between the two entities’ boards, or between the Broward Health Department’s key management staff and the Subrecipient’s board;
(f) Receiving/reviewing periodic written reports from the Subrecipient; and/or

(g) Sharing data and creating systems for the sharing of financial and medical records for the purpose of Broward Health’s Federal Program data reporting.

5. When monitoring Subrecipients, Broward Health shall:

(a) Make documented, case-by-case determinations whether the agreement for the disbursement of Federal Program funds casts the party receiving the funds in the role of a Subrecipient, consistent with the characteristics outlined in 45 C.F.R. § 75.351;

(b) Identify Subawards as such to the Subrecipient, and provide all applicable information to the Subrecipient as described in 45 CFR § 75.352(a)(1), including the total amount of the Federal Award committed to the Subrecipient;

(c) If any of the data elements contained in 45 C.F.R. § 75.352(a)(1) change, the change(s) shall be included in a subsequent Subaward modification or amendment;

(d) Ensure that such funds are only used for authorized purposes;

(e) Ensure, by monitoring the ongoing activities of the Subrecipient, that the Subaward is used only for authorized purposes and that the Subrecipient maintains compliance with all applicable requirements specified in the Federal Award, including, but not limited to, those found in section 330 of the PHS Act, implementing program regulations, and grants regulations in 45 C.F.R. Part 75;

(f) Review financial and performance reports required by the Broward Health Department in order to ensure performance goals are achieved, UDS data is submitted by appropriate deadlines, and funds are used only for authorized purposes;

(g) Ensure that the Subrecipient takes timely and appropriate action on all deficiencies pertaining to the Subaward that may be identified through audits, on-site reviews, and other means;

(h) Issue a management decision for audit findings pertaining to the Subaward.

Consider whether the results of the Subrecipient's audits, on-site reviews, or other monitoring indicate conditions that necessitate adjustments to the Broward Health Department’s own records and whether the Broward Health Department must consider taking enforcement action against noncompliant Subrecipients as described in 45 C.F.R. § 75.371.

VI. Document Retention

Final Contracts, Subrecipient agreements, and related procurement records, financial records, supporting documents, statistical records, and all other records pertinent to the Federal Program (collectively, “Records”) carried out under Contracts and agreements consistent with Federal document maintenance requirements, must be retained for procurements paid for in whole or part under a Federal Award. As such, each Broward Health Department shall maintain Records for procurement actions paid for in whole or in part under the Federal Award that includes the rationale for method of procurement, selection of...
Contract or agreement type, contractor selection or rejection, and the basis for the Contract price. This includes documentation related to noncompetitive procurements. Such Records shall be retained either (a) for a period of three (3) years from the date of the submission of the final expenditures report to HHS or (b) for the minimum period required by the Florida Department of State Division of Library and Information Services General Records Schedules GS1-SL and GS4, whichever is longer.

VII. Regulatory Standards and References

Section 330(k)(3)(I) and Section 330(q) of the PHS Act; 42 C.F.R. § 51c.113, 42 C.F.R. § 56.114, 42 C.F.R. § 51c.303(t), and 42 C.F.R. § 56.303(t); 45 C.F.R. Part 75, Subpart D; 45 C.F.R. Part 75, Subpart E: Cost Principles; and Section 1861(aa)(4)(A)(ii) and Section 1905(l)(2)(B)(ii) of the Social Security Act.


Simplified Acquisition Procedures: https://www.acquisition.gov/content/part-13-simplified-acquisition-procedures.


VIII. Related Policies

GA-001-150, Master Procurement Code
PC-###-####, Procurement Policy Table

IX. Interpretation and Administration

Administration and Interpretation of this policy is the responsibility of the President/CEO, CFO and Chief Procurement Officer.
I. Purpose

This Policy identifies the steps to be taken in the selection and Procurement of Design and Construction Professionals needed for the construction of District-owned public improvements and for the Procurement of construction services in an efficient, cost-effective, and timely manner in compliance with Florida law.

II. Definitions

The words and acronyms defined in this Policy shall have the meanings set forth in the Master Procurement Code, GA-001-150 (the “Code”) of North Broward Hospital District (the “District”) regardless of whether they are capitalized, unless:

(a) The context in which they are used clearly requires a different meaning; or

(b) A different definition is prescribed for a particular section of this Policy.

Words not defined shall be given their common and ordinary meaning unless the context in which they are used requires otherwise.

For purposes of this Policy, the below terms shall have the following meanings associated with them:

“Competitively Award” or “Competitively Awarded” means awarding of Contracts based on the submission of sealed bids, proposals submitted in response to a request for proposal, proposals submitted in response to a request for qualifications, or proposals submitted for competitive negotiation.

“Competitive Sealed Bids” means sealed bids whereby the award will be based upon the Contractor that submitted the lowest-price bid.
“Competitive Sealed Proposals” means sealed bids whereby the award will be based upon qualifications and responsive proposals and not price.

“Construction” means the undertaking of designing, building, altering, repairing, remodeling, renovating, modifying, improving, or demolishing any structure, or building any real property owned or under the control of the District.

“Continuation Contracts” means Contracts that are entered into and comply with the definition of “continuing contract” under § 287.055(2)(g).

“Professional Design Services” means those services within the scope of the practice of architecture, professional engineering, landscape architecture, or registered surveying and mapping, as defined by the laws of the State of Florida, or those performed by any architect, professional engineer, landscape architect, or registered surveyor and mapper in connection with his or her professional employment or practice.

III. Governing Law

The following statutes apply to District’s Procurement of Construction Contracts and Professional Design Services, and it is advised that District personnel review such statutes in conjunction with this Policy. To the extent any of the following statutes or other state or federal laws or regulations conflict (“Applicable Law”) with the provisions of this Policy, such Applicable Law shall control as if fully set forth herein.

(1) § 255.05, Fla. Stat., Bond of Contractor constructing public buildings; form; action by claimants: performance and payment bond requirements for construction projects;

(2) § 255.0525, Fla. Stat., Advertising for competitive bids or proposals: contains notice requirements concerning the Solicitation of competitive bids or proposal for construction projects exceeding certain thresholds;

(3) § 255.20, Fla. Stat., Local bids and Contracts for public construction works; specification of state-procured lumber: requires competitive Procurement for public buildings, structures or other public construction projects or electric work exceeding certain thresholds; and

(4) § 287.055, Fla. Stat., (Consultants’ Competitive Negotiation Act) Acquisition of professional architectural, engineering, landscape architectural, or surveying and mapping services; definitions; procedures; contingent fees prohibited; penalties.

IV. Policy

(1) All Procurement of supplies, materials, equipment, and services paid for from District funds for purposes of Procurement of Professional Design Services, Construction projects, or electrical services shall be made in accordance with this Policy and all applicable Florida Statutes and administrative procedures unless otherwise exempt from this Policy.
(2) No person may make any purchase with District funds unless authorized to do so by District policy or by administrative directive.

(3) All estimates pertaining to the anticipated cost of Professional Design Services, Construction projects, or electrical work shall be provided in good faith and estimated in accordance with generally accepted cost-accounting principles.

(4) Procurements covered by this Policy shall not be divided into more than one purchase order, project, or Contract solely for the purpose of avoiding the provisions of this Policy.

(5) The terms and provisions of this Policy shall be deemed by operation of law to be a part of the term and conditions of each Procurement, purchase order, and Contract involving the District’s Procurement of Professional Design Services and Construction projects, except to the extent that an authorized official has expressly provided for a written exception to one or more of the requirements provided for in this Policy with respect to a particular Procurement, purchase order, or Contract and such exception is consistent with Florida Law, the Code, and the District’s Policies and Procedures.

(6) Advertising: Any Procurement of Professional Design Services, Construction projects, or electrical work shall be advertised consistent with this Policy unless otherwise exempt. All advertisements must include a general description of the project and must indicate how interested Contractors may apply for consideration. To the extent a competitive solicitation is used, even if a competitive solicitation is not required by this Policy, it must be publicly advertised.

(7) Professional Design Services: All Procurements of Professional Design Services shall be Competitively Awarded to an appropriately-licensed Contractor unless the Procurement of Professional Design Services was pursuant to a Continuation Contract.

(8) Construction Services: Any Procurement of Construction projects or services which are estimated, in accordance with generally accepted cost-accounting principles, to exceed $300,000, as provided in the Procurement Policy Table, shall be Competitively Awarded to an appropriately-licensed Contractor.

(9) Electrical Work: Any Procurement of electrical work estimated, in accordance with generally accepted cost-accounting principles, to cost more than $75,000 shall be Competitively Awarded to an appropriately-licensed Contractor.

V. Procedure

(1) Competitive Solicitations

Except in the case of an emergency, purchases shall follow either the competitive sealed bid or competitive sealed proposal process as determined by the Chief Procurement Officer for award of any subsequent Contract resulting from the Procurement is required.
(a) Competitive Source Selections

i. The Chief Procurement Officer and the SVP, Operations both have the authority to determine the source selection, unless otherwise exempt from the competitive Procurement process.

ii. The Procurement of Professional Design Services and Construction and Construction-related projects and services shall be made using the appropriate Procurement process as follows:

- **Competitive Sealed Bids**: An invitation to bid shall be issued which shall include the specifications and appropriate Contract terms and conditions applicable to the Procurement.
- **Competitive Sealed Proposals**: When it is determined that the use of competitive sealed bidding is either not practical or not advantageous to the District due to the technical or specialized nature of the goods or services being procured, the competitive sealed proposal process may be used.

(b) Qualification Procedures

i. **Construction Projects and Electrical Work**: The qualification procedures for Contractors that submit Bids or Proposals pursuant to a competitive solicitation for Construction projects or electric work shall be determined by the Chief Procurement Officer and delineated in a Standard Operating Procedure established by Supply Chain Services.

ii. **Professional Design Services**: Any firm or individual desiring to provide Professional Design Services to the District must first be certified by the District as qualified pursuant to law and Broward Health’s Policies and Procedures. All firms or individuals to be employed to perform Professional Design Services shall be fully qualified to render the required services. Among the factors to be considered in making this finding are the capabilities, adequacy of personnel, past record, experience of the firm or individual, whether the firm or individual is a certified minority business enterprise as defined by the Florida Small and Minority Business Assistance Act, and other factors determined to be applicable to the project’s particular requirements. When securing Professional Design Services, the District should endeavor to meet the minority business enterprise Procurement goals under § 287.09451, F.S.

(c) Selection Procedures

i. **Construction Projects and Electrical Work**: The selection procedures for Contractors that submit Bids or Proposals pursuant to a competitive solicitation for Construction projects or electric work shall be determined by the Chief Procurement Officer and delineated in a Standard Operating Procedure established by Supply Chain Services.
• If the Construction project or electrical work is to be awarded based on price, the Contract must be awarded to the lowest qualified and responsive bidder in accordance with applicable law.

• If the Construction project or electrical work is subject to competitive negotiations, the Contract must be awarded consistent with the selection procedures used for Professional Design Services Exceeding $325,000 as detailed below.

   ii. Professional Design Services Under or Equal to $325,000: The selection procedures for Contractors that submit Bids or Proposals pursuant to a competitive solicitation for Professional Design Services expected to cost under or equal to $325,000 shall be determined by the Chief Procurement Officer and delineated in a Standard Operating Procedure established by Supply Chain Services.

   iii. Professional Design Services Exceeding $325,000: The selection procedures for Contractors that submit Bids or Proposals pursuant to a competitive solicitation for Professional Design Services that are expected to exceed $325,000 shall evaluate current statements of qualifications and performance data on file with the District, together with those that may be submitted by other firms regarding the proposed project, and, unless fewer than three (3) Bids or Proposals are submitted following the solicitation for Bids or Proposals, shall conduct discussions with, and may require public presentations by, no fewer than three (3) firms regarding their qualifications, approach to the project, and ability to furnish the required services. In order of preference, no fewer than three (3) firms deemed to be the most highly qualified to perform the required services shall be selected. In determining whether a firm is qualified, the District shall consider such factors as:

   • The ability of professional personnel;
   • Whether a firm is a certified minority business enterprise;
   • Past performance;
   • Willingness to meet time and budget requirements;
   • Location;
   • Recent, current, and projected workloads of the firms; and
   • The volume of work previously awarded to each firm by the agency, with the object of effecting an equitable distribution of Contracts among qualified firms, provided such distribution does not violate the principle of selection of the most highly qualified firms.

In no event may the District request, accept, and consider proposals for the compensation to be paid under the Contract until after an award is made to the most qualified Bidder.
iv. **Professional Design Services for a Planning or Study Activity Under or Equal to $35,000**: The selection procedures for Professional Design Services that pertain to a planning or study activity and the expected cost is under or equal to $35,000 shall be determined by the Chief Procurement Officer and delineated in a Standard Operating Procedure established by Supply Chain Services.

v. **Professional Design Services for a Planning or Study Activity Exceeding $35,000**: The selection procedures for Professional Design Services that pertain to a planning or study activity and the expected cost exceeds $35,000 shall be consistent with the selection procedures for Professional Design Services Exceeding $325,000 as delineated above.

(2) **Advertising Procedures**

   (a) **Construction**

   i. All projects for Construction or electrical work that are to be solicited by a request for proposal or a request for qualifications, even if not required to be competitively solicited, must be publicly advertised and the Contract must be awarded in accordance with Supply Chain Services’ Standard Operating Procedure.

   ii. All advertisements for solicitation of competitive bids or proposals for Construction projects or services projected to exceed $200,000 and less than or equal to $500,000 shall be publicly advertised at least once in a newspaper of general circulation in Broward County, or in the county where the project is located, at least twenty-one (21) days prior to the established bid opening and at least five (5) days prior to any scheduled prebid conference.

   iii. All advertisements for solicitation of competitive bids or proposals for Construction projects or services projected to exceed $500,000 shall be publicly advertised at least once in a newspaper of general circulation in Broward County, or in the county where the project is located, at least thirty (30) days prior to the established bid opening and at least five (5) days prior to any scheduled prebid conference.

   iv. Bids or proposals shall be received and opened at the location, date, and time established in the bid or proposal advertisement.

   v. If the location, date, or time of the bid opening changes, written notice of the change must be given, as soon as practicable after the change is made, to all persons who are registered to receive any addenda to the plans and specifications.

   vi. In cases of emergency, the procedures required in this Section V.(2)(a) may be altered by the Chief Procurement Officer or the SVP, Operations in any manner that is reasonable under the emergency circumstances.
(b) Electrical Work
   
i. Electrical work projected to exceed Threshold Category 4 shall be advertised consistent with the Advertisement Requirements provided in Section X.D.2. of the Code.

(c) Professional Design Services
   
i. Any Procurement of Professional Design Services that pertain to a planning or study activity and the expected cost exceeds $35,000 (except in cases of valid public emergencies certified by the President/CEO) shall be publicly advertised consistent with the Advertisement Requirements provided in Section X.D.2. of the Code.

   ii. All other Procurements of Professional Design Services projected to exceed $325,000 (except in cases of valid public emergencies certified by the President/CEO) shall be publicly advertised consistent with the Advertisement Requirements provided in Section X.D.2. of the Code.

   iii. If it is anticipated that the Professional Design Services to be procured will be reused in the future, the public notice for the Procurement of the Professional Design Services must contain a statement that provides that the plans are subject to reuse in accordance with the provisions of § 287.055(10), F.S.

(3) Cone of Silence
   
(a) Upon the District’s issuance of a Solicitation, the Cone of Silence period shall be in effect and concludes upon the District’s notice of intent to award.

(b) Lobbying of Selection/Evaluation Committee members, District employees or officials regarding any type of formal solicitation or Contract during the selection process or bid protest, by the Bidder, protester, or any member of the Bidder’s or protester’s staff, an agent of the Bidder or protester, or any person employed by a legal entity affiliated with or representing an organization that has responded to a formal solicitation or Contract or has a pending bid protest, is strictly prohibited. This Cone of Silence shall begin upon the date on which the competitive solicitation is first advertised by the District and continuing until the later of the date of the final award of the competitive solicitation, the date of rejection of all Bids or responses to the competitive solicitation, or the date of final disposition by the District of any protest of the competitive solicitation.

(c) Nothing herein shall prohibit a prospective Bidder from contacting the Bids Department of Supply Chain Services to address situations such as clarification and/or questions related to the Procurement process as outlined in the formal Solicitation documents.

(4) Award, Cancellation, or Rejection of Selection
   
(a) No award shall be final, and no Contract shall be created or deemed to exist until such time as a written Contract has been executed by the selected Vendor and the District.
i. After the Contract award is made, the District and the selected Bidder will enter into a Contract incorporating the requirements of the applicable Procurement Solicitation and with other terms acceptable to the District. The District shall negotiate the terms and conditions of a Contract (and incorporate provisions acceptable to the District) with any firm or individual selected to provide Professional Design Services, Construction services, or electrical work. The District has the right to rescind the Contract award to the selected Bidder if the District and the selected Bidder do not agree upon the Contract terms. The District further reserves the right to reject a Bidder, even a Bidder or Vendor awarded the Contract, at any time prior to full Contract execution.

ii. For Professional Design Services Contracts:

- The compensation negotiated with the selected firm or individual shall be fair, competitive, and reasonable. In making such determination, the District shall conduct a detailed analysis of the cost of the Professional Design Services required in addition to considering their scope and complexity.

- Any lump-sum or cost-plus-a-fixed-fee Professional Design Services Contract over $195,000, shall require the firm or individual receiving the award to execute a truth-in-negotiation certificate stating that wage rates and other factual unit costs supporting the compensation are accurate, complete, and current at the time of Contracting. Any Professional Design Services Contract under which such a certificate is required must contain a provision that the original Contract price and any additions thereto will be adjusted to exclude any significant sums by which the District determines the Contract price was increased due to inaccurate, incomplete, or noncurrent wage rates and other factual unit costs. All such Contract adjustments must be made within one (1) year following the end of the Contract.

- Should the District be unable to negotiate a satisfactory Contract with the firm considered to be the most qualified at a price the District determines to be fair, competitive, and reasonable, negotiations with that firm must be formally terminated. The District shall then undertake negotiations with the second most qualified firm. Failing accord with the second most qualified firm, the District must terminate negotiations. The District shall then undertake negotiations with the third most qualified firm. Should the District be unable to negotiate a satisfactory Contract with any of the selected firms, the District shall select additional firms in the order of their competence and qualifications and continue negotiations in accordance with the requirements herein until an agreement is reached.

- In the event the District is going to reuse existing plans from a prior Professional Design Services project, if the original public advertisement contained the statement that provided that the plans are subject to reuse in
accordance with the provisions of § 287.055(10), F.S. and the proper public advertisement and selection procedures were utilized, then no further public notice is required and the District does not need to redo the Selection Procedures as provided above.

(b) At any time prior to final award and Contract execution, a Solicitation or Contract award may be cancelled or rescinded, or any or all responses received by the District may be rejected by the Chief Construction Officer and/or the SVP, Operations, in whole or in part, when it is determined that such action is in the best interests of the District.

(c) In the event of delay, cancellation, or rejection, a written notice of delay, cancellation or rejection shall be posted or sent to all persons who submitted a response to a Solicitation.

(d) If all Solicitations are rejected or a Solicitation is cancelled, all Solicitation submittals received may remain confidential, at the discretion of the District, in accordance with chapter 119, Florida Statutes.

(5) Emergency Procurements

(a) The Chief Procurement Officer and/or SVP, Operations may make or authorize others to make emergency Procurements of construction and/or construction-related design services, when a threat to public health, welfare, or safety exists, or a situation exists which makes compliance with source selection methods contrary to public interest; provided that such emergency Procurements shall be made with such competition as is practicable under the circumstances.

(b) In the event an official state of emergency has been declared, the President/CEO is expressly authorized to execute Contracts with the State of Florida, Federal Emergency Management Agency (FEMA), and/or other applicable emergency relief entities on behalf of the District in order to accomplish all necessary relief efforts, provided that the requirements of this section have been met.

(6) Bid Security and Contract Performance Bonds

(a) Bid Security: The District may require bid security for Solicitations for construction, goods, or service Contracts as the Chief Procurement Officer and/or SVP, Operations deems appropriate in the best interests of the District, in such form and content as is satisfactory to the Chief Procurement Officer and/or SVP, Operations.

(b) Contract Performance and Payment Bonds: Contract performance and payment bonds may be required for any construction, goods, or service Contracts as the Chief Procurement Officer and/or SVP, Operations deems appropriate in the best interests of the District.

(c) In accordance with section 255.05, Florida Statutes, Contractors who are awarded a Contract for the construction of a public building, for the prosecution and completion of a public work, or for repairs upon a public building or public work-
must, before commencing the work or before recommencing the work after a default or abandonment, execute and furnish a performance and payment bond as a security for faithful performance on contracts over $200,000. Contracts of less than $200,000 but more than $100,000 may require a payment and performance bond at the discretion of the District. Contracts of less than $100,000 do not require a payment and performance bond. When required, surety of such bond shall be in an amount equal to the Contract. Performance and payment bonds must be recorded in the county in which the work is to take place. Bonds will be accepted only from bonding companies licensed to do business in the State of Florida.

(d) Any bond required for any construction, goods, or service Contracts—whether required under law or required in the discretion of the District—shall conform to the minimum standards and requirements as set forth in chapter 255 and section 255.05(1)(a), Florida Statutes, and be in a form and with terms acceptable to the District.

(e) In no event shall any person, entity, or Contractor be required to secure a surety bond from a specific agent or bonding company for construction or repairs of public buildings.

(f) In lieu of the bond required by this Policy and section 255.05, Florida Statutes, a Contractor may file with the District, in the sole discretion of the District, an alternative form of security in the form of cash, a money order, a certified check, a cashier’s check, an irrevocable letter of credit, or a security of a type listed in part II of chapter 625, Florida Statutes. Any such alternative form of security shall be for the same purpose and be subject to the same conditions as those applicable to the bond required by this Policy and section 255.05, Florida Statutes. The determination of the value of an alternative form of security shall be made by the Chief Procurement Officer and/or SVP, Operations.

(7) Determination of Lowest Responsive and Responsible Bidder

When a Procurement involves the determination of the lowest responsible and responsive Bidder or proposer, in addition to price, the District shall have the discretionary power to render decisions on and may accept or reject Bids or Proposals on the basis of any one or more of the following:

(a) The ability, capacity, skill and sufficiency of resources of the Bidder to perform the Contract and provide the requested service;

(b) The Bidder's ability to perform the Contract within the time specified;

(c) The character, honesty, integrity, reputation, judgment, experience and efficiency of the Bidder;

(d) The quality of performance and conduct of the Bidder on previous Contracts with the District or any other reference or party that the Bidder has performed work or services;
(e) The Bidder’s propensity to request change orders based on Bidder’s conduct under previous Contracts with the District;

(f) The Bidder’s previous failure to meet specified substantial completion dates or other milestone dates on previous Contracts with the District;

(g) A Bidder’s current workload and projected workload during the performance of the Contract; and/or

(h) Any other circumstances or factors deemed in the best interest of the District as determined by District discretion.

The above factors may be determined by Bidder’s past performance with the District, information obtained from other project owners, information submitted as part of the Bid or Proposal or in response to an inquiry by the District, and/or information otherwise known or discovered by the District. The District may conduct detailed inquiries and examinations of Bidders, including of Bidders’ personnel, place of business and facilities, compliance with federal, state, and local laws and all relevant licensing and permitting requirements, and other matters of responsibility germane to the Procurement process. Failure to respond or to provide adequate information in response to the District’s inquiry in this regard shall be grounds for disqualification in the sole discretion of the District.

VI. Exceptions

(1) This Policy does not apply to Emergency Procurements as defined in Section V.(5) above.

(2) This Policy does not apply to Construction projects and electrical services if the project or services are undertaken to replace, reconstruct, or repair an existing public building, structure, or other public construction works damaged or destroyed by a sudden unexpected turn of events such as an act of God, riot, fire, flood, accident, or other urgent circumstances, and such damage or destruction creates an immediate danger to the public health or safety; other loss to public or private property which requires emergency government action; or interruptions to essential District services.

(3) For Construction projects and electrical services, this Policy does not apply if the project or services are undertaken as repair or maintenance of an existing public facility of the District and conforms to the requirements of § 255.20(1)(c)5., F.S.

(4) For Construction projects and electrical services, this Policy does not apply if any of the circumstances provided under § 255.20(1)(c), F.S. exist.

(5) This Policy does not apply to Construction projects under or equal to $300,000 that are procured through a continuing project.

(6) This Policy does not apply to electrical work services under or equal to $75,000 that are procured through a continuing project.

(7) This Policy does not apply to the Procurement of Professional Design Services that are pursuant to a Continuation Contract.
(8) This Policy does not apply to Professional Design Services Contracts when the District is able to reuse existing plans from a prior project of the District and the original procedures herein were correctly adhered to.

(9) This Policy does not apply to design-build Contracts, as defined under § 287.055, F.S., and such design-build Contracts are governed by the provisions of § 287.055(9), F.S.

VII. Spending Thresholds
This Policy is subject to Section XVI., Approval and Execution Authority, of the Code.

VIII. Related Policies
GA-001-150, Master Procurement Code
PC-###-###, Procurement Policy Table

IX. Interpretation and Administration
Administration and Interpretation of this policy is the responsibility of the Chief Procurement Officer and the SVP, Operations.
I. Purpose

It is the mission of the Office of Supplier Diversity (OSD) to provide accessibility to all Diverse Vendors seeking inclusion in the procurement opportunities with Broward Health (BROWARD HEALTH). The vision of OSD is to be the leader in diverse supply chain management.

II. Definitions

The words and acronyms defined in this Policy shall have the meanings set forth in the Master Procurement Code (the “Code”) regardless of whether they are capitalized, unless:

(a) The context in which they are used clearly requires a different meaning; or

(b) A different definition is prescribed for a particular section of this Policy.

Words not defined shall be given their common and ordinary meaning unless the context in which they are used requires otherwise.

For purposes of this Policy, the below terms shall have the following meanings associated with them:

**Broward Health:** the North Broward Hospital District d/b/a Broward Health, a political subdivision of the State of Florida.

**Second Tier Direct:** spend with Broward Health’s diverse vendors which are working directly with a prime vendor/contractor on a Broward Health contract / project (i.e. such as a sub-contractor or supplier of the contract/project)

**Second Tier In-Direct:** spend with small, minority and women owned businesses that support a prime vendor/contractor’s overall business strategy, but do not directly support Broward Health’s contract/project (i.e. such as a diverse vendor providing office supplies or accounting services)
Broward Health Certification Partner: governmental agencies and non-governmental national organizations approved by Broward Health’s SD policy for SBE/MBE/WBE certification recognition.

Certified Diverse Vendor (CDV): vendors approved as a SBE/MBE/WBE with one of Broward Health’s approved certification partners. **ONLY** Certified Diverse Vendors are eligible to participate in Broward Health’s Supplier Diversity Program enhancements.

Commercial Useful Function: to own, operate and maintain a licensed establishment in which commodities are bought and regularly sold to the general public in the usual course of doing business or an establishment which professional services are offered to the general public in the usual course of doing business.

Diverse Vendor (DV): any Broward Health Certified or Verified Small, Minority or Woman Business Enterprise (SBE/MBE/WBE).

Front: a business concern that falsely claims to be owned and controlled by minority persons or women or a business concern that provides fraudulent or incorrect information regarding the size of the firm.

Good Faith Effort: the process of documenting a prime vendor/consultant/contractor's efforts of solicitation and utilization of certified diverse vendors during the bid process and/or on a project/contract with CDV subcontracting requirements. (i.e. Prime Vendor/Contractor/Consultant, must contact BROWARD HEALTH’s Office of Supplier Diversity for assistance).

Minority Business Enterprise (MBE): any for profit legal entity which is organized to perform a commercial useful function and which is at least 51% owned, managed, and operated by minority person(s), as defined by an approved Broward Health Certification Partner.

Non-Certified Diverse Vendor: any vendor that does not currently hold a CDV eligibility letter from Broward Health.

Non-Diverse Vendor: any vendor that has not been designated as a certified or verified Diverse Vendor with Broward Health.

Participation: any activity involving Diverse Vendors that results in dollars awarded to SBE/MBE/WBEs.

Procurement Divisions: Contracts Administration (CA) and Supply Chain Services (SCS)

Small Business Enterprise (SBE): firms certified as a local, state, or National/Federal SBE by one of Broward Health’s approved Certification partners for Small Business status.
SBE/MBE/WBE Certification: the process and necessary documentation required to determine whether a vendor is a small, minority or women business enterprise, as defined by an approved Broward Health Certification Partner.

Supplier Diversity Enhancements: strategies designed by Broward Health which are intended to increase procurement opportunities with Certified Diverse Vendors.

Vendor Development: the practice of providing specific and directed technical assistance to Broward Health’s Certified Diverse Vendors that enhances their capability to do business with Broward Health.

Verified Diverse Vendor (VDV): vendors identified via the vendor registration process, by self-declaring size, minority or woman owned business status via completing the verified diverse vendor affidavit. Vendors seeking VDV status as a small business must provide proof of SBE certification by a Federal, State or Local governmental agency, not listed as a Broward Health approved certification partner. Vendors that register as a small business in the Federal Government – System for Award Management (SAM), must provide a copy of the firm’s SAM registration profile; noting the confirmed size standard by the SBA, DUNS number, and SAM Registration Expiration date.

VRS: Broward Health’s online “vendor managed” Vendor Registration System (VRS). The system is the resource pool for all vendors to include CDVs and VDVs.

Woman-Owned Business Enterprise (WBE): any for profit legal entity, which is organized to perform a commercial useful function, and which is at least 51% owned, managed and operated by one or more women, as defined by an approved Broward Health Certification Partner.

Note: SBE, MBE and WBE certification status is determined by Broward Health’s Approved Certification Partners.

III. Policy

A. SUPPLIER DIVERSITY STRUCTURE

OSD is aligned with Broward Health’s Procurement Division, incorporating Diverse Vendor Development/Advocacy & Diverse Supply Chain Management and reports directly to the Vice President of Supply Chain Services / Chief Procurement Officer.

1. Supplier Diversity Functional Areas:

   a. Outreach - Broward Health reaffirms its commitment to equal access procurement via its outreach efforts. Such efforts include Internal initiatives such as the Annual Supplier Diversity EXPO and Key Contact Matchmaking (Staff and Broward...
Health Prime Vendors/Contractors). In addition, External Outreach Initiatives include Vendor Advocacy and Matchmaking; Research & Development (Best Practices); and SD Promotion & Marketing (i.e. the presence and participation of Supplier Diversity and Procurement Staff in public forums, EXPOs, organizations and publications that advocate diversity within procurement). Also, Certification Outreach, serving on certification committees of Broward Health’s approved certification partners (including governmental and non-governmental agencies) to ensure the integrity of the certification process.

b. Vendor Development – Broward Health is committed to conducting business with diverse vendors and ensuring those wanting to do business with Broward Health are ready, willing and able to provide quality products/services at a competitive price. Broward Health’s Vendor Development Initiatives include: the application of Supplier Diversity Enhancements, Second Tier Matchmaking, and Technical Assistance (TA). OSD provides in-house procurement TA and business development TA via referral to Broward Health’s Supplier Diversity Resource Partners.

c. Compliance – Via its compliance initiatives, OSD ensures systems, procedures, processes, and individuals conform to the policies, regulations and contractual agreements governing Certified Diverse Vendor participation.

i. Contract Compliance ensures all segments of the procurement process are complied with; tracking all phases of the process from the assignment of the Supplier Diversity Enhancement RFP/RFQ language to contract completion, verifying assigned certified diverse vendor participation levels have been met, and communicating any noncompliance to the project/contract manager. ONLY CDV spend will meet the contract requirement for diverse vendor participation.

Should the Prime Vendor/Contractor fail to meet the established Supplier Diversity Participation/Enhancement, as identified in the RFP and/or Contract process, a waiver may be requested via the OSD and approved by the Procurement Steering Committee (“PSC”). OSD will document the Prime Vendor/Contractor’s “good faith efforts” and present to the PSC for approval.

ii. Certification and Verification Compliance ensures that all segments of the certification and verification process is complied with, that those vendors in the Diverse Vendor Resource Pool are “what they say they are,” and the spend and participation levels of the Diverse Vendors (certified and verified) are recorded accurately via current Data Management reporting tools.
The verified vendor status is intended to be a “temporary” status, as it is Broward Health’s goal to have all Small, Minority and Women owned businesses certified as such. Verified vendors are NOT eligible to participate in Broward Health’s SD Program enhancements; **ONLY** Broward Health Certified Diverse Vendors are eligible to participate. The Verified Diverse Vendor process ensures Broward Health accounts for all Diverse Vendor participation accurately.

B. ADMINISTRATIVE PROCEDURES

1. Procurement Process:

The Procurement Process is governed by Broward Health’s Procurement Code, which provides direction and guidance for the internal operations of the procurement of supplies, equipment, and services. The following are the procurement acquisition categories as defined by the Procurement Code:¹

1) **Micro Purchases** or Commitments up to and including Threshold Category 1;
2) **Small Purchases** or Commitments exceeding Threshold Category 1 and up to and including Threshold Category 2;
3) **Medium Purchases** or Commitments exceeding Threshold Category 2 and up to and including Threshold Category 3; and
4) **Large/Formal Purchases** or Commitments exceeding Threshold Category 3.²

Broward Health has designed methods, which are intended to increase certified Diverse Vendor participation in the procurement process. For procurement requests falling within the Micro, Small, or Medium Purchase category, as defined within the Procurement Code, an informal quotation process and vendor selection process is used in accordance with Broward Health’s Procurement Code to ensure the equitable inclusion of Certified Diverse Vendors (CDV). Informal quotations processed via VRS will be subject to the standard 5% Quote Price Tolerance (“QPT”) (i.e., if a CDV is within 5% of the lowest quote, the CDV will be automatically selected by VRS and awarded upon final review.) Also, informal quotations not processed via VRS may be subject to the standard 5% QPT.

¹ Capitalized terms used but not defined herein have meanings assigned to them in the Procurement Code.
² All references herein to “informal” purchases, commitments, or quotations refer to Micro, Small, and Medium Purchases or Commitments as defined in the Procurement Code. All references herein to “formal” purchases, commitments, or quotations refers to Large Purchases or Commitments as defined in the Procurement Code.
For formal procurement requests (i.e., procurement requests falling within the Large Purchases category, as defined within the Procurement Code), which are presented at the PSC and deemed available for CDV participation, OSD will assign a Supplier Diversity (SD) Enhancement to be approved at PSC in collaboration with the procurement divisions and the project/contract manager. The SD Enhancement is designed to encourage greater participation by Broward Health’s Certified Diverse Vendors in the procurement process. Formal procurement requests/Large Purchases not submitted or not timely submitted (i.e., walk-on requests) to PSC shall be reviewed by the OSD for Certified Diverse Vendor participation prior to release for public bid and approved electronically in accordance with PSC procedures.

Vendors registered in Broward Health’s VRS will receive notification of procurement opportunities within their specified product/service code(s), according to Broward Health Procurement Code.

2. Supplier Diversity Enhancements:

The OSD, in collaboration with the Procurement Divisions and/or the Project/Contract Custodian/Manger, when feasible, will develop, design and otherwise structure potential Broward Health’s procurement requests utilizing one or more of the following Supplier Diversity Enhancements in order to encourage and maximize Certified Diverse Vendor participation. Once the Supplier Diversity Enhancement has been approved by PSC, it shall be incorporated into the procurement request/document and the final contract. ONLY Certified Diverse Vendors are eligible to participate in these SD Enhancements:

a. Reduction of Large Contracts;
b. Payment and Performance Bond Waiver;
c. Prohibit Double Bonding Requirement;
d. Prompt Payment Mandate;
e. Quote Price Tolerance (QPT) Initiative;
f. Request for Proposal (RFP) Scoring Criteria;
g. Subcontracting Initiative;
h. Targeted Marketing; and
i. Any other options approved by the PSC.

These enhancements are more fully described as follows:

a. Reduction of Large Contracts - Procurement Requests may be evaluated prior to release by the PSC to determine the feasibility of reducing them. This is aimed at providing greater opportunity and inclusion of Certified Diverse Vendors to obtain contracts of manageable size. If the PSC determines that the Procurement Request can be broken down into smaller components, then it may direct the appropriate staff to develop the Procurement Request in a particular...
manner and size. The methodology used for subdividing the Procurement Requests can be tailored to the unique factors present in each situation. Various options are available including:

i. The full quantity of a given purchased item, service or project on a Procurement Request may be placed on a separate Procurement Request.
ii. A partial quantity of a given item, service or project on a Procurement Request may be placed on a separate Procurement Request.
iii. The term of a contract may be shortened.
iv. Work to be performed may be grouped according to geographic location and placed on a separate Procurement Request.
v. Unrelated areas of work to be performed or portions of work not requiring completion by a single bidder may be placed on separate Procurement Requests.

Supply Chain Services shall assure that any incremental cost associated with subdividing a Procurement Request is documented and made known to the PSC prior to making its determination.

b. Payment and Performance Bond Waiver - Bonding requirements in the construction and architectural fields present obstacles to Diverse Vendors desiring to participate in Broward Health’s procurement process due to their inability to meet the standards of the surety companies. Under Florida Statute 255.05, a political subdivision at its own discretion may exempt any person entering into a contract which is for $200,000 or less for the construction of a public building, for the prosecution and completion of a public work, or for repairs upon a public building or a public work.

Broward Health’s bond waiver initiative shall operate as follows:

i. Broward Health’s bond waiver initiative will apply to contracts involving Certified Diverse Vendors up to $200,000 except those projects, which the PSC deems to have exceptional risk, and therefore would require bonding.
ii. Waiver of the performance bond may not eliminate the requirement for a bid bond. A cashier's check will be accepted in lieu of the bid bond. This requirement should be reviewed on a case-by-case basis, and a waiver of this requirement has to be approved by the PSC.
iii. Bidding on projects eligible for the bond waiver initiative should not be limited to local businesses. However, preference shall be given to local vendors in the manner indicated in Administrative Procedures. Companies participating in the bond waiver initiative must successfully complete one (1) project before receiving another award under this initiative. Otherwise, companies shall not be limited to any set number of projects on an annual basis.
c. **Prohibition on Double Bonding Requirement**
   i. PSC may require that on projects in which the prime contractor's payment and performance bond covers the work of the subcontractors, that Broward Health not require separate bonding from the subcontractors and prohibit prime contractors from requiring separate bonds from subcontractors.
   ii. Double bonding requirements are often cost-prohibitive and discourage the participation and utilization of Diverse Vendors in construction projects.
   iii. Bonding by the subcontractor may be required if the PSC deems the proposed project to have exceptional risk and therefore will require bonding.

d. **Prompt Payment Mandate** - Upon the written request of the certified Diverse Vendor to the OSD, Broward Health will pay the vendor within fifteen (15) days from the date received in Broward Health’s Accounts Payable Department or the project/contract payment administration department. In addition, prime contractors are required to pay Diverse Vendor/Subcontractors within fifteen (15) days from the date the prime contractor is paid. This mandate is an effort to lessen the financial burden of Diverse Vendors and assist these vendors in participating in the procurement process.

e. **Quote Price Tolerance (QPT) Initiative** – QPT will be applied to the Informal (Micro/Small/Medium Purchases as defined in the Procurement Code) and Formal (Large Purchases as defined in the Procurement Code) procurement process. Informal procurement requests will be subject to the standard 5% QPT and processed in accordance with the Procurement Code. Informal quotations processed via VRS will be subject to the standard 5% Quote Price Tolerance (i.e. if a CDV is within 5% of the lowest quote, the CDV will be automatically selected by VRS and awarded upon final review.) Additionally, informal quotations not processed via VRS may be subject to the standard 5% QPT.

Under the formal procurement process, this initiative provides Broward Health with the opportunity to include a predetermined price tolerance by OSD and approved at the PSC for Certified Diverse Vendors. For purposes of illustration and assuming the QPT criteria was contained in the original Request for Quote (RFQ) specifications, a CDV who quotes a price that is higher than the lowest priced (Non-CDV) respondent, and within the defined tolerance level could be awarded the contract. The RFQ should clearly state that the quote is subject to the QPT Initiative and that, if the quote of a CDV is within the prescribed price tolerance level, the award of the RFQ is to the CDV. The maximum QPT that will be applied to any RFQ is 5% with a dollar value cap of $25,000. Also consideration will be given to the value of the RFQ and historical Diverse Vendor Participation in the specific product/service code.
f. **RFP Scoring Criteria** - The scoring matrix for Broward Health’s formal procurement requests (Large Purchases) will include, when feasible, a scoring factor determined by the Office of Supplier Diversity and approved at the PSC. The Certified Diverse Vendor scoring portion of the RFP will be evaluated by the OSD. The original scoring evaluation form(s) will be forwarded to Supply Chain Bid Office for filing with RFP documentation. This CDV scoring criteria will apply to respondents who are Broward Health Certified Diverse Vendors or Non-Certified Diverse Vendors with documented solicitation and utilization of Diverse Vendors with its proposal at the time of submission. The RFP scoring range, applied to any procurement request, will be a minimum of 5 evaluation points to a maximum of 20 evaluation points. The scoring factor will be determined by the current number of Broward Health Diverse Vendors in the specific product/service code divided by the Total number of Broward Health Registered vendors within the same product/service code. Then, that scoring factor percentage is applied via the matrix below.

RFP Scoring Criteria Application Matrix:

- 0.5 to 5% ...................... apply 5 evaluation points to the RFP
- 5.1% to 10% .................. apply 10 evaluation points to the RFP
- 10.1% to 15% .............. apply 15 evaluation points to the RFP
- 15.1% to 20% ............... apply 20 evaluation points to the RFP

The RFP evaluation points may be adjusted up or down based on the following considerations:

- Historical Diverse Vendor Participation in the specific product/service category
- The number of product and/or service/trade areas for which subcontracting/2nd tier is feasible,
- The value of the project/contract, and
- Collaboration with the project/contract custodian/manger and/or procurement division(s)

**g. Subcontracting Initiative** – Broward Health shall apply subcontracting participation for Broward Health Certified Diverse Vendors for formal procurement requests (i.e., Large Purchases), when feasible in accordance with the Procurement Code. Diverse Vendor subcontracting is the mandatory usage of Broward Health certified Diverse Vendors to perform a predetermined percentage of the total work required under contract. Such contracts shall include a clause stipulating penalties for failure to meet the predetermined percentages. The predetermined subcontracting percentage is determined by the Office of Supplier Diversity and approved at the PSC.
This enhancement requires Broward Health non-Certified Diverse Vendors/Prime Contractors/Consultants to comply with the assigned CDV subcontracting participation. The subcontracting participation will be determined by the current number of Broward Health Diverse Vendors in the specific product/service code divided by the Total number of Broward Health-registered vendors within the same product/service code. That percentage is then applied via the matrix below.

Subcontracting Application Matrix:

- 0.5 to 10% ……………apply 10% subcontracting participation
- 10.1% to 15%……………..apply 15% subcontracting participation
- greater than 15.1%……….apply 20% subcontracting participation

The CDV subcontracting participation may be adjusted up or down based on the following considerations:

- Historical Diverse Vendor Participation in the specific product/service category
- The number of product and/or service/trade areas for which subcontracting / 2nd tier is feasible,
- The value of the project/contract, and
- Collaboration with the project/contract custodian/manger and/or procurement division(s)

h. Targeted Marketing - This is an initiative to provide Diverse Vendors with an opportunity to compete for Broward Health procurement requests based on company size.

i. Any other options approved by the Procurement Steering Committee.

3. Priorities for Award:

Whenever equally responsive Procurement Requests have been submitted, preference shall be given to vendors in the following sequence:

a. Broward County or Broward Health Certified Diverse Vendor;
b. Broward County vendor;
c. Miami-Dade or Palm Beach County Broward Health Certified Diverse Vendor;
d. Miami-Dade or Palm Beach County vendor;
e. Any Broward Health Certified Diverse Vendor located in Florida outside the tri-county area;
f. Florida vendors; or
g. Any Broward Health Certified Diverse Vendor located outside the State of Florida.
4. Applicability of Diverse Vendor Participation with Group Purchasing Organization - Prime Vendors and General Consultants/Contractors:

Broward Health does a significant amount of business through group purchasing organizations. These contractual arrangements allow Broward Health to receive quality goods and services at a competitive price. Similarly, Broward Health utilizes general contractors/consultants when a new facility is to be constructed or there is a major addition to an existing one. This arrangement provides benefits to Broward Health in terms of accessing their construction expertise and in obtaining favorable pricing arrangements with subcontractors.

Supplier Diversity Enhancements may apply to group purchasing - prime vendors and general consultants/contractors. Broward Health will communicate its Diverse Vendor participation commitment to these prime vendors and general consultants and contractors, and will encourage them to utilize diverse vendors/subcontractors to the maximum level feasible.

The Office of Supplier Diversity will serve as a resource to the group purchasing organizations – prime vendors and general consultants/contractors to assist in identifying Diverse Vendors that may be utilized.

Prime vendors and general consultants/contractors will be required to provide Diverse Vendor Utilization Reports (UR) to the OSD indicating products/services provided, the total subcontract value, and the payments to date.

Additional information may be requested by the OSD to allow proper assessment of the efforts of the prime vendors or general consultants/contractors in meeting the letter and intent of Broward Health’s Supplier Diversity policy.

5. Certification and Verification Process:

It is the goal of Broward Health to have all vendors that meet the SBE/MBE/WBE certification criteria of one of Broward Health’s approved certification partners to become certified as such. As, the verification process for verified diverse vendors is intended to be a “temporary status.

a. Certified Diverse Vendor Process

Broward Health accepts various local, state, federal, and non-government national SBE, MBE, and WBE Certifications. All vendors wishing to be recognized as Broward Health Certified Diverse Vendors (CDVs) must register in VRS and upload a current (valid more than 60 days of expiration) SBE/MBE/WBE certification certificate/document issued by one of Broward Health’s approved certification partners. A current list of Broward Health’s approved certification partners is attached.
approved Certification Partners can be obtained via the Vendor Registration web page or by contacting Supply Chain – Office of Supplier Diversity. Also, the updated list will be available in VRS via the Supplier Diversity Screen’s Certification Partner drop down button, during the online registration process.

Once vendor registration is complete and a current SBE/MBE/WBE certification certificate/document uploaded (within 60 days of registering as a vendor), OSD will validate diverse vendor status within 10 business days and an email notification will be sent via VRS.

VRS is a “vendor managed” system; therefore, the vendor is responsible for updating vendor information to include current SBE/MBE/WBE certification certificate/document. Any changes occurring in ownership and/or managerial/operational control of the firm, the vendor must notify the approving certification partner, immediately. Expired Diverse Vendor status notifications will be sent out via VRS, in accordance with the validated SBE/MBE/WBE certificate/document in VRS.

An online Broward Health Certified Diverse Vendor directory will be accessible for Prime Vendors and Contractors to utilize as a resource tool to identify Certified Diverse Vendors by product / services codes.

b. Verified Diverse Vendor Process

Those diverse vendors that do not have a current SBE/MBE/WBE certification certificate/document from one of Broward Health’s approved Certification Partners or choose not to be certified as a SBE/MBE/WBE with one of Broward Health’s approved certification partners are encouraged to complete the Verified Diverse Vendor (VDV) affidavit. The VDV affidavit affirms the company owner’s minority ancestral origin or legal gender or the company’s SBE status. This process is conducted via the vendor registration process, whereby the vendor self-declares via a notarized Verified Diverse Vendor Affidavit that the firm is 51% owned, operated and managed by minorities and/or women or is certified as a SBE or has self-declared SBE status with a Federal, State or Local governmental agency, not listed as an approved Broward Health certification partner. Vendors that register as a small business in the Federal Government – System for Award Management (SAM), must provide a copy of the firm’s SAM registration profile; noting the confirmed size standard by the SBA, DUNS number, and SAM Registration Expiration date.

The VDV affidavit must be uploaded into VRS with 60 days after completing vendor registration. OSD will then validate VDV status and email notification will be sent within 10 business days, via VRS.
Verified Diverse Vendors are NOT eligible to participate in the Supplier Diversity Program Enhancements. The verified diverse vendor process ensures Broward Health accounts for all diverse vendor spend accurately and is intended to be a temporary status, until the diverse vendor is able to provide a current SBE/MBE/WBE certification certificate/document from one of the approved Broward Health certification partners.

6. Data Management:

a. Vendor Registration System (VRS) - Diverse Vendor Resource Pool

Broward Health will maintain a comprehensive database of registered and Diverse Vendors (certified & verified) to serve as a vendor resource pool. The database will be available for access by all procuring divisions. Prime Vendors and Consultants/Contractors will be able to access Certified Diverse Vendor via the VRS – Certified Diverse Vendor Directory.

Broward Health will have uniformed product/service (P/S) codes. The vendor will select P/S codes during the online vendor registration process. Also, the vendor will elect whether or not they would like to be considered a Diverse Vendor with Broward Health. All Diverse Vendors (certified or verified) will be validated in VRS by OSD. Notification of procurement opportunities will be communicated via VRS.

b. Statistical Reporting

The OSD is responsible for maintaining Diverse Vendor procurement statistical data. This data provides the basis for enhancing the accessibility of Diverse Vendors to procurement opportunities with Broward Health. Also, the data provides the basis for achieving the objectives of Broward Health’s Supplier Diversity Program and self-benchmarking performance.

An End of Fiscal Year (“EOY”) Diverse Vendor Participation Report will be included in the Board of Commissioners Finance Committee Meeting Agenda (Book), as an informational report. The EOY report will also be made available via the Procurement Portal on the intranet.

Broward Health is committed to the maximum level of diverse vendor participation. Broward Health will continue to benchmark self-performance against the established baseline performance of prior years’ Diverse Vendor achievements. The annual diverse vendor performance may be presented to the Board of Commissioners with any adjustments to the rate of spend for approval, as needed.
7. Retention of Supplier Diversity Records:

Supplier Diversity records will be retained for 3 fiscal years in accordance with the Florida Department of State General Records Schedule for State and Local Government Agencies GS1 –SL Item #169 Minority Business Records effective February 19, 2015. Supplier Diversity records include:

a. Supplier Diversity Committee (SDC) minutes will be retained for 3 fiscal years, this does not include the former Minority Business Enterprise Committee (MBEC) minutes, which are maintained in accordance with Board Committee minutes

b. Diverse Vendor Files (Certification and Verification) – dispose 3 fiscal years after Expiration

c. Contract Compliance Files – dispose 3 fiscal years after contract/project has closed

d. Diverse Vendor Participation Procurement Statistical Reports (electronic copies may still be available for historical trend reporting) - dispose 3 fiscal years after the reporting period ends

e. Outreach and Operational files – dispose 3 fiscal years after completion/expiration

IV. Related Policies

GA-001-150, Master Procurement Code

V. Interpretation and Administration

Administration and Interpretation of this policy is the responsibility of the Chief Procurement Officer.
Executive Summary
August 21, 2019

Necessity for Revision

1. The Procurement Code and related Policies are outdated – last revision 11/2009
2. The Procurement Code and related Policies are unclear and not consistent with procurement best practices for public organizations.
3. The Procurement code and related Policies contain onerous procedures without any benefit to the District.
4. The Procurement Code and related Policies do not reflect current practices and enhancements intended to increase diverse vendor spend.

General Overview of Changes to Procurement Code & related Policies

The general proposed changes to the Procurement Code and related Policies are as follows:

1. The structure of the Code has been simplified. Many sections were put into policies to complement the Code and to allow the Board the ability to modify the policies as Florida Law and best practices change. Additionally, certain sections that are operational in nature have been moved to Supply Chain/Procurement SOP which do not require Board approval.
   - **Procurement Code** (require Board approval)
   - **Procurement Policy Table** and incorporated policies (require Board approval)
   - Supply Chain/Procurement **Standard Operating Procedures** (SOP’s) (do not require Board approval)

2. The current code lacks clarity and does not delineate between Policies that require Board approval and those that do not. Under the proposed Code and Procurement Policy Table all referenced Procurement policies require Board approval.

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<tr>
<th>LOCATION</th>
<th>SUBJECT</th>
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<tbody>
<tr>
<td>GA Policies and Procedures Manual</td>
<td>Review, Approval, and Administration of Contracts</td>
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<tr>
<td>GA Policies and Procedures Manual</td>
<td>Supplier Diversity</td>
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<tr>
<td>GA Policies and Procedures Manual</td>
<td>Selection of Construction Contractors and Professional Design Services Providers as Related to Construction</td>
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<tr>
<td>GA Policies and Procedures Manual</td>
<td>Selection and Approval of Professional Consulting Services</td>
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<tr>
<td>GA Policies and Procedures Manual</td>
<td>Threshold Categories of the Procurement Code</td>
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a. The policy which references the selection and approval of professional consulting services has been modified to provide clear guidance of the respective procurement process.
b. The policy which references Supplier Diversity has been modified to reflect all current enhancements to the Supplier Diversity Program (see table #2 – Supplier Diversity Program enhancements).

c. The policy which references the Selection of Construction Contracttos and Professional design services providers as related to construction has been modified to be consistent with current Florida statute.

3. Modifications have been made to reflect current structure and clearly define departmental roles and responsibilities in the Procurement and Contracting processes.

   a. The current code references both CRMM and CA as part of the Procurement division without a clear segregation of roles and responsibilities.

      • CRMM is now being defined as Supply Chain Services reporting to the SVP/CFO. Supply Chain Services is responsible for the following divisions: Procurement & Sourcing/Bids/Value Analysis/Vendor Relations/Supplier Diversity & Supply Chain Operations.
      • CA is defined as Contracts Administration and reports to the SVP/CAO responsible for the contracting process.

   b. This provides greater transparency and adds “checks and balances” to ensure both departments are adhering to the Procurement Code.

4. The Code of Ethics and Professional conduct (section 1.5) was updated to be consistent with the Broward Health code of conduct and to incorporate any future changes.

5. We provided more clarity in the spending threshold and are requesting a higher spending threshold for President/CEO and CFO.

   

<table>
<thead>
<tr>
<th>Spending Thresholds</th>
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<tr>
<td>Board sets spending thresholds and permits President / CEO to execute contracts and requisitions to purchase services, goods and</td>
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<tr>
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<td>CURRENT</td>
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<td>$250,000 with in a single fiscal year for an indefinite number of years.</td>
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6. We are recommending changes to the current thresholds for the acquisition of goods and services (see table below). We are recommending to raise the formal bid threshold from $50,000 to $100,000 to be aligned with other public health systems and best practices and because the
benefits from a public announcement and formal bid/competition typically will not outweigh the costs. This will also allow the staff to spend additional time on substantial bid opportunities and other supplier diversity efforts.
7. Certain provisions which were necessary were added to the Code. This includes Sections referencing the Sunshine Law and Florida’s Public Records Law.

8. Proposed Supplier Diversity Enhancements in the new policy to better described the strategies designed by Broward Health which are intended to increase procurement opportunities with Certified Diverse Vendors.

The OSD in collaboration with the Procurement Divisions and/or the Project/Contract custodian/Manager, when feasible, will develop, design and otherwise structure potential Broward Health’s procurement requests utilizing one or more of the following Supplier Diversity Enhancements in order to encourage and maximize Certified Diverse Vendor participation.

i. Reduction of Large Contracts;
ii. Payment and Performance Bond Waiver;
iii. Prohibit Double Bonding Requirement;
iv. Prompt Payment Mandate;
v. Quote Price Tolerance (QPT) Initiative;
v. Request for Proposal (RFP) Scoring Criteria;
vii. Subcontracting Initiative;
viii. Targeted Marketing; and
ix. Any other options as recommended by the PSC.

9. The Legal Department, will in the near future, also establish an SOP in conjunction with the President/CEO to reflect the needs of the District.

10. All changes have been made in collaboration with the Legal Department and the input of outside counsel. Provisions were updated to reflect the current state of the law.
Broward Health
Current Procurement Code
PURPOSE: This Procurement Code provides guidance for the North Broward Hospital District's procurement of supplies, equipment, and services.

DEFINITIONS
Definitions and acronyms used throughout the Procurement Code are listed in Table 1.0.1

BACKGROUND
The effective and efficient operation of the North Broward Hospital District (NBHD) requires the existence of certain universally applied guidelines applicable to all employees and for all facilities of the organization. This Procurement Code provides direction and guidance for the internal operations of the NBHD as it relates to the procurement of supplies, equipment, and services. Certain procurement items do not fall within the general guidelines of the Procurement Code: Contracts for professional and consulting services, physician services, legal services, lobbyist services, marketing services, finance-related services, accounting services, audit services, and design, construction and real estate initiatives.

References: General Administrative Policy 001-020
Chapter 2006-347, L.O.F.
42 CFR. 482.12

Related Policies: General Administrative Policy 001-140
General Administrative Policy 001-086

Authors: Dianne Whitlock, Deborah Breen, Brian Bravo, LaRae Floyd, Jeanne Eckes
Reviewed by: Dianne Whitlock, Deborah Breen, Legal Counsel, and Lisa Rawlins
Date: 11/2009

Commented [HJFJ]: This was expanded upon in the new code. (See Section I. Introduction and Purpose)
PROCUREMENT CODE

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PART 1: GENERAL

1.0 DEFINITIONS AND ACRONYMS

The use of unique terminology and acronyms is customary within any large organization as a means of communication at all levels. For that reason, as well as repetition throughout this document, the following definitions listing and acronym legend is being supplied:

<table>
<thead>
<tr>
<th>TERM</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bid Exemption</td>
<td>Not executing a formal bid due to the availability and benefit of a GPO contract. Section 24 of the Code of the North Broward Hospital District (NBHD) permits a bidding exemption when using GPO vendors.</td>
</tr>
<tr>
<td>Bid Waiver</td>
<td>Not executing a formal bid due to Sole Source availability or NBHD Standardization.</td>
</tr>
<tr>
<td>Biomedical Equipment</td>
<td>All clinical, electrical equipment used to treat patients.</td>
</tr>
<tr>
<td>Broward Health</td>
<td>The fictitious name established in 2007 to promote and effectively target the services of the North Broward Hospital District in the healthcare marketplace. The naming of Broward Health does not modify or amend any covenants, contracts, or other obligations of the North Broward Hospital District.</td>
</tr>
<tr>
<td>Budgeted</td>
<td>Expenditures which are approved by the Board at a regular or a special meeting called for that purpose following the Budget Workshop and/or revised through the Final Tax Hearing.</td>
</tr>
<tr>
<td>Bypass Order</td>
<td>An order that goes directly to the user department and does not stop in Material Operations or Regional Material Services.</td>
</tr>
<tr>
<td>Charter of the NBHD</td>
<td>Sometimes referred to as the “By Laws,” is the enabling legislation, Chapter 2006-347, L.O.F. The Municipal Code Corporation published the By Laws by the order of the Board.</td>
</tr>
</tbody>
</table>

Commented [HJF2]: These were clarified and expanded upon.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cold Calls</td>
<td>The act of vendors or business representatives entering business units without making an appointment or obtaining proper authorization to make the visit.</td>
</tr>
<tr>
<td>Consultant Contract</td>
<td>Agreement with a consulting firm or individual for services. Consultants include accounting, law, actuarial, appraisal, business consulting and other related firms that provide consulting services.</td>
</tr>
<tr>
<td>Contract</td>
<td>An agreement to purchase or sell goods or services to or from the District.</td>
</tr>
<tr>
<td>Contract Amount</td>
<td>The amount reasonably expected to be purchased from or sold to the contractor to complete the entire project.</td>
</tr>
<tr>
<td>Contract Development Participant</td>
<td>A person or group which has responsibility for the processing of the contract.</td>
</tr>
<tr>
<td>Contract Custodian/Contract Manager</td>
<td>The person designated in the contract as the individual who is responsible for understanding the terms of the agreement and for insuring/monitoring the compliance of the contract.</td>
</tr>
<tr>
<td>Diverse Vendor</td>
<td>NBHD Certified Minority, Woman or Small Business Enterprise (M/W/SBE)</td>
</tr>
<tr>
<td>District or NBHD</td>
<td>A statutorily defined special tax district known as the North Broward Hospital District.</td>
</tr>
<tr>
<td>District Legal Counsel or NBHD Legal Counsel</td>
<td>The legal counsel appointed by the Board of Commissioners for the North Broward Hospital District.</td>
</tr>
<tr>
<td>Group Purchasing Organization (GPO)</td>
<td>An organization or business that negotiates contracts on behalf of multiple hospitals or hospital systems. Contracts aggregate volumes of these hospitals in attempt to increase discounts and create value-added services.</td>
</tr>
<tr>
<td>Legacy System</td>
<td>Systems including, but not limited to, computer software, computer hardware, and biomedical equipment that are fully integrated into the daily operations of one or more departments or are considered strategic in nature or are unique to the producer, manufacturer, distributor, and/or provider.</td>
</tr>
</tbody>
</table>
Material Operations | A department and cost center in the Corporate Resource & Materials Management (CRMM) department that handles receipts and distribution for the corporate office buildings, non-stock deliveries for satellite facilities, and JIT orders and deliveries for satellite facilities. In addition, Material Operations handles surplus management, inter-office mail, NBHD courier services, and outbound mail/postage.

Non-Professional Services | Services that do not require professional license/expertise (further defined in General Administrative Policy 001-140).

Professional Services | Services that require professional license/expertise (further defined in General Administrative Policy 001-140).

Procurement | The purchasing of goods or services, especially for a company, government, or other organization.

Qualified Contractor | An entity or person who has evidenced current qualifications to do business in the State of Florida, appropriate licensure and who maintains liability insurance in an amount determined by the District's Director of Risk Management to be adequate.

Region | Within the northern 2/3 of Broward County, certain similarly-located, geographical areas, facilities and properties owned, operated and/or leased by the NBHD, which are segregated into 4 separate "regions" - BGMC region, NBMC region, IPMC region and CSMC region.

Section 24 of the Charter of the North Broward Hospital District | The section of the enabling legislation of the NBHD that describes the competitive procurement requirements, Chapter 2006-347, L.O.F...

Senior Management | The District's President/CEO and Senior Vice Presidents encompass this group.

Sole Source | The only known vendor or the only reasonable vendor capable of providing a service or commodity.
Standardization

The use (standardization) of same products or services providing consistency throughout the NBHD reducing inventory of product maximizing cost savings negotiating fewer products or qualified services at a higher volume resulting in greater cost efficiencies, including but not limited to price, training, maintenance of equipment, etc.

1.0.2 Acronyms

<table>
<thead>
<tr>
<th>TERM</th>
<th>NAME/TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AP</td>
<td>Accounts Payable</td>
</tr>
<tr>
<td>Board</td>
<td>Board of Commissioners</td>
</tr>
<tr>
<td>CA</td>
<td>Contract Administration</td>
</tr>
<tr>
<td>CER</td>
<td>Capital Equipment Request</td>
</tr>
<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>CFO</td>
<td>Chief Financial Officer</td>
</tr>
<tr>
<td>CNO</td>
<td>Chief Nursing Officer</td>
</tr>
<tr>
<td>COO</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td>CRMM</td>
<td>Corporate Resource &amp; Materials Management</td>
</tr>
<tr>
<td>DCR</td>
<td>Design Construction, and Real Estate</td>
</tr>
<tr>
<td>GA</td>
<td>General Administrative</td>
</tr>
<tr>
<td>GL</td>
<td>General Ledger</td>
</tr>
<tr>
<td>GPO</td>
<td>Group Purchasing Organization</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
</tr>
<tr>
<td>IT</td>
<td>Information Technology</td>
</tr>
<tr>
<td>JIT</td>
<td>Just In Time</td>
</tr>
<tr>
<td>MMIS</td>
<td>Material Management Information System</td>
</tr>
<tr>
<td>MS</td>
<td>Material Services</td>
</tr>
<tr>
<td>M/W/SBE</td>
<td>Minority/Women/Small Business Enterprise</td>
</tr>
<tr>
<td>NBHD</td>
<td>North Broward Hospital District</td>
</tr>
<tr>
<td>OEM</td>
<td>Original Equipment Manufacturer</td>
</tr>
<tr>
<td>OIG</td>
<td>Office of Inspector General</td>
</tr>
<tr>
<td>OSD</td>
<td>Office of Supplier Diversity</td>
</tr>
<tr>
<td>PO</td>
<td>Purchase Order</td>
</tr>
<tr>
<td>PSC</td>
<td>Procurement Steering Committee</td>
</tr>
</tbody>
</table>
1.1 REPLACED POLICIES

The following listing outlines NBHD policies and procedures replaced by this Code and/or deleted in their entirety.

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>ITEM</th>
<th>SECTION</th>
<th>PRESENT STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS Policies and Procedures Manual</td>
<td>All Policies and Procedures</td>
<td>001 through 008</td>
<td>Replaced with the Procurement Code</td>
</tr>
<tr>
<td>MS Policies and Procedures Manual</td>
<td>Organizational Chart</td>
<td>001-005</td>
<td>Deleted in Entirety</td>
</tr>
<tr>
<td>MS Policies and Procedures Manual</td>
<td>Acquisition and Maintenance of Duplicating Equipment and Supplies</td>
<td>005-010</td>
<td>Deleted in Entirety</td>
</tr>
<tr>
<td>MS Policies and Procedures Manual</td>
<td>Value Analysis Team</td>
<td>003-015</td>
<td>Replaced with the Procurement Code</td>
</tr>
<tr>
<td>GA Policies and Procedures Manual</td>
<td>Forms Approval and Committee</td>
<td>GA-008-005</td>
<td>Replaced with the Procurement Code</td>
</tr>
<tr>
<td>GA Policies and Procedures Manual</td>
<td>Procurement Cards</td>
<td>GA-001-100</td>
<td>Replaced with the Procurement Code</td>
</tr>
<tr>
<td>GA Policies and Procedures Manual</td>
<td>Acquisition Endorsement of Biomedical Equipment</td>
<td>GA-002-005</td>
<td>Replaced with the Procurement Code</td>
</tr>
</tbody>
</table>
1.2 **Introduction and Purpose**

The effective and efficient operation of the NBHD requires the existence of certain universally applied guidelines applicable to all employees and for all facilities of the organization. This Procurement Code provides direction and guidance for the internal operations of the NBHD as it relates to the procurement of goods and services, based on Florida Statutes, policies and directives of the Board, and pronouncements of the President/CEO and the executive staff of the NBHD. This Code shall:

1.2.1 provide for the consistent application of managerial decisions related to procurement on all organizational levels throughout the NBHD facilities;
1.2.2 define limits in which managers may freely operate to fulfill their own accountabilities;
1.2.3 provide written policies and guidelines;
1.2.4 describe the philosophies of the NBHD, CRMM, and CA departments which are available for use by internal departments and for review by external regulating, accrediting and monitoring agencies.

1.3 **STATEMENT OF PURPOSE**

The NBHD is a political subdivision of the State of Florida and its procurement of supplies, equipment, and services is governed by the Charter of the NBHD, Florida Statutes, and Acts of Florida, and the Florida Administrative Code. This Procurement Code details the guidelines to process all procurement related activities as follows:

1.3.1 provide the steps needed to ensure the effective and efficient operation of all NBHD facilities;
1.3.2 support the direction and requirements as stated in the Charter of the NBHD, including competitive procurement amounts defined in Section 24 (1) (a);
1.3.3 support NBHD Board resolutions as derived from, and empowered by, the Charter of the NBHD;
1.3.4 provide and ensure consistent application by all NBHD staff of all procurement related activities;
1.3.5 encompass the limits and accountabilities of the procurement areas (CRMM and CA); and
1.3.6 encompass the limits and accountabilities of NBHD staff related to procurement.

Commented [HJF3]: This was combined with the Background section above and expanded upon. (See Section 1.)

Commented [HJF4]: This was superfluous and removed.
1.4 PROCUREMENT DIVISIONS/AUTHORIZED AGENTS
For the purpose of procurement related transactions, excluding those authorized and executed by the Board, President/CEO or SVP/CFO, only two (2) divisions, as defined by their authority, may authorize NBHD funds as payment to vendors.

1.4.2 Authorized Agents:
All procurement transactions and commitments to vendors must be performed by authorized agents of the NBHD as empowered to do so by the Charter of the NBHD. Authorized agents include:

1.4.2.1 Directors and management staff of each division
1.4.2.2 Purchasing Agents
1.4.2.3 Buyers
1.4.2.4 Contract Coordinators
1.4.2.5 Contract Specialists
1.4.2.6 NO OTHER NBHD STAFF OR PERSONNEL SHALL MAKE WRITTEN OR VERBAL COMMITMENTS TO VENDORS WITHOUT THE APPROVAL OF AUTHORIZED AGENTS WITHIN THE PROCUREMENT DIVISIONS DESCRIBED IN THIS CODE.

Commented [HJF3]: This was updated to reflect Broward Health’s current structure and moved to Section VII.
1.5 **CODE OF ETHICS AND PROFESSIONAL CONDUCT**

The NBHD Procurement Divisions (see 1.4) establish and maintain complex relationships with other NBHD departments and vendors. These relationships make ethical decision making extremely important in preserving the reputation of the NBHD and the integrity of the Procurement Divisions. The purpose of the Code of Ethics and Professional Conduct section is to define the environment in which all purchasing decisions shall be made. All conduct will be in compliance with the NBHD's "Code of Conduct".

1.5.1 This Code defines the Procurement Divisions Code of Ethics and Professional Conduct to assist in determining ethically appropriate professional conduct and to recognize conduct that does not meet this standard. Ethics demand that all NBHD Procurement Divisions' personnel, who make or influence decisions for healthcare institutions, act with complete fidelity to the institution and respect the valid rights of others.

1.5.2 The Procurement Divisions shall conduct all interactions within the following parameters (as outlined in the Code of Ethics and Professional Conduct for the Association for Healthcare Resource and Materials Management of the American Hospital Association):

**1.5.2.1 Personal Ethics**

1.5.2.1.1 Strive to conduct all business with honesty.

1.5.2.1.2 Know, follow, and enforce the healthcare organization's corporate compliance policy on all matters. Never enter into any transactions that would result in personal benefit or a conflict of interest.

1.5.2.1.3 Conduct oneself in such a manner as to merit the trust, confidence, and respect of the healthcare marketplace.

1.5.2.1.4 Strive to reduce costs and obtain the maximum value for each dollar of expenditure. Develop and implement supply chain tools that will benefit the healthcare marketplace. Remain committed to emphasize high quality, effective, safe patient care.

1.5.2.1.5 Treat with discretion and respect all information obtained in confidence.

**1.5.2.2 Professional Conduct**

1.5.2.2.1 Cooperate with all associations and individuals engaged in activities designed to enhance the development, stature, and understanding of procurement. Treat everyone with dignity and respect.

1.5.2.2.2 Promote an environment that facilitates sharing knowledge, ideas, and experiences to improve the procurement divisions' profession. Actively...
participate in seminars, professional association activities, projects, and continuing education.

1.5.2.2.3 Enhance the profession through recognition programs for individual achievement and professional commitments. Encourage all employees to work towards professional development.

1.5.2.2.4 Never enter into any transactions that would result in personal benefit or a conflict of interest.

1.5.2.2.5 Conduct business with potential and current suppliers in an atmosphere of good faith, fairness, integrity, and loyalty to the institution and the profession, devoid of intentional misrepresentation.

1.5.3 Receiving or Soliciting Gifts

Soliciting or accepting anything of value by an employee can lead to the perception or the reality that the employee’s official action or judgment could be influenced. Procurement Divisions and other NBHD staff shall handle solicitation of gifts within the guidelines of the "Code of Conduct" and applicable Corporate Compliance policies and procedures. Additionally, refer to the General Administrative Policy 001-050 "Personal Gifts from Suppliers, Contractors and Patients", General Administrative 001-105 "Vendor Solicitation", as well as the General Administrative Policy 001-015, “Conflict of Interest” for more detail. Failure to comply may result in corrective action up to or including termination.

1.6 PROCUREMENT ITEMS NOT COVERED BY THIS CODE

Certain procurement items do not fall within the general guidelines of this Code: Contracts for professional and consulting services (see General Administrative Policy 001-140), physician services, legal services, lobbyist services, marketing services, finance-related services, accounting services, audit services, and design, construction and real estate initiatives (see General Administrative Policy 001-086).

PART2: VENDOR MANAGEMENT PROCEDURES

2.1 VENDOR ACCESS

All vendors wishing to conduct business with the NBHD must be registered in accordance with Section 2.3.

2.1.1 The NBHD maintains a policy that requires all vendors to have scheduled appointments,
i.e., "no cold calls".

2.1.2 NBHD employees have the responsibility and authority to determine the level and type of appropriate activity with vendors in accordance with the Charter of the NBHD. Vendors that are unable or unwilling to conduct business with the District in accordance with all applicable policies shall have registration privileges revoked and will be limited to restricted access.

2.1.3 Requirement to wear badge

2.1.3.1 All vendors wishing to conduct business with the NBHD shall register with the NBHD in accordance with Section 2.3.

2.1.3.2 All service technicians will have access to NBHD facilities as is appropriate for the work being performed. Service technicians are not allowed to conduct business other than that of the service calls requested or in areas outside of those involved with the service requests. Service technicians shall wear their company's identification badge and/or NBHD issued vendor badge in a prominent manner at all times when conducting business with the NBHD and carry the proper purchase order/contract to identify the work being performed.

2.1.4 Department directors/cost center managers' responsibilities

2.1.4.1 Each department director, cost center manager, or designated personnel are responsible for ensuring that all visiting vendors are properly registered (see 2.3.1) and are wearing the appropriate vendor identification badge.

2.1.4.2 If the vendor is not registered, the department director, cost center manager, or designated personnel should explain the registration policy to the vendor and direct them to CA for registration.

2.1.4.3 If the vendor is registered but not wearing the appropriate identification badge, it is the responsibility of the department director, cost center manager, or designated personnel to inform the vendor of the policy to wear the appropriate badge when in NBHD facilities.

2.1.4.4 If the vendor does not have a scheduled appointment, it is the department director's, cost center managers, or designated personnel's responsibility to reject the vendor's visit.
2.1.4.5 Should the vendor's behavior become inappropriate, the department director, cost center manager, or designated personnel must notify security personnel as necessary to escort the vendor from the premises. The department director, cost center manager, or designated personnel must also immediately contact the Director of CRMM or Manager of CA.

2.1.5 Vendors should contact CA if they have any questions about the vendor registration or vendor access policies.

2.1.6 Introduction of new products
All registered vendors who wish to introduce new products should contact CRMM regarding the Product Evaluation process (see 3.15).

2.2 VENDOR PERFORMANCE

Vendor performance issues, including those listed in Sections 2.7.1 and 2.7.2 of this Code may be resolved at the hospital or departmental level. If satisfactory resolution is not met, the affected department head or executive shall escalate the issue and contact the Director of CRMM or the Manager of CA for further analysis. CRMM or CA will inform OSD of any performance issues with diverse vendors. If satisfactory resolution is not met at this level, the issue is presented to the PSC (see 2.7).

2.3 VENDOR REGISTRATION AND ORIENTATION

The NBHD utilizes a competitive process to acquire supplies, equipment, materials, and services. A computerized list of vendors (Vendor Registration system) is maintained to facilitate vendor management and the competitive process.

Vendors must complete the Vendor Registration application to participate in business transactions and to be included in the NBHD's Formal Bid process. A vendor is defined as any person or firm that is not an employee doing business with or providing a service or product to the NBHD. The NBHD, through its AP Department, may delay the processing of payments for vendors who are not registered.

Vendors will be listed in the AP, Vendor Registration, and Supplier Diversity systems. It is the vendor's responsibility to keep their information current.

Refer to Part 2.1 "Vendor Access" for details regarding making appropriate contact with departmental representatives.

Commented [HJF9]: This was removed because it is covered in all Broward Health contracts.

Commented [HJF10]: This was updated to reflect current practices and moved to a policy referenced in the Procurement Policy Table.
2.3.1 **New Registration**

2.3.1.1 Vendors shall complete all sections of the Vendor Registration application.

Vendors requiring assistance in completing any of the forms may contact Vendor Relations at (954)355-5133 or www.browardhealth.org.

2.3.1.2 NBHD personnel are encouraged to refer any vendor with whom they wish to do business to the NBHD's website or CA, so that registration can be completed in a timely manner.

2.3.1.3 The OSD shall also refer all diverse vendors to the NBHD's website or CA to initiate the vendor registration process. Supplier Diversity certification statements should be submitted to the OSD.

Diverse Vendor certification is granted in accordance with General Administrative Policy 001-045, "Supplier Diversity Program."

2.3.2 **Benefits of the Vendor Registration Process**

2.3.2.1 Vendor participation in the vendor registration process allows the vendor to conduct business with the NBI-ID.

2.3.2.1.1 Registered vendors may be contacted for verbal or written quotations for purchases up to and including $50,000 based on the vendor's product code.

2.3.2.1.2 Registered vendors will receive notification of formal bids (RFQs and RFPs) whenever appropriate. Note: This is in addition to the public notice process, but does not guarantee that the vendor will be contacted. It is the responsibility of the vendor to contact the CRMM department if notifications for products or services are not received.

2.3.2.1.3 Registered vendors will be allowed to schedule appointments with department directors, cost center managers, or designated personnel to conduct ongoing business.

2.3.2.1.4 Registered vendors will be allowed to participate in the product standardization process.

2.3.2.2 AP will be able to process the registered vendor's accurate invoices in an expedited manner. Significant delays in payments may be expected for vendors that are not registered.
2.3.3 Revocation of Vendors' Registration Privileges

2.3.3.1 Vendors are required to be knowledgeable about and compliant with all pertinent NBHD codes, policies, and guidelines. Should a vendor willfully not be compliant with the NBHD's codes, policies, and guidelines, the vendor will lose their registration privileges (see Section 2.7).

2.3.3.2 Department directors, cost center managers, or designated personnel must refer all noncompliant vendors to the Manager of CA or Director of CRMM. It is the decision of the Manager of CA and/or the Director of CRMM, in conjunction with the PSC, to revoke the vendor registration privileges (see Section 2.7).

2.3.4 Orientation Process

The NBHD requires that all firms wishing to conduct business with the NBHD to register their businesses by completing a NBHD Vendor Registration application available at www.browardhealth.org.

The NBHD will conduct quarterly Vendor Orientation sessions providing procurement information and current NBHD contact phone numbers and addresses for the AP, CRMM, and OSD departments. The dates for these orientation sessions are listed on www.browardhealth.org. The orientation sessions provide attendees with detailed information on how to better conduct business with the NBHD.

2.4 Vendor Obligations

2.4.1 Vendors are expected to fulfill the following basic responsibilities related to the purchasing function:

2.4.2 Conduct negotiations ethically, without attempts to influence through offering valuable personal gifts or entertainment.

2.4.3 Make available all pertinent technical, engineering, systems, procedures, services, and ideas that might improve the NBHD's present or future use of vendors' products and services.

2.4.4 Advise CRMM or other designated NBHD representatives of any new products, as soon as such information is available. Unauthorized and non-contracted products will not be paid for by the NBHD.

2.4.5 Inform the NBHD of changes in economic or other conditions that might affect purchasing or operating decisions.

2.4.6 Enter into a Business Associates Agreement, when applicable, to be compliant with the I-DPAA.
2.5 **VENDOR SELECTION**

The NBHD encourages the participation of community development and good procurement practices through the quotation process (see Sections 3.2.1, 3.2.2) for the procurement of supplies, equipment and services. Refer to Section 3.2 for more information on the quotation process. Vendors are eligible for the quotation process only after successfully registering (see Section 2.3).

2.5.1 CRMM or CA will access Vendor Registration system.

2.5.2 CRMM or CA will search for the product code applicable to the request. The system provides searching functionality and reports to determine the product code and/or vendor.

2.5.3 CRMM or CA will enter quote information in the Vendor Registration system.

2.6 **SUPPLIER DIVERSITY IN PROCUREMENT**

2.6.1 NBHD is committed to the participation of diverse vendors in the procurement of supplies, equipment, services, and contracts for general business purposes. The Procurement Divisions will adhere to the OSD procedures documented in the General Administrative Policy 001-045.

2.6.2 All authorized agents in each procurement division (see Section 1.4) shall review General Administrative Policy 001-045 and Section 1.5 of this Code.

2.7 **AUTHORITY TO DEBAR OR SUSPEND VENDORS**

Vendors may exhibit behavior that is detrimental to the NBHD. This behavior includes, but is not limited to, failure to fulfill the contract terms and conditions, negative interaction with NBHD staff and associates, or providing inferior products or distribution. After reasonable notice to the person or company involved, and reasonable opportunity for that person or company to be heard, the PSC, with approval of the NBHD's legal counsel and the SVP/CFO, shall have authority to debar or suspend a person or company for cause from consideration for award of future business opportunities. During the period of debarment or suspension, the person or company and its affiliates, or other companies with any of the officers or principals the same as the debarred or suspended company, may not bid on any NBHD contracts, regardless of the dollar amount, nor be approved as a subcontractor on any NBHD contract.

2.7.1 Suspension

The PSC may suspend the person or company for a period up to one year. The PSC shall also have the authority to suspend a person or company from consideration for award of contracts if there is probable cause for debarment. A decision to suspend may be appealed or presented for administrative review.
2.7.1.1 Cause for Suspension
The causes for suspension include the following:

2.7.1.1.1 Excessive backorders or related fill rate issues;
2.1.1.1.2 Providing, as a manufacturer or distributor, inferior products;
2.7.1.1.3 Providing, in craftsmanship and timeliness, inferior service;
2.7.1.1.4 Failure to register, update or respond to Notice from CA or CRMM departments regarding information on the business entity maintained in NBHD data files or Vendor Registration system;
2.7.1.1.5 Providing false information on all related vendor registration documents or files;
2.7.1.1.6 Inappropriate or offensive interaction with NBHD staff;
2.7.1.1.7 Any other reason or action deemed detrimental to the mission of the NBHD at the sole discretion of the PSC.

2.7.2 Debarment
Debarment shall be for a period commensurate with the seriousness of the cause(s), and shall continue for the entire time set by the PSC. If the offense is willful or egregious, an indefinite term of debarment may be imposed. If suspension precedes a debarment, the suspension period shall be considered in determining the debarment period. A decision to debar may be appealed or presented for administrative review.

2.1.2.1 Cause for Debarment
The causes for debarment include the following:

2.7.2.1.1 Conviction for commission of a criminal offense as an incident in obtaining or attempting to obtain a public or private contract or subcontract, or in the performance of such contract or subcontract;
2.1.2.1.2 Conviction under state or federal statutes of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or any other offense indicating a lack of business integrity or business honesty which currently, seriously, and directly affects responsibility as a contractor;
2.7.2.1.3 Conviction under state or federal antitrust statutes arising out of the submission of bids or proposals;
2.7.2.1.4 Violation of contract provisions, as set forth below, of a character which is regarded by the PSC to be so serious as to justify debarment action.
2.7.2.1.4.1 deliberate failure without good cause to perform in accordance with the specifications or within the time limit provided in the contract;
2.7.2.1.4.2 a recent record of failure to perform or of unsatisfactory performance in accordance with the terms of one or more contracts; provided that failure to perform or unsatisfactory performance caused by acts beyond the control of the contractor shall not be considered to be a basis for debarment;
2.7.2.1.5 denial of an offer by failure to provide bonds, insurance or other required certificates within a reasonable time period;
2.7.2.1.6 refusal to accept a purchase order, agreement, or contract, or to perform thereon, provided such order was issued timely and in conformance with the offer received;
2.7.2.1.7 presence of principals or corporate officers in the business of concern, who were principals within another business at the time when the other business was suspended or debarred within the last three years under the provisions of this section;
2.1.2.1.9 any other cause the Manager of CA and/or Director of CRMM in his/her sole discretion, determines to be so serious and compelling as to affect responsibility as a contractor, including debarment by another governmental entity for any cause listed in this Code;
2.1.2.1.10 any other reason or action deemed detrimental to the mission of the NBHD at the discretion of the PSC.

2.7.3 Decision
The PSC Chair, or his or her designee, shall issue a written decision to debar or suspend. The decision shall:
2.7.3.1 state the reason for the action taken; and
2.7.3.2 Inform the debarred or suspended person or company of the right to administrative review or appeal.

2.7.4 Notice of Decision
A copy of the decision for the debarment or suspension shall be mailed or otherwise furnished to the debarred or suspended person.
2.7.5 Right of Appeal
Any person having a substantial interest (owner, officer, or representative of the company) in the matter, who is dissatisfied with the determination of the PSC to debar, suspend, or refusal to reinstate, must, within ten (10) calendar days of such notification, appeal in writing said determination to the PSC Chair.

2.7.6 Appeal of Debarment or Suspension Hearing Date
After the receipt of the notice of appeal of debarment or suspension, the NBIID shall schedule a hearing before the PSC, at which time the person or company shall be given the opportunity to demonstrate why the decision of the PSC should be overturned. No legal counsel will be allowed to participate.

2.7.7 Reinstatement Application
After the term of debarment has been completed, a debarred person or company may only be reinstated upon submission of an application to the PSC. Each application for reinstatement shall include the following information and be submitted in memorandum format:

2.7.7.1 the name, address and telephone number of the party making the request or the party's representative;

2.7.7.2 a statement of the financial responsibility of the company;

2.7.7.3 a statement of facts indicating how the circumstances which led to the debarment have been cured;

2.7.7.4 a list of jobs completed during the two years prior to the reinstatement application; and

2.7.7.5 a list of all departments of the NBIID for which the person has performed work.

2.7.8 Procedures
After consideration of the reinstatement application, the PSC in consult with NBHD's legal counsel and the SVP/CFO shall make a determination whether or not reinstatement is warranted. The PSC's decision shall be mailed or otherwise furnished to the person or company. The PSC's decision on reinstatement is final.
PART 3: ACQUISITION PROCEDURES

3.1 PROCUREMENT CYCLE FOR CAPITAL

All requests for capital equipment must be coordinated amongst NBHD Accounting/Finance, Regional Administration, and the applicable Procurement Divisions. These areas handle the core components of the procurement cycle; budgeting, approvals, and execution of the purchase order or contract.

3.1.1 In preparation for submitting capital requests, departments are required to contact CA or CRMM to obtain price quotations and estimates.

3.1.2 Upon completion and approval of each fiscal year capital budget, lists of all items are sent to the Manager of CA and Director of CRMM. NBHD-wide information assists the Procurement Divisions in participating with and aggregating volume discounts.

3.1.3 CA and/or CRMM may assess the fiscal year capital budgets and identify opportunities for group buy incentives.

3.1.4 CA and/or CRMM will review quotes or proposals from all competitors for a given market. Analysis will include using third party vendors and data to validate the competitiveness and/or uniqueness of the request.

3.1.5 CA and/or CRMM will provide guidance and instructions to have requests exceeding $50,000 that must be reviewed by the PSC and SOC.

3.1.6 Upon completion of CA and/or CRMM review and the request to purchase is ready to move forward; the requesting departments will obtain required signatures and prepare any applicable exhibits for executive or board approval.

3.1.7 CA and/or CRMM will execute a purchase order or contract using the requirements contained in Section 24 of the Charter of the NBHD and in this Code.

3.1.8 The acquisition of products or services requiring significant IT resources, e.g., greater than 80 man-hours, for installation, integration, or development, must go to the Technology Advisory Council (TAC) for approval prior to submission to the PSC. The purpose of the TAC is to ensure that resource-intensive IT projects are in alignment with the NBHD’s business and strategic plans, and that these projects are implemented efficiently and logically for the operational success of the NBHD.

3.2 ACQUISITION OF SUPPLIES, EQUIPMENT, MATERIALS, AND SERVICES

All requests for purchases and/or contracts excluding pharmaceutical and nutritional supplies are processed through CRMM and CA. THE PROCUREMENT DIVISIONS ARE THE ONLY STAFF AUTHORIZED TO SOLICIT OFFICIAL QUOTATIONS.
All awards are based on the determination that the price is fair and reasonable, and that the solicitation for quotations is inclusive of diverse vendors. It is emphasized that the procurement division shall take extra care to determine that the price paid for the item is fair and reasonable based on market comparisons and/or experience.

Further, the Board has directed that commitments to purchase supplies, materials, and nonprofessional services (e.g., maintenance), do not require board approval as long as Section 24 (Competitive bids to be sought; procedure; authority to negotiate contracts; group purchasing) of the Charter of the NBHD and appropriate procurement practices, as outlined in this Code, are followed. As outlined in Section 24 (2) of the Charter of the NBHD, the Board is authorized and empowered to agree with the successful bidder for changes and modifications to the successful bid, THE TOTAL VALUE OF CHANGES AND MODIFICATIONS NOT TO EXCEED 20 PERCENT OF THE AGREED PRICE, without voiding the existing contract and without any further bidding procedures.

All transactions are subject to be reviewed and audited periodically by the Director of CRMM or CA to ensure adherence to this Code governing acquisitions. ANY REQUEST FOR PROCUREMENT UP TO AND INCLUDING $50,000 MAY BE MADE, PROVIDED THAT PROCUREMENT REQUIREMENTS ARE NOT ARTIFICIALLY DIVIDED SO AS TO CONSTITUTE A SMALL PURCHASE UNDER this SECTION. DEPARTMENTS SHALL NOT BREAK UP REQUESTS WITH THE INTENT TO AVOID REQUIRED APPROVALS.

3.2.1 Purchase or commitments up to and including $2,500
A minimum of one (1) quotation is required (see Section 2.5). The quotation may be written or verbal and will be recorded on the purchase requisition. All pertinent information regarding the quotation is recorded per Section 2.5.

3.2.2 Purchases or commitments exceeding $2,500 and up to and including $50,000
A minimum of two (2) quotations is required (see Section 2.5). The first quotation may be from the suggested vendor; the second quotation is obtained from the list of registered vendors. The quotations may be written or verbal and will be recorded on the purchase requisition. All pertinent information regarding the quotations is recorded per Section 2.5.

3.2.3 Purchases or commitments exceeding $50,000
The Formal Bid process must be used. Refer to Section 3.3.
3.2.4 **Unusual conditions and emergency purchases or commitments**

Section 24 of the Charter of the NBHD states that when emergency or unusual conditions exist for the acquisition of supplies, equipment, and material, the President/CEO or designee shall provide resolution to identify the emergency or unusual conditions for approval by the Board of Commissioners to waive prescribed bidding procedures (see Part 7). The purchase requisition for such acquisitions shall refer to the resolution and shall be signed by the President/CEO or designee. **ITEMS EXCEEDING THE PRESIDENT/CEO’S APPROVAL LIMITS WILL BE BROUGHT TO THE FOLLOWING MONTH’s BOARD MEETING AS AN INFORMATIONAL UPDATE.**

3.3 **FORMAL BID PROCESS**

All purchases and contracts exceeding amounts determined by the Board, currently set at $50,000, are subject to publicly advertised Formal Bid Process. Additionally, any of the procurement divisions may at any time it chooses prepare and release an RFI to gather information to assist in determining acquisition methodology in the best interest of the NBHD. Since an RFI does not commit the NBHD to any business endeavor, it does not necessarily need to be publicly advertised. Section 24 of the Charter of the NBHD outlines the competitive process requirements as set forth by the State of Florida. It should be noted that Florida Statutes and Acts of Florida may also apply. The Formal Bid process is used unless the transaction is approved as unique and available from a limited or sole source provider, is deemed the official standardized product or technology for two (2) or more regions, or optimum value is realized by procuring through a GPO contract. An RFI may be used at any time to validate the best acquisition solution for the NBHD.

All purchase and contract requests exceeding $50,000 must be examined and analyzed to ensure the most effective procurement method is utilized and the best clinical and value benefits are realized. **Procurement Steering Committee (PSC)**. Please refer to Section 3.4 of this Code. The PSC performs pre-purchase analysis for requests meeting or exceeding $50,000. Analysis includes and focuses on, but is not limited to, the requested procurement method: Formal Bid (Request for Quotation, Request for Proposal), Bid Waivers or Bid Exemptions. Also, the PSC will perform analysis on requests for maximum diverse vendor participation. Diverse Vendor Enhancements will be assigned by the OSD and approved by the PSC.
Unless otherwise instructed, the following NBHD personnel or representatives are the only representatives authorized to communicate with the vendors during the Formal Bid Process: President/CEO, SVP/CFO, VP Financial Operations, Director of CRMM, Manager of CA, CRMM Bid Coordinator, Project Custodian/Technical Advisor, and Manager of OSD.

All advertisements and announcements during the Formal Bid Process are made public by utilizing local news media, www.browardhealth.org, and a "Sunshine Board" located in the lobby of the Information Systems Center of 1608 Southeast 3rd Avenue, Fort Lauderdale, Florida.

3.3.1 **Request for Quotation (RFQ)**

RFQ is used when the NBHD provides detailed explicit specifications of its expressed needs. Provided that each respondent meets the prescriptive qualifications and specifications detailed in the bidding document, "best price" is the primary factor for vendor selection. The CRMM Bid Coordinator facilitates NBHD staff to follow the bid procedures as follows:

3.3.1.1 secure funds via budget process or otherwise obtain administrative financial approval;

3.3.1.2 contact CRMM or CA to begin planning process;

3.3.1.3 appoint RFQ "project custodian/technical advisor" and bid scoring committee;

3.3.1.4 mandate/instruct committee members to not share any bidding information with prospective bidders throughout the bidding process. In addition to the CRMM Bid Coordinator, the project custodian/technical advisor is the only committee member designated to share information with prospective bidders.

3.3.1.5 complete PSC documents for agenda;

3.3.1.6 attend PSC to present request (mandatory);

3.3.1.7 develop RFQ specifications inclusive of Diverse Vendor Enhancements;

3.3.1.7.1 Seek additional approval of specifications as and when directed by senior management;

3.3.1.8 advertise and release RFQ;

3.3.1.9 conduct pre-bid conference(s) as deemed necessary;

3.3.1.10 receives RFQ responses;

3.3.1.11 open RFQ responses at public opening;

3.3.1.12 obtain Diverse Vendor Enhancement scoring components from the Office of Supplier Diversity (OSD);

3.3.1.13 attend site visits as deemed necessary;

3.3.1.14 tabulate RFQ responses;
3.3.1.15 submit results and recommendation of RFQ Committee and CRMM Bid Coordinator to Director of CRMM;
3.3.1.16 communicate findings and obtains approval of the final recommendation by appropriate CFO;
3.3.1.17 obtain President/CEO or Board approval of recommendation as required;
3.3.1.18 Send “Intent to Award” letters to appropriate parties (These letters do not legally bind the NBHD, but serve as an invitation to negotiate with the NBHD. Letters must instruct bidders of this notification process.);
3.3.1.19 negotiate contract terms and conditions; and
3.3.1.20 Execute contract and/or purchase order.

3.3.2 Request for Proposal (RFP)

RFP releases request to potential suppliers to present proposals of how the suppliers would satisfy a specific need expressed by the NBHD. It is used to select either single or multiple suppliers. It is not necessarily prescriptive in nature; the RFP invites a proposal to provide a solution, not a formal quotation, and is the starting place for later negotiations. Suppliers responding to an RFP are ranked and finalists selected based on business offering and qualitative factors. The CRMM Bid Coordinator facilitates NBHD staff to follow the RFP procedures as follows:

3.3.2.1 secure funds via budget process or otherwise obtain administrative financial approval;
3.3.2.2 contact CRMM or CA to begin planning process;
3.3.2.3 appoint RFP "project custodian" and RFP scoring committee;
3.3.2.4 Mandate/instruct committee members to not share any RFP information with prospective bidders throughout the bidding process. In addition to the CRMM Bid Coordinator, the project custodian/technical advisor" is the only committee member designated to share information with prospective bidders.
3.3.2.5 complete PSC documents for agenda;
3.3.2.6 attend PSC to present request (mandatory);
3.3.2.7 develop RFP specifications inclusive of Diverse Vendor Enhancements;
   3.3.2.7.1 Seek additional approval of specifications as and when directed by senior management;
3.3.2.8 advertise and release RFP documents;
3.3.2.9 conduct pre-bid conference(s) as deemed necessary;
3.3.2.10 receive RFP responses;
3.3.2.11 opens RFP responses at public opening;
3.3.2.12 obtain Diverse Vendor Enhancement scoring components from the Office of Supplier Diversity (OSD);

Commented [HJF21]: This was moved to an SOP and cross-referenced in Section X.D. of the Code.

All legal requirements per our Charter were added to Section X.D. of the Code. References to other policies that contain updated legal procurement requirements have been added. (See Supplier Diversity and Construction Policies in the Procurement Policy Table.)
3.3.2.13 attend site visits as deemed necessary;
3.3.2.14 score RFP using standardized RFP scoring process;
3.3.2.15 negotiates final financial term;
3.3.2.16 submit results and recommendation of RFP scoring committee and Bid Coordinator to Director of CRMM;
3.3.2.17 communicates findings and obtains approval of the final recommendation of Director of CRMM by the appropriate CFO;
3.3.2.18 obtains President/CEO or Board approval of recommendation as required;
3.3.2.19 Send intent to award (These letters do not legally bind the NBHD, but serve as an invitation to negotiate with the NBHD. Letters must instruct RFP submitters of this notification process.);
3.3.2.20 negotiate contract terms and conditions; and
3.3.2.21 Execute contract and/or purchase order.

3.3.3 Request for Information (RFI)
RFI releases request specific information required from a group of suppliers or the general public. The RFI is more loosely structured than the other NBHD formal processes and does not commit the NBHD to a purchase commitment. The RFI usually requests suppliers to provide qualifications, products or services regarding NBHD interest in the general areas of the information requested. The information gathered may be used to assist in developing a RFQ or RFP release or to simply validate the availability or interest level of suppliers responding to the specific NBHD RFI request.

3.3.4 Resolution and Remedy of Vendor Challenges or Disputes
The District’s goal is to ensure the prompt response to and resolution of vendor challenges regarding the Formal Bid Process. The Director of CRMM shall be the point of contact for all official challenges to a RFP or RFQ release and/or award. Upon receipt of a formal challenge, the Director of CRMM shall notify appropriate parties as identified in procedures below.

3.3.4.1 All vendor protests or challenges must be communicated as outlined in the formal bid documents. Vendors must send written correspondence with documentation supporting their challenge, to the Director of CRMM within five (5) business days after the issue arises or the contract is awarded.
3.3.4.2 The Director of CRMM shall notify the winner or highest ranked vendor that a protest or challenge has been filed.
3.3.4.3 The Director of CRMM, within ten (10) business days after receipt of the vendor’s written protest or challenge, shall render a written decision.
3.3.4.4 Vendors may dispute the Director of CRMM’s decision by giving written notice of appeal to the SVP/CFO within five (5) business days of the receipt of said notice.

Commented [HJF22]: This was moved to an SOP and cross-referenced in Section X.D. of the Code.

Commented [HJF23]: This was updated to reflect current best practices and moved to Section XVIII of the Code.
decision. Notification to the SVP/CFO must contain copies of the original protest or challenge of dispute and the Director of CRMM's response.

3.3.4.5 The SVP/CFO will render a written decision within five (5) business days after receipt of the notice of appeal. This decision shall be the final order on the protest or challenge.

3.3.4.6 In the event the Director of CRMM or the SVP/CEO support the protest or challenge, and overturn the decision or action made through the Formal Bid process, the impacted vendor(s) shall be notified of the decision and be advised of their right to appeal.

3.3.4.7 This process is repeated for all appeals. All involved vendors are notified of the final decision.

3.4 PROCUREMENT STEERING COMMITTEE (PSC)

The PSC is committed to making efficient and effective business decisions pertaining to the procurement of products and services. The committee meets on a monthly basis to review, make recommendations, and/or make decisions relevant to the procurement of products and services. This includes a review of Formal Bid analysis, Legacy Systems, Bid Waivers, Bid Exceptions, vendor performance issues (see Section 2.2), diverse vendor opportunities. The committee may require the Board's approval for the procurement of products and services, not otherwise subject to Board review, if such procurement is considered strategic in nature and/or it is in the best interest of the NBHD to do so. In addition, the committee is empowered to deem non-clinical products as official NBHD standards. Procurement related to construction initiatives will be presented and reviewed as informational items (see General Administrative Policy 001-086).

3.4.1 Committee Membership (11)

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<th>Chairperson:</th>
<th>Director, CRMM</th>
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<td>Ex Officio:</td>
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<td>Membership:</td>
<td>Bid Coordinator, CRMM</td>
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Commented [HJF24]: This was combined with the PSC reference above, updated, clarified and moved to Section VII.B. Of the Code.
3.4.2 Committee Meetings

3.4.2.1 Meetings are scheduled on a monthly basis unless otherwise advised or due to extenuating circumstances.

3.4.2.2 Decisions and recommendations are made only when one-half or more of the membership is present. If a member is unable to attend, a designee may be sent and will retain “voting” privileges.

3.4.2.3 Pre-meeting documents (i.e., agendas, exhibits and prior month’s minutes) are distributed via e-mail at least 5 business days before the scheduled meeting.

3.4.2.4 The post-meeting draft minutes are prepared and distributed to the committee members via e-mail within 5 business days of the regular monthly meeting. These minutes are reflective of decisions and actions affected and approved by the PSC members at both the regular monthly meeting and a “post-PSC” finalization meeting conducted to determine closure and/or Diverse Vendor Enhancements to any open/pending/to-be-determined portions of the regular monthly meeting.

3.4.2.5 Member response and/or approval of the minutes are to be returned to the Director of CRMM within 3 business days of the request for approval e-mail distribution.

3.4.2.6 a master set of all agendas, minutes, exhibits, and supporting documentation are retained in CRMM as provided by law as amended from time to time.

3.4.3 Committee Membership Roles and Responsibilities

3.4.3.1 Formal Bid - The committee reviews and approves all requests to develop specifications for any RFP and RFQ request exceeding $50,000.

3.4.3.2 Legacy System - The committee reviews and approves all requests for the support, maintenance, and expansion of systems that are considered NBHD Legacy Systems including, but not limited to, computer software, computer hardware, and biomedical equipment. The Board’s approval of the budget (at a regular or a special meeting called for that purpose following the Budget Workshop and/or revised through the Final Tax Hearing) for the implementation of these Legacy Systems includes a commitment to the continued support, maintenance, and expansion of these systems. The Board’s approval thereby empowers the PSC to waive/exempt the Formal Bid requirement for the continued support, maintenance, and expansion of Legacy Systems, particularly when the PSC determines that such a requirement

Commented [HJF25]: This whole section has been moved to Section XIII, Bid Waivers providing clarity and changing it to conform with the requirements of our Charter.
would subject the NBHD to undue financial or operational risk. Unbudgeted Legacy System expenditures exceeding $250,000 within a single fiscal year require the Board's approval. Unbudgeted Legacy System expenditures up to and including $250,000 within a single fiscal year require the President/CEO's approval. The criteria used to identify Legacy System status are as follows:

3.4.2.1 Systems fully integrated into the daily operations of one or more departments of the NBHD.

3.4.3.2 Systems strategic in nature.

3.4.3.3 Systems unique to the producer, manufacturer, distributor, and/or provider.

3.4.2.2 *Bid Waivers for "Sole Source"* - The committee will review and approve all requests for Bid Waiver by virtue of a Sole Source status. All items presented to the committee as Sole Source must be validated and approved before further action is taken. All Sole Source Bid Waivers exceeding $50,000 require the Board's approval. All purchases and contracts exceeding $50,000 are evaluated using the criteria below for meeting Sole Source status. Additionally, all purchases and contracts up to an including $50,000 will be evaluated by each procurement division for Sole Source status based on the same criteria. The criteria used to identify Sole Source status are as follows: Equipment or services which are deemed unique and have a single producer, manufacturer, distributor, and/or provider.

3.4.3.2.3 Software and hardware upgrades and maintenance agreements for such software and hardware as provided by the OEM.

3.4.3.2.4 Equipment needed to add to or expand an existing system, and maintenance agreements for such equipment as provided by the OEM.

3.4.3.2.5 Equipment, supplies, or services needed where using an alternative product jeopardizes warranty or maintenance agreements or creates any user, patient, and/or financial risks. This includes consideration to lead times and geographical availability to avoid these risks.

3.4.3.3 *Bid Waivers for "Standardization"* - The committee will review and approve all requests for Bid Waiver by virtue of a Standardization status. All items presented to the committee as Standardization must be validated and approved before further action is taken. Standardization Bid Waivers exceeding $50,000 require the Board's approval. However, Board approval for Standardization Bid Waivers is NOT required if the initial selection of the equipment or service (through the Formal Bid process), was approved by the Board as "Standardization" within the last five (5) years, and the equipment or service is budgeted (approved by the Board at a regular or a special meeting called for that purpose following the Budget Workshop and/or revised through the Final Tax Hearing). All purchases and contracts exceeding $50,000 are evaluated using the criteria below for meeting Standardization status. Additionally, all purchases and contracts up to an including $50,000 will be evaluated by each procurement division for Standardization status...
based on the same criteria. The criteria used to identify Standardization status are as follows:

3.4.3.3.1 Equipment or services which are deemed appropriate to standardize at two or more facilities due to technology or to promote cost savings and cost efficiencies including consistency of negotiated price, service, training, maintenance for equipment.

3.4.3.3.2 Reduction of inventory requirements (one item is stocked in place of two or more).

3.4.3.3.3 Reduction in purchase prices because the volume of purchases for two or more previous items will be added together to provide additional leverage in negotiating price concessions.

3.4.3.3.4 Savings in training time because when the same products are used throughout the NBHD, staff who transfer or are rotated to different facilities or even areas within a hospital will not have to be trained to appropriately use different products.

3.4.3.3.5 Reduction of maintenance cost: When identical equipment is used throughout an institution maintenance contracts can be written with a single company to cover all equipment. In some cases, "Standardization" can even make it cost-effective to train an in-house biomedical engineer to maintain equipment, significantly reducing the cost of maintenance.

3.4.3.3.6 Stabilization of purchase price: By standardizing one type of equipment, purchasing can negotiate long-term contracts for the purchase of multiple units over a period of years. Such a purchase can provide significant savings in the cost of a few units that might be purchased in a single year.

3.4.3.3.7 Consistency in supply prices and inventories: With multiple units in use throughout the NBHD, supplies required to operate the equipment and equipment repair parts will be consistent. This reduces the inventories necessary to support the equipment and provides higher volume purchases that can be used to negotiate lower purchase prices.

3.4.3.4 Bid Exemptions - As defined, Bid Exemptions are granted only when there is the availability of a GPO contract. GPO contracts provide cost and value benefits to the NBHD. The committee will review and approve all requests for not executing a Formal Bid due to the availability of a GPO contract. The Board's approval of the budget (at a regular or a special meeting called for that purpose following the Budget Workshop and/or revised through the Final Tax Hearing) thereby empowers the PSC to approve budgeted Bid Exemptions. Unbudgeted Bid Exemptions exceeding $250,000 within a single fiscal year require the Board's approval. Unbudgeted Bid Exemptions up to and including $250,000 within a single fiscal year require the
President/CEO's approval. GPO Bid Exemptions may be used when any of the following conditions exist:

3.4.3.4.1 Availability from national and/or regional group contracting agencies;
3.4.3.4.2 Availability from State of Florida contracts and/or other state-eligible governmental contracts;
3.4.3.4.3 Availability from consultative or management sources hired by the NBHD to serve as the negotiating agent on behalf of the NBHD.

3.4.3.5 **Vendor Performance Issues** - The committee reviews and recommends actions related to vendor performance issues as outlined in Section 2.2. Issues are presented to the committee by the Manager of CA or Director of CRMM.

3.4.3.6 **Diverse Vendor Opportunities** - The committee reviews and approves Diverse Vendor Enhancements made by the OSD, in collaboration with the Director of CR.MM pertaining to diverse vendor opportunities and involvement for any formal acquisition and contract implementation/renewals.

### 3.5 REQUISITIONING AUTHORITY

The Board of Commissioners sets spending thresholds beyond which it requires its authorization/approval (present threshold set at $250,000 within a single fiscal year) prior to the commitment of funds. The President/CEO sets authorization levels for requests when they do not exceed that $250,000 threshold.

3.5.1 Requisitions shall be prepared for the acquisition of all supplies, equipment, materials, nonprofessional services, capital equipment, and leases; and charged to the appropriate GL account number.

3.5.2 The Request for Check form is utilized to order payment for all items that are not processed through the CR.MM or CA departments, and is thus not evidenced by a corresponding PO. It is evidenced by a standalone contract, e.g., subscription, or letter of agreement or it represents an emergency or special purchase (e.g., dues, legal document fees, tuition reimbursement, utility fees) documented by an attached invoice. Due to the failure to have a third party review of the transaction (i.e., CRMM and CA departments) use of the Request for Check forms should be as limited. Please refer to the Accounting Policy and Procedure manual for the appropriate uses of the Request for Check form.

3.5.3 The appropriate levels of authorization for the organization for purchase requisitions, Requests for Checks, and contract execution are detailed as follows:

3.5.3.1

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**Commented [HJF26]:** Cross-referenced in Section XVI of the Code. As long as it is below the spending threshold, as referenced in the Procurement Policy Table, the President/CEO sets authorization levels by policy.

The monetary thresholds were moved to a policy in the Procurement Policy Table to allow the Board greater ability to modify as the industry changes and to provide more consistency as to the thresholds.
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<thead>
<tr>
<th>PURCHASE REQUISITION</th>
<th>DEPT. HEAD/ COST CTR. MGR.</th>
<th>REGIONAL CNO, COO, CFO, ASST. CONTROLLER</th>
<th>REGIONAL CEO, NBHDVP</th>
<th>SVP/CFO</th>
<th>President/CEO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine operating</td>
<td>To $5,000</td>
<td>To $20,000</td>
<td>To $50,000</td>
<td>To $250,000</td>
<td>$250,000+</td>
</tr>
<tr>
<td>Supplies, minor</td>
<td>To $10,000</td>
<td>To $20,000</td>
<td>To $50,000</td>
<td>To $250,000</td>
<td>$250,000+</td>
</tr>
<tr>
<td>equipment, materials,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>nonprofessional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>departmental</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>equipment</td>
<td>To $10,000</td>
<td>To $20,000</td>
<td>To $50,000</td>
<td>To $250,000</td>
<td>$250,000+</td>
</tr>
<tr>
<td>Professional/</td>
<td>-</td>
<td>-</td>
<td>To $50,000</td>
<td>To $250,000</td>
<td>$250,000+</td>
</tr>
<tr>
<td>Consultant Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disbursements/</td>
<td>-</td>
<td>To $20,000</td>
<td>To $50,000</td>
<td>To $250,000</td>
<td>$250,000+</td>
</tr>
<tr>
<td>Donated Funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Purchases of capital items require a properly completed Capital Equipment Request (CER) or Capital Project Request (CPR). Please refer to Accounting Services Policy AP 001-510-021. Payments on capital items may not be made via a request for check. (Exception being Certificate of Need (CON) application fees, subject to purchase requisition levels of authorization).

**Professional/consultant services must be processed through CA in accordance with General Administrative Policy 001-140. Such services shall be evidenced by a contract or letter of agreement reviewed by legal counsel.

***Route through Financial Services after proper level of authorization is obtained.
3.5.3.3
All contracts and price agreements must be between the contracting entity and the NBHD, not individual business units or regions. All contracts/price agreements must be authorized and signed in accordance with General Administrative Policy 001-020.

<table>
<thead>
<tr>
<th>CONTRACT EXECUTION FOR</th>
<th>DIRECTOR OF CRMM</th>
<th>SVP/ CFO</th>
<th>PRESIDENT/CEO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Services, Non-Professional services</td>
<td>-</td>
<td>To $250,000</td>
<td>$250,000+</td>
</tr>
<tr>
<td>Contracts That Do Not Contain Monetary Provisions</td>
<td>-</td>
<td>All Contracts</td>
<td>All Contracts</td>
</tr>
<tr>
<td>Grant Contracts</td>
<td>-</td>
<td>All Contracts</td>
<td>All Contracts</td>
</tr>
<tr>
<td>Capital Equipment (Including Capital Leases)</td>
<td>-</td>
<td>To $250,000</td>
<td>$250,000+</td>
</tr>
<tr>
<td>Operating Leases</td>
<td>-</td>
<td>To $250,000</td>
<td>$250,000+</td>
</tr>
<tr>
<td>Supplies, Equipment, Materials</td>
<td>To $50,000</td>
<td>To $250,000</td>
<td>$250,000+</td>
</tr>
</tbody>
</table>

3.6 PURCHASE ORDER AUTHORIZATION
A system of authorization and approval levels covering the purchase of supplies, equipment, materiel, and services for the NBHD is an important element to internal control of all acquisitions. Section 3.5 (Requisitioning Authority) defines the approval process for requisitions prior to their submission to CRMM or CA. All individuals authorized to generate a purchase order shall abide by the limits set below. If an individual whose approval level is required in accordance with the defined levels is not available, a signature must be obtained from the next highest level of authorization.

3.6.1 The table below provides required authorization levels based on the dollar amount of an order. All designated personnel must obtain all required approvals prior to final commitment.

<table>
<thead>
<tr>
<th>PURCHASE ORDER FOR</th>
<th>MANAGER of CRMM, BUYERS/AGENTS of CRMM, SPECIALISTS of CA</th>
<th>DIRECTOR of CRMM, MANAGER of CA</th>
<th>PRESIDENT/CEO, SVP/CFO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional, Non-professional services</td>
<td>To $50,000</td>
<td>To $250,000</td>
<td>$250,000+</td>
</tr>
<tr>
<td>Capital equipment</td>
<td>To $50,000</td>
<td>To $250,000</td>
<td>$250,000+</td>
</tr>
<tr>
<td>Equipment Leases</td>
<td>To $50,000</td>
<td>To $250,000</td>
<td>$250,000+</td>
</tr>
<tr>
<td>Supplies, Equipment, Materials</td>
<td>To $50,000</td>
<td>To $250,000</td>
<td>$250,000+</td>
</tr>
</tbody>
</table>

Commented [HUF27]: This was moved to a Procurement SOP.
3.6.2 If a PO modification is needed to correct or supplement an open order, or if additional expenditures are required, the request for that change order must be approved by the next highest authorization level (table 3.6.1).

3.6.3 Purchase orders created in the MMIS are signed electronically using the "release “function. The release function is executed by the Director of CRMM or Administration approved designee (table 3.6.1). Purchase Orders requiring approval higher than the Director of CRMM must have the signature of the highest required approver.

3.6.4 Purchase orders created in the Contract Management system are signed electronically using the "approved" function. The approved function is executed by the Manager of CA or approved designee (table 3.6.1). Purchase Orders requiring approval higher than the Manager of CA must have the signature of the highest required approver.

3.7 EMERGENCY/UNAUTHORIZED COMMITMENTS

The NBHD medical centers and non-acute care facilities provide patient care 24 hours per day, 365 days per year. CRMM and CA provide procurement support Mondays through Fridays (normal business hours). Emergency orders for products or services occasionally occur after normal business hours and require special handling. Procedures are required to facilitate these emergency requests.

Any Emergency order must be authorized in accordance with Section 3.5.3 and be communicated to CA or CRMM the next business day with all appropriated authorized documentation.

3.8 PROCUREMENT CARDS

Procurement Cards are used for assigned and authorized NBHD employees to make purchases needed for hospital and business operations where the general acquisition process is not efficient or cost effective.

3.8.1 NBHD staff that is given approval to use procurement cards shall complete and submit the Procurement Card Authorization form to the office of the Director of CRMM.

3.8.2 Procurement cards to be used exclusively for business expenses incurred on behalf of the NBHD and solely by the authorized individual to whom the card is issued to. The cardholder retains full responsibility for the use and safekeeping of the procurement card.

3.8.3 Procurement card limits are $50 per transaction; $250 per month. Increased limits are granted only upon written request of the President/CEO or SVP/CFO.

3.8.4 Cardholders must reconcile and forward each month's receipts to the applicable cost center manager or department head for approval. Upon this approval, receipts must be forwarded to the AP department for payment processing. AP will notify the Director of CRMM of any...
irregularities or perceived breaches of this Code. The Director of CRMM will resolve all issues, if needed, with the appropriate levels of management.

3.8.5 Cardholders found to have breached any part of Section 3.8 of this Code will receive disciplinary action up to and including termination.

3.9 **ACQUISITION ENDORSEMENT OF BIOMEDICAL EQUIPMENT**

The purchase of any biomedical equipment must be made so that its selection, installation, and operation are efficient and effective. Selection of all biomedical equipment is made on a basis of need and practicality. Each choice must be compatible with existing and/or planned biomedical technologies. This can only be accomplished through a centralized review, coordination, and endorsement process.

3.9.1 The purchase of biomedical equipment will be guided by an acquisition endorsement plan. The Director of Clinical/Biomedical Engineering has primary responsibility to administer the plan. As such:

3.9.1.1 The proposed acquisition of biomedical equipment will be evaluated by the Director of Clinical/Biomedical Engineering for purchases which meet the criteria described above. In the event they cannot resolve any difference of opinion; the issue will be forwarded to the next level of management for resolution.

3.9.2 The Director of Clinical/Biomedical Engineering has the responsibility to:

3.9.2.1 Administer the NBHD’s acquisition endorsement plan for biomedical equipment;
3.9.2.2 Provide advice/consultation to department/business unit directors/managers regarding acquisition of biomedical equipment;
3.9.2.3 Consult in the implementation of any application which requires the approval of the Board of Commissioners, involves the preparation of a request for proposal, or involves multi-departments, business units, or medical centers; and
3.9.2.4 Report the status of biomedical equipment to the safety committees on a quarterly basis; and
3.9.2.5 Interact with the Manager of CA or Director of CRMM as requested or required to fulfill the procurement cycle.

The Director of Clinical/Biomedical Engineering will endorse in writing the first page of the capital equipment/project request forms and accompanying purchase requisitions for acquisition of any biomedical equipment.

3.10 **ACQUISITION OF PHARMACEUTICALS**

The pharmacy managers at each region and their designees have the responsibility for directly
ordering pharmaceuticals utilizing GPO contracts and approved wholesaler purchases including:

3.10.1 Pharmaceutical items for sale to patients;
3.10.2 Pharmaceutical items to be used by other departments in administering examinations and treatments to patients; and
3.10.3 Pharmaceutical packaging materials.

All acquisitions are conducted in compliance with Pharmacy Policy PH-55-02. All other purchases of supplies, materials and services shall be processed through the NBHD CRMM Department. The regional pharmacy managers shall perform these procurements in accordance with internal policies and procedures that conform to those of this Code.

3.11 FORMS APPROVAL AND COMMITTEE - "RESERVED FOR FUTURE INPUT"

3.12 SAMPLES, NO-CHARGE, LOANER MATERIALS

The NBHD obtains all supplies, equipment, and materials through the issuance of a purchase order. These items are received through the Regional Materiel Services Receiving Departments. Occasionally, departments require no-charge samples, demonstration products, and/or loaned materials directly from the vendor. Departments must complete and forward a requisition to CRMM. A purchase order will be issued stating the conditions of the transaction. CRMM will consult with NBHD District and Regional Materials Managers and GPO Contracting to evaluate the appropriateness of the request. All regulatory and commerce rules as written in the Uniform Commercial Code must apply.

3.13 PRODUCT COMPLAINTS

The NBHD encounters instances where products, both medical and non-medical, do not meet the specifications or expectations of the end-user. This section defines the steps used to alert the CRMM department of defective, malfunctioning, or suspected-to-be-defective or suspected-to-be-malfunctioning products.

3.13.1 A department representative or cost center manager contacts the regional materiel manager.
3.13.2 The department representative or cost center manager works with the regional materiel manager to complete a product complaint form.
3.13.3 The materiel manager forwards the complaint form to CRMM.
3.13.4 The department representative or cost center manager attends the appropriate product review committee to discuss and analyze the suspect product.
3.13.5 CRMM contacts distributors and/or manufacturers in the event that a product is declared inferior, or otherwise defective.

3.14 PRODUCT RECALLS
To provide an environment free from hazards for our patients, staff and visitors, NBHD will coordinate the removal, field correction or modification of products, equipment, food and pharmaceuticals that are known or are suspected of being defective.

3.14.1 Appropriate personnel will be informed of a product recall by CRMM. If personnel are informed of a product recall by a source other than CRMM, they will immediately inform CRMM and forward a copy of the written notice, if one is available.

3.14.2 CRMM receives notification of a product recall in various ways, which include, but are not limited to the following:

3.14.2.1 FDA Enforcement Reports
3.14.2.2 National Recall Alert Bulletins
3.14.2.3 Direct from the manufacturer/distributors
3.14.2.4 From hospital and/or NBHD departments
3.14.2.5 Emergency Care Research Institute (ECRI)
3.14.2.6 Other reputable sources

Any hospital staff member who receives information from the manufacturer concerning a product recall, field correction or modification must upon receipt, forward all information to CRMM for processing.

3.14.3 Recall Classes:

3.14.3.1 FDA Class #1: A situation in which there is reasonable probability that the use of or exposure to a volatile product will cause serious adverse health consequences or death.
3.14.3.2 FDA Class #2: A situation in which the use of or exposure to a volatile product may cause temporary or medical reversible health consequences or where the probability of serious adverse health consequence is remote.
3.14.3.3 FDA Class #3: A situation in which the use of or exposure to a volatile product is not likely to cause adverse health consequences.
3.14.3.4 The recall file will also reflect response and status from the departments notified by CRMM and the regional internal policies.
3.14.3.5 A copy of the Product Recall Log will be forwarded on a bi-annual basis to the Safety Officer for each region and the Director of CRMM for review. This will provide a summary of current recall status.

3.14.4 Safety Alerts/Notices/Advisories

These are received from the same sources and distributed via electronic mail to all departments. These fall into one of the following areas:

3.14.4.1 Information regarding a possible hazard under certain circumstances.
3.14.4.2 Requiring minor mechanical adjustments or additions.
3.14.4.3 Require procedural changes in how a product is used.

Safety alerts/notices/advisories do not involve a mandatory return of items. They may at times offer an exchange if the customer would be more comfortable in doing so.
3.14.5 Agency Inquiries
Any on-site visits or telephone/written inquiries by regulatory agencies; e.g., FDA, OSHA, etc., should be immediately referred to the regional safety officers.

3.14.6 The Director of CRMM, or designee, will immediately notify the appropriate department head(s) regarding the product recalls. CRMM will be responsible for assessing the urgency of the recall and will use the most practical means of disseminating recall information to the appropriate staff. This includes, but is not limited to telephone, electronic mail, fax machine, courier, etc.

3.14.6.1 CRMM will notify the Safety Officer(s) immediately upon receipt of a Class #1 recall involving supplies and equipment within NBHD facilities.

3.14.6.2 CRMM will provide a listing of the persons/departments notified of product recalls to all NBHD Materials Managers at the appropriate facilities via electronic mail.

3.14.6.3 Action on all FDA recalls will be initiated immediately upon receipt of notification by CRMM.

3.14.7 CRMM will maintain a file on each recall received and distributed, regardless of class, notification procedure, responsible department of applicability to the hospitals. Notices received, but not distributed, are handled as follows:

3.14.7.1 Information on the notice is entered on the "Product Recall Log" with disposition noted in comments.

3.14.7.2 A copy of the notice with appropriate comments as to disposition is then filed with the current active recall files.

3.14.7.3 Each file will consist of a unique identification number for that recall, date issued, persons/departments notified, FDA class of recall, and available information pertinent to the product under investigation (i.e., manufacturer, product description, lot number(s), and reason for recall).

3.14.8 The department will outline action to be taken and will respond to CRMM within five working days via electronic mail noting action taken below:

3.14.8.1 Does not affect this department; no action required.
No affected product in house; no action required.

3.14.8.2 Action is complete, recall being returned to appropriate NBHD Materials Manager(s).

3.14.8.3 Action is complete, recall being returned to appropriate NBHD Materials Manager(s).
The departments notified of a recall are responsible for following appropriate action and ensuring completion. NBHD Materials Managers shall be responsible for supplying a written response for each recall to the Director of CRMM within 3 weeks of notification of the recall identifying the department that located recalled items and how many were returned to the manufacturer of distributor.

3.14.9 Most product recalls require returning the product to the manufacturer as per the instructions enclosed in the recall notice. Product is either replaced or a credit is given to the account. In the event a vendor requires a purchase order for replacement product, CRMM will assign a purchase order.
3.15 **PRODUCT EVALUATION ANALYSIS COMMITTEE**

The Value Analysis Committee (VAC) is committed to making efficient and effective decisions pertaining to the products and equipment used at each and all NBJ-ID facilities. These decisions are based on cost and quality and assure that the best overall value is obtained. All value decisions are in response, but not limited to Group Purchasing Organization (GPO) contract offerings, product standardization requests, product complaints, or patient employee safety issues. The VAC will also consider maximum diverse vendor participation in the evaluation and selection of vendors. The VAC is empowered to analyze product choice and utilization and will do so in cooperation with CRMM. Final product selection (for specialized or multidisciplinary clinical products) requires the VAC’s approval. All value decisions are in response, but not limited, to GPO contract offerings, product standardization requests, complaints regarding products or equipment, patient/employee safety issues, placement of loaner /temporary equipment or products, and in response to requests from Senior Staff and/or the Board of Commissioners. See the Policies and Procedures Manual for the details of the VAC’s purpose, procedures, membership, meetings, conflict of interest and review process.

3.15.1 Committee Membership

<table>
<thead>
<tr>
<th>Chairperson:</th>
<th>Manager, CRMM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex Officio:</td>
<td>Director, CRMM</td>
</tr>
<tr>
<td></td>
<td>Manager, OSD</td>
</tr>
<tr>
<td>Membership:</td>
<td>Membership will include those NBJ-ID professionals accountable for successful outcomes utilizing materials, equipment and supplies throughout the NBJ-ID; members will be appointed by the Manager of CRMM based on approvals and recommendations from NBI-ID executive management determining size of the committee including specific clinical and operational representation.</td>
</tr>
</tbody>
</table>

3.15.2 Value Analysis Committee (VAC) Meeting

3.15.2.1 Meetings are scheduled monthly unless inappropriate due to unusual circumstances. The VAC will meet a minimum of ten (10) times per calendar year.

3.15.2.2 Minutes of all meetings will be prepared and distributed in a timely fashion.
3.15.2.3 A master set of all minutes, agendas, exhibits and supporting documents will be kept in CR.MM as provided by law as amended from time to time.

3.15.3 VAC Membership Responsibilities

3.15.3.1 Ensure that the District is in compliance with all GPO committed agreements and other contractual agreements the District feels are in the best interest to pursue.

3.15.3.2 Assist with the identification of products which should be reviewed by the VAC.

3.15.3.3 Participate in the VAC product review process.

3.15.3.4 Serve as a liaison to staff and other committees, represent the facility’s interest, coordinate in service arrangements for new products and disseminate VAC proceedings and decisions.

3.15.3.5 Attend all VAC meetings or send a designee.

3.15.3.6 Prepare reports relating to the implementation of GPO contracts, other contracts, or standardization initiatives.

3.15.3.7 Identify District-wide needs and standardize products and equipment throughout all the District’s regions regarding new business.

3.15.3.8 Review and vote on all standardization requests.

3.15.4 Value Analysis Committee Review Process

3.15.4.1 Plans implementations for newly contacted GPO items.

3.15.4.2 Consider the merits of new or replacement products/equipment not covered by GPO contracts.

3.15.4.3 Develop plans for those items that warrant clinical or technical evaluations. The VAC may assign these to existing subcommittees or establish special task forces.

3.15.4.4 Determine a recommendation or rejection for the products or equipment being considered.

3.15.4.5 Product samples for demonstration and evaluation will be obtained at vendor’s expense, whenever possible. All samples will be received in CR.MM or CR.MM will direct the delivery to the appropriate NBHD Materials Department.

3.15.4.6 Product samples and corresponding product profiles will be brought to the VAC meeting. A determination will be made on whether or not to evaluate a proposed item. Factors relating to quality assurance, risk management, safety, infection control, training, value analysis, cost benefit analysis, price comparisons and
clinical evaluations will be used as appropriate, in making determinations. No product will trialed or evaluated until it has received by the VAC.

3.15.4.7 Acceptance of recommended action will be by consensus of the VAC. Where a major discrepancy occurs, and cannot be resolved, a vote will be taken.

3.15.4.8 Whenever possible, all items accepted for the products list must have an acceptable substitute product also approved by the VAC.

3.15.4.9 All items which have been review and rejected will not be considered by the VAC for at least one year unless there is a favorable price change, or major clinical need for the product.

3.15.4.10 Final recommendations will be presented to the entire VAC by the coordinating individual and/or CR.MM Manager at the conclusion of the evaluation. The presentation will include a brief oral summary of the findings and recommendation.

3.15.4.11 Approved items which represent replacements to products currently in use, will not be put into circulation until existing stock is exhausted.

3.15.4.12 Content of VAC minutes will include the approved actions and evaluation findings of any item(s) presented to the VAC; total dollar savings as a result of the product; whether a product is a replacement or not; the acceptable substitute product; and where or not orientation or in-service will be required on these products.

3.15.5 Products requiring approval for use prior to introduction to the VAC shall be initially authorized by the primary using Department Director. The VAC will review and approved each request and provide temporary authorization for use until appropriate review and recommendation can be made by the VAC.

PART4: CONTRACTING PROCEDURES

4.1 CONTRACT ADMINISTRATION

The NBHD enters into a wide variety of contractual agreements. The following section provides guidance on the administration of contracts governed by this Code (see Section 1.4), as well as procedures required to ensure compliance with NBHD contracting guidelines. This section does not modify the process for vendor selection or the approval requirements previously identified in this Code.

4.1.1 CA is responsible for processing all professional and non-professional service-based contracts unrelated to construction.

4.1.2 CRMM is responsible for processing all purchase-based and supply-based contracts.
4.2 CONTRACTS FOR GOODS AND SERVICES

Notwithstanding normal business acumen and diligence applied to the contract procurement process, emphasis is placed on, but not limited to the following terms, conditions, and considerations as applied to contracts for goods and services:

4.2.1 Contract must meet the requirements of and comply with the Charter of the NBHD, as amended from time to time.
4.2.2 Contract must include appropriate language and provisions related to the HIPAA.
4.2.3 Contractors not on the OIG list of excluded persons.
4.2.4 Contractor is not debarred by the NBHD.
4.2.5 Contract complies with all regulatory requirements.

4.3 LEGAL COUNSEL REVIEW

CA and CRMM review all contracts before approval or execution by the President/CEO or SVP/CFO. Contract authorization levels are listed in Section 3.5 of this Code. All contracts are subject to review by NBHD Legal Counsel. General Administrative Policy 001-020 provides guidance for the authority for approval, execution, and legal review of contracts. NBHD Legal Counsel will collaborate with CA and CRMM and make final determinations as to the extent and degree of contract development to be accomplished by CA, CRMM, or NBHD Legal Counsel.

4.4 CONTRACT DEVELOPMENT

4.4.1 For all contracts, CA or CRMM prepares a draft contract using a format approved by NBHD Legal Counsel.
4.4.2 Based on the amount, complexity, or unusual circumstances, CA or CRMM determines which contracts shall be referred to NBHD Legal Counsel for review.
4.4.3 When engaged, NBHD Legal Counsel will consult with CA or CRMM, the contract requester, and/or the vendor to finalize the development of the contract.
4.4.4 For contracts that are not referred to NBHD legal counsel, CA or CRMM will work with the contract requestor and vendor to finalize the form contract and will perform all due diligence needed for execution.

4.5 CONTRACT MAINTENANCE/ MANAGEMENT
4.5.1 Contract Maintenance

4.5.1.1 CA and CRMM are responsible for safe keeping of contracts applicable to their respective areas of responsibility.

4.5.1.2 CA and CRMM will perform the necessary administrative follow-through of executed contracts, including but not limited to insurance verification.

4.5.1.3 CA will provide copies of contracts to AP as reference for payment purposes.

4.5.2 Contract Management

4.5.2.1 Primary contract management related to performance is the responsibility of the designated contract custodian(s). This/these subject matter experts monitor the performance terms and conditions of a given contract.

4.5.2.2 Any performance failures of either party are to be reported to the Manager of CA or Director of CRMM. Unresolved issues are escalated to the PSC at the discretion of the Manager of CA or Director CRMM. See Section 2.2 of this Code for more information related to vendor performance.

4.5.2.3 The contract custodian, and/or the Manager of CA and Director of CRMM shall report unresolved compliance related issues to NBHD Corporate Compliance.

4.5.2.4 Some service-based contracts may not have a specifically designated contract custodian. In these cases, the relationship is managed either by the applicable NBHD region, department requesting the contract, or by CA.
PART 5: RECEIVING AND DISTRIBUTION PROCEDURES

5.1 RECEIVING AND DISTRIBUTION

The NBHD Materials Departments are responsible to ensure accountability for the receipt, distribution and return of supplies used in the daily operations of the NBHD medical centers, clinics and offices.

5.1.1 The NBHD Materials Departments will receive all equipment and supplies addressed to the NBHD. Dietary and Pharmacy products are the exceptions and will be disbursed in accordance with Dietary and Pharmacy Department policies and procedures.

5.1.2 All equipment and supplies must be delivered to the NBHD Materials receiving areas at each facility, including medical centers and applicable satellite locations. Unless otherwise instructed by CRMM, all locations will be responsible for coordinating the receiving activity.

5.1.3 Incoming Shipments

5.1.3.1 Assigned receiving personnel will count the number of packages, pallets, skids or totes and compare to the count listed on the shipping or receiving document;

5.1.3.2 Physical counts and shipping/receiving documents must agree before the receiving personnel signs for receipt. All deviations, shortages or damage must be noted on the shipping/receiving document and initialed by the carrier before merchandise is accepted; and

5.1.3.3 If merchandise or its packaging is damaged, personnel should not accept. The carrier must note refusal of order on the shipping/receiving document.

5.1.4 Shipments Accepted

Once accepted, shipments of equipment or supplies are the responsibility of the facility. A representative from the ordering department must sign the receiving ticket, keeping one copy for their records and return the signed copy to the receiving personnel.

5.1.5 Packages That Do Not Have a Purchase Order

A delivery manifest must be prepared by Material Operations or Regional Material Services for packages received that do not have a purchase order, such as Federal Express letters, deliveries for physicians, patients or gift shops. A representative of the department, patient, or physician will sign the copies of the delivery manifest. After all deliveries have been made, the signed copies will be filed in Material Operations or Regional Material Services.

Commented [HJF38]: This was moved to a Procurement SOP.
5.1.6 Concealed Packages
Any shipment with concealed damage that was not noted on the shipping/receiving document at the time of receipt must be reported to the CRMM department immediately. CRMM will contact representatives from the carrier/vendor to inspect the item(s) to initiate a merchandise damage claim.

5.1.7 Misdirected Deliveries
Packages received at one location that belong to another will be staged for outside courier transport or shipped via internal delivery utilizing the delivery manifest.

5.1.8 Asset Tags
Capital asset tags will be affixed in accordance with Section 6.4.

5.1.9 Electrical Inspection
All electrical equipment must have an electrical safety inspection from Facilities Management or Clinical/Biomedical Engineering before use by the ordering department. NBHD Materials departments will deliver all clinical items to Clinical/Biomedical Engineering for inspection. All other items will be delivered to the end user for request of inspection from Facilities Management.

5.1.10 Emergency Orders
When CRMM places an order that will be delivered during evening or weekend hours, CRMM will contact the Materials Departments with the purchase order number and contact person for the user department. The user department will forward a copy of the shipping/receiving document to Materials after receipt of the merchandise has been verified.

5.1.11 Bypass Orders
A bypass is an order that goes directly to the user department and does not stop in Materials (i.e., service repairs, repair parts, surgical implants). In these instances, the end user must notify Materials if a purchase order was issued for these items.

5.1.12 Pharmacy
All pharmacy departments generate their own purchase orders for pharmaceutical supplies and receive them as well. The pharmaceutical supplies are not passed through the Regional Material Services.

5.1.13 Nutritional Services
All nutritional services departments generate their own purchase orders for nutritional supplies and receive them as well. The nutritional supplies are not passed through the Regional Material Services.

5.1.14 Product Returns
All product returns are coordinated by Material Operations and/or NBI-ID Materials. CR.MM is responsible to make all return arrangements and provide applicable instructions. These instructions vary from vendor to vendor. One copy of the vendor
return ticket and one copy of the requisition are forwarded to AP.

5.1.14.1 One copy of the vendor return ticket and one copy of the requisition are forwarded to vendor with the merchandise;

5.1.14.2 One copy of the vendor return ticket and one copy of the requisition are filed in the Materials receiving location.

5.1.15 JIT Vendor Returns
All product returns are coordinated by NBI-ID Materials Departments; Materials is responsible to make all return arrangements and provide applicable instructions. These instructions vary from vendor to vendor. One copy of the vendor return ticket and one copy of the requisition are forwarded to Accounts Payable:

5.1.15.1 One copy of the vendor return ticket and one copy of the requisition are forwarded to vendor with the merchandise;

5.1.15.2 One copy of the vendor return ticket and one copy of the requisition are filed in the appropriate Materials receiving location.

PART 6: INVENTORY MANAGEMENT PROCEDURES

6.1 PERPETUAL FISCAL YEAR-END INVENTORY
Managed by NBHD Materials Managers.

6.2 PHYSICAL INVENTORY
Managed by Accounting Services.

6.3 DISPOSITION OF SURPLUS PROPERTY
Material Operations will establish and maintain timely, efficient and accountable procedures for the identification, collection, transfer, storage and disposal of property which is surplus to the needs of the NBHD business units. These procedures will be in conformance with Chapter 274 of the Florida Statutes (Tangible Personal Property Owned by Local Governments) and the Charter of the NBHD. The NBHD is empowered by the Board to act on its behalf in the disposition of surplus property with a net book value of up to $250,000. Surplus property that meets or exceeds $250,000 requires approval from the Board. The net book value of the surplus property will be used to determine what method of disposal is followed.

Surplus property will be handled and disposed of as follows:
Transferred to another business unit or department of the NBHD;
transferred to other governmental agencies within the boundaries of the NBHD taxing authority; auctioned to governmental agencies, employees, interested parties and the general public; donated to not-for-profit entities; used as a trade towards purchase; or scrapped.
6.3.1 Determination/Identification/Recording of Surplus Property

Department/business unit directors/managers are responsible for determining when property assigned to or located within their areas has become surplus and to initiate procedures for identification, collection, transfer, storage and disposition of surplus property. The department/business unit, Accounting and Material Operations will collectively complete the appropriate paperwork and forms needed to accurately record the value and disposition of the property.

6.3.2 Transfer of Surplus Property

On a quarterly basis the Manager of Material operations will prepare and make available a list of previously collected surplus property for review by applicable department/business unit directors/managers and Accounting. Department/business unit directors/managers may request items on the surplus property after a visual inspection of the surplus property is made by the department/business unit director/manager or designee prior to the item being transferred to the department. If appropriate, the Director of Clinical/Biomedical Engineering may be requested to assist with the inspections.

If a department/business unit director/manager wishes to obtain an item on the surplus property list, the Manager of Material Operations will arrange for transportation of the item from the surplus facility to the department/business unit receiving the item.

6.3.3 Disposal of Surplus Property under $100 Book Value

Items of surplus property which were not transferred to other NBHD departments/business units can be transferred to governmental agencies with operations located within the boundaries of the NBHD's taxing authority. If surplus property is not disposed of two governmental agencies, it will be made available to NBHD employees and the general public by means of the bidding process or donated to not-for-profit entities or scrapped as deemed appropriate by the VP of Finance.

6.3.3.1 Transfer to governmental agencies

The Manager of Material Operations will prepare a list of surplus property to be made available to governmental agencies. All items are sole "as is" and are subject to the following conditions:

6.3.3.1.1 with all faults and/or defects; and
6.3.3.1.2 with no warranties of any kind whatsoever, express or implied, including warranties of merchantability or fitness for particular purpose; and
6.3.3.1.3 with acknowledgment to release the NBHD from any and all liability arising from the use of the property which was received; and
6.3.3.1.4 the cost of transfer shall be borne by the receiving agency.

6.3.3.2 All agencies receiving surplus property will sign a release form.

6.3.3.3 Items of surplus property, which were not transferred to other NBHD departments/business units, or transferred to governmental agencies, will be subject...
6.3.4 Disposal of Surplus Property over $100 Net Book Value

Governmental agencies located within the boundaries of the NBHD's taxing authority, employees of the NBHD and other interested parties as well as the general public will be invited to bid on the remaining surplus property with a net book value in excess of $100 or below and will receive notification of the impending sale by means of:

6.3.4.1 a notice will be placed in the Star and the Star Highlights notifying NBHD employees of the availability of surplus property and the date of the sale;

6.3.4.2 the Manager of Material Operations will prepare an advertisement, to be placed in both the Sun Sentinel and the Westside Gazette and the advertisement will be published not less than thirty (30) days prior to the bid opening and will notify governmental agencies and the general public of the availability of surplus property, and inform interested parties where they may view surplus property of specific bidding instructions.

6.3.5 Surplus property will be sold "as is" and subject to the same terms and conditions as in Section 6.3.3.1.

6.3.6 Sale of the surplus property will be made to the highest responsible bidder. The NBHD reserves the right to accept all, any or none of the bids submitted. The NBHD reserves the right to make award of the bid on the basis of total bid, group of items, or an item basis, whichever is in the best interest of the NBHD.

6.3.7 Successful bidders will be notified by mail or other means available and will be required to take possession of the surplus property within ten (10) calendar days after the bids are awarded. Bidders who do not take possession within this timeframe will forfeit their claim to the surplus property.

6.3.8 The successful bidder will be required to pay for all surplus property prior to taking possession. A cashier’s check made payable to the NBHD is preferred, although cash is acceptable for successful bids of $25 or less. After moneys have been collected, bidders will sign a release form.

6.3.9 The Manager of Material Operations will collect the cashier’s check or cash and will annotate the appropriate account to give credit to the appropriate GL surplus property account.

6.3.10 The Manager of Material Operations will forward any cashier’s checks and/or moneys to Accounting. Accounting is responsible for deleting the equipment from the NBHD property files, and depositing the moneys in the master bank account.

6.3.11 Scrapping Surplus Property

Surplus property which is not transferred, or sold through public auction as described above shall be scrapped at the discretion of the VP of Finance and the signature of the employee.
witnessing this procedure will be obtained as per the "Auditor General" regulations, p. 11, (2), (d). The Material Operations department will retain documentation associated with the sale of surplus property for a period of 3 years following disposition.

6.3.12 After the final sale/scrapping of surplus property, Material Operations will be responsible for the removal of all asset tags (see Section 6.4) for items previously collected.

6.4 CAPITAL ASSET TAG MANAGEMENT

The NBHD Accounting and CRMM Departments shall provide adequate internal controls to establish and maintain timely, efficient, and accountable procedures for the assignment of asset tag numbers for both the documentation and replacement of asset tags on capital equipment. The objectives of asset tag management is to support compliance with Florida statutes as implemented in Rules of the Auditor General regarding records; and to provide for the identification and disposition of property and inventory procedures:

6.4.1 The NBHD shall tag all intangible equipment purchased under minor or major projects; i.e., all types of furniture, such as chairs, tables, desks, beds, filing cabinets, etc., fax machines, copiers, wheelchairs, gurneys, medical equipment, TVs, VCRs, computer equipment, such as CPUs, monitors and printers (no keyboards) that fits the definition of capital equipment included in Accounting Policies and Procedures Manual Section 510. If unable to apply a tag, i.e., software, note "not tagged" on log or in P039 notes and forward.

6.4.2 Accounting shall:

6.4.2.1 provide support for equipment to be insured;

6.4.2.2 maintain records to avoid duplication of purchases of capital equipment;

6.4.2.3 provide accurate identification of capital equipment in case of loss;

6.4.2.4 document all data for capital equipment from acquisition to disposition;

6.4.2.5 assign custodian of capital equipment to user departments in order to facilitate annual asset inventories and random audits of assets;

6.4.2.6 record movement and transfer of capital equipment between departments; and provide appropriate supporting documentation for all capital equipment recorded in the NBHD general ledger;

6.4.2.7 list the Capital Equipment Request (CER) number and the general ledger account number on the CER; and

6.4.2.8 is responsible for determining if an item is to be tagged and will record instructions on applicable requests/requisitions.

6.4.2.9 will conduct a quarterly audit of asset tags on those assets added during the previous 3 months and report their findings to Internal Audit.

6.4.3 NBHD Materials Managers shall perform or coordinate the following:

6.4.3.1 apply asset tags upon receipt daily;

6.4.3.1.1 The Accounting Manager, Regional Materials Managers, Regional
Directors of Finance, Regional Departmental Managers and the Director of CRMM will be responsible for ensuring the asset tags assigned to all regions are affixed; ensure that upon receipt of biomedical equipment at each region, a biomedical representative inspects and tag;

6.4.3.2 enter the asset tag number into MMIS on the receiver and staff will write the asset tag number on the asset tag log and fax or hand deliver to Accounting daily;

6.4.3.3 ensure the placement of the tag(s) will be consistent for items of similar nature to facilitate location of the tag (asset tags will be placed in conspicuous locations);

6.4.3.5 ensure that in an emergent situation, when the asset tag(s) is/are not yet available and the item MUST BE delivered, that the tag(s) is/are subsequently affixed properly; and

6.4.3.6 After the final sale/scrapping of surplus property (see Section 6.3), Material Operations will be responsible for the removal of all asset tags for items previously collected.

6.4.4 Routinely, inside deliveries are not received by NBHD Materials receiving areas. OCR for each project will obtain asset tags from appropriate Materials Departments at point of receiving equipment for a project. Equipment will then be tagged and a listing of equipment will be provided on an asset tag assignment form. Regional Facilities Services shall:

6.4.4.1 ensure that all computers and printers delivered to a construction/renovation site and accepted by either the owner and/or general contractor is tagged;

6.4.4.2 notify Materials upon completion of projects and make them aware of the location, type of assets, and quantity and then collaboratively assign and apply appropriate asset tags;

6.4.4.3 tag all furnishings, tangible and/or moveable, delivered to the construction/renovation site and accepted by the facilities manager;

6.4.4.4 tag all physical plant equipment, electrical, mechanical, plumbing and HVAC (heating, ventilation, air conditioning) received at the regional construction/renovation site and accepted by the owner and/or owner's representative.

**PART7: EMERGENCY AND DISASTER PLANNING PROCEDURES**

7.1 EMERGENCY/DISASTER SUPPLY DISTRIBUTION

The NBHD will establish and maintain an effective and accountable distribution system for timely and appropriate response to all actual or potential emergency or disaster situations as they become known. Such response will be in relation to the seriousness of the emergency or disaster and to the extent that supplies are in stock at the JIT or local distributors, the Material Distribution/Receiving areas at the medical centers and/or in use within the departments of the
Section 24 of the Charter of the NBHD states that when emergency or unusual conditions exist for the acquisition of supplies, equipment, and material, the President/CEO or designee shall provide resolution to identify the emergency or unusual conditions for approval by the Board of Commissioners to waive prescribed bidding procedures (see Part 3). The purchase requisition for such acquisitions shall refer to the resolution and shall be signed by the President/CEO or designee. ITEMS EXCEEDING THE PRESIDENT/CEO's APPROVAL LIMITS WILL BE BROUGHT TO THE FOLLOWING MONTH'S BOARD MEETING AS AN INFORMATIONAL UPDATE.

The Director of CRMM or designee have the overall responsibility to plan, organize, direct and control all aspects of the emergency/disaster supply distribution program for supplies and equipment used throughout the NBHD facilities.

The Manager of Material Operations will have the use of the departmental vehicles to transport and deliver supplies to departments throughout the NBHD facilities.

All emergency/disaster supply distribution procedures will support and/or supplement the requirements set forth in the NBHD Comprehensive Emergency Management Plan (CEMP). Furthermore, NBHD CRMM and NBHD Materials staff will adhere to NBHD disaster response needs as outlined in the NBHD Comprehensive Emergency Management Plan (CEMP).

7.2 PROCUREMENT OF SUPPLIES IN EVENT OF DISASTER

The CRMM Department will facilitate the procurement and distribution of supplies for disaster preparedness in conjunction with the NBHD Comprehensive Emergency Management Plan (CEMP). This procurement will include items supplied by the primary "just in time (JIT)" distributors, as well as from outside vendors. The purpose of this policy is to address emergency needs in an organized manner prior to or in the event of an actual disaster.

The medical centers/satellite business units plan for and requisition supplies in advance to prepare for disasters as identified in the NBHD Comprehensive Emergency Management Plan (CEMP).

This planning will be accomplished during June each year and arrangements will be made by CRMM to assist in procuring those supplies within thirty (30) days.

Procedure:

In collaboration with CRMM, each medical center/business unit, as applicable, will complete, as part of their disaster planning effort, a par level list of supplies required in the event a disaster strikes. Additionally, supplies, which are non-stock shall be requisitioned from CRMM via a Purchase Requisition form.

7.2.1 Stock/JIT Supplies
1.2.1.1  The disaster supply lists are reviewed and updated by NBHD CRMM and
NBHD Materials Managers each year during June.

1.2.1.2  CRMM, NBHD Materials Managers and JIT distributors will maintain
copies of the disaster supply lists.

7.2.1.1.3 Upon notification by the NBHD Chief Executive Officer (President/CEO)
or designee, CRMM will instruct the JIT distributors to begin processing
disaster supply lists. The supplies will be delivered no later than 6 hours
after notification.

7.2.1.2  Procurement of Supplies in Event of Hurricane

1.2.1.2.1 Non-Stock/Special Order Supplies

7.2.1.2.2 Requisition(s) for non-stock supplies must be filled out and signed by
authorized personnel. Note on the requisition(s) “DISASTER SUPPLIES.”

7.2.1.2.3 The requisition(s) must be forwarded to CR.MM, Attn: Manager of
CRMM; June each year.

If specific requirements, such as contingency deliveries, are needed it must be specified on
the requisition(s). NOTE: orders are placed, not held.
Broward Health
2019 Proposed Procurement Code
August 13, 2019 (Draft)

<table>
<thead>
<tr>
<th>FUNCTION: ADMINISTRATION</th>
<th>SECTION: 001 - 150</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLICY TITLE: MASTER PROCUREMENT CODE</td>
<td>EFFECTIVE DATE: 10/2004</td>
</tr>
<tr>
<td>OWNER: VP SUPPLY CHAIN SERVICES / CPO</td>
<td>REVISED: 08/10/2019</td>
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<tr>
<td>APPROVED: BOARD OF COMMISSIONERS OF NORTH BROWARD HOSPITAL DISTRICT</td>
<td>APPROVED FOR USE: System-Wide</td>
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MASTER PROCUREMENT CODE

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I. INTRODUCTION AND PURPOSE

North Broward Hospital District d/b/a Broward Health (“Broward Health”), a special taxing district of the State of Florida, was originally established and created through its enabling legislation in 1951 under chapter 27438, Laws of Florida, and such enabling legislation was recodified in Chapter 2006-347, Laws of Florida, and subsequently amended by 2007-299, Laws of Florida (collectively, the “Charter”). It is the policy of Broward Health, consistent with its Charter, to promote competitive, fair, open and transparent Procurement processes for its effective and efficient operation, to reduce the appearance of improprieties and opportunities of favoritism, and to establish public confidence in the process by which commodities and contractual services are procured. To that end, the purpose of this Master Procurement Code (the “Code”) is to govern the Procurement of goods and services by Broward Health and to facilitate such goals and processes, except to the extent a more specific policy of the Board of Commissioners of North Broward Hospital District (the “Board”) applies to specific types of Procurements, including, but not limited to, those for design and construction services. This Code is intended to provide guidance to Broward Health employees in the conduct of orderly administrative Procurements under ordinary circumstances. Minor or immaterial deviations from this Code shall not constitute grounds for a protest or appeal by the persons affected by the activity at issue. As a special taxing district, Broward Health is not necessarily subject to all Florida state laws and regulations relating to Procurement matters but must still conduct its business efficiently, with integrity, and in compliance with all applicable laws and regulations.

II. DEFINITIONS AND ACRONYMS

The words and acronyms defined in this Section shall have the meanings set forth below wherever they appear in this Code, regardless of whether they are capitalized, unless:

(1) The context in which they are used clearly requires a different meaning; or
(2) A different definition is prescribed for a particular Section of this Code.

Words not defined shall be given their common and ordinary meaning unless the context in which they are used requires otherwise.

A. Definitions

<table>
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<tr>
<th>TERM</th>
<th>DEFINITION</th>
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<tbody>
<tr>
<td>“Applicable Law”</td>
<td>Means the Charter, applicable provisions of the Florida Constitution, and applicable Florida and federal laws, rules, and regulations, all as amended from time to time.</td>
</tr>
<tr>
<td>“Bid” or “Proposal”</td>
<td>Means an offer submitted by a vendor in response to a Request for Quote or a Request for Proposal issued by Broward Health.</td>
</tr>
<tr>
<td>“Bidder” or “Offeror”</td>
<td>Means a person or entity submitting a Bid, quote, or Proposal to Broward Health for the supply of goods or services.</td>
</tr>
<tr>
<td>“Biomedical Equipment”</td>
<td>Means all clinical, electrical equipment used to treat patients.</td>
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Broward Health

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<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>“Board”</td>
<td>Means the Board of Commissioners of North Broward Hospital District.</td>
</tr>
<tr>
<td>“Broward Health”</td>
<td>Means the fictitious name established in 2007 for North Broward Hospital District to promote and effectively target the services of North Broward Hospital District in the healthcare marketplace. The naming of Broward Health does not modify or amend any covenants, Contracts, or other obligations of North Broward Hospital District. References to Broward Health throughout this Code mean and refer to the North Broward Hospital District and all of North Broward Hospital District’s other DBAs and wholly-owned entities now established and as further established from time to time by the Board. The term “Broward Health” shall specifically exclude all joint ventures of North Broward Hospital District unless the charter or articles of such joint venture indicate otherwise or unless the Board establishes a policy to subject such joint venture to the provisions of this Code.</td>
</tr>
<tr>
<td>“Budgeted”</td>
<td>Means expenditures by Broward Health which have been approved by the Board at a regular or a special meeting called for that purpose following a Budget Workshop and/or revised through the Final Tax Hearing.</td>
</tr>
<tr>
<td>“Business Day”</td>
<td>Means Monday through Friday from 9:00 a.m. to 5:00 p.m., excluding legal holidays that are recognized by the Broward County Government.</td>
</tr>
<tr>
<td>“Chief Procurement Officer”</td>
<td>Means the Broward Health employee acting as the principal public purchasing official for Broward Health that shall be responsible for the Procurement of goods, services, and materials in accordance with this Code.</td>
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<tr>
<td>“Code”</td>
<td>Means this Master Procurement Code.</td>
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<tr>
<td>“Code of Conduct”</td>
<td>Means Broward Health’s Code of Conduct, then in effect and as amended from time to time, as established by Broward Health’s Compliance and Ethics Program.</td>
</tr>
<tr>
<td>“Construction”</td>
<td>Means the process of designing, building, altering, repairing, remodeling, renovating, modifying, improving, or demolishing any structure, or building any real property owned or under the control of Broward Health.</td>
</tr>
<tr>
<td>“Contract”</td>
<td>Means all types of Broward Health agreements, regardless of what they may be called or referred to, for the Procurement or disposal of goods or services of any kind. Contracts also include amendments, modifications, supplemental agreements, addendums, exhibits, and/or attachments with respect to any of...</td>
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the foregoing. Every Contract must be duly authorized and approved prior to execution as provided within this Code.

**“Contract Custodian”** Means the Broward Health employee designated in the Contract as the individual who is responsible for understanding the terms of the Contract and for insuring/monitoring the compliance of the Contract.

**“Contract Modification”** Means any written alteration in specifications, delivery point, rate of delivery, period of performance, price, quantity, term, delivery date, payment date or other dates, or any other provisions of any Contract accomplished by mutual action of the parties to the Contract, in accordance with the terms the Contract.

**“Contract Renewal”** Means the exercise of extending the term that a Contract is in effect.

**“Contractor”** Means any person or entity having a Contract with Broward Health to provide goods or services of any kind.

**“Cooperative Purchasing/Piggyback Contracts”** Means a Procurement process to procure goods or services by direct negotiation or another method from a supplier where the underlying purchasing agreement or Contract was competitively awarded by Broward Health or another public or government agency or entity (including, but not limited to, federal agencies or entities; tribal governments and entities; agencies, entities, counties, municipalities, special districts, boards, local governments, or other political subdivisions of the State of Florida; buying cooperatives; and other state and local governments) and which may also include shared Procurement programs and resources including advice and assistance.

**“Diverse Vendor”** Means a Broward Health Certified or Verified Minority, Woman or Small Business Enterprise (M/W/SBE).

**“Diverse Vendor Enhancements”** Means strategies designed by Broward Health which are intended to increase Procurement opportunities with Diverse Vendors, in accordance with the Procurement Policy Table.

**“Formal Bid”** Means an RFP or RFQ as defined in this Code.

**“Formal Bid Process”** Means the process of proceeding with the Procurement Procedures of an RFP or RFQ as provided in this Code.

**“Group Purchasing Organization”** Means an entity or organization that aggregates the purchasing volume of members, such as hospitals and other health care providers, to leverage discounts with manufacturers, distributors, and other vendors to realize administrative savings and efficiencies. Also referred to as “Group Purchasing Plans.”

**“General Services Administration Contracts” or “GSA Contracts”** Means Contracts entered into by the General Services Administration of the Federal Government (also known as GSA Schedules) that are multiple award contracts containing prices to be utilized by all federal government agencies. GSA Contracts also contain the most-preferred-customer clause.
making the prices contained in GSA Contracts equivalent with those that are given to the most preferred customer of the vendor. For purposes of this Code, GSA Contracts are a form of Cooperative Purchasing/Piggyback Contracts.

**“Informational Threshold”**

Means the threshold amount referenced within the Procurement Policy Table which requires Broward Health’s Senior Management to provide information to the Board regarding Broward Health’s Procurements and contractual engagements.

**“Legacy System”**

Means systems including, but not limited to, computer software, computer hardware, and Biomedical Equipment that are integrated into the daily operations of one or more of Broward Health’s Departments, are considered strategic in nature, or are unique to the producer, manufacturer, distributor, and/or provider.

**“Legal Counsel”**

Means the General Counsel in charge of Broward Health’s General Counsel’s office, other legal counsel of Broward Health’s General Counsel’s Office of Broward Health, or other legal counsel reporting to or retained by Broward Health’s General Counsel’s Office.

**“Line-Item Budget” or “Line-Item Budgeted”**

Means a budget for the current fiscal year that was sorted by line-item categories presented separately in the budget and approved by the Board. Such line items must be separated into categories and subcategories specific enough to identify the services to be rendered or goods to be Procured to be considered Line-Item Budgeted.

**“Non-Professional Services”**

Means services that do not require professional licensure or professional expertise.

**“Person”**

Means any business, individual, union, committee, club, other organization, or group of individuals.

**“Procurement” or “Procuring” or “Procurement Procedures”**

Means the buying, purchasing, renting, leasing, or otherwise acquiring of any supplies, commodities, products, equipment, or services, and all functions that pertain thereto, including the description of requirements, selection, and solicitation of sources and award of Contracts.

**“Procurement Policy” or “Procurement Policies”**

Means all of the Board’s Procurement policies and procedures referenced in the Procurement Policy Table, PC-XXX-XXX within Broward Health’s electronic policy database.

**“Procurement Policy Table”**

Means the Broward Health Policy containing the list and incorporation of all Procurement Policies applicable to this Code.

**“Professional Services” and “Consulting Services”**

Means non-Construction related services that require professional licensure or professional expertise.

**“Purchase Order”**

Means a purchaser’s document to formalize a purchase transaction with a vendor conveying acceptance of a vendor’s Proposal or Bid. The Purchase Order should contain statements...
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<th>Definition</th>
<th>Description</th>
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<tr>
<td>as to quantity, description, and price of the supplies or services ordered, and applicable terms as to payment, discounts, date(s) of performance, transportation, and other factors or suitable references pertinent to the purchase and its execution by the vendor.</td>
<td>“Qualified Contractor” means an entity or person who: (1) has evidenced current qualifications to do business in the State of Florida; (2) possesses appropriate licensure; (3) maintains liability insurance in an amount determined to be adequate by Broward Health’s Risk Management Department; and (4) is registered in VRS.</td>
</tr>
<tr>
<td>Means a request by Broward Health for specific information from a group of suppliers or the general public. An RFI does not commit Broward Health to a purchase and is not a method of Procurement of goods or services by Broward Health. An RFI usually requests suppliers to provide qualifications, products, or services regarding interest in the general areas of the information requested. The information gathered may be used to assist in developing an RFQ or RFP or to simply validate the availability or interest level of suppliers responding to the specific RFI request.</td>
<td>“Request for Information” means a request by Broward Health for specific information from a group of suppliers or the general public. An RFI does not commit Broward Health to a purchase and is not a method of Procurement of goods or services by Broward Health. An RFI usually requests suppliers to provide qualifications, products, or services regarding interest in the general areas of the information requested. The information gathered may be used to assist in developing an RFQ or RFP or to simply validate the availability or interest level of suppliers responding to the specific RFI request.</td>
</tr>
<tr>
<td>Means a solicitation by Broward Health for Proposals and includes all documents, whether attached or incorporated by reference, utilized for soliciting Proposals.</td>
<td>“Request for Proposal” means a solicitation by Broward Health for Proposals and includes all documents, whether attached or incorporated by reference, utilized for soliciting Proposals.</td>
</tr>
<tr>
<td>Means a solicitation by Broward Health for Bids, and includes all documents, whether attached or incorporated by reference, utilized for soliciting Bids.</td>
<td>“Request for Quote” means a solicitation by Broward Health for Bids, and includes all documents, whether attached or incorporated by reference, utilized for soliciting Bids.</td>
</tr>
<tr>
<td>Means a Bidder or Offeror who, as determined by Broward Health, has the capability in all respects to perform fully the Contract requirements, and the integrity and reliability which will assure good faith performance.</td>
<td>“Responsible Bidder” or “Offeror” means a Bidder or Offeror who, as determined by Broward Health, has the capability in all respects to perform fully the Contract requirements, and the integrity and reliability which will assure good faith performance.</td>
</tr>
<tr>
<td>Means a Bidder or Offeror who, as determined by Broward Health, has submitted a Bid which conforms in all material respects to a solicitation.</td>
<td>“Responsive Bidder” means a Bidder or Offeror who, as determined by Broward Health, has submitted a Bid which conforms in all material respects to a solicitation.</td>
</tr>
<tr>
<td>Means a group of persons appointed by the Chief Procurement Officer or designee to evaluate Proposals in competitive Procurement processes by Broward Health.</td>
<td>“Selection/Evaluation Committee” means a group of persons appointed by the Chief Procurement Officer or designee to evaluate Proposals in competitive Procurement processes by Broward Health.</td>
</tr>
<tr>
<td>Means Broward Health’s President/CEO and certain other Executive Vice Presidents and Senior Vice Presidents overseeing North Broward Hospital District’s operations.</td>
<td>“Senior Management” means Broward Health’s President/CEO and certain other Executive Vice Presidents and Senior Vice Presidents overseeing North Broward Hospital District’s operations.</td>
</tr>
<tr>
<td>Means the only vendor or the only reasonable vendor capable of providing a service or commodity.</td>
<td>“Sole Source” means the only vendor or the only reasonable vendor capable of providing a service or commodity.</td>
</tr>
<tr>
<td>Means a Request for Proposals or a Request for Quote.</td>
<td>“Solicitation” means a Request for Proposals or a Request for Quote.</td>
</tr>
<tr>
<td>Means the threshold amount referenced within the Procurement Policy Table which permits authorized signatories to execute Contracts and requisitions without obtaining Board approval.</td>
<td>“Spending Threshold” means the threshold amount referenced within the Procurement Policy Table which permits authorized signatories to execute Contracts and requisitions without obtaining Board approval.</td>
</tr>
</tbody>
</table>
“Standardization” Means the use (standardization) of the same, similar, or compatible products or services providing consistency throughout Broward Health thereby reducing inventory of product, maximizing cost savings resulting in greater cost efficiencies, including, but not limited to, price, training, maintenance of equipment, etc.

“Supply Chain Services” Means the entire Procurement Department and all of its individual divisions including, but not limited to, Purchasing, Sourcing, Materials Management, Materials Management, IT Systems, Bids, and Value Analysis.

“Threshold Category” Means the specific Threshold Category referenced within the Procurement Policy Table.

“Vendor” or “Supplier” Means any person or entity, other than a Broward Health employee, that is doing business with or providing a service or product to Broward Health, or that otherwise seeks to do so.

“Vendor Registration System” Means a Broward Health system where vendors and prospective vendors are required to register as a condition to providing goods or services to Broward Health.

**B. Acronyms**

To the extent used in this Code, the acronyms below refer to the following:

<table>
<thead>
<tr>
<th>TERM</th>
<th>NAME/TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEO</td>
<td>Chief Executive Officer of Broward Health</td>
</tr>
<tr>
<td>CFO</td>
<td>Chief Financial Officer of Broward Health</td>
</tr>
<tr>
<td>CPO</td>
<td>Chief Procurement Officer</td>
</tr>
<tr>
<td>GA</td>
<td>General Administrative</td>
</tr>
<tr>
<td>GPO</td>
<td>Group Purchasing Organization</td>
</tr>
<tr>
<td>GSA</td>
<td>General Services Administration</td>
</tr>
<tr>
<td>OEM</td>
<td>Original Equipment Manufacturer</td>
</tr>
<tr>
<td>OSD</td>
<td>Office of Supplier Diversity</td>
</tr>
<tr>
<td>PSC</td>
<td>Procurement Steering Committee</td>
</tr>
<tr>
<td>RFI</td>
<td>Request for Information</td>
</tr>
<tr>
<td>RFP</td>
<td>Request for Proposal</td>
</tr>
<tr>
<td>RFQ</td>
<td>Request for Quote</td>
</tr>
<tr>
<td>VRS</td>
<td>Vendor Registration System</td>
</tr>
</tbody>
</table>

**III. APPLICATION OF THIS CODE**

This Code shall apply to the purchase of goods or services made by Broward Health, irrespective of the source of funds, except as otherwise provided by Applicable Law, the provisions of this Code, or any applicable and related policies. No provision of this Code shall be construed as conflicting with or exceeding Applicable Law. In the event of a conflict between this Code and Applicable Law, Applicable Law shall govern and control as if fully set forth herein. In the event of a conflict between this Code and any applicable
and related Procurement Policies or other policies, the Procurement Policy or other policy or policies shall govern and control unless otherwise specifically provided in this Code or prohibited under Applicable Law.

If any one or more of the provisions of this Code, or the applicability of any provision to a specific situation, shall be held invalid or unenforceable, the provision shall be modified to the minimum extent necessary to make it or its application valid and enforceable, and the validity and enforceability of all other provisions of this Code and all other applications of any provision shall not be affected thereby. The headings contained in this Code are for reference purposes only and shall not affect in any way the meaning or interpretation of this Code.

IV. **EXCLUSIONS**

This Code does not apply to Procurement by Broward Health of the following:

1. Accounting or Audit Services;
2. Employment Contracts and Employment Matters Generally;
3. Finance-Related Services;
4. Legal Services;
5. Lobbyist Services;
6. Marketing Services;
7. Pharmaceuticals and Products Specific to the Regional Pharmacy Departments;
8. Physician Services;
9. Products specific to the Nutritional Services Department;
11. Professional Services and Consulting Services (non-construction);
12. Purchases with Broward Health Procurement Cards;
13. Purchasing and Procurement of Federal Awards;
14. Real Estate Initiatives; and
15. Travel and Entertainment-Related Services.

V. **OTHER POLICIES RELEVANT TO PROCUREMENT**

Notwithstanding any specific exclusions to this Code, the Board has established several policies and procedures complementary to this Code that pertain to the Procurement of supplies, materials, and services to ensure an open, transparent, and fair Procurement process. To that end, any and all Procurement Policies, as defined above, are hereby incorporated by reference as if full set forth herein. All such Procurement Policies are Board policies and may only be modified upon Board approval and any such modifications of these Procurement Policies absent Board approval are void ab initio.

Broward Health’s officers, employees, agents, and personnel are responsible for reviewing and complying with all applicable Procurement Policies and for raising any issues of
applicability or interpretation with the CPO as appropriate. In the event of a conflict between this Code and any Procurement Policy, the Procurement Policy shall control, unless otherwise explicitly stated in the Procurement Policy or this Code.

Supply Chain Services may establish a Standard Operating Procedure (the “SOP”) that establishes further procedures pertaining to the Procurement of goods and services whether covered under this Code or excluded from this Code; provided, however, in no event may the SOP contain provisions that conflict with this Code or any Procurement Policies. Broward Health’s officers, employees, agents, and personnel, in addition to reviewing and complying with this Code and any Procurement Policies, are also responsible for reviewing and complying with the SOP. In the event of a conflict between the SOP, this Code, or any Procurement Policy, this Code and such Procurement Policy shall control.

VI. CODE OF ETHICS AND PROFESSIONAL CONDUCT

Broward Health and its officers, employees, and personnel, as well as persons or entities who offer to or do business or provide services at or on behalf of Broward Health, must at all times comply with Applicable Law and perform their responsibility in an ethical and proper manner, consistent with the Code of Conduct.

For questions or concerns related to a compliance issue under the Code of Conduct or Broward Health’s Compliance and Ethics Program, please contact the Compliance Department at 954-473-7500 or contact the Compliance Hotline at 1-888-511-7370.

VII. PROCUREMENT ORGANIZATION AND AUTHORITIES

A. Chief Procurement Officer

The President/CEO shall appoint a CPO for Broward Health, which role may be served by a current employee of Broward Health. The CPO shall perform the duties of the principal public purchasing official for Broward Health and shall be responsible for the Procurement of goods, services, and materials in accordance with this Code. Except as otherwise provided in this Code, the CPO shall be responsible for:

1. Interpreting the provisions of this Code;
2. Procuring or supervising the Procurement of all goods, materials, and services needed by Broward Health in accordance with this Code;
3. Soliciting and advertising Bids and Proposals for public improvements, goods, materials and services;
4. Establishing and maintaining programs for the inspection, testing, and acceptance of goods and services; and
5. Ensuring compliance with this Code by reviewing and monitoring Procurements conducted by any person to whom the CPO has delegated authority under this Code.
The CPO may delegate in writing the authority assigned or delegated by this Code to designees within Broward Health. All Procurement transactions and commitments to vendors must be performed by the CPO or such designees.

B. Procurement Steering Committee (PSC)

PSC performs pre-purchase analysis when (a) requests for Procurements of Contracts exceed Threshold Category 3, or (b) in the event of multiple Contracts for one single Project, requests whereby the aggregate cost of the Contracts for a single Project exceeds Threshold Category 4. For the purposes of this Section, a “Project” shall be defined as a large or major undertaking, especially one involving considerable money, personnel, and/or equipment (e.g., construction, renovations, improvements to real or personal property, etc.).

PSC’s pre-purchase analysis includes, but is not limited to, focusing on and ensuring that Broward Health employees and departments are properly adhering to this Code and its Formal Bid requirements, and compliance with maximum diverse vendor participation as assigned by the OSD and approved by PSC.

1. Committee Membership

PSC’s membership is as follows:

<table>
<thead>
<tr>
<th>Chairperson:</th>
<th>CPO</th>
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<tbody>
<tr>
<td>Ex Officio:</td>
<td>Internal Audit representative</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Membership:</th>
<th>Procurement/Sourcing representative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Contracts Administration representative</td>
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<tr>
<td></td>
<td>Director, Supply Chain Services</td>
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<tr>
<td></td>
<td>Value Analysis representative</td>
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<tr>
<td></td>
<td>Vendor Relations/Bids representative</td>
</tr>
<tr>
<td></td>
<td>OSD representative</td>
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<tr>
<td></td>
<td>Clinical/Biomedical Engineering representative</td>
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<tr>
<td></td>
<td>Design &amp; Construction representative</td>
</tr>
<tr>
<td></td>
<td>CFO or designee</td>
</tr>
<tr>
<td></td>
<td>CIO or designee</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-Membership Regular Invitees:</th>
<th>These individuals receive meeting invitations, meeting agendas, and minutes of the PSC, but are not eligible to vote or participate in the PSC’s deliberations:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Supply Chain Managers</td>
</tr>
<tr>
<td></td>
<td>Regional CEOs</td>
</tr>
<tr>
<td></td>
<td>Regional CFOs</td>
</tr>
<tr>
<td></td>
<td>Regional COOs</td>
</tr>
</tbody>
</table>

2. PSC Committee Meetings

PSC’s committee meetings shall be conducted as follows:
a. Meetings are scheduled on a monthly basis unless otherwise rescheduled due to extenuating circumstances. Special meetings may be called by the CPO.

b. Pre-meeting documents (i.e., agendas, exhibits and prior month’s minutes) should be distributed via e-mail prior to the scheduled meeting.

c. A quorum for any meeting is fifty percent (50%) of PSC’s members. A majority vote of the members in attendance at a meeting at which there is a quorum shall constitute an affirmative vote and recommendation of PSC to the CPO regarding the issues at hand. Members may attend meetings via telephone or videoconference and such attendance shall be counted towards the quorum and vote. Notwithstanding, in no event shall a PSC committee meeting be held unless the CPO or CFO are present; provided, however, the CFO can delegate temporary Chairperson authority in the CPO’s and CFO’s absence and, in such an event, a PSC committee meeting may be held.

d. The CPO shall be the ultimate authority regarding the decisions of the PSC. In making decisions and/or determinations, the CPO shall consider the recommendations and consensus of PSC’s members, but the CPO’s decision regarding a particular issue shall be the final decision unless otherwise overruled in whole or part by the CFO. In the event the CPO makes a final decision adverse to the consensus of PSC’s members, the CPO shall indicate his or her reasoning on the record.

e. Because the CPO is the ultimate authority regarding the decisions of PSC, in the event PSC cannot meet—because of an inability to establish a quorum or otherwise—or the CPO decides it is within Broward Health’s best interests, the CPO may make any decisions regarding Procurement methods and/or diverse vendor enhancements in the absence of a gathering of the PSC and without any input from the PSC. To the extent the CPO makes any such decisions in the absence of input from PSC, the CPO must properly document such decisions within the applicable arrangement in Broward Health’s electronic contracting database.

f. The CFO may, in his or her sole discretion, overrule in whole or part any final decision of the CPO regarding Procurements and/or diverse vendor enhancements. The CFO may also make any decisions regarding Procurement methods and/or diverse vendor enhancements in the absence of a gathering of the PSC and without any input from the PSC. To the extent the CFO makes any such decisions in the absence of input from PSC, the CFO must properly document such decisions within the applicable arrangement in Broward Health’s electronic contracting database.
g. In the absence of the CPO, the CFO may temporarily delegate the authority of Chairperson of the PSC to another responsible individual.

h. Minutes shall be taken for all PSC meetings. Following the preparation of draft minutes, such draft minutes shall be distributed to PSC’s committee members via e-mail. All minutes shall be reflective of recommendations of PSC, decisions of the CPO, actions affected and approved, and will include any post-PSC action items such as Supplier Diversity Enhancements or any pending portions of the regular monthly meeting. All minutes shall be formerly approved at the following PSC meeting.

i. A master set of all agendas, minutes, exhibits, and supporting documentation shall be retained in Supply Chain Services as required under Florida law and its record retention schedules, as amended from time to time.

3. PSC’s and CPO’s Role in Procurement

PSC shall be tasked with reviewing and recommending, and the CPO for deciding and approving, proper Procurement methods (collectively, “PSC’s Roles”). The following list contains PSC’s Roles:

a. **Formal Bids** – Reviewing and approving all requests for Formal Bids to Procure any goods or services exceeding Threshold Category 3 except those purchases made in Emergency Situations (as defined below);

b. **Bid Waivers** – Reviewing and approving all Bid Waivers except those purchases made in Emergency Situations (as defined below);

c. **Vendor Performance Issues** – Reviewing and recommending actions related to vendor performance issues; and

d. **Supplier Diversity Vendor Opportunities** - Reviewing and approving Supplier Diversity Enhancements made by the OSD.

VIII. **BID WAIVERS**

A Contract may be awarded without following this Code’s Formal Bid Process when a Bid Waiver applies in accordance with this Section or as otherwise required by Applicable Law.

The Board waives this Code’s Formal Bid Process for the following types of Procurements even when the value of such Procurements exceeds Threshold Category 3. Notwithstanding the foregoing, with the exception of Procurements obtained through a GPO Contract, GSA Contract, Cooperative Purchasing/Piggyback Contract, or purchases made in an Emergency Situation (as defined below), the following Bid Waivers do not apply to Procurements of supplies, equipment, materials, or construction projects if the value of such Procurements, exceed one-and-one-half (1.5) mills of the total annual District
revenues for the previous fiscal year. In such an event, such Procurements shall follow the Formal Bid Process.

A. Group Purchasing Organizations & General Services Administration

The Board recognizes, in accordance with its Charter, that purchases made through a GPO and/or GSA Contract are best practices in hospital Procurements nationwide with associated efficiencies, savings, and speed. Purchasing completed utilizing GPO or GSA Contracts are exempt from the competitive acquisition or Procurement process; however, should the purchase be a GPO multisource contract, Supply Chain Services may obtain multiple GPO and/or GSA Contract quotes.

B. Cooperative Purchasing/Piggyback Contracts

When it is in the best interest of Broward Health, and consistent with Applicable Law, Broward Health may Procure goods or services through Cooperative Purchasing/Piggyback Contracts whereby the Formal Bid Process or another process of competitive solicitations were consistent with the provisions of this Code and Procured by another government or public entity including, but not limited to, any state, regional, county, local, or municipal government entity of Florida or another state, whether executive, judicial, or legislative; any department, division, bureau, commission, authority, board, local government, special district, or political subdivision of Florida or another state; any public school, community college, or state university of Florida or another State; any and all federal or tribal agencies or entities, whether executive, judicial, or legislative; any public agencies or entities of any state, federal, or tribal governments; any buying cooperatives; and any other units of Florida government, other state governments, tribal governments, or the federal government. Notwithstanding the foregoing, Broward Health may, in its sole and absolute discretion, negotiate the terms and pricing of any Cooperative Purchasing/Piggyback Contract provided such negotiation is in accordance with Applicable Law.

PSC, consistent with its procedures as set forth in this Code, shall review and approve all requests for procurement by virtue of a Cooperative Purchasing/Piggyback Contract status. All items presented to PSC as a Cooperative Purchasing/Piggyback Contract must be validated and approved before further action may be taken.

C. Legacy Systems

All determinations regarding the status of systems as Legacy Systems and all requests for the support, maintenance, and expansion of Legacy Systems including, but not limited to, computer software, computer hardware, and Biomedical Equipment shall be decided, reviewed, and approved by PSC. The criteria used to identify and determine whether a system is deemed a Legacy System includes, but is not limited to, the following:

1. Systems that are fully integrated into the daily operations of one or more departments of Broward Health;
2. Systems that are strategic in nature; and/or
(3) Systems that are unique to the producer, manufacturer, distributor, and/or provider.

Any unbudgeted Legacy System expenditures exceeding the Spending Threshold in a single fiscal year require the Board’s determination that a system is a Legacy System and the Board’s approval to continue the maintenance, support, expansion and/or funding of a Legacy System. Notwithstanding the foregoing, a Legacy System that is Line-Item Budgeted indicates the Board’s determination that a system is indeed a Legacy System and includes a commitment to the continued maintenance and expansion of these Legacy Systems. The Board’s approval of a Line-Item Budget with Legacy Systems thereby empowers the PSC to waive/exempt Legacy Systems exceeding the Spending Threshold from the Formal Bid Process requirements without further Board approval even in the event the proposed Contract will extend beyond a single fiscal year; provided, however, in no event shall a Budgeted Legacy System Contract be entered into, renewed, or extended beyond a three (3) year term without the Board’s approval. Notwithstanding anything in this Code to the contrary, Legacy System expenditures requiring Board approval are not approved when Budgeted unless the line item specifically designates the Legacy System or Contract. The CPO, or his or her designee, is responsible for determining whether a line item in a budget is specific enough to constitute Board approval of a Legacy System.

Any expenditures or Contracts deemed Legacy Systems by PSC or the Board shall maintain the status of a Legacy System for a period of five (5) years from the date the status of the Legacy System was decided. All Legacy System determinations must be reviewed at least every five (5) years by PSC or the Board, as applicable, for a previously deemed Legacy System to continue in its status as a Legacy System.

D. Sole Source

All determinations regarding the status of Sole Source shall be decided, reviewed, and approved by PSC. The criteria used to identify and determine whether Sole Source status is appropriate in a particular Procurement includes, but is not limited to, the following:

1. Equipment or services which are deemed unique and have a single producer, manufacturer, distributor, and/or provider;
2. Software and hardware upgrades and maintenance agreements and Contracts for such software and hardware as provided by the OEM;
3. Equipment needed to add to or expand an existing system and maintenance agreements and Contracts for such equipment as provided by the OEM; and/or
4. Equipment, supplies, or services needed where using an alternative product jeopardizes a warranty, maintenance agreement, or Contract, or creates any user, patient, and/or financial risks. This includes consideration of lead times and geographical availability to avoid these risks.

All unbudgeted Sole Source expenditures exceeding the Spending Threshold in a single fiscal year require the Board’s approval and a determination that the goods, equipment,
and/or services are a Sole Source. Notwithstanding the foregoing, a Sole Source expenditure that is Line-Item Budgeted indicates the Board’s determination that the goods, equipment, and/or services are indeed a Sole Source and the Board’s approval to proceed with a Procurement exceeding the Spending Threshold in a single fiscal year without further Board approval even if the proposed Contract will extend beyond a single fiscal year; provided, however, in no event shall a Budgeted Sole Source Contract be entered into, renewed, or extended beyond a three (3) year term without the Board’s approval. Notwithstanding anything in this Code to the contrary, Sole Source expenditures or Contracts requiring Board approval are not approved when Budgeted unless the line item specifically designates the Sole Source expenditures or Contract. The CPO, or his or her designee, is responsible for determining whether a line item in a budget is specific enough to constitute Board approval of a Sole Source expenditure or Contract.

Any expenditures or Contracts deemed a Sole Source by PSC or the Board shall maintain the status of a Sole Source for a period of five (5) years from the date the status of the Sole Source was decided. All Sole Source determinations must be reviewed at least every five (5) years by PSC or the Board, as applicable, for a previously deemed Sole Source to continue in its status as a Sole Source.

E. Standardization

All requests for Bid Waivers by virtue of a Standardization status shall be reviewed, determined, and approved by the PSC. The criteria used to determine a Standardization status includes, but is not limited to, the following:

1. Equipment or services which are deemed appropriate to standardize at two (2) or more facilities due to technology or to promote cost savings and cost efficiencies including consistency of negotiated prices, services, training, or maintenance for equipment;
2. Reduction of inventory requirements (one (1) item is stocked in place of two (2) or more items);
3. Reduction in purchase price because the volume of purchases for two (2) or more previous items will be added together to provide additional leverage in negotiating price concessions;
4. Savings in training time when the same products are used throughout Broward Health or within individual facilities or hospitals;
5. Negotiating long-term Contracts for the purchase of multiple units over a period of multiple years which can be undertaken by standardizing one (1) type of equipment and such a purchase can provide significant savings in the cost of a few units that might be purchased within a single year; and/or
6. Supplies required to operate the equipment and equipment repair parts will be consistent because multiple units are in use throughout Broward Health, such consistency reduces the inventories necessary to support the
equipment, and higher-volume purchases can be used to negotiate lower purchase prices.

All unbudgeted requests for Standardization Bid Waivers exceeding the Spending Threshold within a single fiscal year require the Board’s approval unless the selection of the equipment, goods, or services were initially made through the Formal Bid process. Notwithstanding, a Standardization expenditure or Contract that is Line-Item Budgeted indicates the Board’s approval to proceed with a Procurement exceeding the Spending Threshold in a single fiscal year without further Board approval even if the proposed Standardization expenditure or Contract will extend beyond a single fiscal year; provided, however, in no event shall a Budgeted Standardization Contract be entered into, renewed, or extended beyond a three (3) year term without the Board’s approval. Notwithstanding anything in this Code to the contrary, Standardization expenditures requiring Board approval are not approved when Budgeted unless the line item specifically designates the Standardization expenditures or Contract. The CPO, or his or her designee, is responsible for determining whether a line item in a budget is specific enough to constitute Board approval of a Standardization expenditure or Contract.

Any expenditures or Contracts deemed a Standardization Contract by PSC or the Board shall maintain the status of a Standardization Contract for a period of five (5) years from the date the status of the Standardization Contract was decided. All Standardization Contract determinations must be reviewed at least every five (5) years by PSC or the Board, as applicable, for a previously deemed Standardization Contract to continue in its status as a Standardization Contract.

IX. EMERGENCY COMMITMENTS AND INTERNAL APPROVALS

Broward Health’s hospitals, medical centers, and non-acute health care facilities provide patient care twenty-four (24) hours per day and three hundred sixty-five (365) days per year. The Board, in accordance with the Charter, is permitted via resolution to identify emergency or unusual conditions, the existence of which compliance with this Code and the Formal Bid Process would be detrimental to the District. Accordingly, the Board has determined and makes a finding that in the event that following this Code may result in an actual or perceived threat to: (a) Broward Health’s compliance with regulatory requirements; (b) the life, health, safety, or welfare of patients, employees, or the public; or (c) the operations of Broward Health facilities (an “Emergency Situation”), such an Emergency Situation constitutes emergency or unusual conditions to permit deviations from this Code and the Formal Bid Process. Accordingly, in the event such an Emergency Situation exists, Broward Health may, at its sole discretion and without following the Formal Bid Process or the provisions of this Code, acquire goods, supplies, and/or services through an emergency purchase (“Emergency Purchase”) by adhering to the following procedures:

(1) To the extent possible, before engaging in any Emergency Purchase, appropriate authorization must be obtained from a department head;

(2) To the extent possible, prior confirmation of funding and approval by the CFO, or his or her designee, shall accompany all Emergency Purchases. If
confirmation of funding and approval cannot be obtained in advance, such confirmation shall be obtained as soon as possible following the Emergency Purchase;

(3) An Emergency Purchase shall be communicated to the CPO, or his or her designee, by email the same day or otherwise as soon as such communication is possible;

(4) The requesting department must complete an emergency procurement authorization request, as approved by Supply Chain Services, with a justification for the Emergency Purchase. The completed emergency procurement authorization request with its accompanying justification must be forwarded to the CPO, or his or her designee, prior to the Emergency Purchase or otherwise as soon as such communication is possible following the Emergency Purchase.

(5) The CPO, or his or her designee, will verify and forward the completed emergency procurement authorization request for approval to a person with a sufficient limit of requisition authority. Once signed by such person, a copy of the approved emergency procurement authorization form shall be retained by Supply Chain Services and the original emergency procurement authorization request shall be returned to the requesting department; and

(6) The requesting department shall enter a requisition and forward the requisition along with the emergency procurement authorization request and invoice to Accounts Payable for processing, if applicable.

Any Emergency Purchase shall be limited only to those goods, supplies, or services necessary to meet the Emergency Situation. All emergency purchases exceeding the CEO’s Spending Threshold shall be submitted to the Board for ratification as soon as possible following the Emergency Purchase.

X. ACQUISITION PROCEDURES

The CPO shall select the method of Procurement based on the application of the guidelines set forth in this Code. Unless a Bid Waiver applies, an Emergency Situation exists, or unless otherwise authorized by this Code, the Charter, or Applicable Law, all Broward Health Contracts subject to this Code shall be Procured in accordance with the methods outlined below as applicable to each of the following categories:

(1) Micro Purchases or Commitments Up To and Including Threshold Category 1;
(2) Small Purchases or Commitments Exceeding Threshold Category 1 and Up To and Including Threshold Category 2;
(3) Medium Purchases or Commitments Exceeding Threshold Category 2 and Up To and Including Threshold Category 3; and
(4) Large/Formal Purchases or Commitments Exceeding Threshold Category 3.
All transactions are subject to be reviewed and audited periodically by Supply Chain Services to ensure adherence to this Code. DEPARTMENTS SHALL NOT BREAK UP REQUESTS WITH THE INTENT TO AVOID REQUIRED APPROVALS.

A. Micro Purchases or Commitments Up To and Including Threshold Category 1

For a Procurement equal to or less than Threshold Category 1 ("Micro Purchase"), only one (1) quotation is required. The quotation may be written or verbal and shall be recorded on the purchase requisition. However, to the extent there is time and multiple available suppliers/vendors, Broward Health employees are encouraged to obtain information from multiple vendors/sources to maximize savings. Broward Health employees must still conduct business in a manner that is fair and reasonable regardless if such Procurement is a Micro Purchase.

The Procurement of goods and services constituting a Micro Purchase may be made without any Formal Bid or other competition because the benefits from following such procedures typically will not outweigh the costs. Notwithstanding, Broward Health employees should still conduct reasonable checks, such as a telephone or written quote request, to ensure pricing is fair and reasonable.

A written record shall be maintained in the Procurement file for each Micro Purchase and shall contain the price information obtained to support the determination of reasonableness and any other pertinent information regarding a particular Micro Purchase. Supply Chain Services may, in its sole and absolute discretion, solicit written Proposals or quotes via VRS.

B. Small Purchases or Commitments Exceeding Threshold Category 1 and Up To and Including Threshold Category 2

With respect to a Procurement exceeding Threshold Category 1 and up to and including Threshold Category 2 ("Small Purchase"), to the extent sufficient vendors are reasonably available, quotations or Proposals must be requested from a minimum of two (2) different vendors unless the transaction has an approved Bid Waiver, there is an Emergency Situation, or the transaction is otherwise exempt from this Code. Written quotes and Proposals may be in electronic form.

The Procurement of goods and services constituting a Small Purchase may be made based on quotations or Proposals from only two (2) vendors/suppliers because the benefits from a Formal Bid or conducting competition from a broader pool of vendors typically will not outweigh the time and costs.

A written record shall be maintained in the Procurement file for each Small Purchase and shall contain the price information obtained to support the determination of reasonableness of a particular Small Purchase and any other pertinent information regarding a particular Small Purchase. In cases where the selected vendor is not the apparent lowest-cost vendor, an explanation of the factor(s) considered and relied upon to select such vendor shall be
provided. Supply Chain Services may, in its sole and absolute discretion, solicit written
Proposals or quotes via VRS.

C. Medium Purchases or Commitments Exceeding Threshold Category 2
and Up To and Including Threshold Category 3

With respect to a Procurement exceeding Threshold Category 2 and up to and including
Threshold Category 3 (“Medium Purchase”), to the extent sufficient vendors are
reasonably available, quotations or Proposals must be requested from a minimum of three
(3) different vendors unless the transaction has an approved Bid Waiver, there is an
Emergency Situation, or the transaction is otherwise exempt from this Code. Written
quotes and Proposals may be in electronic form.

The Procurement of goods and services constituting a Medium Purchase may be made
based on quotations or Proposals from three (3) vendors/suppliers because the benefits
from a Formal Bid or conducting competition typically will not outweigh the time and
costs.

A written record shall be maintained in the Procurement file for each Medium Purchase
and shall contain the price information obtained to support the determination of
reasonableness of a particular Medium Purchase and any other pertinent information
regarding a particular Medium Purchase. In cases where the selected vendor is not the
apparent lowest-cost vendor, an explanation of the factor(s) considered and relied upon to
select such vendor shall be provided. Supply Chain Services may, in its sole and absolute
discretion, solicit written Proposals or quotes via VRS.

D. Large/Formal Purchases or Commitments Exceeding Threshold
Category 3

All purchases and Contracts exceeding Threshold Category 3 must be conducted pursuant
to the advertisement requirements set forth below unless a Bid Waiver applies, there is an
Emergency Situation, or such Procurement is otherwise exempt from this Code.

The CPO may authorize the release of an RFI to gather information to assist in determining
acquisition methodology in the best interests of Broward Health. Since an RFI does not
commit Broward Health to any business endeavor, it does not need to follow the
advertisement requirements below.

1. Cancellation of Solicitation, Rejection of Bids/Proposals and
   Waiver of Minor Irregularities

Any RFQ, RFP, RFI or other solicitation may be canceled, or any or all Bids or Proposals
may be rejected, in whole or in part, when it is in the best interests of Broward Health.
Broward Health further reserves the right to waive any minor irregularity, technicality or
omission in any Bid or Proposal if Broward Health determines, in its sole and absolute
discretion, that doing so will serve Broward Health’s best interests.

2. Advertisement Requirements
The following advertisement requirements apply to Large/Formal Purchases or Commitments unless otherwise provided in Applicable Law:

(a) **Large/Formal Purchases up to and including Threshold Category 5:** Where it is anticipated that the total Contract price for the initial term of an awarded Contract to a Bidder will be equal to or less than Threshold Category 5, the Formal Bid Process only requires an online advertisement via a posting on Broward Health’s website, www.browardhealth.org and a physical advertisement via a posting on a “Sunshine Board” located in the lobby of Broward Health’s Corporate Offices (“Advertisement Category 1”). The foregoing Advertisement Category 1 is based only on the anticipated total Contract price of the initial term of the awarded Contract and is not applicable to any renewal options or future or potential renewals or extensions of such Contracts. Notwithstanding, to the extent the total Contract price for the initial term of an awarded contract comes in at a higher value than was expected and exceeds Advertisement Category 1, the Formal Bid will be considered valid in the absence of a newspaper advertisement provided the total value of the initial term of the awarded contract does not exceed Threshold Category 6 (a “Permitted Increase Over Expected Amount”).

(b) **Large/Formal Purchases over Threshold Category 5:** Except to the extent the total Contract price for the initial term of an awarded Contract is a Permitted Increase Over Expected Amount as defined above, where it is anticipated that the total Contract price for the initial term of an awarded Contract to a Bidder will exceed Threshold Category 5, advertisements during the Formal Bid Process must be made by a publication in a newspaper of general circulation in the North Broward Hospital District (“Advertisement Category 2”). In addition to, but not in lieu of, such publication in a newspaper of general circulation, advertisements of Formal Bids over Threshold Category 5 may also be made by posting at www.browardhealth.org, and/or by posting on a “Sunshine Board” located in the lobby of Broward Health’s Corporate Offices. The foregoing Advertisement Category 2 is based only on the anticipated total Contract price of the initial term of the awarded Contract and is not applicable to any renewal options or future or potential renewals or extensions of such Contracts.

(c) **Construction-Related Contracts and Professional Design Services:** These Advertisement Requirements are inapplicable to construction-related projects, electrical work, and professional design services. Such construction-related projects, electrical work, and professional design services must follow the applicable policy referenced in the Procurement Policy Table.

**XI. SUPPLIER DIVERSITY IN PROCUREMENT**
Broward Health is committed to the participation of diverse vendors in the Procurement of supplies, equipment, services, and Contracts for general business purposes and will adhere to the OSD procedures documented in the Procurement Policy Table.

XII. SELECTION/EVALUATION COMMITTEES

Selection/Evaluation Committees shall be utilized for the evaluation of Bids and Proposals in Formal Bid Processes. The determination of the membership of Selection/Evaluation Committees shall follow the following procedures:

(1) Recommendations are requested from the project custodian regarding the Selection/Evaluation Committee participants. Those recommendations are provided to CPO for consideration and approval. The CPO may approve or modify the Selection/Evaluation Committee as considered appropriate.

(2) The CPO may appoint, alternate or substitute members to a Selection/Evaluation Committee as the CPO deems necessary. The CPO may also, in his or her sole discretion, permit a Selection/Evaluation Committee to consist of a reduced number of voting members when appointed members are unavailable to serve and the appointment of alternate members would, in CPO’s sole determination, compromise or unreasonably delay the Procurement process.

(3) Supply Chain Services will provide appropriate instructions and training regarding the roles and responsibilities of the Selection/Evaluation Committee. Prior to serving on the Selection/Evaluation Committee, each member shall execute a Conflict of Interest Certification Form.

XIII. CONE OF SILENCE

Broward Health prohibits communication by any potential Vendor, contractor, subcontractor, service provider, Bidder, lobbyist, or consultant to or with any member of Broward Health’s Board or to or with any Broward Health officer, employee, agent, department, or division related to any Broward Health RFQ, RFP, or other competitive solicitation beginning upon the date on which the solicitation is first advertised by Broward Health and continuing until the later of the date of the final award of the competitive solicitation, the date of rejection of all Bids or responses to the competitive solicitation, or the date of final disposition by Broward Health of any protest of the competitive solicitation (“Cone of Silence”). Violation of this Cone of Silence may, at Broward Health’s sole discretion, result in disqualification of the offending vendor from the competitive solicitation, as well as possible suspension or debarment from participating in any future Broward Health Procurements or competitive solicitations. The Cone of Silence shall not apply to: (1) communications to or with the designated point of contact identified in any RFQ, RFP, or other competitive solicitation; (2) presentations by any Bidder or Proposer at duly noticed pre-Bid conferences; or (3) presentations before duly noticed Selection/Evaluation Committee meetings. All RFQs, RFPs, and other competitive solicitations shall include provisions describing the requirements and prohibitions of this Cone of Silence.
XIV. **CHANGES AND MODIFICATIONS WITHIN 20% OF AGREED PRICE**

Pursuant to the Charter, Broward Health may negotiate and agree with a successful Bidder for changes and modifications to the successful Bid provided the total value of changes and modifications do not exceed twenty percent (20%) of the agreed price. To the extent any changes or modifications to the agreed price exceed twenty percent (20%), the Contract shall be void and the Formal Bid Process shall be redone.

XV. **OWNER DIRECT PURCHASES (TAX-EXEMPT STATUS)**

Rather than reimburse a contractor for the costs of the materials or supplies, which would include sales tax, Broward Health may determine, in its sole and absolute discretion, it is in its best interest to use its tax-exempt status to purchase materials or supplies on its own directly from its own suppliers or from suppliers or subcontractors designated by an awarded contractor. In such event, Broward Health may issue a Purchase Order for such supplies or materials, pay all associated invoices, and deduct from the awarded contract the cost of the materials and supplies and the amount of sales tax that would have been owed if the contractor had made the purchase or the actual amount stipulated in the contract for such materials or supplies.

XVI. **INFORMATION, APPROVAL, AND EXECUTION AUTHORITY**

A. **Spending Threshold**

The Board from time to time sets Spending Thresholds and permits Senior Management to execute Contracts and requisitions to purchase services, goods, supplies, materials, and other Procurements. When such Procurements or Contracts are equal to or below the Spending Threshold, no Board authorization or approval is required. Any Procurements or Contracts beyond the Spending Threshold require Board authorization or approval. The President/CEO is permitted to set his or her own authorization levels for requisitions when they do not exceed the Spending Threshold. However, only the Board may designate those positions authorized to bind the District to Contracts.

The Board’s approval of a Contract over the Spending Threshold only constitutes approval to enter into a Contract over the Spending Threshold and is not approval of a Bid Waiver or any other provisions of this Code requiring Board approval unless the Board so indicates. To that end, to the extent Broward Health requests Procurements and Contracts over the Spending Threshold that contain Bid Waivers or any other procedures or exemptions of this Code requiring Board approval, Broward Health must request Board approval and the Board must approve all of the foregoing before Broward Health proceeds with the Procurement. If the Board, pursuant to a request to approve all the foregoing, only approves the Procurement over the Spending Threshold, Broward Health may only proceed after following the Formal Bid Process.
1. Exceptions to the Spending Threshold
   
   a. Line-Item Budgets

   The Spending Threshold is inapplicable to Budgeted Contracts or Procurements provided such Contracts or Procurements are Line-Item Budgeted and approved by the Board. Once the Board approves the annual budget, the goods, services, Contracts, and other Procurements requested, as defined in the approved Line-Item Budget category regardless of amount, are approved for acquisition in accordance with Broward Health’s Policies and Procedures without further Board approval. To the extent a category is Line-Item Budgeted, the total amount of expected expenditures within the category—or any combination thereof (whether in one or multiple Contracts) up to the total amount in the Line-Item Budget category—may be Procured without further Board approval regardless of if the compensation amount in the Contract exceeds the Spending Threshold within a single year of the Contract’s effective term. Board-approved Line-Item Budgeted expenditures or Contracts are approved to extend beyond a single fiscal year; provided, however, in no event shall an expenditure or Contract in a Line-Item Budget that exceeds the Spending Threshold be entered into, renewed, or extended beyond a three (3) year term without the Board’s approval. Line-Item Budgeted expenditures are not approval of Bid Waivers unless the line item specifically designates the system, expenditure, or Contract claiming such Bid Waiver. The CPO, or his or her designee, is responsible for determining whether a line item in a budget is specific enough to constitute a Bid Waiver or an exception to the Spending Threshold.

   b. Pass-Through Funds

   The Spending Threshold is inapplicable to funding obtained from grantors, government entities, or private entities used to fund a program or programs for which such funding was furnished to Broward Health (“Program”) provided such funding is solely pass-through funding and there are no funds (whether received from ad valorem taxes or otherwise) used from Broward Health’s own finances. Accordingly, the use of such pass-through funds and entering into Contracts using pass-through funds which exceed the Spending Threshold do not require Board approval. Notwithstanding, this exception for pass-through funds does not exempt such Procurements from any other procedures of this code including, but not limited to, the Formal Bid Process unless such Procurements are required from a particular Vendor or contractor pursuant to the terms of the Program.

   c. Receipt of Funds

   The Spending Threshold is inapplicable to Broward Health’s receipt of funds regardless of its source. Accordingly, any grants, Contracts, or other methods or means used by Broward Health to receive funding which are over the Spending Threshold do not require Board approval.
2. **Execution of Contracts**

   a. *Entering Into or Renewing Contracts*

   The Board hereby delegates the authority of executing Contracts and Contract renewals, whether on the same or different terms, to the CEO and the CFO.

   b. *Delegation of Signing Authority*

   The CEO and/or CFO may, in their absence, delegate the authority to execute Contracts to another employee or officer of Senior Management. Any delegation of signing authority shall be evidenced by a letter from the CEO or CFO, as applicable, delegating the authority to the employee or officer and such letter shall be documented in the Contract’s electronic file within Broward Health’s electronic database. In the event of delegation, the employee or officer delegated the CEO’s or CFO’s signing authority shall have the same power to bind the District as the CEO or CFO and may execute Contracts exceeding the Spending Threshold provided such Contracts were approved by the Board. Any authority delegated by the CEO or CFO shall no longer be effective upon return of the CEO or CFO unless and until the CEO again delegates his or her signing authority pursuant to this Section. Nothing herein shall be construed as preventing the CEO from delegating such authority in his or her absence despite the presence of the CFO nor shall it be construed as preventing the CFO from delegating such authority in his or her absence despite the presence of the CEO.

B. **Informational Threshold**

   While the Board has delegated the authority to certain Senior Management to enter into Contracts and to requisition for Procurements equal to or under the Spending Threshold, the Board, pursuant to the Charter, maintains responsibility for the oversight of Broward Health. To that end, any Contracts or Procurements exceeding the Informational Threshold and up to and including the Spending Threshold shall be communicated to all members of the Board; provided, however, that those Contracts and Procurements excepted from the Spending Threshold as indicated above (i.e., Line-Item Budgets, Pass-Through Funds, and Receipt of Funds) are also excepted from the Informational Threshold and do not need to be communicated to the Board for informational purposes.

XVII. **PUBLIC RECORDS AND SUNSHINE LAW**

   All Bidders, Offerors, and Vendors are put on notice that Broward Health is subject to Florida’s Public Records Law (Ch. 119, Fla. Stat.) and Florida’s Government in the Sunshine Law (Ch. 286, Fla. Stat.). It is the responsibility of all Bidders, Offerors, and Vendors, consistent with the directions contained within each RFP or RFQ, to protect any trade secrets or proprietary information they submit in response to a Formal Bid. Broward Health is not responsible for protecting any trade secrets or proprietary information. Submission of a response to a Formal Bid constitutes the agreement by Bidders, Offerors, and Vendors to indemnify, defend, and hold Broward Health, its commissioners, officers, employees, and agents harmless from and against any actions pertaining to a public records request due to the Bidder’s, Offeror’s, or Vendor’s assertion of an exemption under Florida
law. If a Bidder, Offeror, or Vendor has any questions regarding application of these laws, such questions should be sent to Broward Health’s Public Records Custodian at PublicRecordsRequest@browardhealth.org.

XVIII. PROTESTS

Protest provisions enhance the accountability of the Procurement process, but the protest process also must not interfere with the prompt and efficient acquisition of goods and services needed by Broward Health. Broward Health’s goal is to ensure the prompt and fair resolution of vendor protests. The CPO, or his or her designee, shall be the point of contact for all Timely Protests, as defined below, to an RFP or RFQ advertisement and/or award. Upon receipt of a written and Timely Protest in accordance with the timeline and procedures below, the CPO, or his or her designee, shall notify appropriate parties and proceed consistent with the following:

1. Any actual or prospective Bidder, Offeror, or contractor who is an interested party and is aggrieved in connection with a solicitation or award of a Contract over Threshold Category 3 may protest an award by submitting a timely and written protest to the Chief Procurement Officer no later than:
   (a) five (5) Business Days after the solicitation or any amendment/addendum to the solicitation is issued if protesting or challenging any of the terms or conditions of the solicitation or addendum, or
   (b) five (5) Business Days after the date of Notice of Intent to Award is given by Broward Health if protesting or challenging an award (“Timely Protest”). The Timely Protest must: (1) adequately identify the solicitation or Contract number; (2) set forth a detailed statement of the legal and factual grounds of protest, including copies of relevant documents; (3) provide a statement as to how the protestor is interested and aggrieved; and (4) state the relief requested. THE FAILURE TO TIMELY SUBMIT A WRITTEN PROTEST CONSISTENT WITH THIS SECTION SHALL CONSTITUTE A WAIVER OF ANY AND ALL PROTEST RIGHTS. Protests relating to solicitations or awards below Threshold Category 3 may be considered, but are not required to be considered by Broward Health and such consideration is within Broward Health’s sole and absolute discretion.

2. In the event of a Timely Protest, Broward Health may decide, within its sole and absolute discretion, not to proceed further with the solicitation or with the award of the Contract until a final decision on the protest is issued by Broward Health.

3. All protests shall follow the procedures in this Section and all appeals must be exhausted before the commencement of an action in court concerning the controversy. The CPO, or his or her designee, shall have the authority, in consultation with Legal Counsel, to settle and resolve a protest or appeal of an aggrieved actual or prospective Bidder, Offeror, or contractor concerning the solicitation or award of a Contract prior to the commencement of an action in court or another venue of competent jurisdiction concerning the controversy. In the event an action is filed in court or another venue of competent jurisdiction, any resolution or settlement may only be approved.
(4) If the protest is not resolved by mutual agreement, the CPO, or his or her
designee, will endeavor to issue a written decision on the protest within
sixty (60) days after receipt of the protestor’s written and Timely Protest
(“Written Decision”). The Written Decision shall state the reasons for the
action taken and advise the protestor of its right to appeal the decision in
accordance with this Code. The Written Decision on the protest shall be
provided to the protesting vendor and, if relevant, the intended awardee by
email and/or by certified mail, return receipt requested. Such delivery
through the foregoing methods shall be deemed sufficient delivery of notice
of the Written Decision and, in the event of delivery by email, such notice
of the Written Decision shall be deemed received by the protesting vendor
upon sending the email.

(5) Aggrieved parties to the original protest may appeal the CPO or his or her
designee’s decision by filing a written appeal with the CFO within five (5)
Business Days of the date of receipt of the Written Decision (“Written and
Timely Appeal”). The Written and Timely Appeal must: (1) adequately
identify the solicitation or Contract number; (2) attach a copy of the decision
being appealed as rendered by the CPO, or his or her designee; (3) set forth
a detailed statement of the legal and factual grounds for the appeal; and (4)
state the relief requested. THE FAILURE TO SUBMIT A WRITTEN AND
TIMELY APPEAL SHALL CONSTITUTE WAIVER OF ALL APPEAL
RIGHTS AND THE CPO’S DECISION SHALL BE CONSIDERED
FINAL.

(6) To the extent a Written and Timely Appeal is filed, the CFO will endeavor
to render a written decision on the Written and Timely Appeal within ninety
(90) days after receipt of the notice of the Written and Timely Appeal. The
CFO’s written decision shall state the reasons for the decision, actions
taken, if any, and shall be the final order on the protest. The written decision
shall be provided to the appealing party by email and/or by certified mail,
return receipt requested. The institution and filing of an appeal, and
obtaining a decision from the CFO thereon, is an administrative remedy to
be satisfied as a condition precedent to the institution and filing of any civil
action against Broward Health concerning the action or intended action by
Broward Health.

(7) The burden in any protest or appeal under this Section is on the party filing
the protest or appeal to establish that the intended action by Broward Health
is materially contrary to Broward Health’s governing statutes, its Charter,
this Code, Broward Health’s Policies and Procedures, or the solicitation’s
specifications. The standard of proof for such proceedings shall be whether
the intended action by Broward Health would be clearly arbitrary or
capricious.
Broward Health
Procurement Policies
I. Purpose

These Threshold Categories of the Procurement Code (this “Policy”) establishes and contains the threshold amounts referenced in the Master Procurement Code, GA-001-150 (the “Code”) and the signature authority and ability of certain officers of Broward Health to bind North Broward Hospital District (the “District”) to Contracts.

II. Definitions

The words and acronyms defined in this Policy shall have the meanings set forth in the Code regardless of whether they are capitalized, unless:

(a) The context in which they are used clearly requires a different meaning; or

(b) A different definition is prescribed for a particular section of this Policy.

Words not defined shall be given their common and ordinary meaning unless the context in which they are used requires otherwise.

For purposes of this Policy, the below terms shall have the following meanings associated with them:

“Contract Term” means the length of time a Contract is in effect.

“Spending Threshold” means the threshold amount referenced in this Policy and incorporated into the Code, which permits authorized signatories to execute Contracts and requisitions without obtaining Board approval.

“Threshold Category” means the particular threshold category amount referenced in this Policy and incorporated into the Code.

III. Policy

The Board has established several spending thresholds applicable to the Code that pertain to the District’s acquisition of services, supplies, goods, and materials. To that end, any and all

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references in the Code to a “Threshold Category” or to a “Spending Threshold” shall be a
reference to such specific terms and amounts contained in this Policy. Such Threshold
Categories and Spending Thresholds are incorporated into the Code by reference as if fully
set forth therein. To the extent the Code references the Procurement Policy Table, such
reference includes a reference to this Policy, as applicable.

IV. Threshold Amounts

A. Threshold Categories

The following Threshold Categories are hereby created:

(1) Threshold Category 1: $5,000
(2) Threshold Category 2: $50,000
(3) Threshold Category 3: $100,000
(4) Threshold Category 4: $250,000
(5) Threshold Category 5: $1,000,000
(6) Threshold Category 6: $1,250,000

B. Spending Threshold

The Board from time to time sets Spending Thresholds and permits Broward Health’s
President/CEO (“CEO”) and Broward Health’s Chief Financial Officer (“CFO”) to
execute Contracts and requisitions to purchase services, goods, supplies, materials, and
other Procurements. When such Procurements or Contracts are below the Spending
Threshold, no Board authorization or approval is required. Any Procurements or
Contracts beyond the Spending Threshold require Board authorization or approval. The
CEO and/or CFO may, from time to time, delegate their signing authority to other officers
of Senior Management in accordance with the procedures established in the Code.

The following Spending Threshold is hereby created:

Spending Threshold: Up to and including Four Hundred Thousand Dollars ($400,000.00) for each year of a Contract Term for a maximum
Contract Term of five (5) years.

Notwithstanding the foregoing, Contracts without the exchange of monetary
compensation may exceed a five (5) year Contract Term or contain an auto-renewal
clause without obtaining Board approval.

As provided in the Code, this Spending Threshold is inapplicable to (1) line-item
Budgeted Contracts and/or Procurements; (2) pass-through funding obtained from
grantors, government entities, or private entities used to fund a program or programs for which such funding was furnished; and (3) the receipt of funds regardless of its source.

C. Informational Threshold

Although the Board has delegated the authority to Broward Health enter into Contracts and Procure services and goods, the Board, consistent with its Charter oversight duties, requires information for certain Contracts and Procurements. Accordingly, those Contracts and Procurements at or above the Informational Threshold and up to and including the Spending Threshold shall be communicated to all members of the Board.

The following Informational Threshold is hereby created:

Informational Threshold: $250,000 for each year of a Contract Term.

As provided in the Code, this Informational Threshold is inapplicable to (1) line-item Budgeted Contracts and/or Procurements; (2) pass-through funding obtained from grantors, government entities, or private entities used to fund a program or programs for which such funding was furnished; and (3) the receipt of funds regardless of its source.

V. Related Policies

GA-001-150, Master Procurement Code

PC-####-####, Procurement Policy Table

VI. Interpretation and Administration

Administration and Interpretation of this policy is the responsibility of the President/CEO, CFO and Chief Procurement Officer.
RESOLUTION FY20-08

BOARD RESOLUTION CERTIFYING IMPLEMENTATION OF AN EFFECTIVE COMPLIANCE PROGRAM TO MEET FEDERAL HEALTH CARE PROGRAM REQUIREMENTS AND THE DISTRICT’S OBLIGATIONS UNDER ITS CORPORATE INTEGRITY AGREEMENT FOR THE FOURTH REPORTING PERIOD

WHEREAS, the North Broward Hospital District (the “District”) is a special tax district of the State of Florida originally established and created in 1951 by chapter 27438, Laws of Florida, to serve the public health needs of the people of said District regardless of ability to pay;

WHEREAS, the District is overseen by a Board of Commissioners (the “Board”) appointed by the Governor of the State of Florida;

WHEREAS, the District entered into a five-year Corporate Integrity Agreement with the Office of Inspector General, U.S. Department of Health & Human Services on August 31, 2015 (“CIA”);

WHEREAS, Section III.A.3 of the CIA requires the Board adopt a resolution signed by each member of the Board each Reporting Period of the CIA which summarizes the Board’s review and oversight of the District’s compliance with Federal health care program requirements and the obligations of the CIA; and

WHEREAS, the Board desires to adopt this Resolution in accordance with Section III.A.3 of the CIA for the CIA’s Fourth Reporting Period running from August 31, 2018 to and through August 30, 2019 to document the Board’s oversight and conclusions pertaining to the District’s Compliance Program and the District’s obligations under its CIA.

NOW, THEREFORE, BE IT RESOLVED, by the Board, that:

1. The Board has made a reasonable inquiry into the operations of the District’s Compliance Program including the performance of the Chief Compliance Officer and the Compliance Committee. Based upon its inquiry and review, the Board has concluded that, to the best of its knowledge, the District has implemented an effective Compliance Program to meet Federal health care program requirements and the obligations of the CIA.

DULY ADOPTED this 30th day of October, 2019.

Time Adopted ______ PM

Ray Berry, Chairman

Nancy W. Gregoire, Vice Chair

Stacy Angier, Secretary-Treasurer

Andrew M. Klein, Commissioner

Marie C. Waugh, Commissioner

Christopher T. Ure, Commissioner

Date_________________________
SUMMARY OF REQUEST

DATE: 
October 30, 2019

FACILITY: 
Community Health Services, Bernard P. Alicki Health Center

PROGRAM/PRODUCT LINE: 
Healthcare for the Homeless (HCH) HRSA grant number H80CS00019

REQUESTS: 
Approve the revised Healthcare for the Homeless Consumer Advisory Board Bylaws.

PURPOSE: 
To demonstrate compliance with Healthcare for the Homeless Program requirements under HRSA grant number H80CS00019.

CAPITAL REQUIRED: 
None

FISCAL IMPACT: 
Not Applicable

BUDGET STATUS: 
Not Applicable

LEGAL REVIEW: 
Broward Health’s General Counsel approved the revised HCH Consumer Advisory Board Bylaws in October 2019.

APPROVED: 
Gino Santorio 10/29/2019 14:13 Eastern Daylight
Gino Santorio, President/CEO BH

DATE:
MEMORANDUM

TO:          Board of Commissioners
FROM:        Gino Santorio, President/CEO Broward Health
DATE:        October 30, 2019
SUBJECT:     Approve the revised Healthcare for the Homeless Consumer Advisory Board Bylaws.

BACKGROUND

The HCH Program provides primary and urgent medical care, diagnostic exams/screenings, behavioral health counseling, vision care, prophylaxis, and emergency oral health services. The HCH Program is federally funded by the Health Resources and Services Administration (HRSA). HRSA requires that the HCH’s governing board develops bylaws which specify the responsibilities of the board. Broward Health Legal Department reviewed and revised the Healthcare for the Homeless Consumer Advisory Board Bylaws to meet the requirements outlined by HRSA.

ACTION/PROJECT DESCRIPTION

Approve the revised HCH Consumer Advisory Board Bylaws

FINANCIAL/BUDGETARY IMPACT

Not Applicable

JUSTIFICATION

The HCH Consumer Advisory Board received the revised Bylaws for review at the September 2019 meeting and recommended the revisions to be presented at the Board of Commissioners Meeting in October 2019.

HCH must demonstrate compliance with HRSA’s requirements. The governing board maintains oversight authority of the HCH Program. The requested changes will ensure HCH’s compliance with areas of non-compliance identified during the HRSA Operational Site Visit (OSV), May 14-16, 2019.
STAFF RECOMMENDATION

Therefore, it is requested that the Board of Commissioners of the North Broward Hospital District authorize the President/CEO to approve the revised bylaws for the Healthcare for the Homeless Consumer Advisory Board.

ATTACHMENT

Healthcare for the Homeless Consumer Advisory Board Bylaws
Amended and Restated Bylaws of the
North Broward Hospital District Health Care for the Homeless
Advisory Board

Article I
Background and Authority

The North Broward Hospital District (the “District”) is a special district of the State of Florida established in 1951 by authority granted by the Florida Legislature under Ch. 27438, Laws of Florida, which was recodified in Ch. 2006-347, Laws of Florida, and subsequently amended in Ch. 2007-299, Laws of Florida (the “Charter”). In 1993, the District, in an effort to better serve the homeless population of the District and increase positive health outcomes, applied for and received a grant from the Health Resources & Services Administration (“HRSA”), U.S. Department of Health and Human Services (“HHS”) to participate in the Health Care for the Homeless Program as established by the Stewart B. McKinney Homeless Assistance Act of 1987, 42 U.S.C. § 11301 et seq., as amended (“HCH Program”). The District which operates “health centers” (as such term is defined under the PHS Act) is required—among other requirements—to comply with the provisions of section 330 of the Public Health Service Act, 42 U.S.C. § 254b (“PHS Act”). The PHS Act requires the District to establish a governing board to oversee the HCH Program and its health centers and such governing board must have a governing set of documents. Accordingly, these Amended and Restated Bylaws of the North Broward Hospital District Health Care for the Homeless Advisory Board (the “Bylaws”) are hereby established to create the governing board of the HCH Program and the District’s health centers and to set forth the composition, function, duties, and responsibilities of such governing board.

No provision in these Bylaws shall be construed as conflicting with or exceeding the Charter nor any applicable provisions of the PHS Act, the Florida Constitution, and any other applicable state or federal laws, rules and regulations, as the same may be amended from time to time (collectively, “Applicable Law”). In the event of a conflict between these Bylaws and any Applicable Law, the Applicable Law shall govern and control as if fully set forth herein. These Bylaws supersede and replace any previously established bylaws and amendments thereto previously adopted which govern the HCH Program and the District’s health centers (the HCH Program and the District’s health centers shall be individually referred to as a “Health Center” and collectively referred to as the “Health Centers”).
Article II
Governing Board

1. Name

The governing board of the Health Centers shall be known as the North Broward Hospital District Health Care for the Homeless Advisory Board (the “Advisory Board”).

2. Role and Responsibilities

The Advisory Board shall be responsible for input, advice, and participation concerning the Health Centers and the ongoing governance of the Health Centers. Such input, participation and advice includes, without limitation, issues and concerns pertaining to: (1) the selection and dismissal of a project director or chief executive officer of the Health Centers; (2) the establishment of policies governing the conduct of the Health Centers; (3) the adoption of personnel policies and procedures including selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices; (4) the adoption of policies for financial management practices including a system to assure accountability for the Health Centers’ resources and periodically reviewing the financial status of the Health Centers and the results of the annual audit to ensure appropriate follow-up actions are taken, approval of the annual project budget, the Health Centers’ priorities, eligibility for services including criteria for partial payment schedules, and long-range financial planning including, but not limited to, identifying health center priorities and adopting a three-year plan for financial management and capital expenditures; (5) the adoption of health care policies including scope and availability of services to be provided at the Health Centers including decisions to subaward or contract for a substantial portion of the services, location and hours of services, and quality-of-care audit procedures; (6) the updating of all policies governing the Health Centers; (7) the evaluation of the Health Centers’ activities and ensuring appropriate follow-up actions pertaining to service utilization patterns, productivity of the center, patient satisfaction, quality of care, efficiency and effectiveness of the Health Centers, achievement of project objectives, and development of a process for hearing and resolving patient grievances; (8) evaluating the performance of the Health Centers and assuring that the Health Centers are operated in compliance with Applicable Law; (9) supporting the mission of the Health Centers; (10) at least every three years, evaluating and ensuring updates are made to Health Center policies including, but not limited to, policies concerning the sliding fee discount program, quality improvement/assurance, billing and collections, financial management and accounting systems, and personnel policies; (11) developing strategies for the collection and documentation of input and communications from special populations and ensuring the special population’s participation in the direction and ongoing governance of the Health Centers; (12) recommendations to the Health Centers’ senior management (“Senior Management”) pertaining to strategic planning, selection/adoption of Health Center services and priorities, the Health Centers’ hours of operation, annual operating budget, approval of grant applications, staffing
decisions, and establishment and maintenance of collaborative relationships; and
(13) any other responsibilities imposed on the Health Centers under state or federal
law and regulations, or policy information notices and/or other policies promulgated
by HRSA and/or HHS. Advisory Board members may not act or speak on behalf of
the Advisory Board without the Advisory Board’s consent. The Advisory Board
may, to the extent it deems necessary, seek input or assistance from other
organizations or subject matter experts in fulfilling its roles and responsibilities.

3. Purpose

The Advisory Board shall advise, support, and inform the Board of Commissioners
of North Broward Hospital District (“Board of Commissioners”) concerning all such
matters pertaining to the Health Centers. One or more representatives from the
Advisory Board may place matters on the discussion agenda at any regular Board of
Commissioners meeting and be heard as to such matters. The Board of Commissioners
shall consider all such input from the Advisory Board through its
representative(s) when making any decisions and/or determinations pertaining to the
Health Centers.

4. Membership and Composition of the Advisory Board

The Advisory Board shall consist of nine (9) voting members. The Board of
Commissioners may, from time to time, modify the number of sitting members of
the Advisory Board; provided, however, in no event may the number of Advisory
Board voting members be less than nine (9) nor more than twenty-five (25) members
unless waived for good cause by the Secretary of HHS or any other officer or
employee of HHS to whom the authority involved has been delegated. One
employee of Senior Management shall be required to attend every Advisory Board
meeting to further the purposes, goals and objectives of the Advisory Board, provide
support and/or relevant information to the Advisory Board, and to assist in matters
falling within the jurisdiction of the Advisory Board. Such Senior Management shall
not be considered a member of the Advisory Board. Other consumers and members
of the public of the Health Centers’ services are encouraged to attend and participate
at Advisory Board meetings, but are not members of the Advisory Board nor are
such consumers and members of the public eligible to vote on any actions of the
Advisory Board. The composition and selection of the Advisory Board voting
members is as follows:

(a) Advisory Board Composition

i. A majority (at least 51%) of the Advisory Board voting members shall be
individuals who are or will be served by the Health Centers and who, as a
group, represent the population being or to be served in terms of
demographic factors, such as race, ethnicity, and sex as established under
Applicable Law. No employee of the District or Health Centers, nor a
spouse, child, parent, or sibling by blood, adoption, or marriage of such an
employee ("Immediate Family Member"), may be an Advisory Board member;

ii. No more than one-half (1/2) of the remaining voting members of the Advisory Board may be individuals who derive more than ten percent (10%) of their annual income from the health care industry;

iii. At least one (1) voting member shall be a presently-serving member of the Board of Commissioners; and

iv. The remaining voting members of the Advisory Board shall be representative of the community in which the Health Centers’ catchment area is located and shall be selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community.

The Advisory Board may consist of non-voting ex-parte members; provided, however, that no ex-parte member may be a District or Health Center employee. Nothing herein shall be interpreted or construed as preventing any District or Health Center employee from attending any Advisory Board or Committee meeting to further the purposes, goals, and objectives of the Advisory Board or its committees, to provide support and/or relevant information to the Advisory Board or its committees, or to assist in matters falling within the jurisdiction of the Advisory Board or its committees.

(b) Selection of Advisory Board Members

Membership on the Advisory Board shall be made without regard to race, color, creed, religion, national origin and immigration status, gender identity or gender expression, sexual orientation, pregnancy, age, disability, military status, genetic information, or any other characteristic protected under Applicable Law; provided, however, consistent with these Bylaws, the Advisory Board voting members who are selected shall be representative of the population served in terms of demographic factors. The selection process for the Advisory Board’s voting members shall be as follows:

i. Nominations

With the exception of the one (1) voting member from the Board of Commissioners, nominations for voting members of the Advisory Board shall be made by Senior Management. Such nominations shall be consistent with the composition requirements of Advisory Board members as provided in these Bylaws.
ii. *Appointments*

The Board of Commissioners shall, with input from the public (if any) appoint the voting members of the Advisory Board from the pool of members nominated by Senior Management. Nothing herein shall prevent the Board of Commissioners from appointing any voting members who are not nominated by Senior Management provided such appointed members are consistent with the composition requirements of the Advisory Board members provided in these Bylaws. Vacancies may be filled at any time at any regular Board of Commissioners meeting.

iii. *Board of Commissioners Member*

At least one (1) voting member of the Advisory Board shall also be a member who presently serves on the Board of Commissioners. The selection of this member or members from the Board of Commissioners shall be nominated and appointed consistent with the Amended and Restated Bylaws of the North Broward Hospital District adopted as of July 31, 2019.

The Health Centers shall periodically verify that no member of the Advisory Board is a District or Health Center employee nor an Immediate Family Member thereof.

(c) *Term and Removal of Advisory Board Members*

All members of the Advisory Board shall serve indefinite terms until such time as voluntary resignation of membership by a voting member or until removed for-cause by the Board of Commissioners for any of the following reasons:

i. Missing three (3) consecutive regular Advisory Board meetings or four (4) non-consecutive meetings within a six (6) month period without a reasonable and acceptable excuse;

ii. Failing to properly carry out his or her duties as an Advisory Board member;

iii. Participating or voting on matters that result in a personal financial benefit or in an actual or potential conflict of interest;

iv. Any breaches of an Advisory Board member’s fiduciary duties including, but not limited to, the duty of loyalty and the duty of care;

v. Any act or suspected act of gross mismanagement, malfeasance, misfeasance, nonfeasance, gross waste of public funds, suspected or actual Medicare or Medicaid fraud or abuse, or gross neglect of duty;
vi. Any charges or convictions of felony offenses or crimes of moral turpitude;

vii. Recommendation to the Board of Commissioners by a two-thirds (2/3) majority vote of the Advisory Board’s voting members; or

viii. Any other conduct that is contrary to the reputation or operations of the Health Centers or the District.

In the event an Advisory Board member is going to be removed for cause, the Advisory Board member whose removal is placed in issue shall be given at least seven days (7) prior written notice of the proposed removal before the next regular Board of Commissioners meeting where such removal shall take place ("Removal Meeting"). The notice shall contain the time, date, and address of the location of the Removal Meeting along with the purposes and allegations for which removal is being sought. The Advisory Board member may make public comments and answer to the allegations before the Board of Commissioners at the Removal Meeting. An Advisory Board member’s absence from the Removal Meeting shall constitute a waiver of the right to address the Board of Commissioners prior to such removal taking place.

4. Advisory Board Officers

The officers of the Advisory Board shall be elected by the Advisory Board and serve at the pleasure of the Advisory Board. The Advisory Board’s officers shall be the Chair, Vice-Chair, Secretary-Treasurer, and such other offices as the Advisory Board may establish from time to time. All officers of the Advisory Board shall be elected by a majority of the Advisory Board at the Annual Meeting (as defined below); provided, however, that Advisory Board officers may be removed or replaced at any regular or special meeting of the Advisory Board by a majority vote of the Advisory Board. Officers shall serve for a one (1) year term or the remainder of the then-current term. Officer vacancies may be filled for the remainder of the then-current term by the Advisory Board at any regular meeting or special meeting of the Advisory Board. The powers and duties of officers of the Advisory Board shall include, but are not limited to, the following:

(a) Advisory Board Chair

The Chair of the Advisory Board (the "Chair") shall preside over all meetings of the Advisory Board and may exercise all powers granted to that position by Applicable Law or rules and/or procedures established by the Advisory Board.

(b) Advisory Board Vice-Chair

The Vice-Chair of the Advisory Board shall act as Chair in the absence of the Chair and, when so acting, shall have all the power and authority of the Chair.
(c) **Advisory Secretary-Treasurer**

The Secretary-Treasurer of the Advisory Board (the “Secretary-Treasurer”) or his or her designee shall be responsible for overseeing the issuance of notices and agendas for all regular and special Advisory Board meetings and Advisory Board committee meetings and for ensuring that minutes are taken at all such meetings as required by Applicable Law and these Bylaws.

5. **Education of Advisory Board Members**

All Advisory Board members are subject to the District’s Policies and Procedures and the District’s Code of Conduct, both as amended from time to time. All new Advisory Board members, within ninety (90) days of appointment, shall participate in Advisory Board orientation and shall be given copies of governing documents, the Health Centers’ and District’s organizational policies and procedures, and other applicable documents pertaining to Advisory Board members’ responsibilities as a governing board member under Applicable Law. All Advisory Board members shall participate in ongoing Advisory Board development activities as determined through assessment and planning needs.

6. **Prohibition of Financial Interests and Arrangements**

No Advisory Board member may, directly or indirectly, benefit financially through compensation or material gain as a result of participation on the Advisory Board or as a result of any Advisory Board action, nor may any Advisory Board member, directly or indirectly, offer, pay, solicit, be paid or receive any commission, bonus, kickback, rebate, gratuity or any other thing of value or engage in any split-fee arrangement in any form whatsoever for the referral of any patient to the Health Centers or any of the District’s facilities or for the purpose of generating any business for the Health Centers or the District.

7. **Conflicts of Interest**

Advisory Board members have a fiduciary duty to the Health Centers and shall act in good faith, with due regard to the interests of the Health Centers, and shall comply with their fiduciary duties to the Health Centers under Applicable Law. Advisory Board members shall be subject to the provisions of Applicable Law pertaining to avoidance of conflicts of interest when holding public office, including, but not limited to, Florida’s ethics laws pertaining to public officers, as amended from time to time, and the District’s conflict of interest policy and code of conduct and ethics, then in effect. All Advisory Board members shall sign a Conflict of Interest statement prior to serving on the Advisory Board. No Advisory Board member shall vote upon any question, which inures to his or her private gain or to the special gain of any principal by whom the Advisory Board member has retained. To the extent such a conflict exists, the Advisory Board member shall abstain from voting and, prior to any vote taken by the Advisory Board, the Advisory Board member must
publicly state the nature of his or her interest in the matter for which he or she is abstaining.

8. Compensation

Advisory Board members are volunteers and shall serve without compensation. Notwithstanding, Senior Management may reimburse Advisory Board members using federal award funds for these limited purposes: 1) reasonable expenses actually incurred by reason of their participation in Advisory Board activities (e.g., transportation to Advisory Board meetings, childcare during Advisory Board meetings, etc.); or 2) wages lost by reason of participation in the activities of such Advisory Board members if the member is from a family with an annual family income less than Ten Thousand ($10,000.00) or if the member is a single person with an annual income less than Seven Thousand Dollars ($7,000.00); provided, however, that any such reimbursements shall be in accordance with Applicable Law and such reimbursements may not pose any implications to the Health Centers’ or the District’s tax-exempt status under the Internal Revenue Code. Any reimbursements of travel expenditures shall be consistent with Applicable Law and the District’s policies pertaining to travel expenditures and shall be approved in advance by the Advisory Board and Senior Management.

Article III

Meetings of the Advisory Board

1. Quorum

A quorum of the Advisory Board at Advisory Board meetings shall consist of a majority of the duly-serving Advisory Board members and a vote of at least a majority of the quorum shall be required to conduct Advisory Board business. A quorum at Advisory Board committee meetings shall consist of a majority of the duly-serving committee members and a vote of at least a majority of the quorum of the committee shall be required to conduct committee business.

2. Conducting Meetings via Electronic Means

Where geography or other circumstances make monthly, in-person participation at Advisory Board or committee meetings burdensome, meetings may be conducted by telephone or other means of electronic communication where all parties can both listen and speak to all other parties; provided, however, that such meetings must be properly noticed and open to the public and at all times consistent with Applicable Law.

3. Special Accommodations

In cases where language or literacy may present a barrier to an Advisory Board member’s evaluation of written materials or other Advisory Board business, special
accommodations shall be made to ensure the meaningful participation of such Advisory Board member.

4. **Procedural Rules of Order**

All meetings of the Advisory Board shall be conducted in accordance with “Robert’s Rules of Order,” as modified by the Advisory Board from time to time, unless otherwise in conflict with these Bylaws or Applicable Law.

5. **Regular Meetings**

There shall be regular meetings of the Advisory Board held at least monthly at times and dates agreed to by the Advisory Board. At such regular meetings, the Advisory Board shall consider all such matters as may be properly brought before it. All regular meetings shall be open to the public and properly noticed consistent with Applicable Law.

6. **Special Meetings**

Special meetings of the Advisory Board may be called by the Advisory Board Chair, by any three (3) voting members of the Advisory Board, or by Senior Management. Written notice shall be given to each member, stating the purpose of the meeting and its time and place. All such special meetings shall be open to the public and properly noticed consistent with Applicable Law.

7. **Emergency Meetings**

If a bona fide emergency situation exists, a meeting may be convened by the Chair, any three (3) voting Advisory Board members, or called by Senior Management; provided, however, that any action taken at such emergency meeting must be subsequently ratified at the next regularly scheduled meeting of the Advisory Board. All such emergency meetings shall be noticed to the public as is practicable under the circumstances and must be open to the public consistent with Applicable Law.

8. **Annual Meeting**

The annual organizational meeting of the Advisory Board shall be held in April of each year and Advisory Board officers shall be elected at this meeting each year (the “Annual Meeting”). The Continuing Grant Application, as well as other annual reports, shall be presented at the Annual Meeting for consideration and review by the Advisory Board.

9. **Advisory Board Committees**
The Advisory Board may, from time to time, establish, dissolve, or suspend any standing or special committees or committee meetings as is essential to fulfill the purpose, role, and duties of the Advisory Board.

10. Minutes and Records of Meetings

The minutes of all regular and special Advisory Board meetings and committee meetings shall be recorded and maintained by a designated staff member under the direction and supervision of the Secretary-Treasurer. All minutes shall contain all members of the Advisory Board who were present at the respective meeting, any key actions and decisions made by the Advisory Board, and how special population patient input is utilized in making Advisory Board decisions in key areas including, but not limited to, selecting the Health Centers services; setting hours of operation; defining budget priorities; evaluating the Health Centers’ progress in meeting goals, including patient satisfaction; and assessing the effectiveness of the sliding fee discount program. Minutes shall be distributed prior to the next Advisory Board meeting or committee meeting and approved by the Advisory Board or the respective committee at the next Advisory Board or committee meeting.

11. Meeting Attendance

Advisory Board Members are expected to attend all meetings of the Advisory Board and committees on which they hold membership.

Article IV

Miscellaneous

(a) Amendments

These Bylaws may be amended by an affirmative majority vote of the Advisory Board and subsequent affirmative majority vote of the Board of Commissioners. Amendments proposed by Advisory Board members shall be properly noticed to all Advisory Board members prior to the Advisory Board meeting where such amendment will be considered. Amendments proposed by the Board of Commissioners shall be presented to the Advisory Board for the Advisory Board’s input prior to the Board of Commissioners adopting such amendments. Nothing herein shall prevent the Board of Commissioners from adopting any changes to these Bylaws without approval from the Advisory Board provided such changes are in the best interests of the District, Health Centers, Applicable Law, and/or the population served by the Health Centers.

(b) Invalid Provisions
If any one or more of the provisions of these Bylaws, or the applicability of any provision to a specific situation, shall be held invalid or unenforceable, the provision shall be modified to the minimum extent necessary to make it or its application valid and enforceable, and the validity and enforceability of all other provisions of these Bylaws and all other applications of any provision shall not be affected thereby.
SUMMARY OF REQUEST

DATE: October 30, 2019

FACILITY: Community Health Services, Bernard P. Alicki Health Center

PROGRAM/PRODUCT LINE: Healthcare for the Homeless (HCH) HRSA grant number H80CS00019

REQUESTS: Approve hiring Helen Matos-Alvarez to fill the position of Quality Assurance Specialist for the Healthcare for the Homeless Program.

PURPOSE: To demonstrate compliance with Healthcare for the Homeless Program requirements under HRSA grant number H80CS00019.

CAPITAL REQUIRED: None

FISCAL IMPACT: FY20

BUDGET STATUS: FY2020 budgeted Position - Quality Assurance Specialist

LEGAL REVIEW: Not Applicable

APPROVED: ___________________________ DATE: ___________________________
Gino Santorio, President/CEO BH
MEMORANDUM

TO: Board of Commissioners

FROM: Gino Santorio, President/CEO Broward Health

DATE: October 30, 2019

SUBJECT: Approve hiring Helen Matos-Alvarez to fill the position of Quality Assurance Specialist for the Healthcare for the Homeless Program

BACKGROUND

The HCH Program provides primary and urgent medical care, diagnostic exams/screenings, behavioral health counseling, vision care, prophylaxis, and emergency oral health services. The HCH Program is federally funded by the Health Resources and Services Administration (HRSA). HRSA requires HCH designates an individual to oversee the QI/QA program. This individual’s responsibilities include, but is not limited to:

- Developing the QI/QA program
- Ensuring the implementation of QI/QA operating procedures
- Track and trend outcome measures and develop action plans to address any gaps in care

ACTION/PROJECT DESCRIPTION

Approve hiring Helen Matos-Alvarez to fill the position of Quality Assurance Specialist for the HCH Program, HRSA grant number H80CS00019.

FINANCIAL/BUDGETARY IMPACT

Quality Assurance Specialist position is grant-funded and required by HRSA.

JUSTIFICATION

Helen R. Matos-Alvarez, MPH, RN has accepted the offer and her start date will be November 25, 2019. Ms. Matos-Alvarez’s experience includes planning, developing, and implementing health programs; streamlining policies and procedures to support process change(s); and conducting site visits to observe and analyze program performance and compliance with outcome measures.

HCH must demonstrate compliance with HRSA’s requirements. The governing board maintains oversight authority of the HCH Program. The requested changes will ensure HCH’s compliance with areas of non-compliance identified during the HRSA Operational Site Visit (OSV), May 14-16, 2019.
STAFF RECOMMENDATION

Therefore, it is requested that the Board of Commissioners of the North Broward Hospital District authorize the President/CEO to approve Hiring Helen Matos-Alvarez to fill the position of Quality Assurance Specialist for HRSA grant number H80CS00019.

ATTACHMENT

Resume, Helen Matos-Alvarez, MPH, RN
Helen R. Matos-Alvarez, MPH, RN
4511 SW 131 Terrace
Miramar, Fl. 33027
Cell: 954-695-4393
E-mail: helenmatalv@icloud.com

AREAS OF EXPERTISE
- Health program solicitation planning, development, and implementation.
- Policies and procedures development in response to, or in anticipation of process changes.
- Management of relationship with the Community-based agencies; local hospitals and universities.
- Management of grants portfolio of over 6 million dollars.
- Vendor selection and management for insurance enrollment, oral health, parenting, homeless community, and home visitation programs.
- Fiscal management, accountability, and regulatory compliance
- Continuous process improvement through data analysis and trending
- Streamline operations and manage expenditures with limited resources

LICENSES, CERTIFICATION AND TRAININGS
- Registered Nurse: License #9472220; expires 4/2021
- BLS for Healthcare Providers: expires 12/2020
- Advanced Cardiac Life Support (ACLS): expires 09/2021
- HIV Counseling and Testing Training

WORK EXPERIENCE

09/2018 – Present: **Broward Health Medical Center** Ft. Lauderdale, Fl.
*RN Regional Perinatal Intensive Care Centers (RPICC) Program Coordinator – L&D*
- Identify and recruit high risk mothers who are Medicaid recipients and enroll them into RPICC for financial reimbursement.
- Identify and recruit neonates in the LEVEL III NICU center who are also Medicaid eligible or recipients and enroll them into RPICC for financial reimbursement.
- Prepare reports for yearly and annual state audits.
- Physician contract performance data collection
- Attend quarterly meetings to review Performance Measures with contracted Physicians and Hospital Administrators.
- Supervise 2 staff members
- Responsible for monitoring program budget.

1/2018 – 5/2018: **Memorial Regional Hospital** Hollywood, Fl.
*Registered Nurse – Float Pool Assessment*
- Performed total patient assessments including neurologic, cardiovascular, respiratory, gastrointestinal, genitourinary, IV site/line, PICC lines, surgical wound, and chest tubes.
- Educated patients and their families on disease process, medical s- surgical procedure, medication and pain management techniques.
- Attended In service training on Chest tube management.
- Implementation
- Administered oral and intramuscular and subcutaneous medication

Helen Matos-Alvarez
Cell: 954-695-4393
- Followed aseptic procedures and provided care in accordance with universal precautions
- Evaluation
- Work effectively with an interdisciplinary team, and performed and perform accurate charting procedures.

2007-2016  
**The Children’s Trust**  
*Miami, Fl*

**Contract Manager**
- Administer, monitor, and evaluate the activities and operations of program and service contracts as assigned.
- Conduct regular site visits to observe and analyze contract performance, including administrative competence, reviewing provider adherence to established standards, verification that services billed were actually delivered according to the contract, efficacy of program activities, and achievement of contracted outputs and outcomes.
- Provide implementation support and training to assist contracted providers to improve programmatic, administrative and contractual performance, and ensure ongoing quality improvement.
- Request or approve amendments to or extensions of contracts.
- Negotiate contracts alongside service providers.
- Review provider reimbursement requests for compliance with contracted budgets and approve payment, with regular communication with fiscal department staff.
- Maintain contract related data in hard copy and electronic formats.
- Interpret needs, programs, and services to agencies, groups, and individuals involved and provides leadership and assistance.
- Assess proposals and rate applications according to the guidelines set forth in RFP “Requests for Proposals”.

2006- 2007  
**Healthy Mother’s Healthy Babies**  
*Ft. Lauderdale, Fl.*

**Fetal and Infant Mortality Review Program Manager**
- Present quarterly reports to multiple funders for review of program development and progress.
- Produce mid-year report and end of the year report on Broward County's Fetal and Infant Mortality.
- Organize Case Review Team (CRT) meetings and meeting agenda on a monthly basis.
- Prepare multiple cases to be reviewed by CRT on a monthly basis.
- PowerPoint presentations on Fetal and Infant Mortality presented throughout Broward County.
- Manage 1 Project Assistant and 2 nurse medical abstractors.
- Work in conjunction with Broward County Department of Health, March of Dimes, United Way, Children Service Council and Healthy-Start Coalition of Broward County.

2000-2005  
**University of Miami- Jackson Memorial Hospital L&D**  
*Miami, Fl.*

**Research Associate II; Research OB-GYN**
- Evaluated client history for research eligibility
- Worked with a diverse client population
- Stationed at Jackson Memorial Hospital’s L&D floor for 5 years
- Client recruitment achieved on the Labor and Deliver unit
- Conducted confidential personal interviews on all clients
- Assured that we were IRB compliant
- Maintained documentation for research analysis
- Provided HIV counseling and testing in hospital setting.
- Worked closely with Center for Disease Control to initiate “MIRIAD” (Mother Infant Rapid Intervention of Delivery) Study.
- Worked closely with MD’s, and nurses to insure a proper care plan for our clients

Helen Matos-Alvarez
Cell: 954-695-4393
1995-1999 **Overlook Hospital** Summit, N.J.

*Case Manager, Healthystart OB-GYN*
- Educated clients on health issues
- Worked closely with Medicaid personnel to approve client as eligible recipients
- Provided clients appropriate community resources
- Conducted psychosocial/health history assessments on all clients
- Conducted nutritional assessments for W.I.C. referrals
- Requested medical records
- Organized yearly social educational events
- Translated medical instructions from English to Spanish
- Assured that all state and hospital documentation were filled out properly

1990-1995 **Robert Wood Johnson University Hospital** New Brunswick, N.J.

*Patient Monitor; Safety and Security*
- Monitored patients that were: mentally ill, substance abuse, or suicidal and needed constant supervision.
- Served as a liaison between MD, nurse and patient.

**EDUCATION**

2016-2017  
*Miami Dade College - Medical Campus* Miami, Fl.
Associate – Accelerated Nursing Program
GPA: 3.3

2000-2005  
*Florida International University* Miami, Fl.
Masters of Public Health

1989-1995  
*Rutgers University* New Brunswick, N.J.
Bachelor of Arts Sociology
Minor in Psychology, Criminology Certificate

**SKILLS**
- Fluent in Spanish
- Proficient in Excel, MS Word, Microsoft Office and PowerPoint
- Knowledgeable in Memorial Healthcare charting system EPIC

**REFERENCE** - Upon Request