



PUBLIC HEALTH TRUST BOARD OF TRUSTEES ONE-DAY COMMITTEE MEETINGS AGENDAS

**WEDNESDAY, JUNE 28, 2023
11:00 AM**

**IRA C. CLARK DIAGNOSTIC TREATMENT CENTER (DTC)
SECOND FLOOR, CONFERENCE ROOM 259
1080 N. W. 19TH STREET
MIAMI, FL 33136**

Public Health Trust Board Rules

Any person making impertinent or slanderous remarks or who becomes boisterous while addressing the committee, shall be barred from further audience before the committee, unless permission to continue or again address the committee be granted by the Chairperson. No clapping, applauding, heckling or verbal outbursts in support or opposition to a speaker or his or her remarks shall be permitted. No signs or placards shall be allowed in the Board Room. Persons exiting the Board Room shall do so quietly.

The use of cell phones in the Board Room is not permitted. Ringers must be set to silent mode to avoid disruption of proceedings. Individuals, including those seated around the board table, must exit the Board Room to answer incoming cell phone calls.

1 CALL TO ORDER

2 INVOCATION

3 REASONABLE OPPORTUNITY TO BE HEARD

Members of the public wishing to speak on a proposition before the Board of Trustees or its committees will be called in the order in which they registered with the Secretary of the Board of Trustees. A speaker shall be limited to no more than two (2) minutes on a proposition before the Board of Trustees or its committees

4 REMARK(S) ANNOUNCEMENT(S), PRESENTATION(S)

5 SCHEDULED MEETINGS

5.a

JOINT CONFERENCE AND EFFICIENCIES COMMITTEE - *Laurie Weiss Nuell, Chairwoman*

5.b

LEARNING AND INNOVATION - *Laurie Weiss Nuell, Chairwoman*

5.c

AUDIT AND COMPLIANCE - *Amadeo Lopez-Castro, III, Chairman*

5.d

PURCHASING AND FACILITIES SUB-COMMITTEE - *Walter T. Richardson, Chairman*

5.e

FISCAL COMMITTEE - *Carmen M. Sabater, Chairwoman*

6 CALL TO ADJOURN



JOINT CONFERENCE AND EFFICIENCIES COMMITTEE AGENDA

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1 CALL TO ORDER

2 APPROVAL OF THE COMMITTEE MEETING MINUTES FOR MAY 24, 2023

2.a

Meeting Minutes

3 JACKSON HEALTH SYSTEM PRESIDENT REPORT

4 CREDENTIALS COMMITTEE ACTIVITY REPORT

4.a

Credentials Committee Activity Report Summary

5 MIAMI TRANSPLANT INSTITUTE ANNUAL QUALITY REPORT

5.a

Miami Transplant Institute Annual Quality Report

6 RESOLUTION RECOMMENDED TO BE ACCEPTED

6.a

RESOLUTION APPROVING THE MEDICAL STAFF AND HEALTH PROFESSIONAL AFFILIATE STAFF MEMBERSHIP AND CLINICAL PRIVILEGES; APPROVING INITIAL APPOINTMENTS, REAPPOINTMENTS AND CLINICAL PRIVILEGES AND ACTIVITIES; APPROVING MODIFICATIONS TO MEDICAL STAFF MEMBERSHIP CATEGORY AND CLINICAL PRIVILEGES; ACCEPTING RESIGNATIONS AND LEAVES OF ABSENCE - JUNE 2023 *Sponsored by Chris A. Ghaemmaghami, MD, Executive Vice President, Chief Physician Executive and Chief Clinical Officer, Jackson Health System*

6.b

RESOLUTION APPROVING THE MIAMI TRANSPLANT INSTITUTE QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PLAN FOR CALENDAR YEAR 2023/2024 AND AUTHORIZING AND DIRECTING THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OR HIS DESIGNEE, TO TAKE ALL ACTIONS NECESSARY TO IMPLEMENT SUCH PLAN *Sponsored by Isis Zambrana, Vice President and Chief Quality Officer, Jackson Health System*

7 CALL TO ADJOURN

PUBLIC HEALTH TRUST BOARD OF TURSTEE ONE-DAY COMMITTEE MEETINGS

JOINT CONFERENCE AND EFFICIENCIES COMMITTEE MEETING MINUTES

Wednesday, May 24, 2023

Followed by Trust/Medical School AOA Negotiating Committee

**Ira C. Clark Diagnostic Treatment Center
Conference Room 259**

Learning and Innovation Subcommittee

Laurie Weiss Nuell, Chairwoman
Matthew J. Allen, Vice Chairman
Antonio L. Argiz
Juan Fernandez-Barquin
Amadeo Lopez-Castro, III
Walter T. Richardson
Carmen M. Sabater

Member(s) Present: Laurie Weiss Nuell, Antonio L. Argiz, Walter T. Richardson, Amadeo Lopez-Castro, III, and Juan Fernandez-Barquin

Member(s) Excused: Carmen M. Sabater and Matthew J. Allen

In addition to the Committee members, the following staff members and Assistant Miami-Dade County Attorneys were present: Carlos A. Migoya,, David Zambrana, Dr. Chris Ghaemmaghami and Ben A. Rodriguez, Andy Gonzalez; Laura Llorente and Ashley A. Pouncy, Christopher Kokoruda Assistant Miami-Dade County Attorneys.

1. CALL TO ORDER – JOINT CONFERENCE AND EFFICIENCIES COMMITTEE – Laurie Weiss Nuell, Chairwoman at 11:29 a.m.

2. APPROVAL OF THE SUBCOMMITTEE MEETING MINUTES FOR APRIL 26, 2023

*Antonio L Argiz moved approval;
seconded by Amadeo Lopez-Castro, III,
and carried without dissent.*

3. JACKSON HEALTH SYSTEM CHIEF PHYSICIAN EXECUTIVE REPORT

Dr. Chris Ghaemmaghami, Executive Vice President, Chief Physician Executive and Chief Clinical Officer provided remarks on quality and becoming higher liable organization. To translate Jackson slogan “Miracles Made Daily” is delivery of best care, compassion, accountability, respect and expertize. Jackson is aspiring to do this great level of care not only in instance of a miracle, but daily to everyone that choose care at Jackson.

HEART TRANSPLANT PROGRAM UPDATE

Jackson is working diligently on refresh and fresh look at the heart transplant program. Working with team on reviewing processes and building team. There are several bucket of works that Jackson is working on for substantial progress (1) Leadership Oversight, transplant director and vice president has been engaged in all programs. (2) Looking on how to continue to refresh and adapt process improvement tools and mechanism to ensure executing without defect. (3) Significant areas of focus and action plans are clinical communication between providers, orientation and documentation. (4) Solidify two recruitment processes for leadership, surgical lead surgeon and medical. Interim leaders in place and engage in working through process. Will continue to communicate through the summer.

4. JACKSON SOUTH MEDICAL (JSMC) CENTER QUALITY REPORT

Ben A. Rodriguez, Senior Vice President, Chief Administrator Executive Officer Jackson South Medical Center (JSMC) presented an overview of the ongoing improvement of quality of care at JSMC which impacts in the community. He presented statistical data which highlighted progress in quality and safety measures and sustained improvement in several evidence-based measures in care and treatment of stroke patients and other areas. JSMC implemented process of management compliance and the ongoing education of clinical staff. Behavioral Health Unit continue to hard wire process from previous years which standard above average performance.

OPPORTUNITIES FOR IMPROVEMENT AND PATIENT SAFETY

Andy Gonzalez, Chief Nursing Officer Jackson South Medical Center presented overview on opportunities for improvement. Population has increased in South Miami-Dade, therefore, JSMC is working on improvement of emergency room workflow and processes. JSMC ongoing focus on measures for prevention of hospital-acquired infections, blood stream infections and reduction of patient falls. JSMC created a committee with different disciplines looking at what process can be improve for patients and ensure great care. JSMC is committed to improving quality care, patient safety and will remain focus performance improvement. Data regarding the quality report was included in the agenda.

5. CREDENTIALS COMMITTEE ACTIVITY REPORT

Dr. Ghaemmaghami presented the Credentials Committee Activity Report for the Month of May 2023 with a favorable recommendation to the Public Health Trust Board of Trustees with a motion to accept amendment to medical staff #04409 to one year to allow certification for board completion requirements at Jackson Memorial Hospital. The physician’s files thoroughly reviewed by the Executive Medical Committee of the Medical staff. Details of the report was included in the agenda.

6. RESOLUTION RECOMMENDED TO BE ACCEPTED

6a.

RESOLUTION APPROVING THE MEDICAL STAFF AND HEALTH PROFESSIONAL AFFILIATE STAFF MEMBERSHIP AND CLINICAL PRIVILEGES; APPROVING INITIAL APPOINTMENTS, REAPPOINTMENTS AND CLINICAL PRIVILEGES AND ACTIVITIES; APPROVING MODIFICATIONS TO MEDICAL STAFF MEMBERSHIP CATEGORY AND CLINICAL PRIVILEGES; ACCEPTING RESIGNATIONS AND LEAVES OF ABSENCE – MAY 2023 *Sponsored by Chris A. Ghaemmaghami, MD, Executive Vice President, Chief Physician Executive and Chief Clinical Officer, Jackson Health System*

MOTION TO ACCEPT THE RESOLUTION WITH FAVORABLE RECOMMENDATION TO THE BOARD OF TRUSTEES; AND ACCEPT THE PROPOSED AMENDMENT TO MEDICAL STAFF #04409 TO ONE YEAR TO ALLOW COMPLETION OF BOARD REQUIREMENTS AS PRESENTED

Juan Fernandez-Barquin moved to accept the resolution along with amendment; seconded by Amadeo Lopez-Castro, III, and carried without dissent.

7. CALL TO ADJOURN

Laurie Weiss Nuell, Chairwoman Joint Conference and Efficiencies Committee at 11:48 a.m.

Meeting Minutes Prepared by: Adriana Pascal
Executive Assistant and
Secretary to the Public Health Trust Board of Trustees

Jackson Health System
BOARD OF TRUSTEES COMMITTEE
June 28, 2023

	Medical Staff	Allied Health Professionals
Initial Applicant(s)	22	17
<i>(14) – Community Physician(s)</i>		
<i>(8) – Academic Physician(s)</i>		
<i>(6) – Trained at Jackson (Internship, Residency and/or Fellowship)</i>		
Reappointments	68	30
Reappointment(s) Reinstatements	0	0
Termination(s)	0	0
Notification of Site(s) of Practice:		
a. Correction of Clinical Privileges	0	0
b. Request for Additional Privileges	4	0
c. Change of Membership Category	4	0
d. Additional/Change Sponsor	0	3
e. Additional Service/Facility	0	0
f. Request for Change of Service/Clinical Privileges	0	0
g. Delete Sponsor/Privileges	0	0
h. Denial of Clinical Privileges – Modified	0	0
i. Ceasing Clinical Privileges/Facility	0	0
j. Request for reduction of clinical privileges	0	0
k. Deceased	0	1
l. Request for Leave of Absence	0	0
Resignation(s)	36	18
Voluntary Withdrawal and Voluntary Relinquishment of Membership and Privileges:		
a. Incomplete Reappointment(s) File	0	0
b. Reappointment Application Not Returned	2	0
c. Lack of Utilization	0	0
d. Does not use facility and geographically inconvenient	0	0

*****CONFIDENTIALITY STATEMENT*****

REMINDER: In order to preserve the statutory protection against discovery, all committee members must maintain the confidentiality of the subject matter of this meeting.

TO: Laurie Weiss Nuell, Chairwoman
and Members, Joint Conference & Efficiencies Committee

FROM: Luke Preczewski
Vice President, Miami Transplant Institute

DATE: June 28, 2023

RE: Miami Transplant Institute Quality Update

Recommendation

Staff recommends that the Public Health Trust Board of Trustees adopt and approve the attached Quality Assessment and Performance Improvement (QAPI) Plan for the Miami Transplant Institute for 2023-24 as submitted, and authorize the Chief Executive Officer, or his designee, to take all actions necessary to implement the plan.

Scope

The QAPI Plan applies to the Miami Transplant Institute, a Jackson Memorial Hospital program under the medical leadership of the University of Miami Miller School of Medicine.

Fiscal Impact/Funding Source

The implementation of the QAPI Plan for Miami Transplant Institute is part of the Trust's FY 2022-23 adopted budget and FY 2023-24 proposed budget.

Track Record/Monitor

The QAPI Plan would be implemented by the medical and administrative leadership of MTI under the direction of Luke Preczewski, vice president for transplant, and independently monitored by the Division of Quality and Patient Safety under the direction of Isis Zambrana, vice president and chief quality officer.

Background

Jackson Health System's commitment to improving patient safety and quality of care is a crucial component of our overall mission of tending to the well-being of our community and its diverse stakeholders. This is especially true in our Miami Transplant Institute (MTI), where cutting-edge medicine is being practiced by world-class clinical teams.

The Quality Assessment and Performance Improvement Plan establishes a formal structure, scope, and goals for MTI's quality program. The plan also aligns MTI's quality and safety program with Jackson Health System's broader overall patient safety plan.

The plan establishes department-wide goals that ensure implementation of a comprehensive quality assessment program with identification of improvement strategies through end-stage organ disease management, the three phases of transplantation, and living donation. It provides direction for developing, measuring, analyzing, monitoring, and reporting all aspects of MTI's quality assessment and performance, including patient safety improvement and identifying needed adjustments in response to unusual or urgent events.

The complexity of this work and the vulnerability of these patients before, during, and after their transplants demands that we constantly refine and improve our processes. By focusing on industry-standard performance indicators, we can gauge our progress in improving safety measures, clinical processes of care, and patient satisfaction. Addressing these challenges requires us to not only capture the data we are required to report by organizations including the, United Network for Organ Sharing (UNOS)/Organ Procurement and Transplantation Network (OPTN), Joint Commission, and Centers for Medicare and Medicaid Services, but to convert that data into meaningful tools that can be used to drive and monitor change in support of better care.

On March 13, 2020, a national emergency was declared in the U.S. due to the COVID-19 pandemic. The COVID-19 pandemic impacted the entire spectrum of organ transplantation. Throughout the pandemic, the safety of our patients and our healthcare workers was paramount. Despite the considerable capacity and staffing challenges Jackson Memorial Hospital faced during the worst of the pandemic, MTI remained able at all times to perform transplants. Throughout the pandemic, MTI adapted practices to align with the latest research and treatment practices and protocols. Like other leading transplant programs in the U.S., MTI is now successfully using organs from COVID-19 PCR positive donors. We continue to screen patients for symptoms or risk factors for COVID-19 and divert patients from regular clinics to a triage clinic. A COVID-19 positive clinic is available for transplant patients. MTI continues to use telehealth and was one of the first users of the Cerner Zoom integration by Jackson Health System. MTI has continued to educate our patients and families on COVID-19 prevention strategies, early testing, and treatment.

The Miami Transplant Institute continues to be ranked as one of the largest and most comprehensive transplant programs in the United States for both adults and children. The OPTN 2022 annual volume of organ transplants performed placed Jackson Memorial Hospital as the third largest transplant program in the United States.

The full range of data is presented below, and significant trends will be highlighted for discussion during the Public Health Trust Board of Trustees' Joint Conference & Efficiencies Committee meeting.

Clinical Experience/Volume

As of April 30, 2023, MTI has transplanted 15,239 organs since the United Network for Organ Sharing (UNOS)/Organ Procurement and Transplantation Network (OPTN) began collecting data on organ transplants. This makes MTI one of only five U.S. centers to have transplanted more than 15,000 organs.

MTI performed 721 organ transplants in 2022, placing it first in Florida and third in the country. The kidney transplant program ranked number two nationally for total kidney transplants performed in one year with 430 and number one in Florida.

MTI recently performed its 523rd intestine transplant at end of April 2023, the largest volume of such transplants in the U.S. to date, and one of only two programs in the country to have performed more than 500 transplants of this kind. MTI performed 10 intestine transplants in 2022, ranking the third largest volume program in the U.S. The liver transplant program at MTI is ranked number 2 in Florida with 148 transplants performed in 2022. MTI is ranked number 4 for total liver transplants performed all time with 4707 at the end of April 2023, and remains one of only seven transplant programs across the U.S. to have performed more than 4,000 liver transplants.

The adult heart transplant and mechanical circulatory support (heart failure) program have named interim leaders in both surgery and cardiology and has launched national searches for permanent leaders for those programs.

Clinical Outcomes

The core mission of MTI is to provide access to transplantation as quickly as possible to as many patients as possible while ensuring excellence in patient and graft survival. The Scientific Registry for Transplant Recipients (SRTR) publishes program specific reports (PSR) for every transplant program in the U.S. every six months. A statistical risk-adjusted model is used to evaluate a program's actual outcomes against its expected outcomes. In response to the COVID-19 pandemic, the SRTR modified the evaluation metrics for transplant programs, excluding transplants performed from March 12, 2020 to June 12, 2020. Outcome events that occurred after March 12, 2020, from transplants performed prior to March 12, 2020, were also excluded from this report.

Below are the results of the most recent SRTR report released on January 5, 2023 for one-year graft survival and patient survival, indexed by organ service and patient type (pediatric or adult). These data reflect patient and graft survival for transplants performed from **July 1, 2019 to December 31, 2021**.

Three data points are tracked for each result: the estimated results at MTI, the expected results (based on a statistical risk-adjusted model) at MTI, and the national average. The OPTN monitors transplant program performance and uses a statistical analysis to identify programs that may be at risk for underperformance.

HEART	Patient Survival			Graft Survival		
	MTI Estimated	MTI Expected	National Estimated	MTI Estimated	MTI Expected	National Estimated
Adult	92.90%	93.03%	91.28%	93.15%	92.75%	90.91%
Pediatric	N/A	N/A	N/A	N/A	N/A	N/A

LUNG	Patient Survival			Graft Survival		
	MTI Estimated	MTI Expected	National Estimated	MTI Estimated	MTI Expected	National Estimated
Adult	69.73%	88.26%	89.46%	70.80%	87.18%	87.71%
Pediatric	N/A	N/A	N/A	N/A	N/A	N/A

LIVER	Patient Survival			Graft Survival		
	MTI Estimated	MTI Expected	National Estimated	MTI Estimated	MTI Expected	National Estimated
Adult	94.92%	93.77%	93.69%	93.16%	91.95%	91.89%
Pediatric	79.68%	94.61%	95.32%	69.52%	91.24%	92.79%

INTESTINE	Patient Survival			Graft Survival		
	MTI Estimated	MTI Expected	National Estimated	MTI Estimated	MTI Expected	National Estimated
Adult	69.11%	83.04%	82.93%	54.17%	73.28%	73.09%
Pediatric	100%	92.41%	92.33%	100%	91.98%	91.91%

KIDNEY PANCREAS	Patient Survival			Graft Survival		
	MTI Estimated	MTI Expected	National Estimated	MTI Estimated	MTI Expected	National Estimated
Adult	100%	97.43%	96.92%	94.12%	94.47%	95.45%

KIDNEY	Patient Survival			Graft Survival		
	MTI Estimated	MTI Expected	National Estimated	MTI Estimated	MTI Expected	National Estimated
Adult Deceased Donor	92.41%	93.81%	95.03%	88.28%	90.61%	92.61%
Adult Living Donor	97.64%	98.73%	98.31%	97.80%	97.94%	97.39%
Pediatric Deceased Donor	100%	99.57%	99.57%	100%	97.69%	97.68%
Pediatric Living Donor	100%	98.81%	98.81%	100%	98.08%	98.08%

Data Reporting

Transplant programs are required to submit extensive outcomes data on all transplant recipients. Data submission targets are identified by the OPTN and were updated in OPTN Policy in November 2022. In general, 100 percent of forms must be submitted within 90 days of the due date. Data submitted on these forms is used to calculate the expected survival in the SRTR risk-adjusted model referenced above. Programs performing living donor transplants are also required to reach submission targets for clinical and laboratory data on living donors for two years after donation. A UNOS audit in February 2023 identified noncompliance with this policy due to late submission of more than 5 percent of the forms. The majority of the forms submitted after the deadline were completed within five days after the deadline. MTI has submitted a corrective action plan that includes the responsibility of the organ program team, the QA team, and an escalation process to involve MTI leadership for appropriate accountability of all responsible parties.

Patient Safety

An important aspect of the MTI quality program is aligning patient safety with Jackson’s patient safety goals. MTI has continued to focus efforts to improve the reporting of patient safety events and near-miss events. A thorough analysis is conducted on each event reported, with identification of serious events initiating root cause analysis. Improvement action plans are developed and implemented with support from the Transplant Quality Council.

Regulatory Compliance Update

As noted in our report last year, MTI underwent a very successful CMS survey on July 20-23, 2021. MTI received no citations or deficiencies on the survey, receiving official notification on August 12, 2021, finding all programs to be in compliance with 42 CFR SubPart E 488 and 489, and 472.72 through 482.104 requirements for Organ Transplant Programs. From April 11-13, 2023, AHCA and CMS jointly conducted an off-cycle survey including recertification review of adult heart, pediatric heart, adult kidney, and adult lung, complaint survey, and review of infection control practices. Again, all programs and components reviewed were found to be in full compliance with relevant conditions of participation.

On February 14-16 and February 21, 2023, MTI underwent a scheduled UNOS survey to assess compliance with OPTN policies and bylaws. In April 2023, MTI received the results of the survey from UNOS staff. MTI was compliant with most of the OPTN policies but received citations related to non-compliance with OPTN Policy 15.2 Candidate Pre-Transplant Infectious Disease Reporting and Testing Requirements related to the HIV test used by MTI. OPTN policy indicates transplant programs use the CDC HIV testing algorithm, sequentially moving to nucleic acid test (NAT) as final confirmatory testing only for an indeterminate or positive antigen/antibody test. Due to the timing of the test (blood drawn pre-implant of the organ on the transplant event admission), MTI leaders elected to perform the NAT test on all patients forgoing the preliminary antigen/antibody test. Based on information shared by transplant colleagues at other hospitals surveyed prior to MTI, we changed our policy to follow the CDC algorithm specifically. Although 100 percent of patients surveyed post implementation of the updated policy were compliant, UNOS requested a corrective action plan be submitted. As noted above, MTI also received a citation for noncompliance with OPTN policy 18.1: Data Submission Requirements- timely Submission of Transplant Recipient Registration forms and Transplant Recipient Follow-up forms for more than 5 percent of forms submitted late during and after the COVID era.

In March 20, 2023, in discussion with the OPTN, MTI made the decision to temporarily and partially inactivate its adult heart transplant program. The program remains temporarily inactive. The program is working on improvements in teamwork/communication and its QAPI programs in anticipation of re-opening at the appropriate time.

Quality Structure and Leadership

As noted in a previous submission, the Transplant Quality Council (TQC) was restructured to align with the health system reorganization of quality and patient safety under the leadership of Jackson Health System's chief physician executive/chief clinical officer. The council functions as the steering committee for transplant quality and patient safety initiatives. With the departure of Jackson's previous chief physician executive/chief clinical officer, Dr. Peter Paige, last year, MTI and Jackson leadership took the opportunity to reassess the membership and format of the council. The council

will now meet quarterly for a minimum of four meetings per year. The first meeting under the new membership and structure met in May 2023. The MTI QAPI Plan has been updated to reflect the new membership and the decreased frequency of the meetings quarterly. The council will continue to provide direction, support, and oversight of transplant quality.

Quality Improvement

Quality improvement projects are determined by a variety of factors, including size and scope of project, resources required to successfully implement improvement, concurrent improvement projects affecting the same area/staff, and alignment with the Jackson and MTI strategic and quality goals. Priority is given to projects related to improvement in patient safety, graft and patient survival/outcomes, patient experience, regulatory agency oversight requirements or survey findings, or high risk, high volume, or otherwise problem-prone areas. Large scale process improvement/process redesign projects are reviewed and approved by MTI leadership or the TQC to ensure appropriate resources and support is available to secure successful implementation of change and improvement. Additional smaller scale projects are initiated by MTI QAPI Committee, and program-specific QAPI committees based on program need.

A brief description of the major improvement projects in 2022 is provided below, and details of some of the major accomplishments will be highlighted in the oral report.

1. Transplant EMR Optimization

This task force was launched through the TQC chaired by Dr. Alina Brebene, Jackson Health System's chief medical informatics officer. This initiative is aimed at enhancing the electronic medical record to support the unique and challenging needs of transplant patients. A major focus of this project is currently on integrating Cerner and Organ Transplant Tracking Record (OTTR) to support the needs of MTI. The median term goal is to transition all direct patient care activity and documentation to Cerner from OTTR. This work is ongoing with plans to leverage SMART/FHIR technology to further integrate Cerner and OTTR.

Optimization of OTTR continues with work supported by JHS IT, MTI and CARE Dx engineers and analysts to support the regulatory and data needs of transplant. An upgrade to OTTR occurred the first week of June 2023.

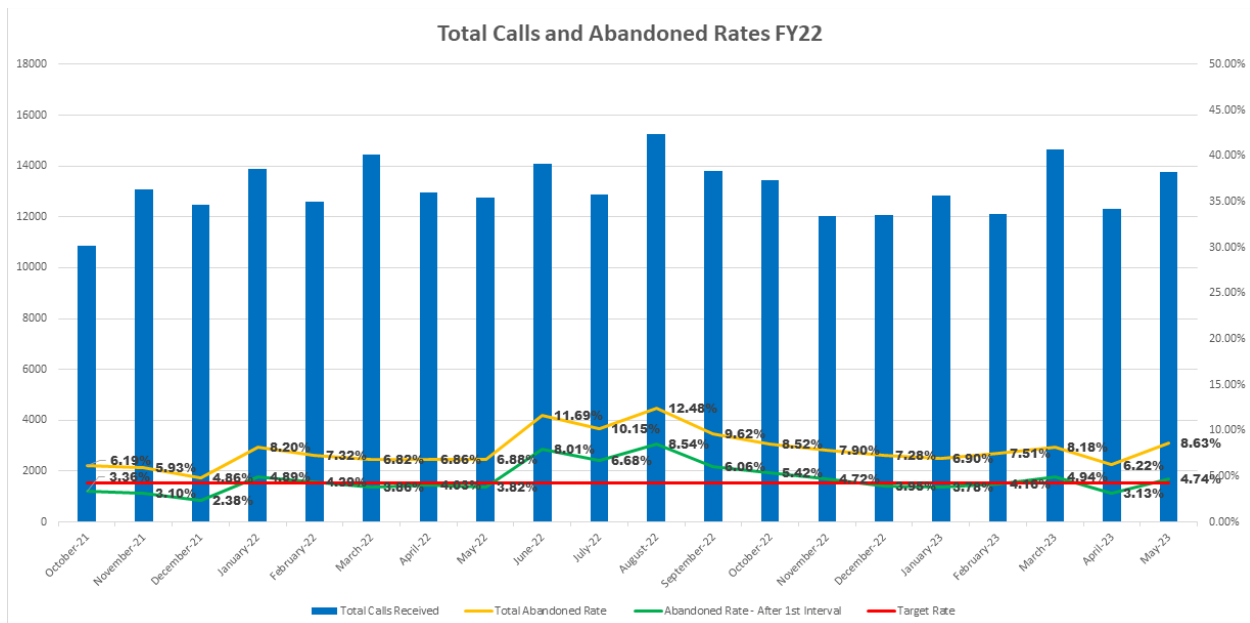
MTI continues to make progress toward easier access to data to drive operational and quality initiatives, leveraging a dedicated data analyst/engineer working under the technical guidance of Jackson IT, partnering with MTI quality and operational leaders. MTI has successfully leveraged a number of data projects to support operational, quality, and improvement efforts.

2. Outpatient Experience

The first iteration of the patient experience task force launched in November 2017 chaired by Luke Preczewski, vice president of transplant. The broad goal of this task force was to align the experience of transplant patients with the level of clinical quality the transplant programs provide. The focus of this team is on four key areas: phone call access to MTI; responsiveness of staff to patient calls; initial access to transplant evaluation; and time to complete a transplant evaluation. Significant improvement has been made across a number of these metrics.

Incoming dropped call data

After an initial dramatic and sustained improvement in the rate of dropped calls to MTI from a baseline of 33 percent in January 2017 to target of 2 percent, a trend toward an increased volume of calls was noted in 2018/2019 associated with a significant increase in transplant volume. Based on industry standards, MTI adjusted the measurement of this improvement goal to include calls abandoned after first interval. Following stabilization of the total call abandoned around 7 percent and 3 to 5 percent abandon rate after first interval, this measure was considered to be stabilized within industry standards. We continue to monitor this data. MTI has sustained compliance with the target except during times of challenges of recruiting and retaining staff with excellent customer service skills. Every time the answer rate has slipped slightly outside the target, the team has successfully returned it to within target and maintained it there.



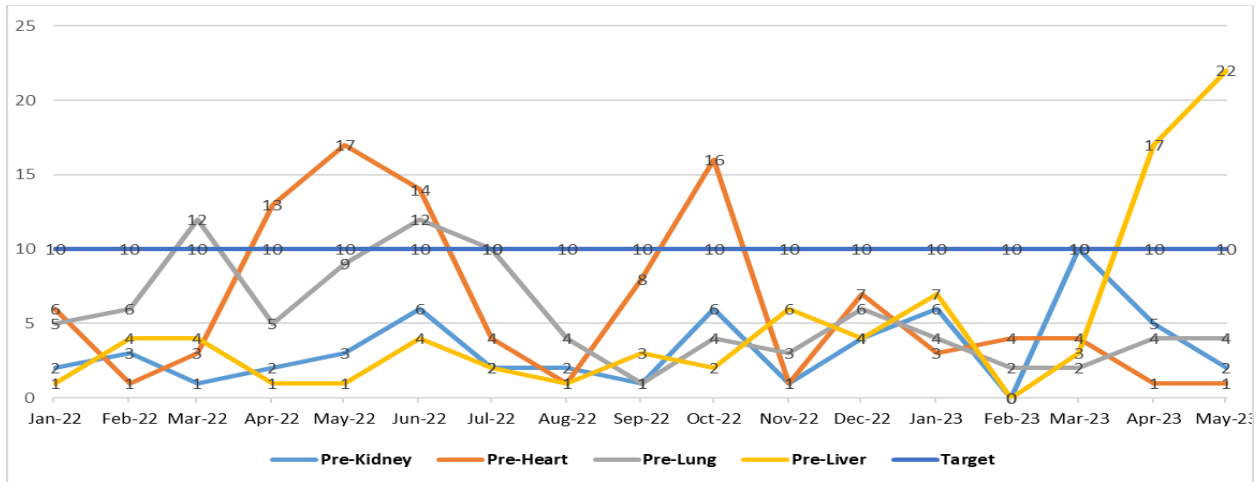
Returned Calls by MTI Staff

Timeliness of returned calls by MTI staff to patients and other customers is a measure of staff responsiveness. The target was increased for FY 2023 to 96 percent non-urgent calls returned within one business day following steady improvement in the timeliness of returned calls throughout 2020 to 2022. The COVID-19 pandemic and resultant staffing challenges during surges led to some dips in this performance metric. Staffing shortages and rapid program growth affected the thoracic programs predominantly. As staffing improved, a steady improvement in the percentage of returned calls is evident with all programs achieving target for the most recent two consecutive months.

% Return Call in One Business Day FY 22-23						
	Kidney/Panc	LD Kidney	Liver/GI	Heart	Lung	Pediatrics
Jan-22	97%	98%	97%	97%	99%	100%
Feb-22	96%	98%	98%	97%	92%	95%
Mar-22	95%	99%	97%	94%	95%	97%
Apr-22	96%	99%	95%	96%	91%	100%
May-22	94%	95%	96%	94%	92%	91%
Jun-22	94%	98%	95%	92%	90%	99%
Jul-22	91%	93%	95%	92%	93%	90%
Aug-22	94%	97%	95%	96%	92%	98%
Sep-22	96%	99%	96%	99%	93%	97%
Oct-22	95%	98%	98%	97%	96%	100%
Nov-22	97%	100%	98%	97%	94%	98%
Dec-22	97%	99%	97%	97%	97%	100%
Jan-23	98%	100%	98%	95%	94%	97%
Feb-23	97%	94%	98%	99%	92%	98%
Mar-23	98%	97%	98%	92%	93%	100%
Apr-23	97%	98%	98%	97%	97%	100%
May-23	98%	98%	97%	99%	98%	99%

Access to Transplant Care

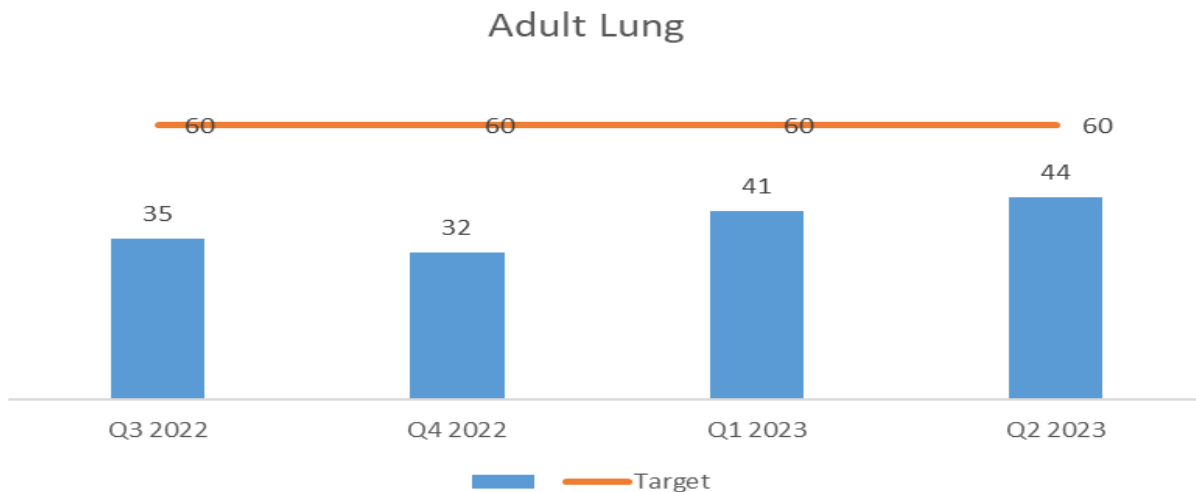
Another area of focus for this task force is improving the time from referral to first visit at MTI. Access to next available appointment for each service is monitored weekly and any trends above target for each program are addressed with the program medical director. Additional appointments are opened on demand. Data shows good overall ability of our program providers to adjust to referral volume with only occasional short duration challenges incurred due to physician availability. Analysis is underway to understand the drivers of the the increased time to next available for adult liver transplant. Early investigation shows utilization to be around 80 percent for this clinic suggesting the trend is not due to availability of appointments. Program leaders are reviewing further data to develop strategies to improve this back to baseline.



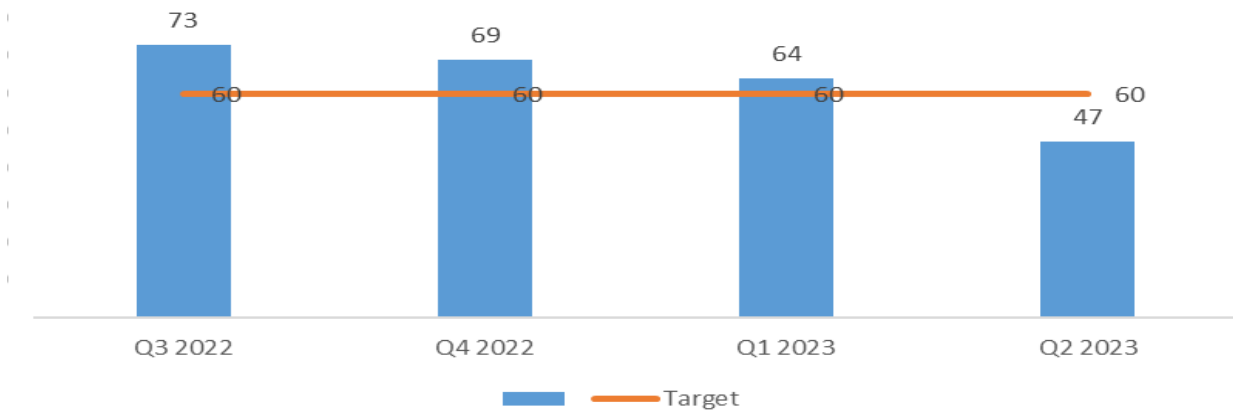
Evaluation Times

Another area of improvement has been decreasing the time from initial visit to decision on transplant candidacy. The target for this measure was initially 60 percent of patients to have completed their evaluation to allow a decision on candidacy for transplant to be made within 120 days.

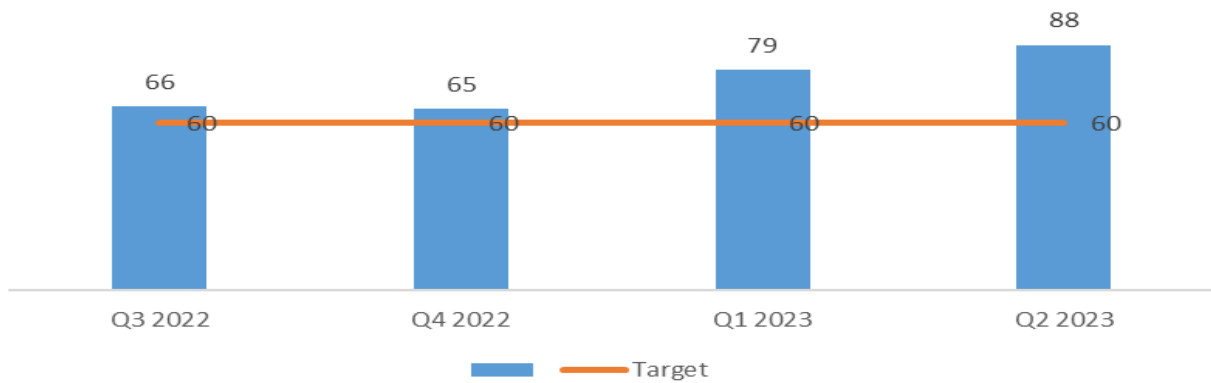
All programs except adult kidney have made significant improvements over the past two years and are meeting this target. Adult lung, heart, and liver made improvements early in this project launch and have sustained compliance with this measure. Each of these teams is nonetheless actively working on decreasing the evaluation time below target as further improvement continues.



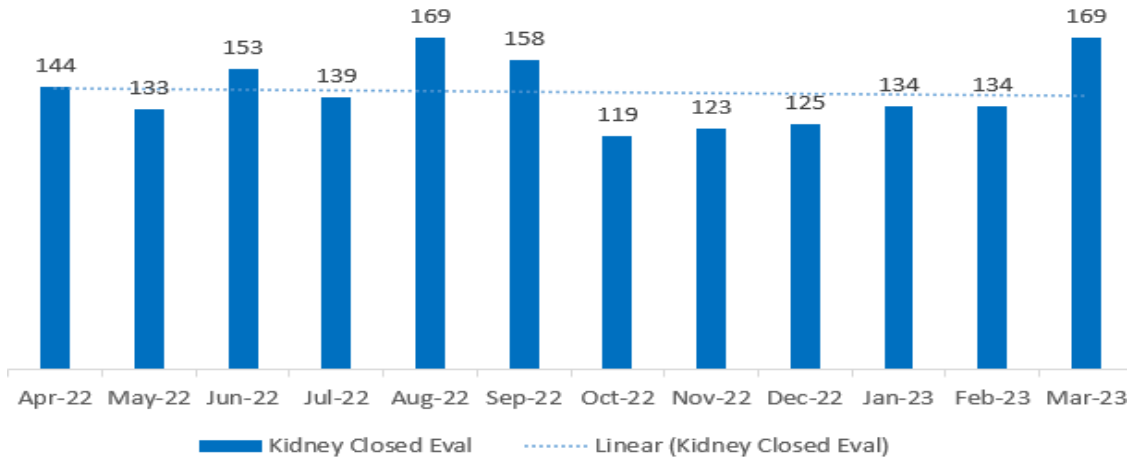
Adult Heart



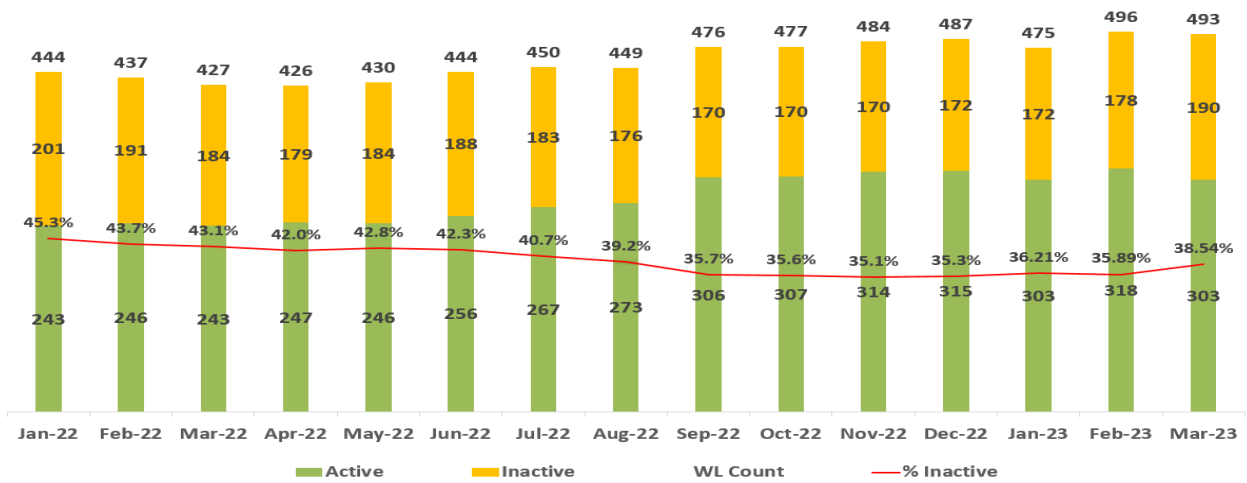
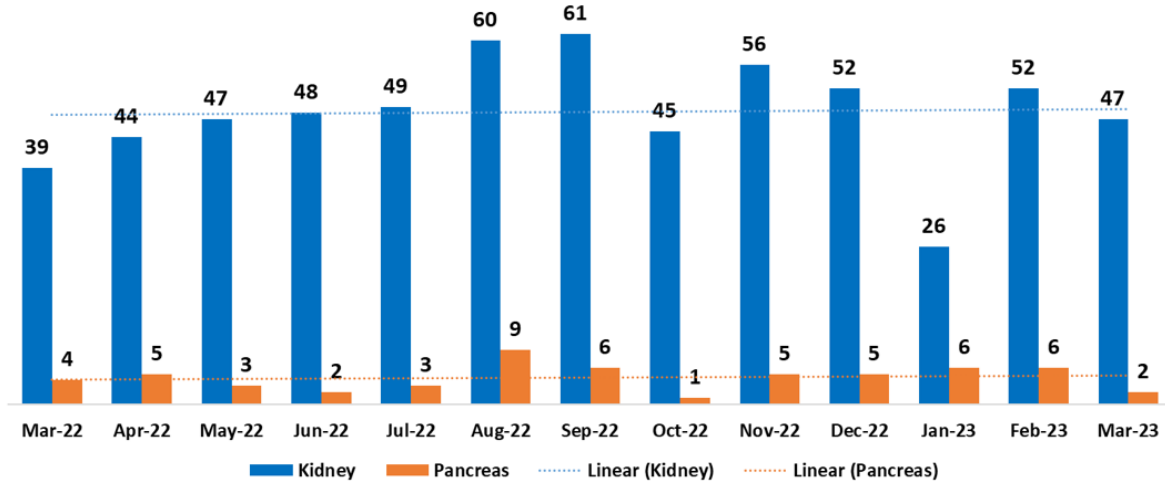
Adult Liver



The adult kidney program has been challenged to make significant improvements in this measure. The initial root causes were multifactorial, including lack of standardized workflows for staff and providers, and lack of strong middle-management leadership and mentorship. A comprehensive re-design of work flow with proactive assessments on each patient status at pre-defined times, aligned with significant optimization of documentation features in OTTR, and leveraging our data analytics resources, secured sustained improvement, though not reaching target. Additional challenges occurred with patients delaying attendance to diagnostic testing to complete their evaluation testing during periods of community surge in COVID-19. Evaluations are completed at a sustained high rate month over month, the volume of patients added to the waiting list continues to increase, and the percent of patients inactive on the waiting list has continued to be better than the national average.



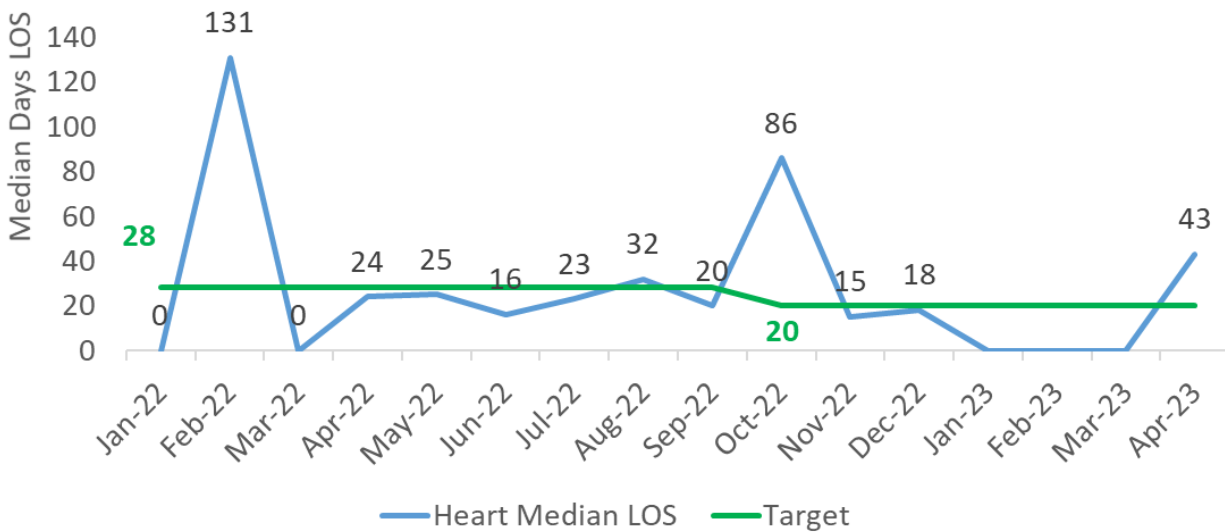
Patients Added to the Waitlist

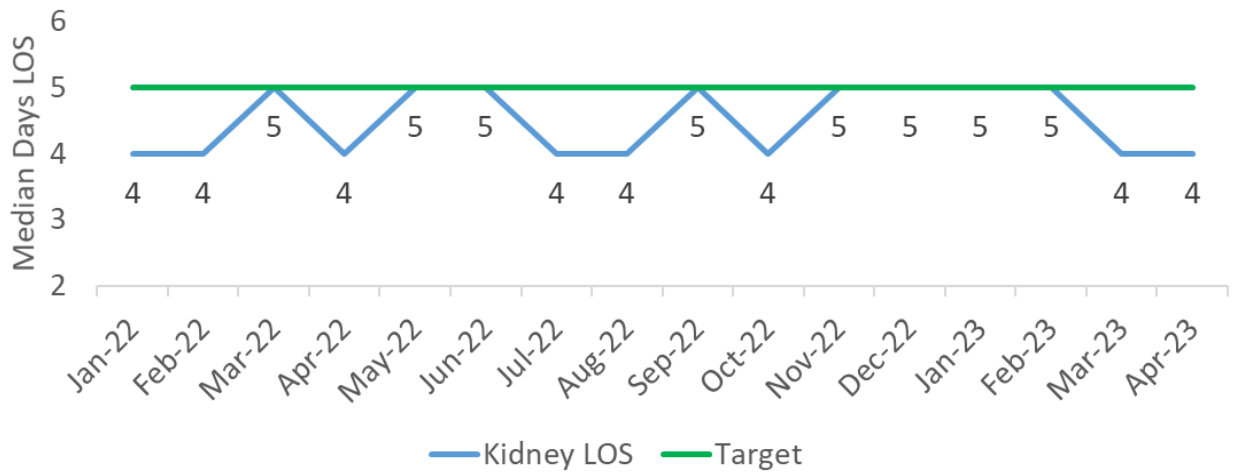
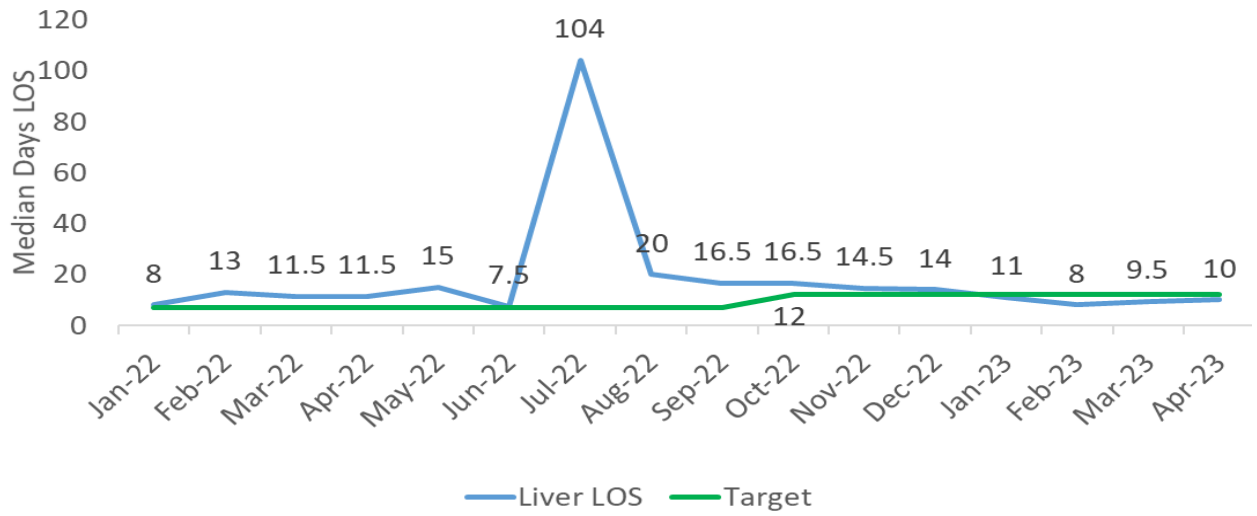
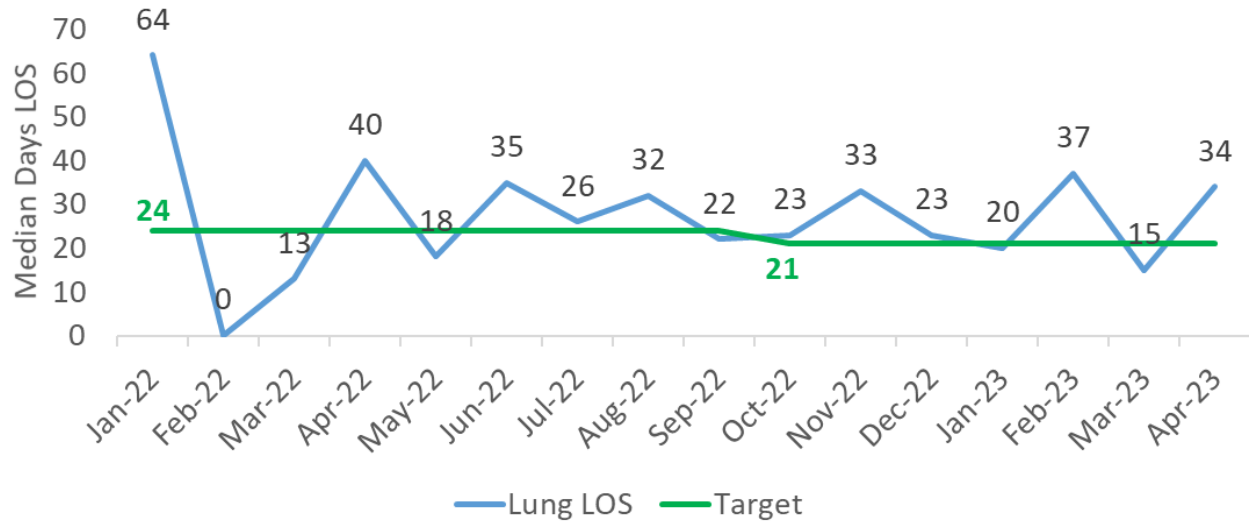


In light of this, we decreased the target for evaluations completed in 120 days to 50 percent in FY 2023 as we continue to review strategies to further improve this process.

3. Length of Stay Optimization

In October 2018, the Transplant Quality Council identified reduction in transplant length of stay (LOS) as the new improvement project. After initial gains with a focus on optimizing daily discharge planning rounds for the abdominal transplant programs, leading to the improvement in a number of specific processes, including plasmapheresis for continuity of care on discharge, decrease in turnaround time for inpatient interventional radiology (IR) procedures, improved access to urgent outpatient IR procedures, the launch of an MTI Acute Clinic, the launch of the MTI Infusion Center and a number of other smaller scale improvement efforts. The COVID-19 pandemic interrupted the focus on LOS and delayed the start of further initiatives. For FY 2021, the focus of the task force was on abdominal transplant, excluding intestine transplant. With the launch of clinical pathways for kidney, and a pilot pathway in liver, a decrease in the median LOS from a baseline of 11.9 days to 7.3 days was achieved. In mid 2022, the adult liver program implemented two clinical pathways to address two populations of patients undergoing liver transplant. A goal of discharge on or before seven days after transplant was implemented for less acutely ill patients, with short operative and general anesthesia times. A longer time to discharge was identified for sicker patients. The thoracic programs similarly developed clinical pathways. In FY 2023, new targets based on SRTTR LOS data were established for heart, lung, liver and kidney. The below graphs show the data for each program through April 2023.

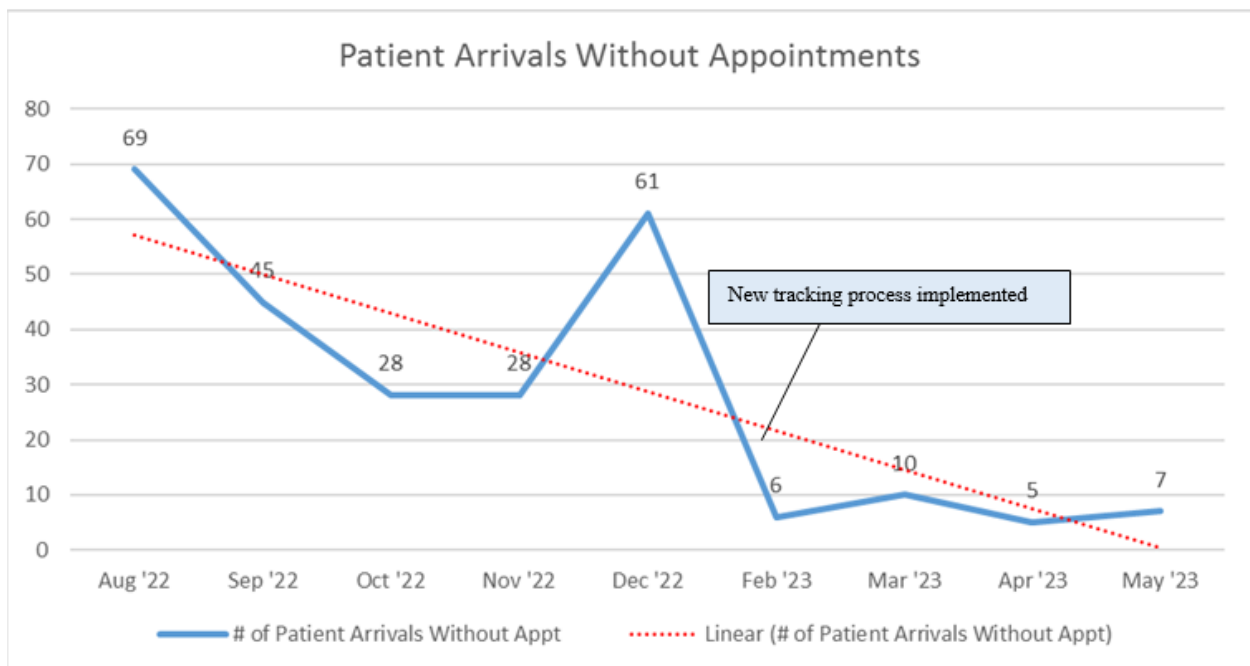




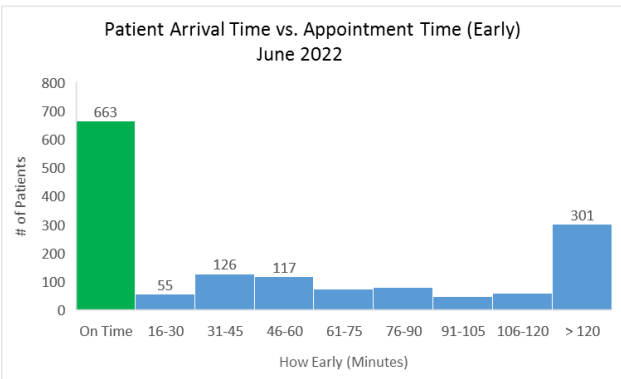
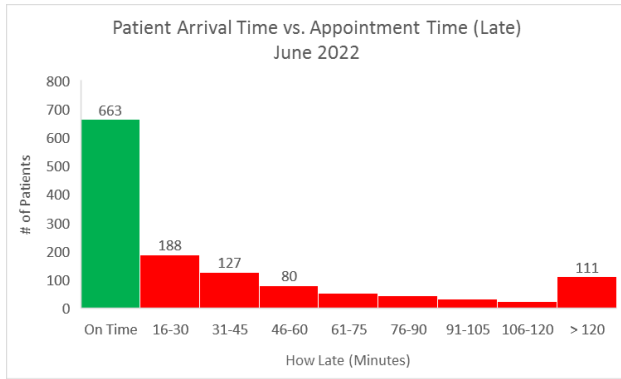
LOS remains a high priority focus for all teams with the goal to further improve on the gains we have made to date.

4. Clinic Experience

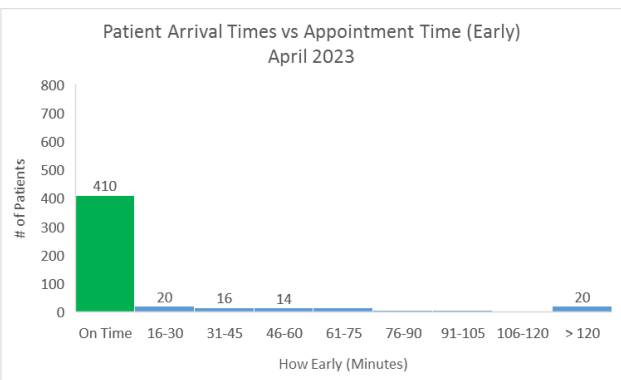
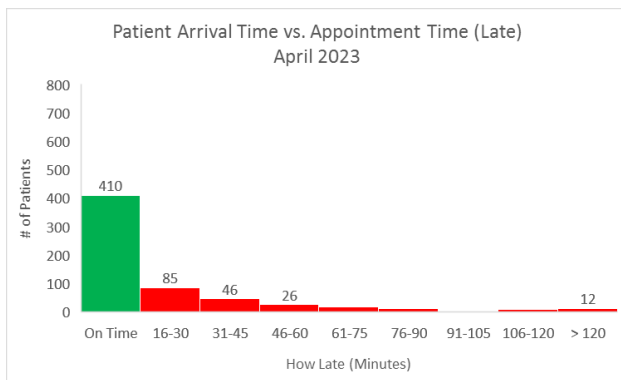
A new quality goal was identified for FY 2021 to improve the experience of our patients accessing our clinic. We initially worked to eliminate the historic practice of MTI accommodating clinic walk-ins, which was identified as one of the drivers of the delays scheduled patients were experiencing. Following initial education of patients, staff and providers, this was implemented with a soft go-live to accommodate patients during the transition. We achieved significant and sustained improvement in this metric. Case reviews conducted on each occurrence have helped identify many process and communication-related causes for the small number of patients who continue to show without an appointment.



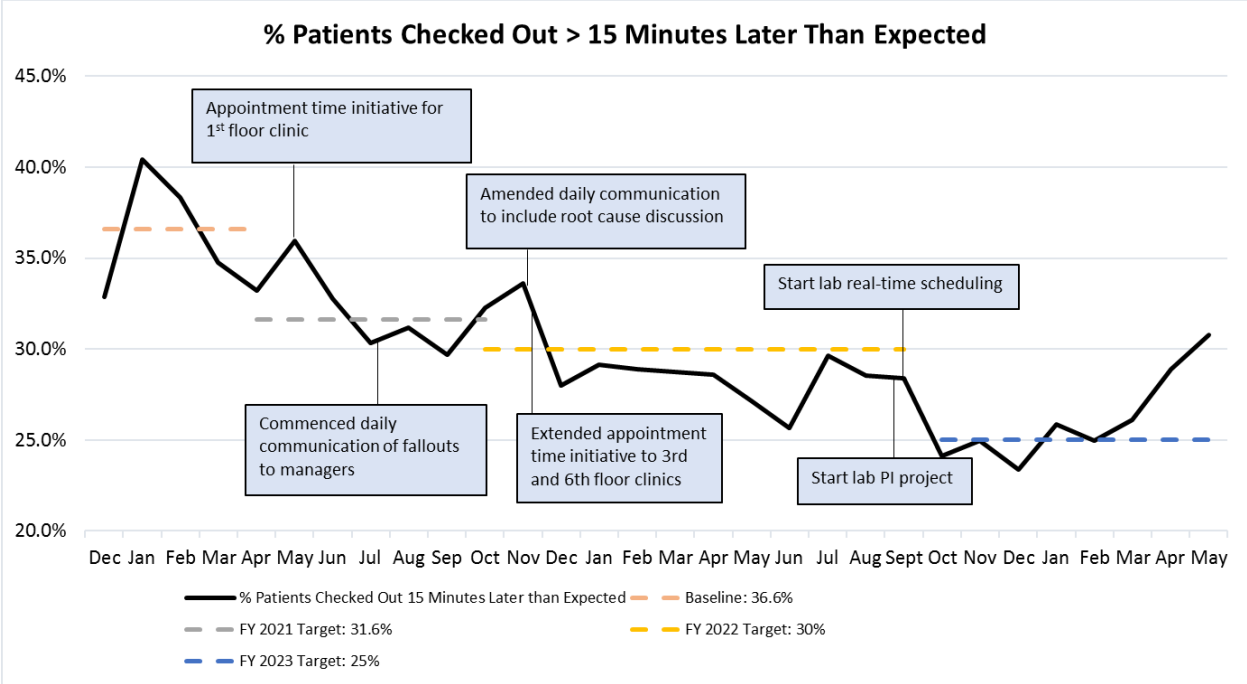
These case reviews led to the launch of a collaborative initiative with our laboratory leadership to improve the scheduling of patients for laboratory appointments. Baseline data suggested a significant volume of patients arrived late to their appointment, and a larger number arrived very early for scheduled appointments.



Following a period of education of patients and staff to the new process of allowing access to clinic only 15 minutes prior to the scheduled appointment time, we have decreased the very early arrivals and the late arrivals, significantly improving patient flow and the overall experience for patients.



We also moved all provider clinics to adhere to scheduled appointment times rather than by time of arrival to clinic. After initial baseline data was captured on time spent in clinic (T in – T out), the goal to decrease the time by 5 percent from baseline was established. We started this initiative in the first floor clinic in early 2021. The project expanded to all clinics at MTI in December 2021. We modified the target in 2022 with a further 5 percent reduction for FY 2022 after successfully reaching the established target. We further decreased our target to 25 percent for FY 2023.



We achieved and maintained our goal of less than 25 percent of patients checked out late through March 2023. However, the trend has been upward since December with the percent late checkouts in May at 30.8 percent. No significant operational change has occurred in the clinic. Data shows that the number of patients showing up to the clinic without scheduled appointments, which may affect scheduled patient flow, has not increased. A more detailed analysis is underway to understand what is driving this change. Preliminary data has identified some specific areas of our clinic operations that are contributing to a larger volume of late check outs. Data also reveals significant anomalies between providers in the same clinic. Further analysis is underway to understand the rates of late check outs per each of these areas and this will drive further initiatives to improve this metric.

Additional Improvement Projects

A significant number of smaller-scale performance improvement projects have been completed or are underway, identified through quality assurance activities, patient safety reports, and outcome analysis. These improvement initiatives are reported at the MTI QAPI Committee and at the program-specific QAPI Committees. Leveraging data to drive improvement continues to be a high priority for all areas of MTI.

**Agenda Item 6.a.
Joint Conference and Efficiencies Committee
June 28, 2023**

RESOLUTION NO. PHT 06/2023

RESOLUTION APPROVING THE MEDICAL STAFF AND HEALTH PROFESSIONAL AFFILIATE STAFF MEMBERSHIP AND CLINICAL PRIVILEGES; APPROVING INITIAL APPOINTMENTS, REAPPOINTMENTS AND CLINICAL PRIVILEGES AND ACTIVITIES; APPROVING MODIFICATIONS TO MEDICAL STAFF MEMBERSHIP CATEGORY AND CLINICAL PRIVILEGES; ACCEPTING RESIGNATIONS AND LEAVES OF ABSENCE – JUNE 2023

Chris A. Ghaemmaghami, MD, Executive Vice President, Chief Physician Executive and Chief Clinical Officer, Jackson Health System

WHEREAS, the Public Health Trust Board of Trustees is charged with considering and acting upon applications for medical staff membership and clinical privileges pursuant to Section 25A-4(f) of the Miami-Dade County Code as well as state and federal law and regulations; and

WHEREAS, the Public Health Trust Board of Trustees is charged with considering and acting upon applications for health professional affiliate staff membership and clinical privileges, protocols and/or scope of service pursuant to state and federal laws and regulations; and

WHEREAS, all applications for initial appointment and reappointment to the medical staff and health professional affiliate staff, modifications of medical staff membership, requests for and modifications to clinical privileges/admitting priorities/protocols/scopes of service, resignations and leaves of absence have been thoroughly reviewed by the Public Health Trust's Corporate Credentialing Office, the appropriate Chief of Service, Associate Chief of Service or designee, the Credentials Committee, the Medical Executive Committee and, where appropriate the Office of Risk Management; and

**Agenda Item 6.a.
Joint Conference and Efficiencies Committee
June 28, 2023**

-Page 2-

WHEREAS, the Credentials Committee provided its recommendation to the Medical Executive Committee;
and

WHEREAS, the Medical Executive Committee provided its recommendations to the Public Health Trust Board of Trustees.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY, FLORIDA, hereby approves the initial appointments and reappointments to the medical staff and health professional affiliate staff and grants clinical privileges, admitting priorities, protocols and scopes of service as detailed in the attachment; approves the modifications to the medical staff membership category and modifications to clinical privileges, admitting priorities, protocols and scopes of service as detailed in the attachment; and finally, the Public Health Trust Board of Trustees accepts the resignations and leaves of absence from the medical staff and health professional affiliate staff as detailed in the attachment.




Jackson Health System
BOARD OF TRUSTEES COMMITTEE
June 28, 2023

	Medical Staff	Allied Health Professionals
Initial Applicant(s)	22	17
<i>(14) – Community Physician(s)</i>		
<i>(8) – Academic Physician(s)</i>		
<i>(6) – Trained at Jackson (Internship, Residency and/or Fellowship)</i>		
Reappointments	68	30
Reappointment(s) Reinstatements	0	0
Termination(s)	0	0
Notification of Site(s) of Practice:		
a. Correction of Clinical Privileges	0	0
b. Request for Additional Privileges	4	0
c. Change of Membership Category	4	0
d. Additional/Change Sponsor	0	3
e. Additional Service/Facility	0	0
f. Request for Change of Service/Clinical Privileges	0	0
g. Delete Sponsor/Privileges	0	0
h. Denial of Clinical Privileges – Modified	0	0
i. Ceasing Clinical Privileges/Facility	0	0
j. Request for reduction of clinical privileges	0	0
k. Deceased	0	1
l. Request for Leave of Absence	0	0
Resignation(s)	36	18
Voluntary Withdrawal and Voluntary Relinquishment of Membership and Privileges:		
a. Incomplete Reappointment(s) File	0	0
b. Reappointment Application Not Returned	2	0
c. Lack of Utilization	0	0
d. Does not use facility and geographically inconvenient	0	0


*****CONFIDENTIALITY STATEMENT*****

REMINDER : In order to preserve the statutory protection against discovery, all committee members must maintain the confidentiality of the subject matter of this meeting.


JACKSON HEALTH SYSTEM
Initial Appointments - Medical Staff

Name Training	Department/ Specialty/ Status/ Privileges	Board Certified/ Expiration Date	References	Hospital Affiliations	Comments
 <p>Miguel R. Abalo, MD</p> <p>MD: Pontificia Universidad Catolica de Chile 09/03/2012 ECFMG: 06/25/2015</p> <p>Residency: Jackson Memorial Hospital Anesthesiology 06/24/2016 -06/30/2020</p> <p>Fellowship: Stanford School of Medicine Cardiac Anesthesia 08/01/2020 - 07/31/2021</p>	<p>Anesthesiology</p> <p>Active (UMMG)</p> <p>Privileges Requested: Anesthesiology</p>	<p>AB of Anesthesiology MOC</p>	<p>3-all positive</p>	<p>None</p>	


JACKSON HEALTH SYSTEM
Initial Appointments - Medical Staff

Name Training	Department/ Specialty/ Status/ Privileges	Board Certified/ Expiration Date	References	Hospital Affiliations	Comments
 <p>Jacques F. Alexis, MD</p> <p>MD: State University of Haiti Medical School 10/25/2004 ECFMG: 03/21/2019</p> <p>Residency: Borinquen Health Care Center Family Medicine 09/16/2019 - 09/15/2022</p>	<p>Medicine Hospitalist (FM)</p> <p>Active (Community Provider)</p> <p>Privileges Requested: Adult Hospitalist</p>	<p>AB of Family Medicine MOC</p>	<p>3-all positive</p>	<p>2-positive</p>	


JACKSON HEALTH SYSTEM
Initial Appointments - Medical Staff

Name Training	Department/ Specialty/ Status/ Privileges	Board Certified/ Expiration Date	References	Hospital Affiliations	Comments
 <p>Michael J. Armstrong, MD</p> <p>MD: University of South Florida College of Medicine 05/02/2008</p> <p>Internship: Bureau of Medicine and Surgery - Naval Medical Center Basic Surgery 07/01/2008 - 06/30/2009</p> <p>Residency: Bureau of Medicine and Surgery - United States Navy Anesthesiology 07/01/2014 - 06/0/2017</p> <p>Fellowship: Jackson Memorial Hospital Pediatric Anesthesiology 08/15/2020 - 08/14/2021</p>	<p>Anesthesiology Pediatric Anesthesiology</p> <p>Active (UMMG)</p> <p>Privileges Requested: Anesthesiology</p>	<p>AB of Anesthesiology MOC Pediatric Anesthesiology MOC</p>	<p>3-all positive</p>	<p>2-positive</p>	


JACKSON HEALTH SYSTEM
Initial Appointments - Medical Staff

Name Training	Department/ Specialty/ Status/ Privileges	Board Certified/ Expiration Date	References	Hospital Affiliations	Comments
 <p>Simon Blanc, MD</p> <p>MD: University Saint Espirt de Kaslik Faculte de Medicine et des Sciences Medicales - Lebanon 06/15/2009 ECFMG: 06/21/2010</p> <p>Residency: Icahn School of Medicine at Mount Sinai New York Internal Medicine 07/01/2012 - 06/30/2015</p> <p>Fellowship: Montefiore Medical Center Hematology & Medical Oncology 07/01/2015 - 06/30/2016</p> <p>Jackson Memorial Hospital Hematology Oncology 08/08/2016 - 06/30/2018</p>	<p>Medicine Hematology & Medical Oncology</p> <p>Active (Community Provider)</p> <p>Privileges Requested: Hematology & Medical Oncology</p>	<p>AB of Internal Medicine <i>MOC</i> Hematology <i>MOC</i> Medical Oncology <i>MOC</i></p>	<p>3-all positive</p>	<p>None</p>	


JACKSON HEALTH SYSTEM
Initial Appointments - Medical Staff

Name Training	Department/ Specialty/ Status/ Privileges	Board Certified/ Expiration Date	References	Hospital Affiliations	Comments
 <p>Nicholas H. Carter, MD</p> <p>MD: Brown University School of Medicine 05/27/2013</p> <p>Residency: Vanderbilt University Medical Center General Surgery 07/01/2013 - 06/30/2020</p> <p>Fellowship: East Tennessee State University College of Medicine/St. Boniface Hospital in Haiti Global Health in Surgery 07/01/2020 - 06/30/2021</p> <p>Jackson Memorial Hospital Surgical Critical Care 08/01/2021 - 07/31/2022</p>	<p>Surgery Surgical Critical Care</p> <p>Active (UMMG)</p> <p>Privileges Requested: General Surgery Trauma Surgical Critical Care</p>	<p>AB of Surgery MOC Surgical Critical Care MOC</p>	<p>3-all positive</p>	<p>None</p>	


JACKSON HEALTH SYSTEM
Initial Appointments - Medical Staff

Name Training	Department/ Specialty/ Status/ Privileges	Board Certified/ Expiration Date	References	Hospital Affiliations	Comments
 <p>Ioannis S. Chatzizisis, MD</p> <p>MD: Aristotle University of Thessaloniki Medical School - Greece 07/17/2000 ECFMG: 12/29/2011</p> <p>Residency: General Hospital of Trikala Internal Medicine 08/01/2000 - 12/31/2005</p> <p>Fellowships: Brigham and Women's Hospital Cardiovascular Imaging 02/01/2012 - 01/31/2014</p> <p>Brigham and Women's Hospital Interventional Cardiovascular Medicine 07/01/2014 - 06/30/2015</p>	<p>Medicine, Cardiovascular Disease</p> <p>Active (UMMG)</p> <p>Privileges Requested: Cardiovascular Disease</p>	<p>AB of Internal Medicine MOC Cardiovascular Disease MOC</p>	<p>3-all positive</p>	<p>1-positive</p>	


JACKSON HEALTH SYSTEM
Initial Appointments - Medical Staff

Name Training	Department/ Specialty/ Status/ Privileges	Board Certified/ Expiration Date	References	Hospital Affiliations	Comments
 <p>Montserrat A. Corbera-Hincapie, MD</p> <p>MD: University of Florida College of Medicine 05/16/2015</p> <p>Internship: Miami Children's Hospital Pediatrics 06/30/2015 - 06/28/2016</p> <p>Residency: University of Florida College of Medicine Pediatrics 07/01/2016 - 06/30/2019</p> <p>Fellowship: University of Pittsburgh School of Medicine Pediatric Gastroenterology 07/01/2019 - 06/30/2022</p>	<p>Pediatrics Pediatric Gastroenterology</p> <p>Active (UMMG)</p> <p>Privileges Requested: Pediatric Gastroenterology</p>	<p>AB of Pediatrics MOC</p> <p>Pediatric Gastroenterology Not Board Certified PTW 2029</p>	<p>3-all positive</p>	<p>1-positive</p>	


JACKSON HEALTH SYSTEM
Initial Appointments - Medical Staff

Name Training	Department/ Specialty/ Status/ Privileges	Board Certified/ Expiration Date	References	Hospital Affiliations	Comments
 <p>Uzma S. Faheem, MD</p> <p>MD: Dow University of Karachi Faculty of Medicine 07/06/1992 ECFMG: 08/28/2000</p> <p>Residency: Meharry Medical College Psychiatry 07/01/2002 - 06/30/2006</p>	<p>Psychiatry</p> <p>Active (Community Provider)</p> <p>Privileges Requested: Psychiatry</p>	<p>AB of Psychiatry & Neurology Psychiatry MOC</p>	<p>3-all positive</p>	<p>None</p>	


JACKSON HEALTH SYSTEM
Initial Appointments - Medical Staff

Name Training	Department/ Specialty/ Status/ Privileges	Board Certified/ Expiration Date	References	Hospital Affiliations	Comments
 <p>Gustavo Ferrer-Gonzalez, MD</p> <p>MD: Universidad de Ciencias Medicas Santiago de Cuba - Cuba 07/16/1994 ECFMG: 04/01/2003</p> <p>Residency: Texas Tech University Health Sciences Center Internal Medicine 07/18/2003 - 07/17/2006</p> <p>Fellowship: George Washington University Medical Center and Affiliated Hospitals Pulmonary Disease & Critical Care Medicine 07/01/2006 - 07/17/2009</p>	<p>Medicine Pulmonary</p> <p>Active (Community Provider)</p> <p>Privileges Requested: Pulmonary Medicine</p>	<p>AB of Internal Medicine <i>MOC</i> Critical Care Medicine <i>04/2024</i> Pulmonary Disease <i>MOC</i></p>	<p>3-all positive</p>	<p>2-positive</p>	


JACKSON HEALTH SYSTEM
Initial Appointments - Medical Staff

Name Training	Department/ Specialty/ Status/ Privileges	Board Certified/ Expiration Date	References	Hospital Affiliations	Comments
 <p>Onix C. Garib Alpizar, MD</p> <p>MD: El Rector del Instituto Superior de Ciencias Medicas de la Havana 08/20/2001 ECFMG: 03/06/2014</p> <p>Residency: Dr. Ramon Ruiz Arnau University Hospital - Puerto Rico Internal Medicine 07/01/2016 - 06/30/2019</p> <p>Fellowship: University of Puerto Rico School of Medicine Gastroenterology 07/01/2019 - 06/30/2022</p>	<p>Medicine Gastroenterology</p> <p>Active (Community Provider)</p> <p>Privileges Requested: Gastroenterology</p>	<p>AB of Internal Medicine MOC Gastroenterology MOC</p>	<p>3-all positive</p>	<p>None</p>	


JACKSON HEALTH SYSTEM
Initial Appointments - Medical Staff

Name Training	Department/ Specialty/ Status/ Privileges	Board Certified/ Expiration Date	References	Hospital Affiliations	Comments
 <p>Mitchell Gruzmark, DMD</p> <p>DMD: Nova Southeastern University College of Dental Medicine 05/20/2016</p> <p>Residency: Nova Southeastern University College of Dental Medicine Pediatric Dentistry 07/01/2020 - 06/30/2022</p>	<p>Pediatrics Pediatric Dentistry</p> <p>Active (Community Provider)</p> <p>Privileges Requested: Pediatric Dentistry</p>	<p>Not Board Certified PTW 2027</p>	<p>3-all positive</p>	<p>None</p>	


JACKSON HEALTH SYSTEM
Initial Appointments - Medical Staff

Name Training	Department/ Specialty/ Status/ Privileges	Board Certified/ Expiration Date	References	Hospital Affiliations	Comments
 <p>Laura E. Irastorza, MD</p> <p>MD: Florida State University College of Medicine 05/16/2015</p> <p>Residency: Palmetto Health & University of South Carolina School of Medicine Pediatrics 07/01/2015 - 06/30/2018</p> <p>Fellowship: University of Florida College of Medicine and Affiliated Hospitals Pediatric Gastroenterology 07/01/2018 - 06/30/2021</p>	<p>Pediatrics Pediatric Gastroenterology</p> <p>Active (UMMG)</p> <p>Privileges Requested: Pediatric Gastroenterology</p>	<p>AB of Pediatrics MOC Pediatric Gastroenterology MOC</p>	<p>3-all positive</p>	<p>1-positive</p>	


JACKSON HEALTH SYSTEM
Initial Appointments - Medical Staff

Name Training	Department/ Specialty/ Status/ Privileges	Board Certified/ Expiration Date	References	Hospital Affiliations	Comments
 <p>Patrick U. Iyahan, MD</p> <p>MD: Medical University of the Americas - West Indies 03/26/2010 ECFMG: 05/17/2012</p> <p>Internship: Lincoln Medical and Mental Health Center Internal Medicine 07/01/2013 - 06/30/2014</p> <p>Residency: Larkin Community Hospital Family Medicine 07/01/2019 - 06/30/2022</p>	<p>Family Medicine</p> <p>Active (Community Provider)</p> <p>Privileges Requested: Urgent Care Center</p>	<p>AB of Family Medicine MOC</p>	<p>3-all positive</p>	<p>None</p>	


JACKSON HEALTH SYSTEM
Initial Appointments - Medical Staff

Name Training	Department/ Specialty/ Status/ Privileges	Board Certified/ Expiration Date	References	Hospital Affiliations	Comments
 <p>Deborah J. Krahl, MD</p> <p>MD: University of Minnesota School of Medicine 06/13/1992</p> <p>Residency: University of California Irvine College of Medicine Obstetrics & Gynecology 07/01/1992 - 06/30/1996</p>	<p>Obstetrics Gynecology</p> <p>Active (Community Provider)</p> <p>Privileges Requested: Obstetrics & Gynecology</p>	<p>AB of Obstetrics & Gynecology MOC</p>	<p>3-all positive</p>	<p>None</p>	


JACKSON HEALTH SYSTEM
Initial Appointments - Medical Staff

Name Training	Department/ Specialty/ Status/ Privileges	Board Certified/ Expiration Date	References	Hospital Affiliations	Comments
 <p>Bryan A. Lubomirsky, MD</p> <p>MD: University of Toledo College of Medicine and Life Sciences 05/29/2015</p> <p>Internship: University of California (Irvine) Medical Center Internal Medicine 06/19/2015 - 06/30/2016</p> <p>Residency: Los Angeles County Harbor-UCLA Medical Center Diagnostic Radiology 07/01/2016 - 06/30/2020</p> <p>Fellowship: University of California (Davis) Health System Neuroradiology 07/01/2020 - 06/30/2021</p>	<p>Radiology Neuroradiology</p> <p>Active (UMMG)</p> <p>Privileges Requested: Diagnostic Radiology</p>	<p>AB of Radiology MOC Neuroradiology MOC</p>	<p>3-all positive</p>	<p>1-positive</p>	


JACKSON HEALTH SYSTEM
Initial Appointments - Medical Staff

Name Training	Department/ Specialty/ Status/ Privileges	Board Certified/ Expiration Date	References	Hospital Affiliations	Comments
 <p>Meilani H. Mapa, MD</p> <p>MD: Northeastern Ohio Universities College of Medicine 05/24/2003</p> <p>Internship: Summa Health System - Ohio Transitional Year 07/01/2003 - 06/30/2004</p> <p>Residency: Baylor College of Medicine Physical Medicine & Rehabilitation 07/01/2004 - 06/30/2007</p> <p>Fellowship: University of Texas Health Science Center at Houston Brain Injury Rehabilitation 07/01/2007 - 06/30/2008</p>	<p>Physical Medicine & Rehabilitation</p> <p>Active (Community Provider)</p> <p>Privileges Requested: Physical Medicine & Rehabilitation</p>	<p>AB of Physical Medicine & Rehabilitation <i>MOC</i> Brain Injury Medicine <i>MOC</i></p>	<p>3-all positive</p>	<p>2- positive</p>	


JACKSON HEALTH SYSTEM
Initial Appointments - Medical Staff

Name Training	Department/ Specialty/ Status/ Privileges	Board Certified/ Expiration Date	References	Hospital Affiliations	Comments
 <p>Timothy Muchayi, MD</p> <p>MD: University of Malta Faculty of Medicine and Surgery 06/01/2004 ECFMG: 08/24/2007</p> <p>Internship: Detroit Medical Center Transitional Year 07/01/2008 - 06/30/2009</p> <p>Residency: Wayne State university School of Medicine-Detroit Medical Center Internal Medicine 07/01/2009 - 06/30/2012</p> <p>Fellowship: Jackson Memorial Hospital Nephrology and Hypertension 07/01/2012 - 06/30/2014</p>	<p>Medicine Nephrology</p> <p>Active (Community Provider)</p> <p>Privileges Requested: Nephrology</p>	<p>AB of Internal Medicine Nephrology MOC</p>	<p>3-all positive</p>	<p>1-positive</p>	


JACKSON HEALTH SYSTEM
Initial Appointments - Medical Staff

Name Training	Department/ Specialty/ Status/ Privileges	Board Certified/ Expiration Date	References	Hospital Affiliations	Comments
 <p>Efosa O. Osawe, MD</p> <p>MD: American University of Antigua College of Medicine 07/22/2011 ECFMG: 10/03/2011</p> <p>Residency: Loyola University Medical Center/Trinity- Mercy Chicago Internal Medicine 07/01/2012 - 06/30/2015</p>	<p>Medicine Hospitalist (IM)</p> <p>Active (Community Provider)</p> <p>Privileges Requested: Adult Hospitalist</p>	<p>AB of Internal Medicine <i>MOC</i></p>	<p>3-all positive</p>	<p>6-positive</p>	


JACKSON HEALTH SYSTEM
Initial Appointments - Medical Staff

Name Training	Department/ Specialty/ Status/ Privileges	Board Certified/ Expiration Date	References	Hospital Affiliations	Comments
 <p>Leslie R. Pence, DMD</p> <p><u>DMD:</u> East Carolina University School of Dental Medicine 05/03/2019</p> <p><u>Residency:</u> NYU Langone Health Pediatric Dentistry 07/01/2019 - 06/30/2021</p>	<p>Pediatrics Pediatric Dentistry</p> <p>Active (Community Provider)</p> <p><u>Privileges Requested:</u> Pediatric Dentistry</p>	<p>AB of Pediatric Dentistry 11/2023</p>	<p>3-all positive</p>	<p>None</p>	


JACKSON HEALTH SYSTEM
Initial Appointments - Medical Staff

Name Training	Department/ Specialty/ Status/ Privileges	Board Certified/ Expiration Date	References	Hospital Affiliations	Comments
 <p>Sara Reyes Romero, MD</p> <p>MD: Universidad Del Sinu Elias Bechara Zainum - Colombia 12/15/2011 ECFMG: 04/27/2017</p> <p>Residency: Jackson Memorial Hospital Pediatrics 06/24/2019 - 06/30/2022</p>	<p>Pediatrics</p> <p>Active (Community Provider)</p> <p>Privileges Requested: Pediatrics</p>	<p>Not Board Certified PTW 2029</p>	<p>3-all positive</p>	<p>None</p>	



JACKSON HEALTH SYSTEM
Initial Appointments - Medical Staff

Name Training	Department/ Specialty/ Status/ Privileges	Board Certified/ Expiration Date	References	Hospital Affiliations	Comments
 <p>Darren S. Salinger, MD</p> <p>MD: University of Miami School of Medicine 05/12/1995</p> <p>Residency: George Washington University Medical Center & Affiliated Hospitals Obstetrics & Gynecology 07/01/1995 - 06/30/1999</p>	<p>Obstetrics Gynecology</p> <p>Active (Community Provider)</p> <p>Privileges Requested: Obstetrics & Gynecology</p>	<p>AB of Obstetrics & Gynecology MOC</p>	<p>3-all positive</p>	<p>None</p>	



JACKSON HEALTH SYSTEM
Initial Appointments - Medical Staff

Name Training	Department/ Specialty/ Status/ Privileges	Board Certified/ Expiration Date	References	Hospital Affiliations	Comments
 <p>Sidney P. Walker, MD</p> <p>MD: Albert Einstein College of Medicine 06/01/1994</p> <p>Internship: New York University Medical Center Pathology 07/01/1994 - 06/30/1995</p> <p>Residency: St. Luke's Roosevelt Hospital Center Diagnostic Radiology 07/01/1995 - 06/30/1999</p> <p>Fellowship: Yale New Haven Hospital Body Imaging 07/01/1999 - 06/30/2000</p>	<p>Radiology</p> <p>Active (UMMG)</p> <p>Privileges Requested: Radiology</p>	<p>AB of Radiology MOC</p>	<p>3-all positive</p>	<p>None</p>	



JACKSON HEALTH SYSTEM
Initial Appointments - Allied Health Professionals

Name Education/Training	Department/ Specialty/ Privileges	Board Certified/ Expiration	References	Hospital(s)	Sponsor(s)	Comments
 <p>Muna S. Abraha, APRN</p> <p>Graduate Education: Nova Southeastern University Master of Science in Nursing 05/31/2019</p>	<p>Surgery Thoracic Surgery</p> <p>Privileges Requested: NP - Acute Care</p>	<p>American Academy of Nurse Practitioners Certification Board (Family Nurse Practitioner) 10/2024</p>	<p>3- all positive</p>	<p>None</p>	<p>Tiago Machuca, MD <i>Surgery</i></p>	
 <p>Miguel E. Acosta Martinez, APRN</p> <p>Graduate Education: Barry University Master of Science in Nursing 12/11/2021</p>	<p>Medicine, Infectious Disease HP, Advanced Practice Registered Nurse</p> <p>Privileges Requested: NP - Acute Care</p>	<p>American Nurses Credentialing Center (Adult-Gerontology Acute Care Nurse Practitioner) 09/2027</p>	<p>3- all positive</p>	<p>None</p>	<p>Jose Perez-Tirse, MD <i>Infectious Disease</i></p>	



JACKSON HEALTH SYSTEM
Initial Appointments - Allied Health Professionals

Name Education/Training	Department/ Specialty/ Privileges	Board Certified/ Expiration	References	Hospital(s)	Sponsor(s)	Comments
 <p>Carlos A. Aparicio, APRN</p> <p><u>Graduate Education:</u> Florida International University Master of Science in Nursing 07/27/2018</p>	<p>Family Medicine Urgent Care Center HP, Advanced Practice Registered Nurse</p> <p><u>Privileges</u> <u>Requested:</u> NP - Primary Care</p>	<p>American Nurses Credentialing Center (Family Nurse Practitioner) 09/2023</p>	<p>3- all positive</p>	<p>2-positive</p>	<p>Ahmed Riaz, MD <i>Family Medicine</i></p>	
 <p>Christina Barthelemy, APRN</p> <p><u>Graduate Education:</u> Barry University Doctor of Nursing Practice 12/12/2020</p>	<p>Medicine, Infectious Disease HP, Advanced Practice Registered Nurse</p> <p><u>Privileges</u> <u>Requested:</u> NP - Acute Care</p>	<p>American Nurses Credentialing Center (Family Nurse Practitioner) 03/2027</p>	<p>3- all positive</p>	<p>None</p>	<p>Maria Ale-Castro, MD <i>Infectious Disease</i> Erik Lowman, DO <i>Infectious Disease</i></p>	



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Initial Appointments - Allied Health Professionals

Name Education/Training	Department/ Specialty/ Privileges	Board Certified/ Expiration	References	Hospital(s)	Sponsor(s)	Comments
 Alba M. Beltran Bernal, APRN <u>Graduate Education:</u> Miami Regional University Master of Science in Nursing 04/26/2020	Obstetrics & Gynecology HP, Advanced Practice Registered Nurse <u>Privileges Requested:</u> NP - Acute Care - OB/GYN (Women's Health)	American Academy of Nurse Practitioners Certification Board (Family Nurse Practitioner) 07/2025	3- all positive	None	Clones Lans, MD Obstetrics & Gynecology	
 Maria C. Botero, APRN <u>Graduate Education:</u> South University Master of Science in Nursing 04/12/2017	Orthopaedics HP, Advanced Practice Registered Nurse <u>Privileges Requested:</u> NP - Acute Care	American Association of Critical-Care Nurses (Adult-Gerontology Acute Care Nurse Practitioner) 11/2026 American Academy of Nurse Practitioners Certification Board (Family Nurse Practitioner) 10/2027	3-all positive	None	Victor Hernandez, MD Orthopaedics	



JACKSON HEALTH SYSTEM
Initial Appointments - Allied Health Professionals

Name Education/Training	Department/ Specialty/ Privileges	Board Certified/ Expiration	References	Hospital(s)	Sponsor(s)	Comments
 Christina M. Carsello, APRN, DNP <u>Graduate Education:</u> The Johns Hopkins University Doctor of Nursng Practice 05/05/2016	Pediatrics Neonatology HP, Advanced Practice Registered Nurse <u>Privileges</u> <u>Requested:</u> NP - Neonatology	National Certification Corporation <i>(Neonatal Nurse Practitioner)</i> 03/2026	3-all positive	1-positive	Shahnaz Duara, MD <i>Pediatric Neonatology</i>	
 Carmen Chan, CRNA <u>Graduate Education:</u> Florida International University Master of Science in Nursing 12/08/2018	Anesthesiology HP, Certified Registered Nurse Anesthetist <u>Privileges</u> <u>Requested:</u> CRNA	National Board of Certification & Recertification for Nurse Anesthetists <i>(NBCRNA)</i> 01/2027	3- all positive	None	Hannah Thompson, MD <i>Anesthesiology</i>	



JACKSON HEALTH SYSTEM
Initial Appointments - Allied Health Professionals

Name Education/Training	Department/ Specialty/ Privileges	Board Certified/ Expiration	References	Hospital(s)	Sponsor(s)	Comments
 Lidia D. Diaz, APRN <u>Graduate Education:</u> University of Miami Master of Science in Nursing 08/09/2019	Pediatrics, Pediatric Pulmonology HP, Advanced Practice Registered Nurse <u>Privileges</u> <u>Requested:</u> NP - Acute Care NP - Pediatrics	American Nurses Credentialing Center <i>(Family Nurse Practitioner)</i> 11/2024	3- all positive	None	Monica R. Cardenas, MD <i>Pediatrics</i>	
 Glenda Fernandez, APRN <u>Graduate Education:</u> Barry University Master of Science in Nursing 12/09/2022	Medicine, Pulmonary & Critical Care HP, Advanced Practice Registered Nurse <u>Privileges</u> <u>Requested:</u> NP - Critical Care	American Nurses Credentialing Center <i>(Adult-Gerontology Acute Care Nurse Practitioner)</i> 02/2028	3- all positive	None	Vincenzo Novara, MD <i>Pulmonary & Critical Care</i> Anthony Panariello, MD <i>Pulmonary & Critical Care</i>	



JACKSON HEALTH SYSTEM
Initial Appointments - Allied Health Professionals

Name Education/Training	Department/ Specialty/ Privileges	Board Certified/ Expiration	References	Hospital(s)	Sponsor(s)	Comments
 <p>Haylin E. Fley, APRN</p> <p><u>Graduate Education:</u> Barry University Master of Science in Nursing 12/09/2022</p>	<p>Neurological Surgery HP, Advanced Practice Registered Nurse</p> <p><u>Privileges Requested:</u> NP - Neurological Surgery</p>	<p>American Nurses Credentialing Center (Adult-Gerontology Acute Care Nurse Practitioner) 02/2028</p>	<p>3-all positive</p>	<p>1-positive</p>	<p>Allan D. Levi, MD <i>Neurological Surgery</i></p>	
 <p>Danielle L. Hammons, APRN</p> <p><u>Graduate Education:</u> Chatham University Doctor of Nursing Practice 08/13/2022</p>	<p>Psychiatry HP, Advanced Practice Registered Nurse</p> <p><u>Privileges Requested:</u> NP - Psychiatric and Mental Health</p>	<p>American Nurses Credentialing Center (Psychiatric - Mental Health Nurse Practitioner) 06/2024</p>	<p>3- all positive</p>	<p>4-all positive</p>	<p>Dante M. Durand, MD <i>Psychiatry</i> Uzma S. Faheem, MD <i>Psychiatry</i></p>	


JACKSON HEALTH SYSTEM
Initial Appointments - Allied Health Professionals

Name Education/Training	Department/ Specialty/ Privileges	Board Certified/ Expiration	References	Hospital(s)	Sponsor(s)	Comments
 Elianet Perez, APRN <u>Graduate Education:</u> Universidad Ana G. Mendez Master of Science in Nursing 08/13/2022	Medicine, Cardiovascular Disease HP, Advanced Practice Registered Nurse <u>Privileges</u> <u>Requested:</u> NP - Acute Care	American Academy of Nurse Practitioners Certification Board (Family Nurse Practitioner) 11/2027	3- all positive	None	Vitale Crudu, MD Cardiovascular Disease	
 Shaneka D. Reynolds, APRN <u>Graduate Education:</u> Purdue University Global Master of Science in Nursing 08/18/2020	Surgery, Surgical Critical Care HP, Advanced Practice Registered Nurse <u>Privileges</u> <u>Requested:</u> NP - Critical Care	American Nurses Credentialing Center (Adult-Gerontology Acute Care Nurse Practitioner) 04/2026	3- all positive	None	Jeffrey M. Scott, DO Surgical Critical Care	

JACKSON HEALTH SYSTEM
Initial Appointments - Allied Health Professionals

Name Education/Training	Department/ Specialty/ Privileges	Board Certified/ Expiration	References	Hospital(s)	Sponsor(s)	Comments
 <p>Monica Ryland, APRN</p> <p><u>Graduate Education:</u> Saint Joseph's College Master of Science in Nursing 12/30/2013</p>	<p>Medicine, Gastroenterology HP, Advanced Practice Registered Nurse</p> <p><u>Privileges</u> <u>Requested:</u> NP - Acute Care</p>	<p>American Academy of Nurse Practitioners Certification Board (Family Nurse Practitioner) 03/2024</p>	<p>3-all positive</p>	<p>1- positive</p>	<p>Christian Andrade, MD <i>Gastroenterology</i></p>	
 <p>Fanny Tse, PA</p> <p><u>Graduate Education:</u> Nova Southeastern University Master of Medical Science in Physician Assistant 08/24/2013</p>	<p>Medicine, Pulmonary HP, Physician Assistant</p> <p><u>Privileges</u> <u>Requested:</u> PA - Acute Care</p>	<p>National Commission on Certification of Physician Assistants (NCCPA) 10/2023</p>	<p>3- all positive</p>	<p>2-positive</p>	<p>Gustavo Ferrer-Gonzalez, MD <i>Pulmonary & Critical Care</i></p>	

JACKSON HEALTH SYSTEM
Initial Appointments - Allied Health Professionals

Name Education/Training	Department/ Specialty/ Privileges	Board Certified/ Expiration	References	Hospital(s)	Sponsor(s)	Comments
 Aimara C. Villalobos Garcia, DA <u>Graduate Education:</u> Brittin Dental Assisting Dental Assistant 02/01/2022	Pediatrics Pediatrics Dentistry HP, Dental Assistant <u>Privileges</u> <u>Requested:</u> Pediatric Dental Assistant	N/A	3-all positive	None	Maria I. Trujillo, DDS <i>Dentistry</i>	

JACKSON HEALTH SYSTEM
Reappointments - Medical Staff

Provider ID #	Department/Specialty	Reappt. Date	Status	Board Certified/ Expiration	Comments
02731	Pediatrics, Pediatric Nephrology	6/30/2023	Active	AB of Pediatrics <i>Lifetime</i> Pediatric Nephrology <i>Lifetime</i>	
20999	Med, Hematology	6/30/2023	Active	AB of Internal Medicine <i>04/2024</i> Hematology <i>04/2024</i> Medical Oncology <i>04/2024</i>	
28898	Physical Medicine & Rehabilitation	6/30/2023	Active	AB of Physical Medicine & Rehabilitation <i>MOC</i>	
02594	Pediatrics, Neonatology	6/30/2023	Active	AB of Pediatrics <i>Lifetime</i> Neonatal-Perinatal Medicine <i>Lifetime</i>	
13911	Pediatrics, Genetics	6/30/2023	Active	AB of Medical Genetics and Genomics <i>MOC</i> Clinical Genetics <i>MOC</i>	
28703	Radiology, Diagnostic Radiology	6/30/2023	Active	AB of Radiology <i>MOC</i>	
27063	Emergency Medicine	6/30/2023	Active	AB of Emergency Medicine <i>MOC</i>	
27103	Neurological Surgery	6/30/2023	Active	AB of Neurological Surgery <i>MOC</i>	
54457	Urology	6/30/2023	Active	AB of Urology <i>MOC</i>	
29079	Orthopaedics Pediatric Surgery	6/30/2023	Active	AB of Orthopaedics Surgery <i>MOC</i>	

JACKSON HEALTH SYSTEM
Reappointments - Medical Staff



Provider ID #	Department/Specialty	Reappt. Date	Status	Board Certified/ Expiration	Comments
27232	Anesthesiology	6/30/2023	Active	AB of Anesthesiology <i>Lifetime</i>	
20819	Neurological Surgery	6/30/2023	Active	Not Board Certified PTW 2026	
14302	Radiology, Diagnostic Radiology	6/30/2023	Active	AB of Radiology <i>MOC</i>	
24617	Psychiatry	6/30/2023	Active	AB of Psychiatry & Neurology <i>Lifetime</i> Child Psychiatry <i>Lifetime</i>	
45762	Surgery, Hand Surgery	6/30/2023	Active	AB of Plastic Surgery <i>MOC</i> Surgery of the Hand <i>MOC</i> AB of Surgery <i>MOC</i>	
42066	Med, Geriatric	6/30/2023	Active	AB of Internal Medicine <i>MOC</i> Geriatric Medicine <i>MOC</i>	
20874	Med, Gastroenterology	6/30/2023	Active	AB of Internal Medicine <i>MOC</i> Gastroenterology <i>MOC</i>	
43275	Emergency Medicine, Pediatric Emergency Medicine	8/31/2023	Active	AB of Pediatrics <i>MOC</i> Pediatric-Emergency Medicine <i>MOC</i>	
10496	Anesthesiology	6/30/2023	Active	AB of Anesthesiology <i>Lifetime</i>	

JACKSON HEALTH SYSTEM
Reappointments - Medical Staff

Provider ID #	Department/Specialty	Reappt. Date	Status	Board Certified/ Expiration	Comments
08716	Pediatrics, Neonatology	6/30/2023	Active	AB of Pediatrics MOC	
10816	Neurology	6/30/2023	Affiliate	AB of Psychiatry & Neurology MOC Vascular Neurology MOC	
01873	Med, Nephrology	6/30/2023	Active	AB of Internal Medicine Lifetime Nephrology Lifetime	
54053	Orthopaedics	6/30/2023	Active	AB of Orthopaedic Surgery MOC	
27200	Med, Hepatology	6/30/2023	Active	AB of Internal Medicine Gastroenterology MOC Transplant Hepatology MOC	
29246	Orthopaedics	6/30/2023	Active	AB of Orthopaedic Surgery MOC	
26067	Surgery, Critical Care	6/30/2023	Active	Not Board Certified CC	
58144	Psychiatry	6/30/2023	Active	AB of Psychiatry & Neurology MOC Child & Adolescent Psychiatry MOC	
04629	Ambulatory Service, OB/Gyn	6/30/2023	Active	Grandfathered 2001	

JACKSON HEALTH SYSTEM
Reappointments - Medical Staff

Provider ID #	Department/Specialty	Reappt. Date	Status	Board Certified/ Expiration	Comments
29400	Med, Critical Care Medicine	6/30/2023	Active	AB of Internal Medicine MOC Cardiovascular Disease MOC Critical Care Medicine MOC	
27767	Urology	6/30/2023	Active	AB of Urology MOC	
04543	Urology	6/30/2023	Active	AB of Urology MOC	
24937	Pediatrics, Neonatology	6/30/2023	Active	AB of Pediatrics MOC Neonatal-Perinatal Medicine MOC	
29175	Med, Gastroenterology	6/30/2023	Active	AB of Internal Medicine MOC Gastroenterology MOC	
04552	Med, Nephrology	6/30/2023	Active	AB of Internal Medicine Lifetime Nephrology Lifetime	
55200	Neurology, Vascular Neurology	6/30/2023	Active	AB of Psychiatry & Neurology MOC Vascular Neurology MOC	
04244	Med, Rheumatology	6/30/2023	Active	AB of Internal Medicine Rheumatology MOC	
25803	Pediatrics	6/30/2023	Active	AB of Pediatrics MOC	

JACKSON HEALTH SYSTEM
Reappointments - Medical Staff



Provider ID #	Department/Specialty	Reappt. Date	Status	Board Certified/ Expiration	Comments
58178	Dermatology	6/30/2023	Active	AB of Dermatology MOC	
26440	Med, Pulmonary & Critical Care	6/30/2023	Active	AB of Internal Medicine MOC Critical Care Medicine MOC Pulmonary Disease MOC	
24637	Anesthesiology	6/30/2023	Active	Not Board Certified PTW 2028	
08696	Pediatrics, Pediatric Pulmonology	6/30/2023	Active	AB of Pediatrics Lifetime Pediatric Pulmonology MOC	
25086	Neurological Surgery, Pediatrics	6/30/2023	Active	AB of Neurological Surgery MOC	
23154	General Surgery	6/30/2023	Active	Not Board Certified PTW 6/30/2023	1 year reappointment to allow board certification (05/2024)
24865	Med, Nephrology	6/30/2023	Active	AB of Internal Medicine 04/2024 Nephrology 04/2024	
44923	Surgery, Surgical Oncology	6/30/2023	Active	AB of Surgery MOC	
16957	Neurology	6/30/2023	Active	AB of Psychiatry & Neurology Neurology MOC	

JACKSON HEALTH SYSTEM
Reappointments - Medical Staff

Provider ID #	Department/Specialty	Reappt. Date	Status	Board Certified/ Expiration	Comments
26638	Anesthesiology, Pain Medicine	6/30/2023	Active	AB of Psychiatry & Neurology Neurology MOC Pain Medicine MOC	
54924	Physical Medicine & Rehabilitation	6/30/2023	Active	AB of Physical Medicine & Rehabilitation 12/2027	
32845	Med, Hospitalist (IM)	6/30/2023	Active	AB of Internal Medicine 04/2024	
13427	Anesthesiology	6/30/2023	Active	AB of Anesthesiology 12/2024	
21996	Physical Medicine & Rehabilitation	6/30/2023	Active	AB of Internal Medicine 04/2024 AB of Physical Medicine & Rehabilitation MOC	
20559	Interventional Radiology Vascular Interventional Radiology	6/30/2023	Active	AB of Radiology Interventional Radiology and Diagnostic Radiology MOC	
44779	Med, Cardiovascular Disease	6/30/2023	Active	AB of Internal Medicine Cardiovascular Disease 04/2024	
20379	Anesthesiology, Critical Care Medicine	6/30/2023	Active	AB of Anesthesiology MOC Critical Care Medicine MOC	
04188	Pediatrics	6/30/2023	Active	AB of Pediatrics MOC	

JACKSON HEALTH SYSTEM
Reappointments - Medical Staff

Provider ID #	Department/Specialty	Reappt. Date	Status	Board Certified/ Expiration	Comments
26945	Pathology	6/30/2023	Active	AB of Pathology Pathology- Anatomic MOC Neuropathology MOC Pathology- Pediatric MOC	
24916	Pediatrics, Gastroenterology	6/30/2023	Active	AB of Pediatrics Pediatrics Gastroenterology MOC	
04574	Ambulatory Service, Internal Medicine	6/30/2023	Active	AB of Internal Medicine MOC	
29434	OB/Gyn	6/30/2023	Active	AB of Obstetrics & Gynecology MOC Focused Practice in Pediatric and Adolescent Gynecology 12/2023	
02245	Pathology, Clinical Pathology	6/30/2023	Active	AB of Pathology Clinical Pathology Lifetime Pathology Recertification 01/2024 Chemical Pathology Lifetime	
58065	Radiology, Diagnostic Radiology	6/30/2023	Active	AB of Radiology MOC Neurology MOC	
17423	Neurology	6/30/2023	Active	AB of Psychiatry & Neurology Neurology MOC Epilepsy MOC	

JACKSON HEALTH SYSTEM
Reappointments - Medical Staff



Provider ID #	Department/Specialty	Reappt. Date	Status	Board Certified/ Expiration	Comments
22545	Neurology	6/30/2023	Active	AB of Psychiatry & Neurology MOC Epilepsy MOC	
28873	Med, Cardiovascular Disease	6/30/2023	Active	AB of Internal Medicine MOC Cardiovascular Disease MOC Interventional Cardiology MOC	
23258	Anesthesiology	6/30/2023	Active	AB of Anesthesiology MOC	
04368	Pediatrics	6/30/2023	Active	AB of Pediatrics Lifetime	
21014	Radiology, Diagnostic Radiology	6/30/2023	Active	Not Board Certified Board Lapsed 03/2023	From ABMS Status: Certified Pending Certification Updates from Board
09634	Emergency Medicine	6/30/2023	Active	AB of Internal Medicine Lifetime	

JACKSON HEALTH SYSTEM
Reappointments - Allied Health Professionals

Provider ID #	Department/Specialty	Reappt. Date	Board Certified/ Expiration	Sponsor(s)	Comments
29411	Pediatrics, Pediatric Gastroenterology HP, Advanced Practice Registered Nurse <u>Clinical Privileges:</u> NP - Pediatrics NP - Primary Care	6/30/2023	American Academy of Nurse Practitioners Certification Board (Family Nurse Practitioner) 11/2025	Hany Atallah, MD Emergency Medicine/ Urgent Care Center Jennifer Garcia, MD Pediatrics	
29374	Med, Nephrology HP, Advanced Practice Registered Nurse <u>Clinical Privileges:</u> NP - Acute Care NP - Nephrology	6/30/2023	American Academy of Nurse Practitioners Certification Board (Family Nurse Practitioner) 10/2025	Javier Alfonso, MD Nephrology	
28915	Emergency Medicine HP, Advanced Practice Registered Nurse <u>Clinical Privileges:</u> NP - Emergency Medicine	6/30/2023	American Nurses Credentialing Center (Family Nurse Practitioner) 09/2026	Michael Miller, MD Emergency Medicine	
27234	Orthopaedics, Sports Medicine HP, Advanced Practice Registered Nurse <u>Clinical Privileges:</u> NP - Orthopaedic Surgery	6/30/2023	American Academy of Nurse Practitioners Certification Board (Family Nurse Practitioner) 05/2027	Jeffrey Rich, DO Orthopaedics	
28694	Neurological Surgery HP, Physician Assistant <u>Clinical Privileges:</u> PA - Neurosurgery	6/30/2023	National Commission on Certification of Physician Assistants (NCCPA) 12/2024	Allan Levi, MD Neurological Surgery	
29431	Interventional Radiology, Vascular Interventional Radiology HP, Advanced Practice Registered Nurse <u>Clinical Privileges:</u> NP - Acute Care NP - Interventional Radiology	8/31/2023	American Nurses Credentialing Center (Family Nurse Practitioner) 09/2026	Lindsay Thornton, MD Interventional Radiology	

JACKSON HEALTH SYSTEM
Reappointments - Allied Health Professionals

Provider ID #	Department/Specialty	Reappt. Date	Board Certified/ Expiration	Sponsor(s)	Comments
23702	Anesthesiology HP, Certified Registered Nurse Anesthetist <u>Clinical Privileges:</u> CRNA	8/31/2023	National Board of Certification & Recertification for Nurse Anesthetists (NBCRNA) 01/2027	Keith Candiotti, MD <i>Anesthesiology</i> Rafael Rico, MD <i>Anesthesiology</i>	
27367	Medicine, Nephrology HP, Advanced Practice Registered Nurse <u>Clinical Privileges:</u> NP - Acute Care	8/31/2023	American Nurses Credentialing Center (Adult-Gerontology Acute Care Nurse Practitioner) 11/2026	Giselle Guerra, MD <i>Nephrology</i>	
23904	Pediatrics, Pediatric Hematology Oncology HP, Advanced Practice Registered Nurse <u>Clinical Privileges:</u> NP - Pediatric Hematology/ Oncology	6/30/2023	American Academy of Nurse Practitioners Certification Board (Family Nurse Practitioner) 07/2027	Warren Alperstein, MD <i>Pediatrics</i> Julio Barredo, MD <i>Pediatrics</i>	
24982	Family Medicine HP, Advanced Practice Registered Nurse <u>Clinical Privileges:</u> NP - Primary Care	6/30/2023	American Nurses Credentialing Center (Family Nurse Practitioner) 11/2025	Roberto R. Gonzalez, MD <i>Family Medicine</i>	
28960	Med, Hospitalist (IM) HP, Advanced Practice Registered Nurse <u>Clinical Privileges:</u> NP - Acute Care	6/30/2023	American Academy of Nurse Practitioners Certification Board (Family Nurse Practitioner) 10/2025	Orlando Rodriguez, MD <i>Hospitalist (IM)</i> Luis Hernandez Rosado, MD <i>Hospitalist (IM)</i>	
29427	Anesthesiology, HP, Certified Registered Nurse Anesthetist <u>Clinical Privileges:</u> CRNA	6/30/2023	National Board of Certification & Recertification for Nurse Anesthetists (NBCRNA) 07/2024	Ernesto Pretto, MD <i>Anesthesiology</i> Hannah Thompson, MD <i>Anesthesiology</i>	

JACKSON HEALTH SYSTEM
Reappointments - Allied Health Professionals

Provider ID #	Department/Specialty	Reappt. Date	Board Certified/ Expiration	Sponsor(s)	Comments
29436	Surgery, Bariatric Surgery & Colon & Rectal Surgery HP, Advanced Practice Registered Nurse <u>Clinical Privileges:</u> NP - Acute Care, RN First Assistant	6/30/2023	American Academy of Nurse Practitioners Certification Board (Family Nurse Practitioner) 06/2025	Eddie Gomez, MD Surgery Irving Miranda-Alicea, MD Surgery	
29426	Anesthesiology, HP, Certified Registered Nurse Anesthetist <u>Clinical Privileges:</u> CRNA	6/30/2023	National Board of Certification & Recertification for Nurse Anesthetists (NBCRNA) 07/2024	Ernesto Pretto, MD Anesthesiology Hannah Thompson, MD Anesthesiology	
64325	Emergency Medicine HP, Physician Assistant <u>Clinical Privileges:</u> PA - Emergency Medicine	6/30/2023	National Commission on Certification of Physician Assistants (NCCPA) 12/2024	Michael Miller, MD Emergency Medicine	
40035	Surgery, Trauma Med, Infectious Medicine HP, Advanced Practice Registered Nurse <u>Clinical Privileges:</u> NP - Critical Care NP - Acute Care	6/30/2023	American Nurses Credentialing Center (Acute Care Nurse Practitioner) 10/2026	Susanne Doblecki Lewis, MD Infectious Disease Gerd Pust, MD Surgery	
22389	Surgery, Transplant Surgery HP, Advanced Practice Registered Nurse <u>Clinical Privileges:</u> NP - Acute Care	6/30/2023	American Nurses Credentialing Center (Acute Care Nurse Practitioner) 04/2028	Joao Breda, MD Cardiac Surgery/Thoracic Surgery Matthias Loebe, MD Cardiac Surgery/Thoracic Surgery Tiago Machuca, MD Surgery	
24335	Med, Pulmonary & Critical Care HP, Physician Assistant <u>Clinical Privileges:</u> PA - Critical Care	6/30/2023	National Commission on Certification of Physician Assistants (NCCPA) 12/2023	Andrew Pastewski, MD Pulmonary/Critical Care Richard Prager, MD Pulmonary/Critical Care	

JACKSON HEALTH SYSTEM
Reappointments - Allied Health Professionals

Provider ID #	Department/Specialty	Reappt. Date	Board Certified/ Expiration	Sponsor(s)	Comments
28949	Anesthesiology HP, Certified Registered Nurse Anesthetist <u>Clinical Privileges:</u> CRNA	6/30/2023	National Board of Certification & Recertification for Nurse Anesthetists (NBCRNA) 12/2023	Keith Candiotti, MD <i>Anesthesiology</i> Rafael Rico, MD <i>Anesthesiology</i>	
29406	Orthopaedics HP, Physician Assistant <u>Clinical Privileges:</u> PA - Orthopedic Surgery	6/30/2023	National Commission on Certification of Physician Assistants (NCCPA) 12/2024	Brian Black, MD <i>Orthopaedics</i> Stephen Stricker, MD <i>Orthopaedics</i>	
28924	Med, Hematology & Medical Oncology HP, Advanced Practice Registered Nurse <u>Clinical Privileges:</u> NP - Adult Hematology/ Oncology	6/30/2023	American Nurses Credentialing Center (Family Nurse Practitioner) 01/2025	Steven G. Fein, MD <i>Hematology & Medical Oncology</i>	
29525	Anesthesiology HP, Certified Registered Nurse Anesthetist <u>Clinical Privileges:</u> CRNA	8/31/2023	National Board of Certification & Recertification for Nurse Anesthetists (NBCRNA) 07/2024	Keith Candiotti, MD <i>Anesthesiology</i> Miguel Cobas, MD <i>Anesthesiology</i>	
20435	Emergency Medicine HP, Physician Assistant <u>Clinical Privileges:</u> PA - Emergency Medicine	6/30/2023	National Commission on Certification of Physician Assistants (NCCPA) 12/2023	Michael Miller, MD <i>Emergency Medicine</i>	
06164	Pediatrics, Pediatric Hematology Oncology HP, Advanced Practice Registered Nurse <u>Clinical Privileges:</u> NP - Pediatric Hematology/ Oncology	6/30/2023	Oncology Nursing Certification Corporation (ONCC) 12/2023	David Crawford, MD <i>Pediatrics</i> Edward Ziga, MD <i>Pediatrics</i>	
29574	Anesthesiology HP, Certified Registered Nurse Anesthetist <u>Clinical Privileges:</u> CRNA	8/31/2023	National Board of Certification & Recertification for Nurse Anesthetists (NBCRNA) 01/2024	Keith Candiotti, MD <i>Anesthesiology</i> Miguel Cobas, MD <i>Anesthesiology</i>	

JACKSON HEALTH SYSTEM
Reappointments - Allied Health Professionals

Provider ID #	Department/Specialty	Reappt. Date	Board Certified/ Expiration	Sponsor(s)	Comments
21464	Med, Infectious Disease HP, Physician Assistant <u>Clinical Privileges:</u> PA - Acute Care	6/30/2023	National Commission on Certification of Physician Assistants <i>(NCCPA)</i> 12/2024	Luis Mendez-Mulet, MD <i>Infectious Disease</i>	
29566	Anesthesiology HP, Certified Registered Nurse Anesthetist <u>Clinical Privileges:</u> CRNA	8/31/2023	National Board of Certification & Recertification for Nurse Anesthetists <i>(NBCRNA)</i> 12/2023	Keith Candiotti, MD <i>Anesthesiology</i> Rafael Rico, MD <i>Anesthesiology</i>	
27086	Surgery, Surgical Critical Care HP, Advanced Practice Registered Nurse <u>Clinical Privileges:</u> NP - Critical Care	6/30/2023	American Academy of Nurse Practitioners Certification Board <i>(Adult Nurse Practitioner)</i> 11/2025 American Nurses Credentialing Center <i>(Adult-Gerontology Acute Care Nurse Practitioner)</i> 11/2027	David De La Zerda, MD <i>Surgical Critical Care</i>	
24990	Surgery, Trauma Nephrology HP, Advanced Practice Registered Nurse <u>Clinical Privileges:</u> NP - Acute Care	6/30/2023	American Nurses Credentialing Center <i>(Family Nurse Practitioner)</i> 05/2027	Giselle Guerra, MD <i>Nephrology</i> George W. Burke III, MD <i>Surgery</i> Gaetano Ciancio, MD <i>Surgery</i>	
29388	Med, Cardiovascular Disease HP, Advanced Practice Registered Nurse <u>Clinical Privileges:</u> NP - Acute Care	6/30/2023	American Nurses Credentialing Center <i>(Adult Nurse Practitioner)</i> 02/2026	Francis Crespo, MD <i>Cardiovascular Disease</i>	

JACKSON HEALTH SYSTEM
Notifications



Change of Status - Medical Staff

Provider ID #	Department/Specialty	Current Status	Primary Site(s) of Practice				Proposed Status	Comments
			JMH	JNMC	JSMC	JWMC		
24095	Family Medicine Urgent Care Center	Active	JMH				Changed employer UMMG to PHT	
09332	Interventional Radiology	Active			JSMC		Honorary	
22079	Family Medicine Urgent Care Center	Active	JMH				Changed employer UMMG to PHT	
27202	Family Medicine Urgent Care Center	Active	JMH				Changed employer UMMG to PHT	

Request for additional privileges - Medical Staff

Provider ID #	Department/Specialty	Current Status	Primary Site(s) of Practice				Privileges	Comments
			JMH	JNMC	JSMC	JWMC		
27221	Neurology, Critical Care	Active	JMH				. Therapeutic bronchoscopy (Critical Care Medicine or Neurocritical care) . Percutaneous tracheostomy (Critical Care Medicine or Neurocritical Care)	
43952	Neurology, Critical Care	Active	JMH				. Therapeutic bronchoscopy (Critical Care Medicine or Neurocritical care)	
30029	Neurology, Critical Care	Active	JMH				Pertucaneous tracheostomy (Critical Care Medicine or Neurocritical Care)	
21316	Surgery	Active	JMH				Use of a robotic-assisted system for general surgical procedures	Proctoring completed - Approved to work independently

Employment Status - Allied Health Professionals Status

Provider ID #	Current Employer Department/Sponsor(s)	Current Status	Primary Site(s) of Practice				New Employer Department/Sponsor(s)	Comments
			JMH	JNMC	JSMC	JWMC		
29631	Richard Silverman, MD <i>Anesthesiology</i>	AHP	JMH				Gerd D. Pust, MD <i>Surgical Critical Care</i>	Changing department and sponsor
64325	Hassan Y. Farhat, MD <i>Emergency Medicine</i>	AHP		JNMC			Michael R. Miller, MD <i>Emergency Medicine</i>	Changing sponsor
32268	Matthias Loebe, MD <i>Cardiac Surgery</i>	AHP	JMH				Joao R. Breda, MD <i>Cardiac Surgery</i>	Adding sponsor

JACKSON HEALTH SYSTEM
Resignations



Medical Staff

Provider ID#	Department	Primary Site(s) of Practice				Effective Date	Reason
		JMH	JNMC	JSMC	JWMC		
25536	Ophthalmology	JMH				6/30/2023	Completed Fellowship
32827	Dermatology	JMH				6/30/2023	No longer requires privileges
45732	Pediatrics, Neonatology				JWMC	6/30/2023	No longer requires privileges
30113	Neurological Surgery	JMH				6/30/2023	No longer requires privileges
42029	Pediatrics, Neonatology				JWMC	6/30/2023	No longer requires privileges
26781	Radiology			JSMC		6/30/2023	No longer requires privileges
53661	Pediatrics				JWMC	6/30/2023	No longer requires privileges
03811	Med, Hematology & Medical Oncology		JNMC			6/30/2023	Voluntary resignation for non-return of reappointment
27085	Radiology			JSMC		6/30/2023	No longer requires privileges
27181	Obstetrics Gynecology	JMH	JNMC			6/23/2023	Resigned from UM
30075	Neurological Surgery	JMH				6/30/2023	No longer requires privileges
15513	Pediatrics, Neonatology				JWMC	6/30/2023	No longer requires privileges
29393	Emergency Medicine	JMH				5/11/2023	No longer requires privileges
29244	Pediatrics, Neonatology				JWMC	6/30/2023	No longer requires privileges
42108	Radiology	JMH				6/30/2023	Voluntary resignation for non-return of reappointment
30070	Neurological Surgery	JMH				6/30/2023	No longer requires privileges
25731	Med, Hospitalist (IM)	JMH		JSMC		6/30/2023	No longer requires privileges
24919	Neurology	JMH				6/30/2023	No longer requires privileges
29243	Pediatrics, Neonatology				JWMC	6/30/2023	No longer requires privileges
29188	Pediatrics				JWMC	6/30/2023	No longer requires privileges
25540	Ophthalmology	JMH				6/30/2023	Completed Fellowship
27231	Med, Internal Medicine	JMH				6/23/2023	No longer requires privileges
29481	Orthopaedics	JMH				6/5/2023	Completed Fellowship
29348	Pediatrics				JWMC	6/30/2023	No longer requires privileges
29853	Pediatrics				JWMC	6/30/2023	No longer requires privileges
23134	Emergency Medicine		JNMC			2/13/2023	No longer requires privileges
23317	Neurology	JMH		JSMC		6/30/2023	No longer requires privileges
51214	Pediatrics, Neonatology				JWMC	6/30/2023	No longer requires privileges
29187	Pediatrics, Neonatology				JWMC	6/30/2023	No longer requires privileges

JACKSON HEALTH SYSTEM
Resignations



Medical Staff

Provider ID#	Department	Practice				Effective Date	Reason
		JMH	JNMC	JSMC	JWMC		
32794	Cardiac Surgery	JMH	JNMC	JSMC	JWMC	6/30/2023	No longer requires privileges
29186	Pediatrics				JWMC	6/30/2023	No longer requires privileges
29591	Family Medicine	JMH				5/11/2023	Resigned from UM
29141	Med, Interventional Cardiology			JSMC		6/30/2023	No longer requires privileges
30076	Neurological Surgery	JMH				6/30/2023	No longer requires privileges
07705	Orthopaedics	JMH	JNMC		JWMC	6/30/2023	No longer requires privileges

Respectfully Removed from the Medical Staff Roster

Provider ID#	Department	Practice				Effective Date	Reason
24079	Anesthesiology	JMH		JSMC		5/11/2023	Deceased

Allied Health Professionals

Provider ID#	Department	Primary Site(s) of Practice				Effective Date	Reason
		JMH	JNMC	JSMC	JWMC		
22252	Anesthesiology	JMH		JSMC	JWMC	4/12/2023	No longer requires privileges
27776	Pediatrics, Pediatrics Dentistry	JMH				5/4/2023	No longer requires privileges
29860	Med, Nephrology	JMH				3/31/2023	No longer requires privileges
26326	Med, Pulmonary & Critical Care	JMH	JNMC		JWMC	05/17/223	No longer requires privileges
33652	Psychiatry	JMH	JNMC	JSMC	JWMC	5/31/2023	No longer requires privileges
25946	Anesthesiology	JMH		JSMC	JWMC	4/12/2023	No longer requires privileges
29407	Med, Infectious Disease	JMH				3/11/2022	Resigned from UM
52940	Psychiatry	JMH				6/30/2023	No longer requires privileges
90315	Obstetrics Gynecology	JMH				4/4/2023	No longer requires privileges
30274	Pediatrics, Neonatology	JMH				4/30/2023	No longer requires privileges
62225	Anesthesiology		JNMC			6/30/2023	No longer requires privileges
28520	Psychiatry	JMH				5/31/2023	No longer requires privileges
30277	Emergency Medicine	JMH		JSMC		5/1/2023	No longer requires privileges

JACKSON HEALTH SYSTEM
Resignations



Allied Health Professionals

Provider ID#	Department	Primary Site(s) of Practice				Effective Date	Reason
		JMH	JNMC	JSMC	JWMC		
33453	Emergency Medicine		JNMC			4/1/2023	No longer requires privileges
33655	Psychiatry	JMH	JNMC	JSMC	JWMC	5/15/2023	Application Withdrawn
28903	Med, Pulmonary & Critical Care		JNMC		JWMC	4/1/2023	No longer requires privileges
20477	Psychiatry, PsyD Psychology	JMH				6/30/2023	No longer requires privileges
45384	Anesthesiology	JMH				4/28/2023	Does not meet criteria - does not hold an ARNP license

RESOLUTION NO. PHT 06/2023 -

**RESOLUTION APPROVING THE MIAMI TRANSPLANT INSTITUTE
QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT
PLAN FOR CALENDAR YEAR 2023/2024 AND AUTHORIZING AND
DIRECTING THE PRESIDENT AND CHIEF EXECUTIVE OFFICER,
OR HIS DESIGNEE, TO TAKE ALL ACTIONS NECESSARY TO
IMPLEMENT SUCH PLAN**

Isis Zambrana, Vice President, Quality and Patient Safety, Jackson Health System

WHEREAS, the Public Health Trust (PHT) is committed to the highest standards of patient safety and quality care, and compliance with all applicable laws and regulations; and

WHEREAS, all PHT executives, directors, employees, and staff members are expected to adhere to the highest quality standards in the discharge of their duties and to comply with all applicable laws and regulations; and

WHEREAS, the PHT Office of Quality and Patient Safety is responsible for the operation of the PHT's Quality and Patient Safety Program; and

WHEREAS, the President and Chief Executive Officer has determined that it is in the best interest of the PHT to set forth the goals and responsibilities of the Miami Transplant Institute (MTI) Quality Assessment and Performance Improvement Plan in a formal, written plan; and

WHEREAS, the President and Chief Executive Officer recommends the actions described herein, as further described in the memorandum attached hereto and made a part hereof; and

WHEREAS, the PHT desires to accomplish the purposes outlined in this Resolution and finds that the actions described herein are in the best interest of the PHT and the community it serves.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY, FLORIDA, that this Board hereby approves the Miami Transplant Institute Quality Assessment and Performance Improvement Plan and authorizes and directs the President and Chief Executive Officer of the Public Health Trust, or his designee, to take all actions necessary to implement such Plan.



Quality Assessment and Performance Improvement Plan 2023 - 2024

I. Miami Transplant Institute (MTI)

The Miami Transplant Institute (MTI) is a department of Jackson Health System operated in collaboration with the University Of Miami Miller School Of Medicine with inpatient care services provided at Jackson Memorial Hospital and Holtz Children's Hospital. MTI is the only transplant center in Florida that performs every type of solid organ transplant, serves an international community, is one of the largest and most comprehensive transplant programs in the United States, and is one of the largest pediatric transplant programs in the United States.

Mission

The *overall mission* of the Miami Transplant Institute is to save the lives of all people in need of organ and tissue transplants.

The *clinical practice mission* is to provide the finest care, treatment and facilities for all of our patients.

The *research mission* is to lead the way to prevent and control organ rejection and pioneer the development of additional sources of transplantable tissues.

The *education mission* is to educate the patients, the public, and transplant professionals.

Vision

The MTI *vision* is a world in which transplantation can be safely conducted for all those who need it without the need for life long anti-rejection drugs.

II. Scope of Care/Services

The Miami Transplant Institute performs all types of solid organ transplantation using both living and deceased donor organs. Transplant recipients and living donors benefit from the expert integration of multidisciplinary medical, surgical, psychosocial, nursing, nutritional, pharmacology, financial, ancillary, and specialty services which address the multifaceted needs of the patient, the living donor, and their families. The core services provided at the Miami Transplant Institute include inpatient, ambulatory, and outpatient care, including rehabilitation services. A multidisciplinary transplant team is available throughout all phases of the transplant process including pre-transplant, transplant event, post-transplant, pre-living donation, living donation event, and post-living donation for:

- Assessing each patient/donor needs to provide education and facilitate an informed choice for organ transplant/donation
- Psycho-social evaluation and follow up rendering full spectrum of social services
- Independent living donor advocacy
- Nutritional assessment and counseling
- Transplant nurse coordinator assessment, education, and coordination of care
- Financial assessment, counseling, and consultation
- Clinical pharmacology education, counseling, and consultation
- Medical and surgical evaluation and treatment recommendations

- Medical and surgical evaluation for living donation
- Coordination of candidate listing with United Network for Organ Sharing (UNOS)/Organ Procurement and Transplantation Network (OPTN)
- Waitlist management
- End-stage organ failure management directly or through recommendations to managing healthcare teams
- Deceased donor organ selection, donor/recipient matching, and organ procurement
- Transplant surgical services
- Transplant intensive care/intermediate care/acute care surgical and medical management
- Nursing services: inpatient, intensive care, acute care, ambulatory, and outpatient
- Immunosuppression management
- Follow-up after transplantation and living donation

The MTI also provides comprehensive mechanical circulatory support (MCS) services to patients in need of ventricular assist devices (VAD), total artificial hearts (TAH), and extracorporeal membrane oxygenation (ECMO). VAD, TAH, and ECMO services are included in the MTI QAPI Plan.

Transplantation educational support and resources to community practitioners is provided by the Miami Transplant Institute to further the mission of organ transplantation and to educate the community practitioners on management of the transplant patient/living donor.

Organ Transplant/Key Patient Types

1. Heart transplant – adult and pediatric
2. Lung transplant – adult and pediatric
3. Liver transplant – adult and pediatric
4. Kidney transplant – adult and pediatric
5. Pancreas transplant – adult
6. Intestine transplant – adult and pediatric
7. Multivisceral transplant – adult and pediatric
8. Combined organ transplant – adult and pediatric
9. Living kidney donation – adult
10. Living liver donation - adult
11. Paired living kidney donor exchange – adult
12. Ventricular assist device – bridge to transplant
13. Ventricular assist device – destination therapy
14. Total artificial heart (TAH)
15. Extracorporeal membrane oxygenation (ECMO)
16. Vascular composite allograft – abdominal wall transplant

Clinical Programs

The comprehensive transplant activities of MTI are currently structured within five clinical programs

1. Adult liver and GI

- a. Liver transplant, living liver donor program, intestine transplant, multivisceral transplant, and vascular composite allograft (VCA) abdominal wall
2. Adult kidney and pancreas transplant
 - a. Kidney transplant, pancreas transplant, simultaneous kidney/pancreas transplant
 - b. Living Kidney Donor Program
3. Adult Heart Transplant and Mechanical Circulatory Support
 - a. Heart transplant, , heart and lung transplant, mechanical circulatory support program,
4. Lung Transplant
 - a. Lung transplant program
 - b. Extracorporeal membrane oxygenation program
5. Pediatric Transplant
 - a. Heart
 - b. Lung
 - c. Liver
 - d. Intestine, multivisceral, and VCA (abdominal wall)
 - e. Kidney

III. Miami Transplant Institute Quality Resource Center

The Miami Transplant Institute Quality Resource Center (“QRC”) organizes all quality services within one centralized resource while ensuring the mandate that quality activities are a shared responsibility of all staff and physicians within the MTI. The QRC is a virtual entity operating within the MTI organizational structure to guide, facilitate, and support quality, improvement, compliance, patient safety, staff education, and outcomes management. This organizational structure is designed to reinforce the concept that quality is everyone’s responsibility and that the QRC supports the multidisciplinary team in providing quality, patient-centric care in a culture and environment that embraces efforts supporting these goals. The QRC carries out the following responsibilities:

- Provides guidance to leadership on policy changes and recommends changes to policies, procedures, and protocols to ensure compliance
- Conducts audits to assess compliance to oversight body requirements and adherence to internal policies and procedures
- Provides staff education to ensure quality care is delivered by educated and competent staff
- Provides staff education about quality and improvement principles and initiatives to facilitate integration of quality into daily patient care responsibilities
- Facilitates the identification of potential quality and patient safety concerns, and encourages reporting and analysis of such concerns for improvement initiatives
- Works collaboratively with the Jackson risk management team in conducting root cause analysis of adverse events and implementing improvement action plans
- Coordinates and directs strategic quality planning including revisions of the MTI Quality Plan
- Ensures the MTI Quality Plan is aligned with Jackson quality and patient safety initiatives
- Prepares quality and outcome analysis for leadership

- Facilitates analysis of outcomes to identify opportunities for improvement or evidence-based practice change
- Identifies quality and improvement initiatives through data analysis, peer-reviewed research, and best practices
- Provides quality and improvement expertise and structure to the program-specific QAPI committees
- Supports and guides the activities of the MTI Quality Assessment and Performance Improvement (QAPI) Committee
- Supports and guides the activities of the Program Specific Quality Assessment and Performance Improvement Committees of the MTI
- Coordinates and assists in guiding the Jackson Health System/MTI Transplant Quality Council (TQC),
- Supports the operation of the program-specific quality scorecards scorecard including identification of process and outcome indicators, benchmarks, definitions, and data sources
- Provides expertise in data analysis including determination on appropriate methods to analyze and display data
- Identified methods for data collection and source of data
- Facilitates the standardization of practice through the development of policies, procedures, and protocols in collaboration with multidisciplinary team members, Jackson core departments, and MTI physicians
- Identifies metrics for monitoring for adherence with policies, procedures, and protocols.

The QRC is under the leadership of the senior director of MTI Operations & Quality, and reports to the vice president of transplant, the vice president of quality and patient safety for Jackson Health System, and the director of transplant services for MTI. The QRC has a core staff dedicated to data abstraction, data analysis, quality assessment, staff education, regulatory compliance, and outcomes management. Performance improvement expertise is provided by the MTI process improvement manager and the Jackson improvement engineers for large-scale process improvement and process re-design. Yellow and Green belt Six Sigma training is available to MTI staff. Patient safety and risk management expertise is provided by dedicated risk management support. Infection prevention expertise is provided by the Jackson infection prevention department with dedicated resources assigned to transplant.

IV. Miami Transplant Institute Quality Plan

Statement of Purpose

The Miami Transplant Institute quality management strategy is a coordinated, comprehensive, and continuous effort to monitor the delivery of care and to promote patient safety and quality outcomes. The MTI QAPI Plan is aligned with the Jackson Health System Patient Quality and Safety Plan and actively supports the mission of the Jackson plan to facilitate the translation of quality and safety into practice. The MTI goal and purpose is to strive for optimal outcomes by making continuous improvements in patient care that are consistently representative of a high standard of practice in the community, are cost-effective, patient-centric, and minimize risks to patients and the organization. QAPI includes two processes – Quality Assessment and Assurance, and Performance Improvement. Specifically, the QAPI process incorporates the development of

objective measures relating to transplant processes and patient outcomes; the identification of peer reviewed or best practice benchmarks to measure quality; the identification of gaps in performance and directing improvements and change; the provision of assurance that changes are effective and lead to improvements; and review and analysis of adverse events to drive improvements. In addition to the MTI goal, the Centers for Medicare and Medicaid Services requires that, “transplant centers must develop, implement and maintain a written, comprehensive, data-driven QAPI program designed to monitor and evaluate performance of all transplantation services, including services provided under contract or arrangement.”¹ The Organ Procurement and Transplantation Network (OPTN) requires, “transplant hospitals must develop, implement and maintain an ongoing, comprehensive and data-driven QAPI program designed to monitor and evaluate compliance with OPTN requirements and produce measurable process improvement initiatives. The QAPI plan must incorporate all designated transplant programs at the transplant hospital. The hospital must document implementation of all elements of the QAPI plan.”

In collaboration with the Jackson Health System Quality Plan, the purpose of the MTI Quality Plan includes:

- Describing the scope of services provided by the MTI covered by the MTI QAPI Plan
- Providing a general description and overview of the comprehensive MTI QAPI program
- Demonstrating alignment of MTI QAPI goals with Jackson Memorial Hospital, Holtz Children’s Hospital, and Jackson Health System quality goals and initiatives
- Providing a quality organizational structure, including an organizational chart demonstrating reporting lines
- Outlining the bidirectional communication between QAPI committees and the Jackson governing body, the Public Health Trust Board of Trustees.
- Identifying the process and outcome quality metrics/indicators covering all three phases of the transplant process
- Describing the roles and responsibilities of the transplant QAPI personnel
- Identifying improvement activities that are data driven and consistent with and support the MTI Strategic Plan and the Jackson Health System Strategic and Quality Plan
- Defining the activities relating to patient safety and adverse events including reporting, analysis, and improvements
- Assuring an ongoing systematic, collaborative, organization-wide approach to monitor opportunities for improvement
- Defining the methodology for performance improvement activities
- Providing a means of integrating performance improvement and quality control data from multidisciplinary efforts such as medicine, nursing, administration, pharmacy, risk management, social work, finance, dietary, anesthesia, and other areas of the multidisciplinary team
- Measuring the stability of existing processes

¹ CMS X099

2. OPTN Bylaws D.4

- Describing the methods of demonstrating compliance with regulatory, licensure, and accreditation requirements

This MTI Quality Plan is a dynamic, living document, reviewed and revised annually, approved the Transplant Quality Council, Jackson Health System’s Medical Executive Committee, and Jackson’s governing board, the Public Health Trust.

The following *principles* will guide the Transplant Quality Council, Medical Executive Committee, and the Jackson’s governing board in making decisions on quality and patient safety setting priorities:

- QAPI has a prominent role in our leadership, management and governing board functions
- Jackson Health System and MTI leadership will foster a culture of transparency and inclusion that facilitates the gathering, reporting, and exchange of information
- MTI uses quality assurance and performance improvement to make decisions and guide our day-to-day operations
- The outcome of QAPI in the MTI is the quality of care provided to our patients
- MTI quality includes all MTI employees and the hospital disciplines that provide care to transplant candidates, patients and living donors
- MTI QAPI focuses on systems and processes rather than individuals, with the emphasis on identifying system gaps first rather than on blaming individuals
- MTI makes decisions based on data
- MTI sets goals for performance and measures progress toward those goals
- MTI supports performance improvement by encouraging staff to support each other, as well as be accountable for their own professional performance and practice
- Quality is everyone’s responsibility; the QRC provides the structure and tools to facilitate quality and improvement initiatives

V. MTI Quality Assessment and Performance Improvement Design and Scope

The services include patient safety, clinical care, quality of life, and the patient experience. The QAPI program covers services provided to transplant patients under contract or arrangement. The program is data-driven, reflecting the complexity of transplant services, and addresses all systems of care and management practices relevant to transplantation. The program is multi-disciplinary and covers all phases of transplant and living donation. The transplant QAPI is integrated and aligned with the hospital quality program and has defined mechanisms for reporting between transplant and hospital. The program includes process and outcome objective measures and identifies high risk, high (or very low) volume, and problem prone areas. The program includes methods for conducting analyses, implementing corrective actions, evaluating improvements, and assessing whether improvements are sustained. The MTI QAPI program is ongoing and comprehensive addressing the full range of services offered by the transplant program covering all areas identified under the Score of Care/Services.

MTI Organ Specific Committees:

There are six (6) program specific QAPI committees supporting quality assessment and performance improvement activities within the MTI. The MTI QAPI committees are:

1. Adult Liver and Intestine Transplant QAPI Committee
2. Adult Kidney and Pancreas Transplant QAPI Committee
3. Adult Heart Transplant and VAD QAPI Committee
4. Adult Lung Transplant and ECMO
5. Living Kidney Donor QAPI Committee
6. MTI Pediatric QAPI Committee (all organs)

Note: Living liver donation will be incorporated into the Adult Liver and Intestine QAPI Committee initially but may necessitate the establishment of a separate committee in the future.

Membership

A committee consisting of representatives of various disciplines participates in the program-specific QAPI activities and meetings. The multidisciplinary team includes transplant medicine and surgery, transplant administration, living donor advocate, transplant pharmacist, transplant coordinator, transplant floor nurse, transplant physician, transplant dietitian, transplant social worker, data staff, infection control staff, infectious disease staff, risk management staff, and QAPI staff. The committee membership and meetings are open to all staff. Membership is not assigned or dictated by specific duration or commitment to encourage broad engagement of all team members. The committee is chaired by the clinical program manager/associate director and co-chaired by the program director or designee. The Committee will meet in general monthly no less than eight times per year. Minutes will be recorded and attendance taken.

The Program Specific QAPI Committee engages in the following activities:

- The MTI organ-specific committees review transplant metrics and issues that affect the organ-specific program and patient population
- Organ-specific scorecards are reviewed routinely
- Outcome measurement tools such as Scientific Registry of Transplant Recipients (SRTR) Program Specific Reports (PSR's), CUSUMS, UNOS Benchmark Reports, and SRTR worksheet analysis may also be reviewed periodically
- Risk adjusted models and data reporting related items may be reviewed
- Patient safety/adverse event reports are reviewed in aggregate and at a program specific level.
- Specific adverse events and progress toward implementing and monitoring plans of corrective actions are reviewed
- Patient satisfaction results are reviewed
- Survey deficiencies, or other reported or known compliance related issues, are discussed
- Performance improvement projects are reviewed and monitoring of change is presented for discussion
- Policies and procedures are developed, reviewed, and approved by the relevant program-specific QAPI Committee
- Communication is shared from the MTI QAPI Committee, JHS Medical Executive Committee, TQC, and Jackson's governing board, the Public Health Trust.
- Referrals may be made to risk management and to MTI Quality from the chair of the program specific committee

- Additional ad hoc items may be added to the agenda and reviewed at the program specific committee meetings, such as staff education, general information regarding quality, improvement, and regulatory compliance

MTI QAPI Committee:

The MTI QAPI Committee functions as an oversight committee to the program-specific QAPI committees and functions to facilitate the spread of identified best practices and eliminate any silo-effect that might otherwise exist. The MTI QAPI Committee also functions as a clearing-house for analysis of quality metrics on an aggregate level initially eliminating the negative impact of small volume data sets inherent in some of the transplant programs. The MTI QAPI Committee also serves to provide MTI and Jackson Memorial department leadership with more detailed data, quality, improvement, regulatory, and patient-safety related analyses and recommendations than can be presented to the Jackson Memorial and Holtz Children’s quality councils, Medical Executive Committee, senior Jackson leadership, and Jackson’s governing board, the Public Health Trust.

Membership

The committee represents the multidisciplinary transplant team and may include members of each program (adult and pediatric) such as program directors, MTI administration, program managers, transplant surgeons, transplant physicians, transplant coordinators, transplant social workers, transplant nutritionists, transplant pharmacy, QAPI coordinator/facilitator, transplant nursing, physician extenders, financial coordinator, and representatives from Jackson Memorial and Holtz Children’s nursing, intensive care units, quality, risk management, infection control, infectious disease, peri-operative services, patient experience services, and other departments as necessary. Membership in the committee is expected of certain core members of the MTI team but is open to other MTI, Jackson Memorial and Holtz Children’s staff and physicians and not defined by specific attendance requirements. The MTI QAPI Committee is chaired by the Senior Director, Quality and Operations, for Transplant and is co-chaired by the Director of Transplant Services for the MTI. The Committee will meet in general monthly no less than eight times per year. Minutes will be recorded and attendance taken.

The MTI QAPI Committee engages in the following activities:

- Reviews progress toward achieving Quality goals and objectives as defined in the MTI QAPI Plan
- Reviews and monitors outcomes for all organs using such tools as SRTR PSR’s, analysis of Worksheets, CUSUMS, and other focused data analytics
- Focuses quality and improvement efforts on all areas that affect the care of transplant patients and living donors
- Reviews each organ-specific quality committee process and outcomes quality metrics at least twice a year
- Quality and performance improvement metrics applicable to all programs (aggregate data analysis) are reviewed by the MTI QAPI Committee
- Focuses quality review activities and outcomes on each of the organ-specific programs, as well as pediatrics

- May involve subgroup work for isolated operations issues to report back to the Jackson Health System/MTI Joint Transplant Quality Council
- Looks at the interface between operations and quality in evaluating the effectiveness of systems
- Analyzes quality and operations issues and determines whether a problem is an operations issue or whether it is a quality issue to be analyzed
- Provides a vehicle for hospital departments to address transplant-related issues that are common to all organ transplant programs and more effectively addressed in aggregate, rather than separately in silos
- The MTI Quality Committee reviews and approves policies related to patient care, quality, regulatory compliance, and as deemed necessary by MTI leadership
- This committee ensures that efficiencies, best practices, standards and systems improvements are shared with all programs throughout the MTI
- This committee prevents programs from operating in siloes by observing the “big picture” across all MTI organ programs
- Oversees and integrates the quality assurance and performance improvement activities and analysis of adverse events/near miss events
- Receives, reviews, and evaluates program-specific reports pertaining to quality assurance monitors
- Recommends corrective action plans and initiatives to enhance patient care and clinical outcomes through performance improvement initiatives
- Receives, reviews, and evaluates program specific reports pertaining to performance improvement initiatives

VI. Governance and Leadership

Jackson Health System and Jackson Memorial Hospital have a strong commitment to quality that starts with both the hospital CEO and the governing board, the Public Health Trust, evidenced by engagement in QAPI oversight. Leadership and the governing board are responsible to ensure that transplant QAPI program is implemented, ongoing, comprehensive, effective, and is appropriately resourced. We believe that patients are our partners in their treatment plans and are entitled to exceptional healthcare services. Within Jackson and MTI, patient safety is a cornerstone of quality care and is a leadership priority. One way in which we honor our commitment to our patients is through continuous monitoring of the healthcare services we provide. The system’s mission, vision, and continuous performance improvement principles, drive the strategic, financial and human resource plans, which identify strategic goals, objectives and priorities.

MTI QAPI is integrated into the responsibilities and accountabilities of top-level management and the Jackson governing board by requiring leadership to review, understand, and make decisions about prioritizing quality initiatives and providing the resources necessary to carry out initiatives to improve quality of care for all transplant candidates, recipients and living donors. Senior leaders support the need for a constant effort to review the effectiveness of quality improvement efforts to identify what does and does not work. The MTI has designated a Senior Director of Operations and Quality who is accountable for QAPI leadership and coordination for the transplant programs. This position also leads the MTI Quality Resource Center in supporting quality monitoring and initiatives throughout the transplant process.

The transplant program administration, in conjunction with the hospital leadership and the governing board support a culture of quality assessment/assurance and performance improvement utilizing input from transplant program staff, transplant recipients, living donors, and their families or representatives. Hospital leadership and transplant administration ensure that written policies are developed to sustain QAPI by setting expectations for safety, quality care, and patient rights for transplant recipients and living donors.

Culture and Education

Leadership is responsible to create and sustain an atmosphere where staff are educated on quality, improvement and patient safety, and are comfortable identifying and reporting quality problems, as well as opportunities for improvement. QAPI education commenced during new employee orientation and onboarding is part of shaping this culture. It is continuous and ongoing and is undertaken by designated staff responsible for education and training on QAPI. It includes the assessment of basic knowledge and understanding of QAPI. Jackson began to offer Six Sigma Yellow belt training to all staff and MTI staff are engaged in this training. MTI staff are also participating in the JHS-offered Green belt training.

Resources

The transplant program identifies members of the multidisciplinary QAPI team and specifies their roles and responsibilities, ensuring that staff time, equipment, and technical training are provided as needed. MTI and hospital leadership determine the allocation of staff time necessary to participate in QAPI meetings, to participate in quality improvement efforts and to do the work required to create, monitor and generate improvements. In addition, leadership reviews the resources needed to facilitate process improvement training to ensure PDSA cycles are run accurately, and to track and analyze data on an ongoing basis. Staffing is evaluated and adjusted based on growth, new programs, and new services.

Communication

Senior leaders provide clear, direct communication to MTI by providing feedback using specific operational direction rather than simply identifying goals. The MTI QAPI Committee and the Program Specific QAPI Committees function under the general direction of the Transplant Quality Council. MTI reports quality outcomes to the hospital Medical Executive Committee annually, and the Jackson Health System Joint Conference and Efficiencies Committee of the governing body, the Public Health Trust, on an annual basis to ensure updated QAPI information is shared, to obtain feedback in regards to prioritizing QAPI activities, and obtaining resources for QAPI initiatives. MTI QAPI leadership communicates QAPI data including adverse events, complaints, survey deficiencies and other opportunities identified through data analysis.

Joint Conference and Efficiencies Committee of the Public Health Trust

- The purpose of this governing body is to further the Jackson Health System and Jackson Memorial Hospital mission to provide superior health care in a safe, compassionate environment while fulfilling its charitable obligation as a not-for-profit organization.
- The Joint Conference and Efficiencies Committee of the Public Health Trust is comprised of interested community members working together to further the mission

- This committee sets the agenda for quality throughout the health system. The committee members' responsibilities include ensuring the effective and efficient running of the hospital, providing QAPI oversight, and taking an active role in monitoring the organization's healthcare delivery system.
- The committee reviews QAPI data and project updates presented by the MTI QAPI Committee, asks questions to understand MTI quality indicators, and provides feedback to the MTI quality structure regarding where priorities should lie.
- The committee aims to make measurable systemic improvement as quickly as possible, and ensure that results are effective, sustained, and spread throughout the organization.
- The MTI QAPI Committee will submit/present to the Joint Conference and Efficiencies Committee at least once a year.

Jackson Health System Medical Executive Committee

- Oversees the quality of care provided by all physicians and by other practitioners who are privileged through a medical staff process.
- Collaborates with Jackson's governing body, reflecting clearly recognized roles, responsibilities, and accountabilities, to enhance the quality and safety of care, treatment, and services provided to patients
- Maintains responsibility, along with the Transplant Quality Council, for setting the agenda for the Joint Conference and Efficiencies Committee's discussion surrounding quality
- May direct the Transplant Quality Council to consider researching a quality area
- Works with Jackson Health System to research or correct issues identified that relate to care provided through the hospital system
- Refer to Medical Executive Committee Charter for full description of responsibilities

Transplant Quality Council

The Transplant Quality Council functions as the steering committee for transplant quality improvement and patient safety prioritizing and directing the implementation of transplant program-wide quality improvement and patient safety activities. The council promotes quality improvement programs and creates a quality improvement culture within all areas of Jackson Memorial Hospital and Holtz Children's Hospital, where transplant patient care is provided and within the MTI. This council established the goals and priorities for transplant QAPI. The council prioritizes activities, and ensures alignment of quality and operational initiatives within the transplant programs. The council identifies and responds to strategic regulatory compliance gaps, patient safety concerns and improvement opportunities, and quality of care issues that affect the transplant patient population. The council identifies and directs the response to the need for change in the MTI QAPI procedures and practices to continue to support the development of high quality standards in a transparent, efficient, and effective manner. The council will also counsel and advise Jackson and MTI leadership on significant regulatory, quality, and safety matters related to transplant services. Specifically, the Transplant Quality Council:

- Has the overall responsibility to develop, monitor and modify this Quality Plan.
- Provides guidance and support for MTI quality assessment, performance improvement, corrective action plans, and patient safety.

- Sets priorities for major resource intensive PI projects and will provide project leadership support and direction to broader scope projects that engage hospital departments and resources.
- Will serve as a resource to the MTI QAPI Committee on matters of hospital and MTI quality.
- May task the MTI Quality Committee or Program Specific QAPI Committees to examine a specific problem. The work may be limited and focused at the discretion of the Council, or may be a full process improvement project team.
- Will ensure that the MTI quality committees have the necessary resources to focus efforts on the quality goals outlined in this Quality Plan and coming from the Public Health Trust Joint Conference and Efficiencies Committee, the Medical Executive Committee, and the MTI Quality Council.
- The committee chair will assure that council activities include recommendations, issues, decisions, action items, and communication to the Medical Executive Committee, as appropriate

The Council is chaired by the Chief Medical Officer of Jackson Health System.

- Membership includes representatives of MTI leadership including the Vice President of Transplant; Director Transplant Services, MTI; Medical Director, MTI; Chief of Thoracic Transplant; Medical Director, Pediatric Transplant; Chief of Solid Organ Transplant Anesthesia; Senior Director, Operations and Quality; Director of Pediatric Transplant Service Line, Associate Director of Thoracic Transplant.
- Membership also includes the Chief Quality Officer, Jackson Health System; Chief Risk and Patient Safety Officer Jackson Health System; CEO of Jackson Memorial, CEO of Holtz Children’s; Chief Medical Officer of Jackson Memorial; CNO Jackson Memorial Hospital; CNO Holtz Children’s Hospital; Chief of Transplant Critical Care, Jackson Memorial Hospital;
- Membership also includes medical representatives from pediatric transplant, department of surgery, and the department of medicine
- Ad Hoc membership based on current agenda items as content experts or improvement project leadership reports to the council

The Transplant Quality Council meets generally on a quarterly basis at least four times per year.

VII. Establishing Quality Goals and Objectives

Quality Assessment and Performance Improvement (“QAPI”) is integrated into all MTI care and service areas. According to CMS, “quality assessment” is defined as a “process for ensuring compliance with specifications, requirements or standards, and identifying indicators for performance monitoring and compliance with standards.”² “Process improvement” is defined as the proactive and continuous study of processes with the intent to prevent or decrease the

² Quality Assessment and Process Improvement: A Resource Guide for Transplant Surveyors, Catapult Consultants, LLC, Sept. 8, 2010.

likelihood of problems by identifying areas of opportunity and testing new approaches to fix the underlying causes of persistent/systemic problems.”³ The MTI will aim for safe and high quality care on a continuous basis using the best available evidence including data, national benchmarks, published best practices, or clinical guidelines to define and measure goals. The goal of the MTI Quality plan and structure is to identify the best level of quality possible for each area identified for monitoring or improvement. Specific current quality assessment indicators are identified on the organ-specific scorecards that gather data on a continuous basis.

VIII. Feedback, Data Systems, and Monitoring

The MTI identified indicators to monitor care and services in all phases and settings of transplant and living donation. Feedback systems include input from staff, transplant recipients, living donors and families or representatives as well as bidirectional communication between hospital and transplant quality programs.

QAPI Indicators/Measures

Process and outcome indicators are selected to cover all phases of the transplant process including pre-, peri- and post- phases for both deceased and living donor transplant. Pre-transplant includes evaluation, patient selection and waiting list management. The transplant phase includes surgical protocols, immunosuppression, and cold ischemic times, etc. The post-transplant phase includes medication effectiveness, support services and health maintenance, etc. In addition to the three phases of transplant, each phase will have at least one outcome and one process indicator. An outcome indicator is a measurement or event that is the result of a transplant process and affects the length or quality of a donor or recipient’s life. A process indicator is a series of actions or functions provided during recipient or living donor care that results in an organ transplant or donation.⁴

QAPI indicators (i.e. quality measures) are selected based on a variety of factors. Some indicators may be chosen due to the regulatory oversight requirement or because the issue is high risk, high volume, high cost, or has the tendency to affect a large number of patients. Indicators will be chosen from a variety of sources to include the following:

- Outcome measures (the impact of care on the health status of patients or populations such as graft and patient survival)
- Process measures (the steps taken in caring for the patient such as ABO verification process checks)
- Structure measures (the static or technical aspects of care such as how many transplants were performed or other volume data)
- Graft or patient survival outcomes less than expected
- Patient complaints or grievances
- UNOS, CMS, State of Florida, or other regulatory review deficiencies identified
- Adverse events or near misses

³ CMS.gov, QAPI Description and Background

⁴ Quality Assessment and Process Improvement: A Resource Guide for Transplant Surveyors, Catapult Consultants, LLC, Sept. 8, 2010.

- Opportunities identified by staff or leadership
- Audits of adherence with policies and protocols
- Benchmarks, targets or goals not being met, especially when a trend is identified

Indicators may be retired after achieving consistent compliance with expected benchmark or target. Generally, compliance will be considered consistent after three, six, or 12 months depending on the indicator. Compliance is measured with reference to a pre-selected target.

Indicator Definition

A definition and measurement of a specific indicator is developed and incorporated into the Quality Scorecard. Members of the multidisciplinary team with content expertise are consulted in the development of definitions in the absence of a community definition.

Data Source and Data Validation

The source of data and validation of data to ensure accuracy of data is identified for each process and outcome indicator. The reliability of data used in quality improvement is essential. Several elements must be considered when determining the data to be gathered. These include:

1. Which specific data will be collected
2. How often the data will be collected
3. Where the data will come from (records, observation, etc.)
4. Who is responsible for data collections
5. How the data will be analyzed (tallied and compared, charted for trends, tracked over identified time periods)

Benchmarks

Benchmarking involves comparing an indicator to industry best practices to determine whether targets are met according to industry standard and whether processes are in alignment with industry best practices. Benchmarking is a tool used to set targets to aim for continuous improvement. Measures chosen are characterized by reliability, sensitivity, specificity, and feasibility.⁵ Indicators will incorporate these characteristics to foster the best results. In the absence of industry benchmarks, peer review publications will be used to establish benchmarks. When no benchmarks are available, internal benchmarks, such as prior experience, may be used.

Data Collection and Measurement

The process for the collection of data is identified in addition to the responsible person. Data collection may be manual, via computer reports or data abstraction. Other methods, such as observation, incident analysis, staff reporting, random audits or spot checks, may be used. The measurement is identified which may include a percent, a rate, or a ratio. The denominator and numerator are defined. Data may be analyzed compared to previous data, aggregated, averaged, or graphed.

⁵ Boulkedid R, Abdoul H, Loustau M, Sibony O, Albeti C (2011) Using and Reporting the Delphi Method for Selecting Healthcare Quality Indicators: A Systematic Review. PLoS ONE 6(6): e20476. doi:10.1371/journal.pone.0020476

Indicators for all Phases of Transplant

Current program-specific process and outcome indicators are identified in the Organ Specific Scorecard. Indicator definition, measurement, data source, responsible person, target, and benchmarks are provided in the Indicator Definition Document.

Data Analysis/Display

To assist with data collection and analysis, a number of QAPI tools and instruments may be used. The type of tool is largely dependent on the type of data to be captured, analyzed, and displayed. Examples of tools that may be used are flow charts, check sheets, check lists, Pareto diagrams, histograms, fishbone diagram, scatter diagram, run chart, and control charts. Scorecards using the stop light display are used to display process and outcome metrics.

VIII. Regulatory Compliance and Process Control

Policy and procedure adherence is incorporated within the QAPI structure. The MTI Quality Plan reflects monitoring of compliance with policies. Monitoring will occur through evaluating performance measures, assessing the duration of compliance, and using either comprehensive audits or random audits of a percent of records to determine adherence, where appropriate. In addition, policy elements will be incorporated and will be prioritized to include:

- Policies that deal with high risk and high volume not consistently been adhered to
- Reported non-adherence to policy based through either anecdotal reports, patient safety event reports through our reporting system or case reports at M&M substantiated by random audit or review of practice
- Any adverse event, near miss or unintended outcome in which investigation revealed non-adherence to policy; new elements of policies or new policies or procedures that describe a significant change in previous practice for high risk, high volume populations

VIII. Contract Services or Arranged Service

Condition § 482.96 Condition of participation: Quality Assessment and Performance Improvement (QAPI) states, "Transplant centers must develop, implement, and maintain a written, comprehensive, data-driven QAPI program designed to monitor and evaluate performance of all transplantation services, including services provided under contract or arrangement." Vendors of services under contract or arrangement with Jackson Health System/MTI will be requested to provide MTI routinely quality assessment of services provided. Quality indicators will be identified by the vendor and will be appropriate to the services provided and relevant to assess the quality of services provided. The MTI QAPI Committee will review the quality assessment reports and the data will be utilized to determine the quality of service provided. Performance improvement initiatives will be recommended to address any quality concerns and initiated to continue services to the MTI.

IX. Patient Safety and Adverse Events

The MTI QAPI program uses a defined approach to determine when in-depth analysis is needed to fully understand improvement opportunities, causes, and implications of change for care and

services delivered. Transplant adverse events are identified, tracked, investigated, analyzed, and the results used to prevent recurrence. The transplant QAPI program uses system-based interventions to improve quality of care and performance on an ongoing basis to reduce risk of harm to patients. Systemic actions impact all involved systems to prevent future adverse events and promote sustained improvement.

The MTI adverse event reporting policy and procedure No. 6.01 describes in detail the identification, reporting, tracking, investigation, and improvement process related to patient safety events. An adverse event is defined as, “an untoward, undesirable, and usually unanticipated event that causes death or serious injury, or the risk thereof.” Examples of adverse events include (but are not limited to) serious medical complications or death caused by living donation, unintentional transplantation of organs of mismatched blood types, transplantation of organs to unintended recipients, and unintended transmission of infectious diseases to recipients. Near miss events may cover the entire spectrum of the transplantation process. A process of identification, communication, analysis and prevention of future adverse events/near misses is defined in the MTI adverse event/near miss policy No. 6.01.

Adverse event reporting and near miss reporting is encouraged and facilitated throughout Jackson Health System and MTI. All Jackson employees, including those at MTI, receive training during orientation on the importance of reporting near misses or adverse events. Training on the patient safety event reporting system is provided. In addition to the Jackson and MTI policies and procedures on adverse event reporting, the transplant programs identify, analyze, and report as appropriate both adverse events and near misses in the three phases of transplantation. MTI maintains an adverse events log to track all adverse event occurrences. Trended results of patient safety events are reported to the MTI QAPI Committee and distributed to the organ-specific QAPI Committees to be shared with staff. Improvement efforts are identified from such events either based on trends, or from isolated but significant impact issues. The TQC ensures all action plans for improvement are tracking appropriately to completion.

Additionally, the Peer Review Morbidity and Mortality Conference identifies adverse events, near misses, and quality of care concerns. Both MTI quality and Jackson risk management representatives participate in the MTI Peer Review Morbidity and Mortality Conference to aid in the identification of quality of care concerns, near miss, or adverse events. Referrals will be thus made to the MTI QAPI Committee to address these issues through further quality assessment or to the Jackson Health System Risk Management team to lead a joint root cause analysis of the event/issue.

Jackson Health System Patient Safety Council

Jackson Health System provides high-level senior executive oversight and authority over target patient safety activities through the system patient safety council structure. The system patient safety council provides the ultimate authority over corrective actions associated with identified patient safety topics. As a primary service line within Jackson Memorial Hospital, MTI will participate in a working Patient Safety Council (PSC) consisting of five core members including: the Chief Executive Officer, the Chief Nursing Officer, the Chief Medical Officer, the Directors of Quality and Risk, and MTI and other stakeholders for issues being discussed in the council. The council is charged with the assessment and improvement of high-risk processes related to

patient safety. This is carried out using a four-step methodology of primary issue identification, best practice, implementation, and monitoring and accountability. Minutes or verbal briefings will be communicated to the Transplant Quality Council, and to the MTI QAPI Committee and, where relevant, the Program Specific QAPI Committees.

XI. MTI Peer Review Morbidity and Mortality Conferences

The MTI Peer Review Morbidity and Mortality Conferences are defined as Accreditation Council for Graduate Medical Education-mandated educational series for many programs, in addition to being recommended by the OPTN and CMS for transplant programs. These conferences offer great potential for learning from adverse events, medical errors, complications, and “near misses” with the goal of focusing on education, opportunities for quality assessment, improvement initiatives, and patient safety initiatives as opposed to culpability.

In addition to the traditional academic focus on morbidity and mortality case review, the MTI uses this forum and format to conduct a thorough analysis on all identified morbidity and mortality and unintended outcomes as defined in the Morbidity and Mortality Policy and Procedure. Any member of the clinical or quality team can request a specific event outside the defined criteria be reviewed with the approval of the Chair of the Morbidity and Mortality Case Conference Committee.

MTI has three (3) peer review morbidity and mortality committees: abdominal transplant morbidity and mortality includes all abdominal organs pediatric and adult; adult and pediatric heart transplant and MCS morbidity and mortality; and adult and pediatric lung transplant morbidity and mortality committee. The chair is appointed by the division Chief and is responsible to oversee the identification, timely scheduling, and comprehensive case reviews.

The MTI Peer Review Morbidity and Mortality Case Conference Policy 6.2 describes in detail the process and procedures for identification, referral, case review, and improvement. The following guidelines are followed in these conferences:

- Attendance is recommended for all clinicians and physicians on the multidisciplinary team.
- The Senior Director of MTI Operations Quality/designee attends to identify, track, report, and implement indicated action such as referrals for root cause analysis, development of further quality assessment, or implementation of process improvement initiatives.
- The Director of Risk Management for MTI/designee attends to identify patient safety and quality of care concerns warranting initiation of a formal root cause analysis.
- The Attending of record is responsible to present the case, or oversee the presentation if delegated.
- A transplant fellow (or other team member) may be assigned by the attending of record
- The multidisciplinary team approach to patient care will be reflected in the case review presentation. This multidisciplinary team approach will include all disciplines reflected under MTI organ-specific committees, as appropriate.
- A written presentation of the case will be submitted to the Chair.

- Minutes will be taken, documented and reviewed by the chair. Minutes will reflect a brief synopsis of the case discussion, and document any opportunities for improvement and referral to the appropriate entity.
- Quality of care issues/adverse events/patient safety events, or opportunities for process improvement or further quality monitoring will be identified from the morbidity and mortality peer review presentation and referred to (1) risk management, (2) MTI QAPI Committee or (3) program-specific QAPI committee for further analysis, root cause analysis, quality monitoring, or process improvement initiatives.
- The Medical Director of the MTI and the Director of Transplant Services will determine if a specific case warrants referral for peer review by the Jackson Health System Peer Review Committee.

Events reported and presented to the MTI Morbidity and Mortality include:

1. Mortalities

- Patient death \leq 1 year post-transplant/VAD or TAH implant (required)
- Patient death $>$ 1 year after transplant / VAD implant on request of any team member

2. Morbidities

- Graft loss \leq 1 year post transplant (required)
- Unplanned return to the OR during the transplant event admission/ VAD or TAH implant admission
- Significant unusual infection during the transplant event admission/ VAD or TAH implant admission Major cardiac/pulmonary events in transplant event admission/ VAD or TAH implant admission
- Post-operative Stroke
- Iatrogenic events
- Surgical events such as
 - Venous or arterial thrombosis
 - Bleeding
 - Leaks/Strictures
- Immunological events such as graft versus host disease (GVHD) or severe refractory rejection
- Other events as requested by any team member

XII. Performance Improvement

Performance improvement activities include all activities related to the achievement of improvement within the transplant programs. Performance improvement can broadly be defined as an organized, structured process used to identify parts of the transplant program and delivery of care that need improvement due to a failure to meet quality assessment expectations or that result from analysis of adverse events/near misses. It may include a review of transplant performance compared to established benchmarks identified during quality assessment to

determine areas where changes may be needed to improve operations and the identification of special activities/ studies that will lead to changes to improve services. Although improvement activities are generally identified through the above methods, in the absence of data, and based on anecdotal less than desired performance, quality improvement projects may be initiated. The program specific QAPI Committees, MTI QAPI Committee, and the Transplant Quality Council will analyze data to assess for opportunities for improvements either at a program level or across the MTI.

The systematic process of performance improvement includes:

- Analysis and/or trending of results from quality assessment activities
- Use of established clinical practice guidelines as framework for standards of care and practice, when applicable
- Design of new processes or enhancement of existing processes to meet the standard of care
- Development of indicators of care or service which are measurable, focusing on processes or outcomes
- Utilization of performance benchmarks or thresholds
- Measurement of the level of performance and stability of important existing processes
- Trending of data, using scorecards, analysis, or control charts
- Reviewing, responding and trending of customer complaints
- Reviewing and responding to patient satisfaction survey results
- Evaluation of data findings to identify opportunities for performance improvement
- Evaluation of significant issues which have potential or actual risk to the patient (adverse event/sentinel event review)
- Adapting nationally established priorities/best practices
- Enhanced utilization of resources

Performance improvement projects will be determined based on a variety of factors including size and scope of project, resources required to successfully implement improvement, concurrent improvement projects affecting the same area/staff, and alignment with the Jackson Health System and MTI strategic and quality goals. Priority will be given to projects related to improvement in patient safety, graft and patient survival/outcomes, patient experience, regulatory oversight agency requirements or survey findings, or high risk, high volume, or otherwise problem-prone areas. Preliminary data may be gathered to determine whether the issue identified is an isolated problem, a problem specific to the organ program it originated from, or a potential system wide issue that may impact multiple programs/populations. This will explore and help determine the scope of the issue and the multidisciplinary team members and core department members who will be necessary to fully explore the issue. Large scale process improvement/process redesign projects will be reviewed and approved by MTI leadership or the TQC to ensure appropriate resources and support is available to secure successful implementation of change and improvement.

A time-specific and measurable aim defining the specific system that will be affected, will be established to determine whether a specific change actually leads to an improvement.

Progress on change and improvement may be presented to the organ specific QAPI Committee, the MTI QAPI Committee, or to the Transplant Council. Multiple additional avenues will be used to ensure the improvement work is communicated to the MTI team and impacted areas of Jackson Memorial Hospital and Holtz Children's Hospital.

Performance Improvement Process

Performance improvement initiatives may utilize a variety of defined processes to analyze/examine an issue, identify solutions, identify recommendations for change, and monitor the impact of change. Plan, Do, Study, Act (PDSA) is used for less complex problems requiring improvement efforts and is suitable for rapid cycles of small change. The model for improvement may also be used either in combination with the PDSA or alone depending on the scope of the problem, the improvement sought, the skill of the team members, and the resources available. More sophisticated methods of improvement may be necessary for more complex issues/problems such as LEAN/Six SIGMA.

The MTI quality committees will primarily use the Model for Improvement and the PDSA cycle for smaller scope improvement initiatives. The Institute for Healthcare Improvement defines the PDSA process as:

Plan: for developing a plan to test the change,
Do: for carrying out the test for change,
Study: for observing and learning from the consequences, and
Act: for determining what modifications should be made to the test

The full use of PDSA model and each step of the process are as follows:

1. Identify the problem
2. Brainstorm or conduct root cause analyses to determine potential causes
3. *Plan* activities to test to correct the problem
4. Implement (*Do*) the activities and collect data
5. *Study* the results to determine whether the activities are accomplishing what we set out to accomplish
6. Abandon, adopt, and adjust (*Act*)

The Model for Improvement asks the following questions

1. What are we trying to accomplish – **AIM**
2. How will we know a change is an improvement – **MEASURE**
3. What change can we make that will result in improvement - **ACTION**

Performance Improvement Teams

If the MTI QAPI Committee or the Transplant Quality Council determines that there is a high risk, high volume or problem-prone area/issue to be resolved, it may charter a multidisciplinary and vertical team to examine and develop an improvement plan to address the issue(s). The multidisciplinary team must include all disciplines that may affect, or be affected by the issue. The team must also be vertical by including members at all levels including both frontline staff and at least one person from leadership. A team leader will be selected by the MTI QAPI

Committee or Transplant Quality Council to organize and direct activities of the team. The process improvement model is intended to empower front line staff to lead change as innovators who have the power to identify and solve problems and promote quality improvement.

Process Improvement Project Team

Process improvement project teams are intended to be formed for longer-term larger scope improvement initiatives. For each process improvement team chartered, there must be:

- A written mission to look in to a problem area
- A purpose and determination of what members are needed to achieve this purpose
- The team must report back to the MTI QAPI Committee and or the Transplant Quality Council with specific actions and next steps
- A measure of improvement will be identified

Sustaining Process Improvements

Process improvement project teams will develop and implement processes to monitor performance to ensure sustainability. Both intended and unintended change observed is discussed with the entire team. Any negative consequences of a new process will be discussed to determine whether a modification of the process will avoid such negative consequence. Ongoing monitoring is required to confirm that any unintended negative changes are eliminated before the process is spread to other areas. If a change is determined through data-driven activities to lead to improvement, then the change will be spread to other parts of the MTI organization, as appropriate. To ensure that underlying problems, rather than symptoms, are resolved, the team will continue to monitor for problems for a period of at least six cycles depending on the frequency of the data collection. Thus, if the cycle of data collection is monthly, then data must be collected for at least six months. Generally, cycles should be monitored for six to twelve months.

XIII. QAPI Education and Training

The MTI Quality Resource Center and Jackson Health System are committed to enhancing and growing efficiency and effectiveness through staff education and training. Staff will receive periodic training including regular required training episodes as well as additional training as needed. All MTI staff and leadership must complete basic QAPI training. In addition, the MTI Quality Resource Center provides training on the purposes of QAPI, the process improvement method, accountability and expectations around quality and safety, and adverse events, to name a few. MTI staff will attend Six-sigma education/training courses as offered. Yellow-belt certification is offered widely to MTI employees and participation is encouraged. Green-belt certification is available to select staff that express an interest in furthering their education and experience in improvement work

XIV. Communications

Bidirectional communication about quality improvement efforts will be effected through sharing of information and progress at the MTI QAPI organ-specific committees, the MTI QAPI

Committee, and the Jackson Health System/MTI Joint Transplant Quality Council. MTI managers and leaders will communicate information on quality and improvement activities with front line staff at staff meetings, huddles, and other formal or informal gatherings to encourage and foster open discussions on quality, patient safety and improvement. QAPI activities are also communicated through team huddles, team meetings, QAPI committee meetings, email blasts, and communication boards.

Confidentiality Agreement

All information and data related to the activities delineated in the quality plan is used to evaluate and improve performance and the quality and safety of patient care and services. The confidential nature of the information will be respected according to the guidelines and parameters established by the federal Health Care Quality Improvement Act and any applicable Florida state regulations.

Every individual involved with peer review, quality assessment and performance improvement, patient safety and risk management will follow administrative policies regarding the disclosure of confidential clinical and management information.

XV. Responsibility

The Senior Director for Operations and Quality is responsible for monitoring of the MTI QAPI Program and Plan under the leadership of the vice president of transplant. This includes the coordination and facilitation of bidirectional reporting through the MTI Quality structure and the Public Health Trust Board of Trustees. The director of transplant services provides senior physician leadership. The associate vice president of Quality and Patient Safety for Jackson Health System provides additional institutional quality support and inclusion in system-wide quality initiatives.

XVI. Evaluation

At least annually, the MTI will evaluate its QAPI plan efficacy. An evaluation report is submitted to the Transplant Quality Council and the Joint Conference and Efficiencies Committee of the Public Health Trust

XVII. 2023- 2024 Quality Improvement Goals

The MTI 2023-2024 quality improvement goals maintain alignment with Jackson Health System strategic and quality priorities. The goals reflect an analysis of the status of the MTI 2022-2023 goals and a review of the Jackson Health System Patient Safety Goals for 2023. The goals are identified through a thoughtful and data driven analysis of the process and outcome metrics by the program leadership, review of patient safety events, deficiencies identified during regulatory surveys (preparedness and actual surveys), outcomes analysis, in addition to input from the TQC.

Furthermore, the 2022-2023 quality improvement goals reflect continuation of 2021-2022 goals where targets were not met and the improvement opportunity has been assessed to remain valid and important in the context of the MTI and Jackson quality goals. Organ-specific process and outcome measures are identified and documented on the organ specific scorecards. Indicator definition, measure, data source, and targets are also identified. The following quality improvement projects are either underway and a continuation of initiative commenced in 2022-2023 or will be launched in 2023-2024.

PI 1 – Decrease Time for Evaluation for Transplantation

Achieve completion of evaluation for transplantation within 120 days of evaluation initiation for 50 percent of the patients for all programs.

PI 2 –Patient Experience

Timely Return of telephone calls to patients – target 96 percent within one business day.

PI 3 – Patient Experience Discharge Planning/Education

Achieve safe and effective discharge by providing effective patient education to meet patient needs – measured by patient experience rating on HCAHPS for Jackson Memorial Hospital floors, West Wing 14 and West Wing 15 – target 83.7 percent

PI 4 – Optimize Post-Transplant Length of Stay (LOS)

Ensure safe discharge through, patient –centered, timely, effective and efficient discharge for all fresh post-transplant liver, kidney, heart, and lung patients.

Heart - target 20 days

Lung – target 21 days

Liver – target 12 days

Kidney – target 5 days

PI 5 – Regulatory Compliance

Achieve 95 percent compliance with selection committee documentation, all solid organs pediatric and adult.

PI 6 – Disease Surveillance pre Organ Transplant

Achieve 98 percent compliance with pre-transplant infectious disease surveillance per OPTN policy.

PI 7 – Disease Surveillance post-transplant

Achieve 98 percent compliance with infection disease testing per OPTN policy between 28-56 days post-transplant.

PI 8 – Transition of Care

Monitor for sustained implementation of the two action items implemented as part of Phase 1 of the Transition of Care Task Force.

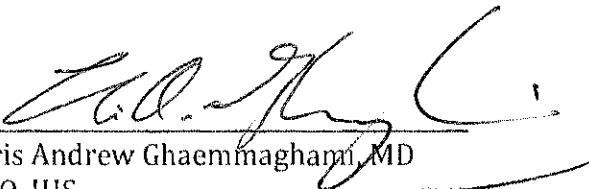
PI 9 – Clinic Improvement


Decrease the percent of patients with a checkout time from MTI clinic appointment > 15 min. past due checkout time to 25 percent.

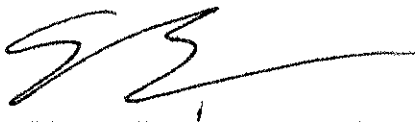
Additional small and larger-scale performance improvement projects may be identified throughout the year based on continuous data analysis and patient safety event review. Large-scale performance improvement projects may also be initiated after review and approval of the TQC.

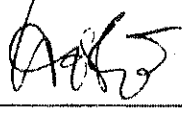
XVIII. Establishment of Plan

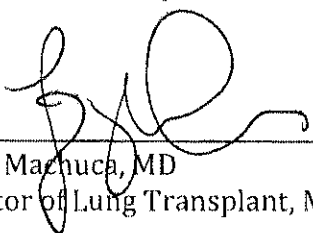
This Miami Transplant Institute Quality Assessment and Performance Improvement Plan has been approved and signed by the following:

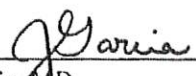

Chris Andrew Ghaemmaghani, MD
CMO, JHS, 4/12/23


Rodrigo Vianna, MD, PhD
Director Transplant Services, MTI, 4/4/2023


Giselle Guerra, MD
Medical Director, MTI, 4/4/2023



Mathias Loebe, MD
Chief, Heart Transplant and MCS, MTI, 4/4/2023


Tiago Machado, MD
Director of Lung Transplant, MTI, 04/04/2023



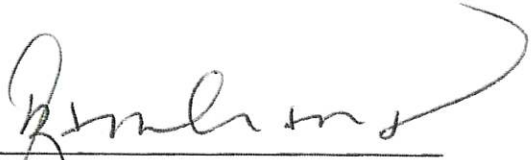
Jennifer Garcia, MD
Director, Pediatric Transplant, MTI

4/4/23



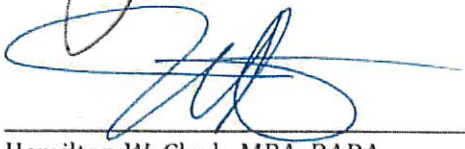
John Tawwater
VP and Chief Risk and Patient Safety Officer, JHS

4/10/23



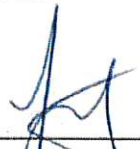
Isis Zambrana
VP and Chief Quality Officer, JHS

4/10/23



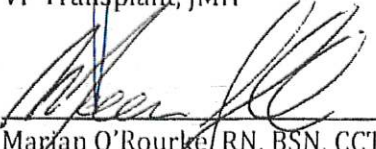
Hamilton W. Clark, MBA, BABA
CEO, JMH

4/5/23




Luke Preczewski
VP Transplant, JMH

4/3/23



Marian O'Rourke, RN, BSN, CCTC
Senior Director, Operations and Quality, MTI

04/03/2023



Tara Keegan, BSN, RNC
Service Line Director, Pediatric Transplant, MTI and HCH

4/4/23



LEARNING AND INNOVATION SUBCOMMITTEE AGENDA

**WEDNESDAY, JUNE 28, 2023
11:00 AM**

**IRA C. CLARK DIAGNOSTIC TREATMENT CENTER (DTC)
SECOND FLOOR, CONFERENCE ROOM 259
1080 N. W. 19TH STREET
MIAMI, FL 33136**

Public Health Trust Board Rules

Any person making impertinent or slanderous remarks or who becomes boisterous while addressing the committee, shall be barred from further audience before the committee, unless permission to continue or again address the committee be granted by the Chairperson. No clapping, applauding, heckling or verbal outbursts in support or opposition to a speaker or his or her remarks shall be permitted. No signs or placards shall be allowed in the Board Room. Persons exiting the Board Room shall do so quietly.

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- 1 **CALL TO ORDER**
- 2 **APPROVAL OF THE PREVIOUS SUB-COMMITTEE MEETING MINUTES FOR FEBRUARY 22, 2023**
 - 2.a
Meeting Minutes
- 3 **MIRACLE SUMMER INTERN PROGRAM - *Ellen Davis, Manager Volunteer Services, Jackson Health System***
- 4 **JACKSON BLUE STRIPE VolunTeen SUMMER PROGRAM**
- 5 **CALL TO ADJOURN**

PUBLIC HEALTH TRUST BOARD OF TRUSTEE ONE-DAY COMMITTEE MEETINGS

LEARNING AND INNOVATION SUBCOMMITTEE MEETING MINUTES

Wednesday, February 22, 2023

Followed the Remark(s), Announcement(s), Presentation(s)

**Ira C. Clark Diagnostic Treatment Center
Conference Room 259**

Learning and Innovation Subcommittee

Laurie Weiss Nuell, Chairwoman
Matthew J. Allen, Vice Chairman
Antonio L. Argiz
Juan Fernandez-Barquin
Amadeo Lopez-Castro, III
Walter T. Richardson
Carmen M. Sabater

Member(s) Present: Matthew J. Allen, Walter T. Richardson, Amadeo Lopez-Castro, III, Antonio L. Argiz, and Carmen M. Sabater.

Member(s) Excused: Juan Fernandez-Barquin, Laurie Weiss Nuell

In addition to the Committee members, the following staff members and Assistant Miami-Dade County Attorneys were present: Carlos A. Migoya,, Don S. Steigman, Julie Staub and Michelle Kligman; Christopher Kokoruda and Laura Llorente Assistant Miami-Dade County Attorneys.

1. CALL TO ORDER – LERANING AND INNOVATION SUBCOMITTEE MEETING - Walter T. Richardson, Chairman, PHT BOT at 11:18 a.m.

2. APPROVAL OF THE SUBCOMMITTEE MEETING MINUTS FOR JULY 27, 2022

*Carmen M. Sabater moved approval;
seconded by Antonio L. Argiz, and carried
without dissent.*

3. STAFFING RETENTION AND EMPLOYEE SURVEY RESULTS UPDATES

- Michelle Kligman, SVP HR/Chief Experience Officer, Jackson Health System (JHS) presented on talent acquisition and retention. Progress and alignment is ongoing with reduction of premium pay, monitoring of market fluctuation and effective negotiation of per diem rates reduction while keeping competitiveness in the market. Significant strive with recruitment and retention, which led to elimination of extra shifts bonuses. Implementing strategy such as Pre-hire Engagement, Preceptor Resources and Nurse Emeritus Program (hiring retired nurses as coaches and mentors). Additional efforts for Academic Partnership, International Recruitment, how candidates being paid, use of AI and Social Media.

JHS is implementing 30/60/90 and 30/60, 90-day program to document how employee is assimilating to the organization. Rev. Richardson enquire regarding probation period for new hires and Ms. Kligman advised that probation period is six months. Seeing increase in employee return “boomerang effect”.

- Julie Staub, EVP/Chief of Human Resources, Jackson Health System (JHS) presented an overview on Employee Engagement and Safety Survey. In September of 2022, JHS partnered with Press Ganey’s for an extensive survey of 100 questions that included how employee felt about the organization, managers and themselves. Seventy five percent (75%) of employees responded (excluding physicians and residents) and engagement score results are 4.19 on a scale of 5.0. Ninety-four percent (94%) of respondents found their work meaningful and felt they are making a difference, teamwork and communication exists between different services. Areas of opportunities includes improvement on workplace safety, patient safety, error prevention, just culture/speak up and physician/residents engagement. Trends showed that from 2018-2022 JHS continue to perform on a level higher than the national average. JHS Nurses participated in an Excellence Survey and outperformed above national average in six of the categories. As part of the update, included was an overview of the list of opportunities, actions and next steps for the future.

4. CALL TO ADJOURN

Amadeo Lopez-Castro, III, Member, Learning and Innovation Sub-Committee at 11:41 a.m.

Meeting Minutes Prepared by: Adriana Pascal
Executive Assistant and
Secretary to the Public Health Trust Board of Trustees



AUDIT AND COMPLIANCE SUBCOMMITTEE AGENDA

**WEDNESDAY, JUNE 28, 2023
11:00 AM**

**IRA C. CLARK DIAGNOSTIC TREATMENT CENTER (DTC)
SECOND FLOOR, CONFERENCE ROOM 259
1080 N. W. 19TH STREET
MIAMI, FL 33136**

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1 CALL TO ORDER

2 APPROVAL OF THE SUBCOMMITTEE MEETING MINUTES FOR MARCH 29, 2023

2.a

Meeting Minutes

3 OFFICE OF INTERNAL AUDIT

3.a

FY23 Internal Audit Balance Scorecard Update - *Andre Reid, SVP Audit & Compliance and CAE*
Fiscal Year 2023 Audit Reports Updates - *Available upon request*

4 OFFICE OF COMPLIANCE AND ETHICS

4.a

FY23 Compliance Work Plan Update - *Raul Ordonez, Vice President and Chief Compliance Officer*

5 CALL TO ADJOURN

PUBLIC HEALTH TRUST BOARD OF TRUSTEES ONE-DAY COMMITTEE MEETINGS

AUDIT AND COMPLIANCE SUBCOMMITTEE MEETING MINUTES

Wednesday, March 29, 2023
Followed the Joint Conference and Efficiencies Committee Meeting

Ira C. Clark Diagnostic Treatment Center
Conference Room 259

Audit and Compliance Subcommittee

Amadeo Lopez-Castro, III, Chairman
Carmen M. Sabater, Vice Chairwoman
Matthew J. Allen
Antonio L. Argiz

Members Present: Amadeo Lopez-Castro, III, Carmen M. Sabater, Antonio L. Argiz and Matthew J. Allen

Member(s) Excused: Juan Fernandez-Barquin

Board of Trustees Member(s) Present: Laurie Weiss Nuell, Walter T. Richardson

In addition to the Subcommittee members, the following staff members and Assistant Miami-Dade County Attorneys were present: Carlos A. Migoya, David Zambrana, Raul Ordonez and Jamal C. James; and Laura Llorente and Christopher Kokoruda, Assistant Miami-Dade County Attorneys

1. CALL TO ORDER

Amadeo Lopez-Castro, III, Chairman, Audit and Compliance Subcommittee at 12:18 p.m.

2. APPROVAL OF THE SUBCOMMITTEE MEETING MINUTES FOR JANUARY 25, 2023

*Amadeo Lopez-Castro III moved approval;
seconded by Matthew J. Allen, and
carried with amendment to member title*

3. OFFICE OF COMPLIANCE AND ETHICS

3a. Compliance Report Update

Raul G. Ordonez, III, Vice President and Chief Compliance Officer presented a high level Compliance Report update. As part of the process improvement initiative Fiscal Year 2023 hotline incidents for assigned departments showed the investigation process was effective and completed timely. Work is ongoing to further maximize efficiency and ensure quality of the investigation process. Approximately 80% of the Fiscal Year 2023 Compliance Work Plan is in process and received accolades for HIPPA and INTALA review presentation. As part of the Compliance Report update was an overview of the status of the compliance elements and collaborative approach used with the compliance plan categories.

4. OFFICE OF INTERNAL AUDIT

4.a Balance Scorecard – *Fiscal Year 2023 Audit Reports Updates are available upon request*

Jamal C. James, Director, Internal Audit presented an update of the Fiscal Year 2023 Internal Audit Plan Balance Scorecard. To date 20 audits has been completed, equivalent of 67% of the Internal Audit Plan. A total of 6 audits were issued, and 2 out of the 6 resulted in Needs Improvement and 4 were Unsatisfactory. Details for each of the audits issued are available upon request. Mr. James recognized Jackson Memorial Hospital Pathology Services Team for improving management of the Blood Bank Inventory from an unsatisfactory rating over the past two years to a satisfactory rating with zero observations this year.

With there being no significant issues to further report, Mr. James presented a brief summary of the audit report rating comparisons, risk & control audit metric results-function area, and prior audit open observations as of fiscal year 2023 year-to-date. Details for each of the reports was included in the agenda.

*Antonio L. Argiz moved to accept;
seconded by Matthew J. Allen, and carried without dissent.*

5. CALL TO ADJOURN

Amadeo Lopez-Castro, III, Chairman at 12:27 p.m.

Meeting Minutes Prepared by Adriana V. Pascal
Executive Assistant and
Secretary to the Public Health Trust Board of Trustees

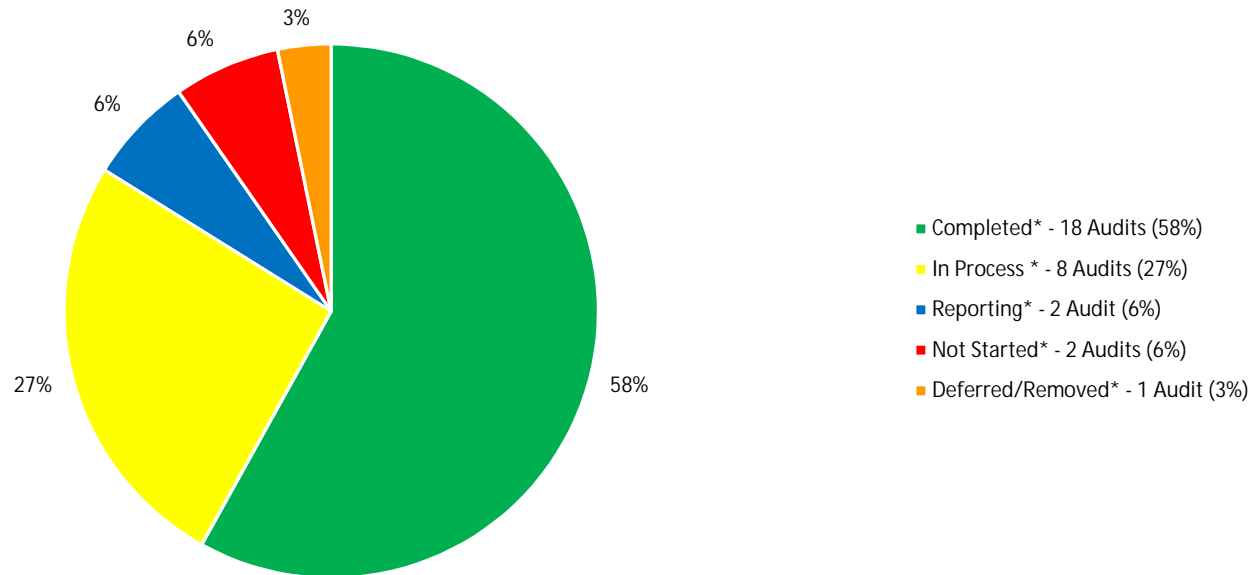
Internal Audit Balanced Scorecard

As of June 28, 2023

Value Objective:

- Identify and validate the adequacy, effectiveness, and efficiency of controls related to material processes and functions potentially impacting the organization's objectives
- Identifying process improvement opportunities to enhance process functions and optimize resources; and
- Identify and evaluate emerging opportunities.

FY23 Audit Plan Status Update

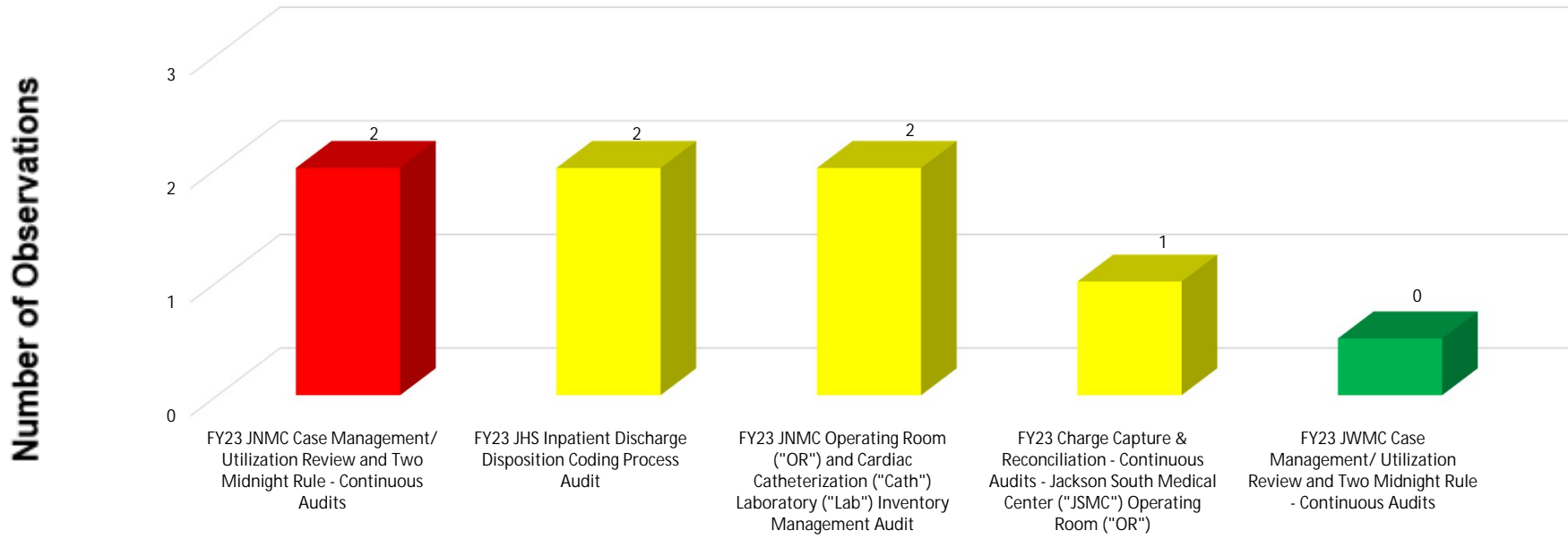


*Audit plan status categories:

- **Completed:** Audits for which the final report has been issued to management
- **In Process:** Audits which have commenced and are either at the planning or fieldwork stage
- **Not Started:** Audits which have not commenced - *3rd Party Vendor System Management* and *Data Discovery of Sensitive Information (PII and PCI)*
- **Deferred/Removed:** Audits which have been deferred or removed from the CY Plan - *JMH Plant Ops/Engineering Inventory Storeroom Management*
- **Added:** JHS Charge Capture Reconciliation – JNMC Operating Room (“OR”); JSMC Trauma; JSMC Operating Room (“OR”); and JMH Gastrointestinal (“GI”) Services

**Total Audits 31 [27 Original Audits and 4 unplanned/special requests]

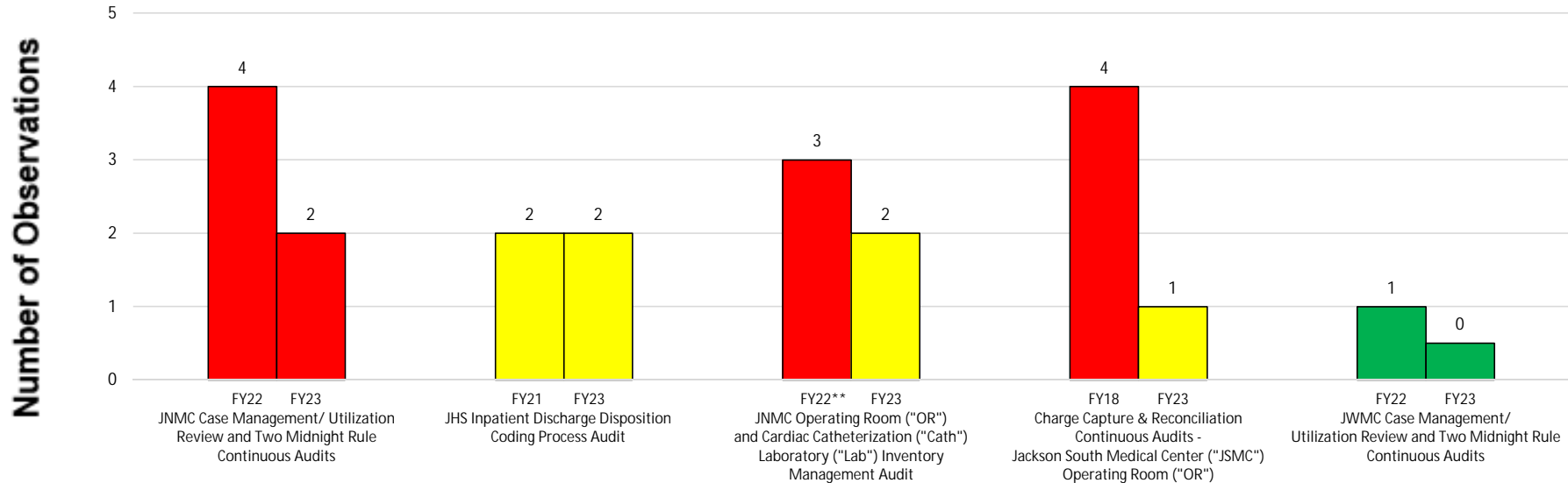
FY23 Audit Report Update



***Audit Report Ratings:**

- **Unsatisfactory** – Multiple moderate or a significant systematic control observation(s) that would potentially lead to a material impact (financially, operationally, reputational, and compliance) on a business unit and/or organization objectives
- **Needs Improvement** – Moderate and/or semi-systematic control observation(s) that could lead to a material, visible reputation, and consequential (financially, operationally, reputational, and compliance) impact
- **Satisfactory** – Minimal to no systematic control observation(s) that would materially impact (financially, operationally, reputational, and compliance) the business unit and/or organization objectives were identified

FY23 Audit Report Rating Comparisons



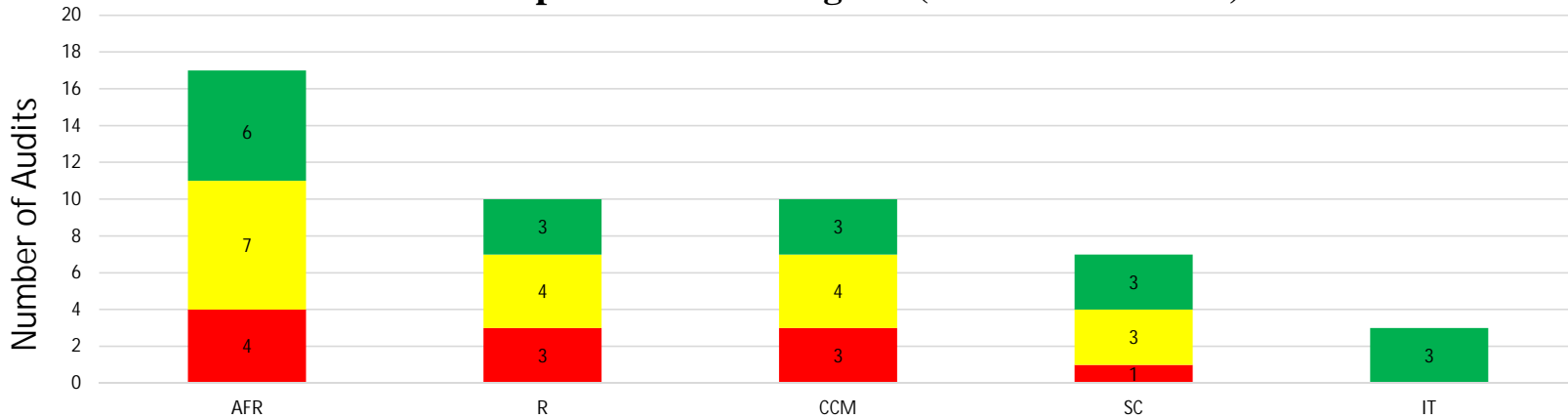
***Audit Report Ratings:**

- **Unsatisfactory** – Multiple moderate or a significant systematic control observation(s) that would potentially lead to a material impact (financially, operationally, reputational, and compliance) on a business unit and/or organization objectives
- **Needs Improvement** – Moderate and/or semi-systematic control observation(s) that could lead to a material, visible reputation, and consequential (financially, operationally, reputational, and compliance) impact
- **Satisfactory** – Minimal to no systematic control observation(s) that would materially impact (financially, operationally, reputational, and compliance) the business unit and/or organization objectives were identified

***Only JNMC Operating Room ("OR") was in scope for the FY22 Audit.*

Risk & Control Audit Metric Results – Functional Area

Audit Report Result Ratings 20 (Issued Fiscal YTD)



- Charge Capture & Reconciliation - Continuous Audits – 1) JSMC Trauma 2) JMHI GI Services 3) JMHI Trauma 4) JNMC Operating Room (“OR”) 5) JSMC Operating Room (“OR”)
- OR and Cardiac Cath Lab Inventory Management Audit – 1) JMHI 2) JSMC 3) JWMC 4) JNMC
- ACC Patient Access Services (“PAS”) Cash Collection and Handling Process Audit
- Case Management/ Utilization Review and Two Midnight Rule – Continuous Audits – 1) JMHI 2) JNMC 3) JWMC
- Pathology Services (Blood Bank) Inventory Management Audit – 1) JMHI 2) JNMC 3) JWMC
- JHS Inpatient Discharge Disposition Coding Process Audit

- Charge Capture & Reconciliation - Continuous Audits – 1) JSMC Trauma 2) JMHI GI Services 3) JMHI Trauma 4) JNMC Operating Room (“OR”) 5) JSMC Operating Room (“OR”)
- ACC Patient Access Services (“PAS”) Cash Collection and Handling Process Audit
- Case Management/ Utilization Review and Two Midnight Rule – Continuous Audits – 1) JMHI 2) JNMC 3) JWMC
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- ACC Patient Access Services (“PAS”) Cash Collection and Handling Process Audit
- Case Management/ Utilization Review and Two Midnight Rule – Continuous Audits – 1) JMHI 2) JNMC 3) JWMC
- JHS Inpatient Discharge Disposition Coding Process Audit

- OR and Cardiac Cath Lab Inventory Management Audit – 1) JMHI 2) JSMC 3) JWMC 4) JNMC
- Pathology Services (Blood Bank) Inventory Management Audit – 1) JMHI 2) JNMC 3) JWMC

- JHS IT Change Control
- FY23 JHS Application Logical Access
- FY23 JHS Active Directory

Legend	
Abbreviation	Functional Category
AFR	Accounting and Financial Reporting
CCM	Comprehensive Case Management
CS	Capital Spending
IT	Information Technology
R	Regulatory
SC	Supply Chain
SPR	Service Provider Responsibilities

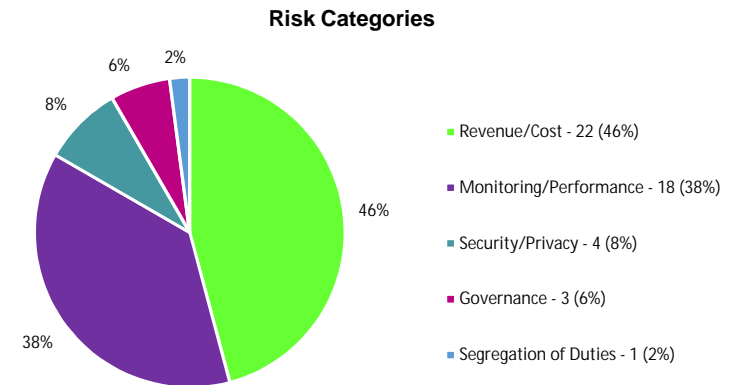
	Unsatisfactory Rating
	Needs Improvement Rating
	Satisfactory Rating

Prior Audit Open Observations As of FY23 YTD

Stage	Number of Open Observations	% of Open Observations
Management Indicated Completed	37	77%
On-Track	10	21%
Of Concern	1	2%
Total	48*	100%

Observations of Concern:

** FY21 Corrections Health Services ("CHS") Controlled Substance Medication Inventory Management Audit – Follow-Up Testing Failed
 1. Incomplete Daily Reconciliation and/or Discrepancy Resolution Documentation – Memo issued April 2023



Observation Risk Category Legend	
Risk Category	Description
Security/Privacy	Lack of processes to <i>protect physical, electronic, and/or any other form of confidential, private and sensitive information or data</i> from unauthorized access, use, disclosure, destruction, and modification.
Governance	Lack of <i>compliance with policies, procedures, regulations and practices</i> to help the organization achieve its strategic goals and objectives.
Revenue/Cost	<i>Potential revenue loss/cost avoidance</i> , due to poor process design and operating effectiveness.
Segregation Of Duties	Lack of <i>separated key control processes as it pertains to critical functions that require authorization, recording, and custody</i> of transactions.
Monitoring/Performance	Lack of <i>processes to proactively identify potential material</i> (i.e., qualitative and quantitative) trends that may impact business objectives.

*Total number of open observations 48 (prior quarter had 52 items open - 11 were closed and 7 were opened in Q3) of which 23 items are outstanding unsatisfactory observations.

** Original audit rating – Unsatisfactory

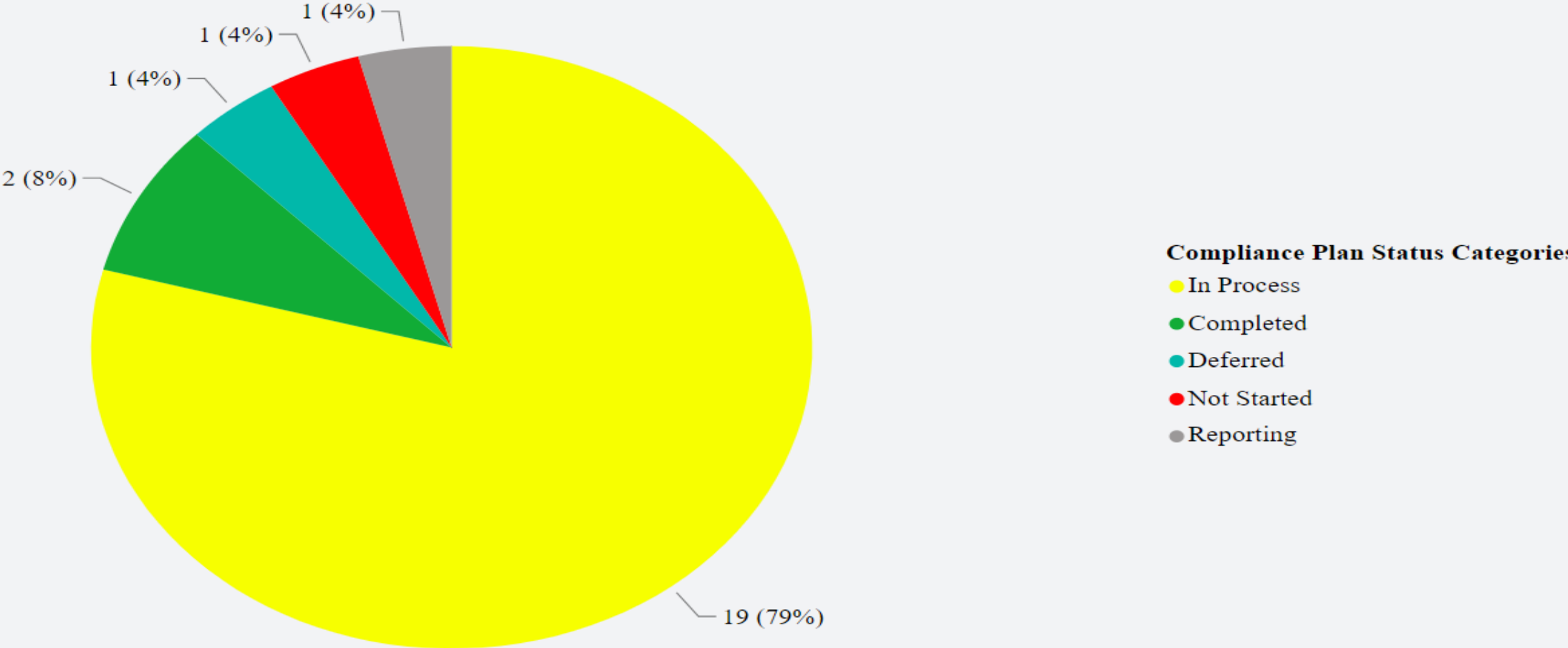
Jackson
HEALTH SYSTEM
Miracles made daily.

Compliance Work Plan Update

As of June 28, 2023

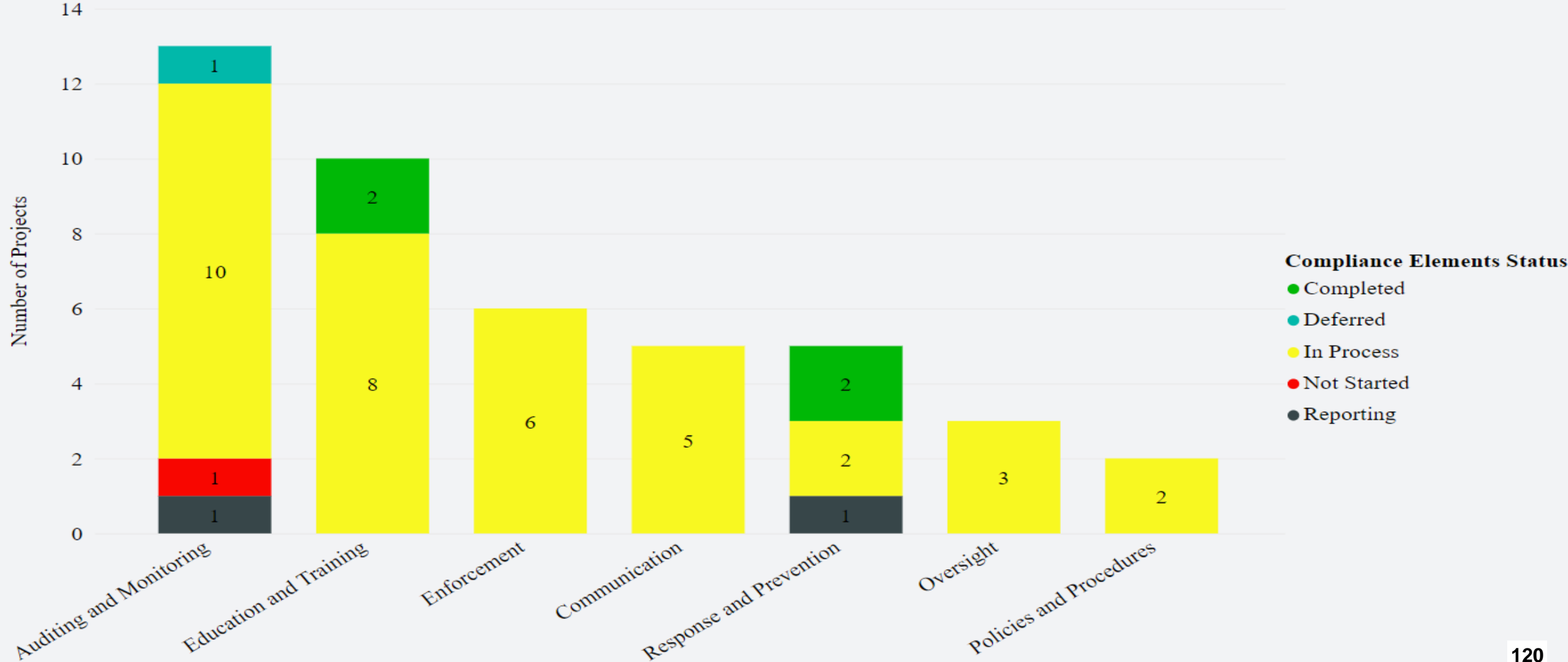
OCE Work Plan Update

FY23 Compliance Plan Status Update



OCE Work Plan 7 Elements Update

FY23 Compliance Program Elements - Update





PURCHASING AND FACILITIES SUBCOMMITTEE AGENDA

**WEDNESDAY, JUNE 28, 2023
11:00 AM**

**IRA C. CLARK DIAGNOSTIC TREATMENT CENTER (DTC)
SECOND FLOOR, CONFERENCE ROOM 259
1080 N. W. 19TH STREET
MIAMI, FL 33136**

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1 CALL TO ORDER

2 APPROVAL OF THE SUBCOMMITTEE MEETING MINUTES FOR MAY 24, 2023

2.a

Meeting Minutes

3 PURCHASING

3.a

Purchasing Report Summary

3.b

Competitive Contract Awarded or Renewed Over \$100K for the Month of May 2023

3.c

Non-Competitive Contracts Awarded or Renewed Under \$250K for the Month of May 2023

3.d

Key Performance Indicators for Procurement Report Card for the Month of May 2023

3.e

Direct Payment for the Month of May 2023

4 REAL ESTATE

4.a

Mutual Termination of the Elliott Building Ground Lease between Miami-Dade County and the University of Miami

4.b

Conveyance of Three (3) County-owned Properties to the University of Miami for Cancer Research Center Project

4.c

Conveyance of Two (2) County-owned Properties to the University of Miami for Project Ignite

4.d

First Amendment to Lease Agreement with the University of Miami for Pediatrics Clinic at Jackson West

5 FACILITIES

5.a

Approval of the Board of County Commissioners to demolish buildings on the University of Miami/Jackson Memorial Medical Center Campus *Presented by Isa M. Núñez, Vice President, Facilities Design & Construction*

6 RESOLUTION RECOMMENDED TO BE ACCEPTED

6.a

RESOLUTION AUTHORIZING AND APPROVING AWARD OF BIDS AND PROPOSALS, WAIVER OF BIDS, AND OTHER PURCHASING ACTIONS FOR JUNE, 2023, IN ACCORDANCE WITH THE

PUBLIC HEALTH TRUST'S PROCUREMENT POLICY, RESOLUTION NO. PHT 08/2020-041 *Sponsored by Rosa Costanzo, Senior Vice President Strategic Sourcing, Supply Chain Management and Chief Procurement Officer, Jackson Health System*

6.b

RESOLUTION AUTHORIZING THE CHIEF EXECUTIVE OFFICER TO SEEK MIAMI-DADE COUNTY BOARD OF COUNTY COMMISSIONER APPROVAL FOR THE MUTUAL TERMINATION OF THE GROUND LEASE AGREEMENT BETWEEN MIAMI-DADE COUNTY AND THE UNIVERSITY OF MIAMI FOR THE ELLIOTT BUILDING PROPERTY LOCATED AT 1800 NW 10TH AVENUE, MIAMI, FLORIDA AND AUTHORIZING THE CHIEF EXECUTIVE OFFICER TO TAKE ALL ACTION NECESSARY, INCLUDING EXECUTING AGREEMENTS AND INSTRUMENTS, TO EFFECTUATE THE SAME *Sponsored by Rosa Costanzo, Senior Vice President Strategic Sourcing, Supply Chain Management and Chief Procurement Officer, Jackson Health System*

6.c

RESOLUTION AUTHORIZING THE CHIEF EXECUTIVE OFFICER TO SEEK MIAMI-DADE COUNTY BOARD OF COUNTY COMMISSIONER APPROVAL FOR THE CONVEYANCE OF THREE (3) COUNTY-OWNED PROPERTIES CONSISTING OF PROPERTY FOLIOS 01-3135-019-2700, 01-3135-019-2690, AND 01-3135-019-2681 (BOB HOPE TRIANGLE PROPERTIES) TO THE UNIVERSITY OF MIAMI, A NOT-FOR-PROFIT CORPORATION, PURSUANT TO SECTION 125.38 OF THE FLORIDA STATUTES IN EXCHANGE FOR FAIR MARKET VALUE CONSIDERATION TO ALLOW THE UNIVERSITY TO INCORPORATE THE BOB HOPE TRIANGLE PROPERTIES INTO ITS NEW CANCER RESEARCH CENTER PROJECT; FURTHER AUTHORIZING THE CHIEF EXECUTIVE OFFICER TO TAKE ALL ACTION NECESSARY TO EFFECTUATE THE TRANSACTION, INCLUDING EXECUTING AGREEMENTS AND INSTRUMENTS WITH THE UNIVERSITY *Sponsored by Rosa Costanzo, Senior Vice President Strategic Sourcing, Supply Chain Management and Chief Procurement Officer, Jackson Health System*

6.d

RESOLUTION AUTHORIZING THE CHIEF EXECUTIVE OFFICER TO SEEK MIAMI-DADE COUNTY BOARD OF COUNTY COMMISSIONER APPROVAL FOR THE 1) CONVEYANCE OF TWO (2) COUNTY-OWNED PROPERTIES CONSISTING OF PROPERTY FOLIO 01-3135-057-0030 AND A PORTION OF FOLIO NO. 01-3135-066-0010 (PROJECT IGNITE PROPERTIES) TO THE UNIVERSITY OF MIAMI, A NOT-FOR-PROFIT CORPORATION, PURSUANT TO SECTION 125.38 OF THE FLORIDA STATUTES IN EXCHANGE FOR FAIR MARKET VALUE CONSIDERATION TO ALLOW THE UNIVERSITY TO INCORPORATE THE PROJECT IGNITE PROPERTIES INTO ITS NEW MEDICAL EDUCATION FACILITY PROJECT (PROJECT IGNITE) AND 2) AMENDMENT OF THE EXISTING MEDICAL PRACTICE BUILDING GROUND LEASE BETWEEN MIAMI-DADE COUNTY AND THE UNIVERSITY OF MIAMI DATED FEBRUARY 7, 2006 TO REMOVE THE PROJECT IGNITE PROPERTIES FROM THE LEASED PREMISES; FURTHER AUTHORIZING THE CHIEF EXECUTIVE OFFICER TO TAKE ALL ACTION NECESSARY TO EFFECTUATE THE SAME *Sponsored by Rosa Costanzo, Senior Vice President Strategic Sourcing, Supply Chain Management and Chief Procurement Officer, Jackson Health System*

6.e

RESOLUTION AUTHORIZING THE CHIEF EXECUTIVE OFFICER OR HIS DESIGNEE, PURSUANT TO SECTIONS 154.11(1)(F) AND 125.38, FLORIDA STATUTES, AS AMENDED, AND SECTION 25A-4 (D) OF THE CODE OF MIAMI-DADE COUNTY, FLORIDA, TO EXECUTE A FIRST AMENDMENT TO LEASE AGREEMENT WITH UNIVERSITY OF MIAMI, A FLORIDA NOT-FOR-PROFIT CORPORATION FOR THE PREMISES LOCATED AT 2801 N.W. 79TH AVENUE, SUITE 4001, DORAL, FLORIDA AND TO TAKE ALL NECESSARY ACTION TO EFFECTUATE SAME AND TO EXERCISE ALL RIGHTS CONFERRED THEREIN *Sponsored by Rosa Costanzo, Senior Vice President Strategic Sourcing, Supply Chain Management and Chief Procurement Officer, Jackson Health System*

6.f

RESOLUTION AUTHORIZING THE CEO OR HIS DESIGNEE TO TAKE NECESSARY ACTION TO SECURE THE APPROVAL OF THE BOARD OF COUNTY COMMISSIONERS TO DEMOLISH BUILDINGS ON THE UNIVERSITY OF MIAMI/JACKSON MEMORIAL MEDICAL CENTER CAMPUS
Sponsored by Isa M. Núñez, Vice President Facilities Design & Construction, Jackson Health System

7 CALL TO ADJOURN

PUBLIC HEALTH TRUST BOARD OF TURSTEE ONE-DAY COMMITTEE MEETINGS

PURCHASING AND FACILITIES SUBCOMMITTEE MEETING MINUTES

Wednesday, May 24, 2023

Followed the Joint Conference and Efficiencies Committee Meeting

**Ira C. Clark Diagnostic Treatment Center
Conference Room 259**

Purchasing and Facilities Subcommittee

Walter T. Richardson, Chairman
Carmen M. Sabater, Vice Chairwoman
Matthew J. Allen
Antonio L. Argiz
Juan Fernandez-Barquin
Amadeo Lopez-Castro, III
Laurie Weiss Nuell

Ex-Officio Member

Martha Baker, RN, Executive Director, Services Employees International Union,
Local 1991 and Member, JHS General Obligation Bond Citizens' Advisory Committee

Member(s) Present: Walter T. Richardson, Amadeo Lopez-Castro, III, Laurie Weiss Nuell, Antonio L. Argiz, Juan Fernandez-Barquin

Member(s) Excused: Matthew J. Allen and Carmen M. Sabater

In addition to the Subcommittee members, the following staff members and Assistant Miami-Dade County Attorneys were present: Carlos A. Migoya, David Zambrana, Rosa Costanzo-via zoom and Mark T. Knight; Ashley A. Pouncy and Christopher Kokoruda Assistant Miami-Dade County Attorneys

1. CALL TO ORDER

Walter T. Richardson, Chairman Purchasing and Facilities Sub-Committee at 11:51 a.m.

2. APPROVAL OF THE SUBCOMMITTEE MEETING MINUTES FOR APRIL 26, 2023

*Amadeo Lopez-Castro, III moved approval;
seconded by Juan Fernandez-Barquin and
carried without dissent.*

3. PURCHASING

3.a Purchasing Report

Rosa Costanzo, Senior Vice President, Strategic Sourcing, Supply Chain Management and Chief Procurement Officer presented a summary of the May 2023 Purchasing Report. The Purchasing Report vetted and assembled by the Procurement Management Department with the participation of the directors and staff, all subject to review by the chief procurement officer, consultation with the executive staff and the president, and reviewed for legal sufficiency by the County Attorney’s Office. Members of the subcommittee individually briefed regarding each of the proposed purchase agreements. Details of the items listed in the report were included in the agenda.

Proposed vendor requests for May 2023:

<u>Vendor</u>	<u>Amount</u>	
1. Johnson Controls Fire Protection, LP:	\$5,493,880	For Five Year protection system through system.
2. Gallagher Benefit Services, Inc.:	\$5,600,000	For Two Years services renewal option
3. Johnson & Johnson Health Care Systems, Inc:	\$3,517,672	For Three Years services
4. RLS (USA), Inc.:	\$1,521,814	For One Year extended contract
5. Baxter Healthcare Corporation:	\$1,005,650	One Time Purchase of 250 syringe pumps
6. Schindler Elevator Corporation:	\$1,027,501	Cost Not-To-Exceed for services
7. Comprehensive Care of Florida, LLC:	\$273,020	Capital Purchase heart lung machine for OR
8. Better Living Investments, LLC d/b/a Normandy Estates:	\$502,200	For One Year extension of agreement

Procurement completed an orderly administrative process with each item to bring the best value (cost, quality and outcome) with each project.

- 3.b Competitive Contracts Awarded or Renewed Over \$100K for the Month of April 2023**
- 3.c Non-competitive Contracts Awarded or Renewed Under \$250K for the Month of April 2023**
- 3.d Key performance Indicators for Procurement Report Card for the Month of April 2023**
- 3.e Direct Payment for the Month of April 2023**
- 3.f FY 2022 Small Business Enterprise (SBE) Annual Board Report**

Ms. Costanzo introduces Amber Joi Lawhorn, Director of Supply Diversity SBE Program, who presented the SBE Annual Report. Ms. Lawhorn began the annual report reminding everyone that the focus of the JHS SBE program is to create and identify opportunities for local small businesses operating in Miami-Dade to do business with county departments. The program is managed by Miami-Dade County Small Business Development Division, who oversees Goods/Services, Construction and Architectural/Engineering, and the purchases of all products and services for Jackson. The building services aspects of the program completed in-house. SBE team provides an overview of purchasing activities, internal awareness, advocacy, vendor outreach, education, and contract support and community stakeholder engagement. The local small business provide a wide variety of products and services to Jackson, including Courier, Janitorial, Signage, Patient Transport for unfunded patients, Facilities Maintenance and Construction. Ms. Lawhorn made special recognition of her colleague Romelia Brown and Miranda Llaguno for their involvement in every aspect of SBE operations. Ms. Lawhorn also provided an overview of the SBE program activity outcomes for FY22. Details of the report is available upon request.

4. **FACILITIES** – No items to report

REAL ESTATE

- **Dade County Federal Credit Union Second Amendment to Lease Agreement**
- **Limited License Agreement with Miami-Dade Collee for Construction Staging**
- **First amendment to Interdepartmental Agreement with the Miami-Dade County Community Action and Human Services Department.**

5. **RESOLUTIONS RECOMMENDED TO BE ACCEPTED**

5.a

RESOLUTION AUTHORIZING AND APPROVING AWARD OF BIDS AND PROPOSALS, WAIVER OF BIDS, AND OTHER PURCHASING ACTIONS FOR MAY 2023, IN ACCORDANCE WITH THE PUBLIC HEALTH TRUST'S PROCUREMENT POLICY, RESOLUTION No. PHT 08/2020-041 *Sponsored by Rosa Costanzo, Senior Vice President Strategic Sourcing, Supply Chain Management and Chief Procurement Officer, Jackson Health System*

5.b

RESOLUTION AUTHORIZING THE CHIEF EXECUTIVE OFFICER, OR HIS DESIGNEE, PURSUANT TO SECTIONS 154.11(1)(F) AND 125.38, FLORIDA STATUTES, AS AMENDED, AND THE CODE OF MIAMI-DADE COUNTY, FLORIDA, TO EXECUTE THE SECOND AMENDMENT TO LEASE AGREEMENT WITH DADE COUNTY FEDERAL CREDIT UNION, A FEDERAL CREDIT UNION CHARTERED UNDER THE LAWS OF THE UNITED STATES, TO MODIFY EXHIBIT “C” TO INCREASE THE LICENSE AREA TO INCLUDE A DESIGNATED PORTION OF THE CAFETERIA AT JACKSON NORTH MEDICAL CENTER, LOCATED AT 160 NW 170 STREET, NORTH MIAMI BEACH, FLORIDA, FOR THE PLACEMENT OF A PORTABLE AUTOMATED TELLER MACHINE, WITH THE MONTHLY PAYMENT OF A USE FEE EQUAL TO THE SUM OF ZERO AND 25/100 DOLLARS (\$0.25) PER FOREIGN TRANSACTION AT THE AUTOMATED TELLER MACHINE AND TO TAKE ALL NECESSARY ACTIONS TO EFFECTUATE THE SAME AND TO EXERCISE ANY AND ALL RIGHTS CONFERRED THEREIN; AND FURTHER DELEGATING AUTHORITY TO THE CHIEF EXECUTIVE OFFICER OR HIS DESIGNEE TO NEGOTIATE AND EXECUTE FUTURE LEASE AMENDMENTS AND/OR LICENSES FOR THE PLACEMENT OF PORTABLE TELLER MACHINES THROUGHOUT THE PUBLIC HEALTH TRUST DESIGNATED FACILITIES, AND TO TAKE ALL NECESSARY ACTIONS TO EFFECTUATE THE SAME AND TO EXERCISE ANY AND ALL RIGHTS CONFERRED THEREIN *Sponsored by Rosa Costanzo, Senior Vice President, Strategic Sourcing, Supply Chain Management, and Chief Procurement Officer, Jackson Health System*

5.c

RESOLUTION AUTHORIZING THE CHIEF EXECUTIVE OFFICER OR HIS DESIGNEE, PURSUANT TO SECTION 154.11(1)(F), FLORIDA STATUTES, AS AMENDED, AND SECTION 25A-4 (D) OF THE CODE OF MIAMI-DADE COUNTY, FLORIDA, TO NEGOTIATE AND EXECUTE A LIMITED LICENSE AGREEMENT WITH THE DISTRICT BOARD OF TRUSTEES OF MIAMI-DADE COLLEGE, FLORIDA, FOR THE TRUST'S USE OF APPROXIMATELY 30,000 SQUARE FEET OF VACANT LAND REFERRED TO AS “TRACT A” AND 6,000 SQUARE FEET OF VACANT LAND REFERRED TO AS “TRACT B” ON MIAMI-DADE COLLEGE'S MEDICAL CAMPUS LOCATED ADJACENT TO THE COLLEGE'S MEDICAL CAMPUS PARKING GARAGE AT 1000 NW 20TH STREET, FLORIDA, FOR A PERIOD OF THREE (3) YEARS AND ONE (1) MONTH IN EXCHANGE FOR PAYMENTS BY THE TRUST ESTIMATED TO BE \$326,610 OVER THE TERM OF THE AGREEMENT, AND TO TAKE ALL NECESSARY ACTION TO EFFECTUATE SAME AND TO EXERCISE ALL RIGHTS CONFERRED THEREIN *Sponsored by Rosa Costanzo, Senior Vice President, Strategic Sourcing, Supply Chain Management, and Chief Procurement Officer, Jackson Health System*

5.d

RESOLUTION AUTHORIZING THE CHIEF EXECUTIVE OFFICER, OR HIS DESIGNEE, PURSUANT TO SECTION 154.11(1)(F), FLORIDA STATUTES, AS AMENDED, AND THE CODE OF MIAMI-DADE COUNTY, FLORIDA, TO EXECUTE THE FIRST AMENDMENT TO INTERDEPARTMENTAL AGREEMENT WITH THE MIAMI-DADE COUNTY COMMUNITY ACTION AND HUMAN SERVICES DEPARTMENT, TO AMEND THE AGREEMENT TO INCLUDE ONE (1) YEAR AUTOMATIC RENEWALS WITH THREE (3%) PERCENT ANNUAL ADJUSTMENTS, AND ALL OTHER SUBSEQUENT AMENDMENTS, AND TO TAKE ALL NECESSARY ACTIONS TO EFFECTUATE THE SAME AND TO EXERCISE ANY AND ALL RIGHTS CONFERRED THEREIN *Sponsored by Rosa Costanzo, Senior Vice President Strategic Sourcing, Supply Chain Management, and Chief Procurement Officer, Jackson Health System*

MOTION TO ACCEPT THE RESOLUTIONS WITH A FAVORABLE RECOMMENDATION TO THE FISCAL COMMITTEE

Antonio L. Argiz moved to accept the resolutions; seconded by Laurie Weiss Nuell, and carried without dissent.

6. CALL TO ADJOURN

Walter T. Richardson, Chairman, Purchasing and Facilities Subcommittee at 12:04 p.m.

Meeting Minutes Prepared by: Adriana V. Pascal
Executive Assistant and
Secretary to the Public Health Trust Board of Trustees



TO: Walter T. Richardson, Chairman
and Members, Purchasing and Facilities Subcommittee

FROM: Rosa Costanzo
Senior Vice President, Strategic Sourcing, Supply Chain Management
and Chief Procurement Officer

DATE: June 28, 2023

RE: Purchasing Report

Recommendation

The following recommendations are made in accordance with the Trust’s Procurement Regulation.

These items fully support our business operations and help the organization in its efforts to provide an excellent world class patient experience.

Scope

This report includes competitively solicited contract awards over \$3,000,000, waivers of formal competition over \$250,000 and other categories for Board approval as prescribed by the Procurement Regulation.

Fiscal Impact/Funding Source

The items included are part of the Trust’s budget.

Track Record/Monitor

The Procurement Management Department along with the user departments and leadership support will track and monitor the responsibilities and obligations set forth in the contracts.

Background

The entire report has been vetted and assembled by the Procurement Management Department with the direct participation of the Director and staff, all subject to review by the Chief Procurement Officer, consultation with the Executive Staff and the President, and reviewed for legal sufficiency by the County Attorney’s Office. Request is made for approval of the Purchasing Report, consisting of the following:

<u>Vendor</u>	<u>Amount</u>		<u>Chargeable</u>
1. QuVa Pharma, Inc.:	\$3,640,000	For Three Years	Yes
2. CuraScript SD Specialty Distribution:	\$2,090,000	For One Year	Yes
3. Eurofins Viracor, LLC:	\$2,751,081	For Three Years	Yes
4. Comprehensive Care Services, Inc.:	\$24,126,570	For Three Years	Yes
5. All-Med Express, Inc.:	\$933,517	For One Year	No
6. Balt USA:	\$638,743	For 29 Months	Yes
7. Quick’rCare, Inc.:	\$320,000	For One Year	No
8. Howmedica Osteonics Corp. d/b/a Stryker Spine:	\$1,995,855	For One Year	Yes
9. Limousine of South Florida, Inc.:	\$327,624	For Two Years	No
10. MicroVenton, Inc.:	\$397,387	For One Year	Yes
11. North Dade SNF Operating Co., LLC:	\$5,000,000	For Two Years	No

Procurement completed an orderly administrative process with each item to bring the best value (cost, quality and outcome) with each project.

**Monthly Report of Competitive Contracts Awarded or Renewed under the Chief Procurement Officer Authority in Accordance to Procurement Regulations
May 2023**

For Information Only (Greater than \$100K)

Vendor Name	Description	Cost Center & Director/VP	PO Number	PO Date	Contract Value	Contract Term	Procurement Method/Activity	UAP
Advanced Sterilization Products Services, Inc.	ASP STERRAD 100NX AllClear Sterilization System for Jackson North Medical Center's Sterile Processing Dept.	570510 Sandra Severe	9300416 CAP	5/16/2023	\$ 125,000.00	7 Years	GPO Vizient #CE3101	Yes
CDW Government, Inc.	Hardware and extending services for the Information Technology Dept.	92812 Scott Judd	18167354	5/4/2023	\$ 170,364.62	1 Year	GPO Vizient #IT0031	Yes
Comfort Tech Air Conditioning, Inc.	JOC 303 - Air Handling Unit 202 replacement	80103 Richard Gamble	4114963 CAPS	5/3/2023	\$ 434,497.26	5 Years	ITB JOC 16-14204-JE / MC-07 SBE-C 8.47%	Yes
Comfort Tech Air Conditioning, Inc.	JOC 306.00 - Air Handling Unit 201 replacement	80103 Richard Gamble	4115003 CAPS	5/16/2023	\$ 330,900.06	5 Years	ITB JOC 16-14204-JE / MC-07 SBE-C 7.91%	Yes
Comfort Tech Air Conditioning, Inc.	JOC 310.00 - Air Handling Unit 164 replacement	80103 Richard Gamble	4115011 CAPS	5/18/2023	\$ 259,419.88	5 Years	ITB JOC 16-14204-JE / MC-07 SBE-C 10.6%	Yes
Harbour Construction, Inc.	JOC 295 - Holtz East Tower Milk Room renovation	62605 Pedrro Alfaro	4114983 CAPS	5/10/2023	\$ 339,880.00	5 Years	ITB JOC 16-14204-JE / GC-01 SBE-C 100%	Yes
Lantheus Medical Imaging, Inc.	DEFINITY Vial for (Perflutren Lipid Microsphere) Injectable Suspension medication for the Pharmacy	73005 Oscar Betancourt	18167302	5/4/2023	\$ 1,080,000.00	4 Years	GPO Vizient #XR0555	Yes
Nalco Company	Service agreement for Water Quality Management and Analytical Water Monitoring Program for Jackson South Medical Center	83830 Ben Rodriguez	4201416 CAPS	5/12/2023	\$ 200,954.86	3 Years	GPO Vizient #FM0364	Yes
Nalco Company	Service agreement for Water Quality Management and Analytical Water Monitoring Program for Jackson North Medical Center	58480 Ryan Hawkins	4301725 CAPS	5/12/2023	\$ 150,449.56	3 Years	GPO Vizient #FM0364	Yes
Nalco Company	Service agreement for Water Quality Management and Analytical Water Monitoring Program for Jackson Memorial Medical Center	80103 Oscar Betancourt	8120420 SERV	5/12/2023	\$ 219,154.08	3 Years	GPO Vizient #FM0364	Yes
Nalco Company	Service agreement for Water Quality Management and Analytical Water Monitoring Program for Jackson West Medical Center	52064 Victor Gomez	413000229 CAPS	5/10/2023	\$ 157,558.63	3 Years	GPO Vizient #FM0364	Yes
Philips North America, LLC	Two (2) EPIQ CVX 3D Ultrasound Systems and one upgrade for an existing EPIQ 7 Ultrasound System for Jackson North Medical Center	57026 Sandra Severe	9300415 CAP	5/11/2023	\$ 334,751.40	3 Years	GPO Vizient #XR0925	Yes
Philips North America, LLC	Thirty-seven (37) EarlyVue VS30 Vial Monitors and accessories for Jackson North Medical Center	58490 Sandra Severe	9300420 CAP	5/30/2023	\$ 211,924.83	3 Years	GPO Vizient #CE7636	Yes
Pradere Office Products	Sleep Too Sofas for the DTC 4 Lung Transplant Unit	98007 Sandra Severe	4114960 CAPS	5/2/2023	\$ 149,402.25	4.5 Years	Other Vizient #CE3389 100% SBE	Yes
Protiviti, Inc.	Biomedical equipment vulnerability assessment and patch management	92411 Andre Reid	8120229 SERV	5/4/2023	\$ 144,500.00	1 Year	IRFP-22-22637-AH	Yes
Red Design Group, LLC	AE051.00 - ACC West 5th Floor renovation A/E services	94913 Isa Nunez	4114962 CAPS	5/3/2023	\$ 205,100.08	4 Years	RFQ A19-JHS-01 SBE-A/E 100%	N/A
Steris Corporation	Sterus 3X V-Pro Max Sterilizer for Jackson Memorial Hospital's Central Support Services Dept.	66206 Loyman Marin	9103761 CAP	5/10/2023	\$ 377,094.03	7 Years	GPO Vizient #CE3102	Yes
US Med-Equip, LLC	Rental agreement for Vyaire Medical BV 1000 ventilators and Fisher & Paykel MR850 Heater Humidifiers, CareFusion Pulmonetic System and Philips Respironic V30 Auto for Jackson Memorial Hospital's Respiratory Therapy Dept.	73906 Patricia Plair	8120427 SERV	5/16/2023	\$ 200,398.32	1 Year	GPO Vizient #CE7073	Yes

3. "US Communities" means a contract competitively awarded by the U.S. Communities governmental purchasing alliance as a "cooperative contract".

4. "OTR" means "Option to Renew".

5. "Contract Value" corresponds to the fixed "Contract Term" that has been awarded or rewarded (not to future OTR's).

6. "RFP" means competitive Request for Proposals (or Qualifications) procurement process performed by the JHS Procurement Management Department.

7. "ITB" means competitive Invitation to Bid (or Quote) procurement process performed by the JHS Procurement Management Department.

8. "UAP" means User Access Program

9. "ODP" means Owner Direct Purchase, a tax exempt purchase made by JHS on behalf of our Construction Managers for building materials that will be incorporated into our capital projects.

AS - "AS" means a Jackson Health System approved standard

E Exclusion as per UAP program: i.e., Federal Grant, etc.

Yes Incorporated into the purchase as either discount on invoice or discount upfront

N/A No, did not apply to procurement. Either an emergency purchase or contract was executed or extended before UAP was implemented

*** Miracle Bond/PHT GOB Dollars**

**Monthly Report of Non-Competitive Contracts Awarded Under 250K and Modifications Allowed Under CPO Authority
May 2023
For Information Only**

Vendor	Description	Cost Center & Director/VP	PO Number	PO Date	Contract Value	Contract Term	Procurement Method/ Activity	UAP
Abbott Laboratories, Inc.	Two (2) CentrImag Primary Consoles and two (2) PedImag Blood Pumps for Holtz Intensive Care	62605 Pedro Alfaro	9103755 CAP	5/4/2023	\$ 117,304.00	One Time	Bid Waiver	Yes
Abbott Laboratories, Inc.	Immunoassay Analyzer Reagents for the Laboratory Department at Jackson Memorial Hospital	72105 Patricia Plair	18169245	5/9/2023	\$ 103,657.66	1 Year	Bid Waiver	Yes
AS Software, Inc.	OB/GYN structured ultrasound reporting software	73306 Oscar Betancourt	8120383 SERV	5/5/2023	\$ 50,485.21	1 Year	Bid Waiver	Yes
AuditBoard, Inc.	Internal Audit Management Software	92411 Andre Reid	8120376 SERV	5/4/2023	\$ 36,040.00	1 Year	Bid Waiver	N/A
Axonics, Inc.	Bulkamid Urethral Bulking System for Jackson West Medical Center	52021 Victor Gomez	130089372	5/1/2023	\$ 23,000.00	One Time	Bid Waiver	Yes
Bard Access Systems, Inc.	BD PREVUE II Ultrasound system for Jackson North Medical Center's ICU Separate	56010 Sandra Severe	9300418 CAP	5/17/2023	\$ 12,670.00	One Time	Bid Waiver	Yes
Barry Friedman	Consulting Services for Transplant Operations	75015 Luke Preczewski	8120432 SERV	5/17/2023	\$ 175,000.00	3 months	Bid Waiver	Yes
Berlin Heart, Inc.	EXCOR IKUS Platinum service agreement for the Pediatric Intensive Care Dept.	62505 Pedro Alfaro	8120393 SERV	5/9/2023	\$ 28,000.00	1 Year	Bid Waiver Sole Source	Yes
Blizzard Air Conditioning, LLC	Emergency replacement of blower for air handler unit 274 at Behavioral Health Hospital	69409 Chris Wing	18166136 EMER	5/2/2023	\$ 15,820.00	One Time	Emergency 100% SBE	Yes
Curascript Specialty Distribution	Specialty Distribution Drugs	73008 Oscar Betancourt	8120424 SERV	5/15/2023	\$ 205,000.00	1 Year	Sole Source	N/A
Direct Digital Concepts	South Wing 8th floor constant air volume box HVAC controls replacement	80103 Oscar Betancourt	4115033 CAPS	5/23/2023	\$ 64,744.53	One Time	Bid Waiver Standardization 100% SBE	Yes
Edward Don and Company Holdings, LLC	Five (5) meal tray delivery carts for the Kitchen Dept. at Jackson Memorial Hospital	84004 Loyman Marin	9103762 CAP	5/16/2023	\$ 47,432.40	One Time	Bid Waiver	Yes
Edwards Lifesciences, LLC	Four (4) HemoSphere Advanced Monitoring Systems for the Jackson Memorial Neuro Surgical Intensive Care Dept.	64501 Oscar Betancourt	9103756 CAP	5/8/2023	\$ 192,700.00	One Time	Bid Waiver	Yes
HCC Group, LLC	Wardrobe cabinets resurfacing upgrades at South Wing 8	80103 Oscar Betancourt	8120449 SERV	5/22/2023	\$ 32,655.00	One Time	Bid Waiver Standardization 100% SBE	Yes
Hologic, Inc.	Hologic Fluent MyoSure device for Jackson West Medical Center's Operating Room	52021 Victor Gomez	130091080	5/22/2023	\$ 38,340.00	1 Year	Bid Waiver Sole Source	Yes
Keystone Critical Systems	Annual inspection services for computer room air conditioning units and chiller master surgical suite	80103 Oscar Betancourt	4114953 CAPS	5/2/2023	\$ 30,770.00	1 Year	Bid Waiver	Yes
M Dialysis, Inc.	Three (3) year service coverage for the ISCUSFlex Microdialysis Analyzer	80302 Charles Berberette	8120375 SERV	5/4/2023	\$ 21,000.00	3 Years	Bid Waiver	Yes
Med-Lab Supply Co., Inc.	Repair of the Multix Select DR	80302 Charles Berberette	18166205	5/2/2023	\$ 11,042.25	One Time	Bid Waiver	Yes

**Monthly Report of Non-Competitive Contracts Awarded Under 250K and Modifications Allowed Under CPO Authority
May 2023
For Information Only**

Security 101	Panic Button device installation for Holtz Children's Hospital Central Building - East Tower	98009 Joanne Ruggiero	4115025 CAPS	5/22/2023	\$ 14,864.64	5 Year	Bid Waiver Standardization JHS Direct Agreement SBE-C 7%	N/A
Security 101	Security access control locks replacement at Jackson Memorial Medical Center	80202 William Seed	4115035 CAPS	5/24/2023	\$ 98,933.81	5.5 Years	Bid Waiver Standardization JHS Direct Agreement SBE-C 7%	Yes
South Florida Controls, Inc.	Three (3) year service agreement for Jackson Memorial Medical Center's East energy plant chillers management system	80103 Oscar Betancourt	4114981 CAPS	5/10/2023	\$ 43,410.00	3 Years	Bid Waiver Standardization 100% SBE	Yes
Visiun Inc	Performance Insight Software for the Laboratory Department at Jackson South Medical Center	83736 Ben Rodriguez	8203627 SERV	5/5/2023	\$ 42,960.00	2 Years	Bid Waiver	Yes
Whitman Partners	Specialty Search Firm Services for Surgical Areas	96214 Michelle Klingman	8120515 SERV	5/31/2023	\$ 75,000.00	1 Year	Bid Waiver	Yes

Legacy System

Legacy system means a system 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 provider, manufacturer, distributor, and / or provider. The Purchase of support, maintenance, upgrades, and necessary expansions of legacy systems shall not be subject to the requirements of the Procurement Regulation relating to competitive process.

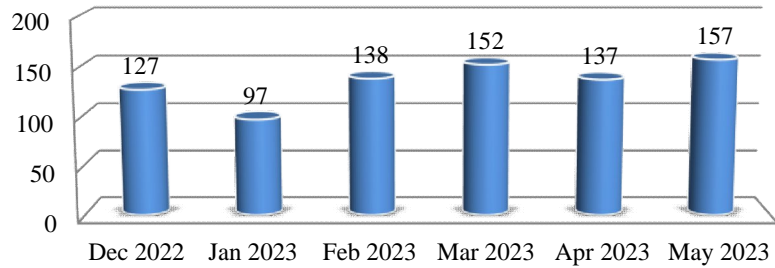
Vendor	Description	Cost Center & Director/VP	Contract Number	Contract Date	Contract Value	Contract Term	Procurement Method/ Activity	UAP
Dell Marketing, LP	Maintenance and support of the VM Ware ELA System	92819 Scott Judd	8120364 SERV	5/2/2023	\$ 1,482,342.98	3 Years	Legacy	Yes
ImmixTechnology, Inc.	Kronos Workforce Services Support and Maintenance Renewal	92816 Scott Judd	8120382 SERV	5/4/2023	\$ 467,594.90	1 Year	Legacy	Yes
Intersystems Corporation	Annual software, licenses and technical assistant services	92826 Scott Judd	8120414 SERV	5/11/2023	\$ 148,016.93	1 Year	Legacy	Yes
Omnicell, Inc.	Support service agreement for Omnicell cabinets at Jackson South Medical Center	83718 Ben Rodriguez	8203643 SERV	5/23/2023	\$ 60,720.00	1 Year	Legacy	Yes
Sharp Business Systems	Maintenance renewal for RightFax Electronic Faxing solution	92816 Jennifer Cortes	8120418 SERV	5/11/2023	\$ 18,225.00	1 Year	Legacy	Yes

* **Miracle Bond/PHT GOB Dollars**

Procurement KPI Report Card

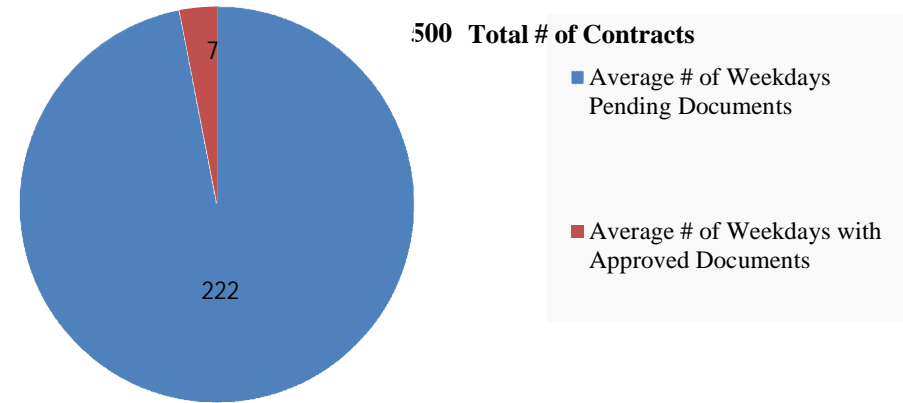
June 2022 - May 2023

Completed Contracts

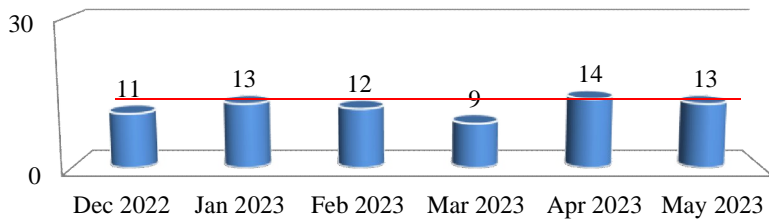


Average Number of Completed Contracts (6 months): 122

In Process Contracts



Average cycle time for completed projects

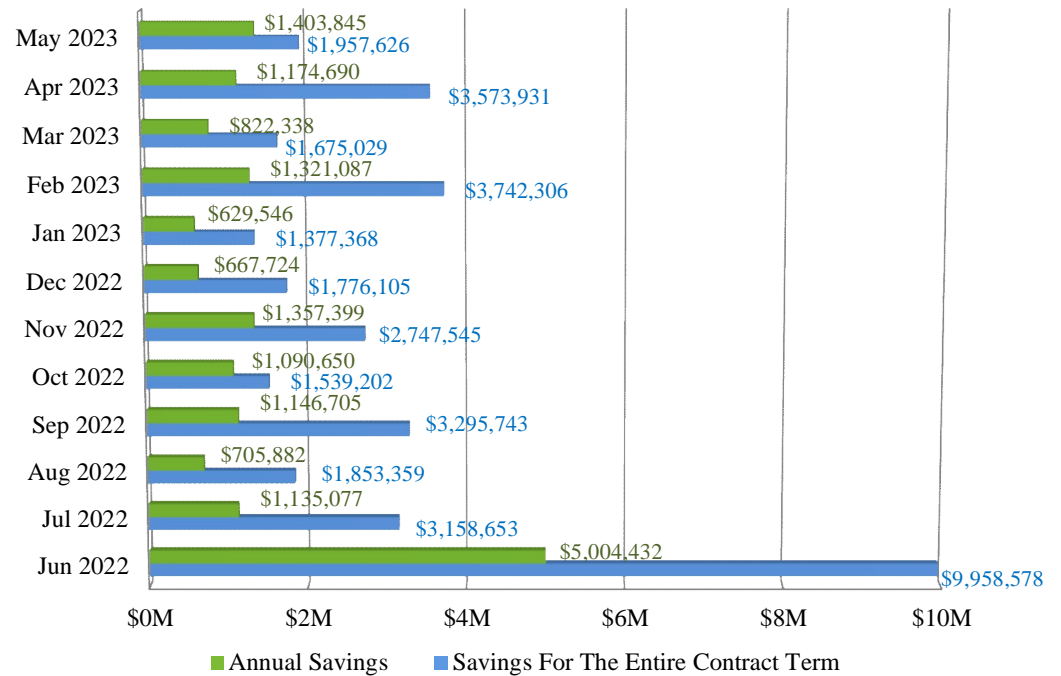


12 months average cycle time for completed projects 13 days

Total Savings for the first year of the contract: \$ 16,459,375
(June 2022 - May 2023)

Total Savings for Full Contract Term Estimated at: \$ 36,655,446

Savings



**Direct Payment as Approved Pursuant to Resolution No. PHT 03/17-017
May 2023**

Vendor	Description	Cost Code VP	Amount
Allen Norton & Blue, P.A.	Labor Negotiations Consulting Services	96114 Julie Staub	\$ 77,108.96
Ballard Partners, Inc.	State Lobbying Services	99301 Esther Caravia	\$ 34,583.34
Beber Silverstein Group	Marketing Agency Services / Advertising	95714 Matt Pinzur	\$ 556,252.02
Continental Strategy, LLC	Lobbying Services	99301 Esther Caravia	\$ 5,000.00
Department of Off Street Parking/Miami Parking Authority	Parking Management Services	89502 Eric Mendez	\$ 246,122.36
EvalNetwork	Program Evaluation Services for the Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration	89400 Yira Ochoa	\$ 3,875.00
Florida Observation Services	Observation Services at Jackson North Medical Center	58770 Julie Dircks	\$ 12,781.00
Gallagher Benefit Services, Inc.	2022 National Leadership Survey	96319 Tala Teymour	\$ 775.00
GKM Productions	Event Equipment for Various Events	95714 Matt Pinzur	\$ 15,443.30
Greenberg Traurig, LLP	Lobbying/Legal Services	99301 Esther Caravia	\$ 10,000.00
Hooper, Lundy and Bookman, P.C.	AOA Legal Services	99325 Mark Knight	\$ 41,819.50
Little Fish Media, LLC	JHS Reputation Management Services	95714 Matt Pinzur	\$ 1,500.00
Panza, Maurer & Maynard, P.A.	Professional Services for Regulatory Structure with Health Care Partners	95013 Mark Knight	\$ 945.00
Ronald L. Book, P.A.	State Lobbying Services/Governmental Consulting	99301 Esther Caravia	\$ 10,000.00
RQI Partners, LLC	Resuscitation Quality Improvement Program Subscription	93803 Julie Staub	\$ 487,705.00
Veritext, Corp.	Court Reporting Services	96316 Enbar Cohen	\$ 1,729.45

\$ 1,505,639.93



TO: Walter T. Richardson, Chairman
and Members, Purchasing & Facilities Subcommittee

FROM: Rosa Costanzo
Senior Vice President Strategic Sourcing, Supply Chain Management
and Chief Procurement Officer

DATE: June 28, 2023

RE: Mutual Termination of Elliott Building Ground Lease between Miami-Dade County and the University of Miami

Recommendation

Staff recommends that the Public Health Trust Board of Trustees (Board) authorize the Chief Executive Officer to seek Miami-Dade County Board of County Commissioner approval for the mutual termination of the Ground Lease Agreement between Miami-Dade County and the University of Miami (University) for the Elliott Building property located at 1800 NW 10th Avenue, Miami, Florida (Ground Lease).

Scope

The proposed mutual termination of the Ground Lease allows the Trust to incorporate the Elliott Building Property into the new Emergency Department at Jackson Memorial Hospital Project (Project) as planned.

Fiscal Impact

There is no fiscal impact associated with this item.

Track Record/Monitor

Dan Chatlos, Director, Real Estate Services, would track and monitor the transaction.

Background

Miami-Dade County and the University of Miami entered into the Ground Lease on December 20, 1968 to allow the University to occupy the former Elliott Blood Bank Building for a term of 80 years. The Ground Lease is currently scheduled to expire on December 20, 2048.

The Trust is commencing construction of the Project in August of 2023 and has requested that the University vacate the Elliott Building and terminate the Ground Lease to allow the Trust's use of the Elliott Building Property as part of the Project.

Board of County Commissioner approval is required to mutually terminate the Ground Lease. Accordingly, staff recommends that the Board authorize the Chief Executive Officer to seek Board of County Commissioner approval for the above referenced action and to take all action necessary to effectuate the same.



TO: Walter T. Richardson, Chairman
and Members, Purchasing & Facilities Subcommittee

FROM: Rosa Costanzo
Senior Vice President Strategic Sourcing, Supply Chain Management
and Chief Procurement Officer

DATE: June 28, 2023

RE: Conveyance of Three (3) County-owned Properties to the University of Miami for Cancer Research Center Project

Recommendation

Staff recommends that the Public Health Trust Board of Trustees (Board) authorize the Chief Executive Officer to seek Miami-Dade County Board of County Commissioner approval for the conveyance of three (3) County-owned properties consisting of Property Folios 01-3135-019-2700, 01-3135-019-2690, and 01-3135-019-2681 (Bob Hope Triangle Properties) to the University of Miami (University) for incorporation into the University's new Cancer Research Center Project.

Scope

The Bob Hope Triangle Properties consist of approximately 18,161 square feet (.42 acres) of vacant commercial land on the Jackson Memorial Hospital campus.

Fiscal Impact

The University has proposed to purchase the Bob Hope Triangle Properties for fair market value, which is estimated to be \$1.7 million.

Track Record/Monitor

Dan Chatlos, Director, Real Estate Services, would track and monitor the conveyance of the Bob Hope Triangle Properties.

Background

The University has requested that the conveyance of the Bob Hope Triangle Properties for the purpose of incorporating the properties into its new Cancer Research Center Project. The University proposes to use the Bob Hope Triangle Properties for surface and valet parking for the project.

Staff evaluated the request and determined that there is no current or projected future need for the properties by the Trust due to the relative size (.42 acres) and location of the properties, which is adjacent to properties that are University-owned or controlled by the University under long-term ground leases.

Pursuant to Section 125.38 of the Florida Statutes, the Miami-Dade County Board of County Commissioners may convey the Bob Hope Triangle Properties to a not for profit organization if the properties are needed by the University for public or community interest and welfare purposes. Accordingly, staff recommends that the Board authorize the Chief Executive Officer to seek Board of County Commissioner approval for the conveyance of the Bob Hope Triangle Properties and to take all actions necessary to effectuate the same.



TO: Walter T. Richardson, Chairman
and Members, Purchasing & Facilities Subcommittee

FROM: Rosa Costanzo
Senior Vice President Strategic Sourcing, Supply Chain Management
And Chief Procurement Officer

DATE: June 28, 2023

RE: Conveyance of Two (2) County-owned Properties to the University of Miami for Project Ignite.

Recommendation

Staff recommends that the Public Health Trust Board of Trustees (Board) authorize the Chief Executive Officer to seek Miami-Dade County Board of County Commissioner approval for the 1) conveyance of two (2) County-owned properties consisting of Property Folio 01-3135-057-0030 and a portion of Property Folio 01-3135-066-0010 (Project Ignite Properties) to the University of Miami in exchange for fair market value consideration and 2) amendment of the existing ground lease between Miami-Dade County and the University of Miami (Ground Lease) to remove the Project Ignite Properties to be conveyed from the leased premises.

Scope

The Project Ignite Properties consist of approximately 36,410 square feet of property (.836 acres).

Fiscal Impact

The University has proposed to purchase the Project Ignite Properties from Miami-Dade County for fair market value, as determined by two (2) independent appraisals. Removal of the Project Ignite Properties from the Ground Lease shall also be evaluated as part of the appraisals.

Track Record/Monitor

Dan Chatlos, Director, Real Estate Services, would track and monitor the transaction.

Background

Miami-Dade County and the University of Miami entered into the Ground Lease on February 7, 2006 to allow the University to construct and operate a multispecialty medical practice building and hospital on County-owned property located on the Jackson Memorial Medical Center campus. The Ground Lease is currently scheduled to expire on February 6, 2081.

The University has proposed to construct and operate a new state-of-the art medical education building for the Miller School of Medicine (Project Ignite) located, in part, on the leased premises, and in part, on University-owned property. The University submitted a formal application to the Trust to purchase the Project Ignite Properties from the County instead of continuing to lease them under the Ground Lease due, in part, to the University's determination that permitting and planning approvals for the Project would be impractical otherwise, with Miami-Dade County having jurisdiction over the properties covered by the Ground Lease and the City of Miami having jurisdiction over the rest of the property comprising the Project. If the Project Ignite Properties are conveyed to the University, the City of Miami would maintain jurisdiction over the entire Project.

Pursuant to Section 125.38 of the Florida Statutes, the Miami-Dade County Board of County Commissioners may convey the Project Ignite Properties to a not for profit organization if the properties are needed by the University for public or community interest and welfare purposes. Accordingly, staff recommends that the Board authorize the Chief Executive Officer to seek Board of County Commissioner approval for the conveyance of the Project Ignite Properties and to take all actions necessary to effectuate the same.



TO: Walter T. Richardson, Chairman
and Members, Purchasing & Facilities Subcommittee

FROM: Rosa Costanzo
Senior Vice President Strategic Sourcing, Supply Chain Management
and Chief Procurement Officer

DATE: June 28, 2023

RE: First Amendment to Lease Agreement with University of Miami for Pediatrics Clinic at Jackson West

Recommendation

Staff recommends that the Public Health Trust Board of Trustees authorize the Chief Executive Officer or his designee to execute a First Amendment to Lease Agreement (Amendment) for the Lease Agreement between the Public Health Trust (Landlord) and the University of Miami (Tenant) for space occupied by the University at Jackson West Medical Center located at 2801 N.W. 79th Avenue, Suite 4001, Doral, Florida (Premises).

Scope

The proposed Amendment 1) reduces the Capital Asset Rental Rate paid by Tenant from \$2,826.56 per month to \$1,261.00 per month and 2) revises the indemnification requirements of the parties to be consistent with the most recent agreements with the University at Jackson West Medical Center.

Fiscal Impact

The loss in revenue to the Trust is estimated to be \$1,565.56 per month or \$18,786.72 annually as a result of the reduction in Capital Asset Rental Rate amount.

Track Record/Monitor

Dan Chatlos, Director, Real Estate Services, would track and monitor the Amendment.

Background

The Landlord and Tenant entered into a lease agreement (Lease) to allow the University to operate a pediatrics clinic in the Premises, which was to include the Tenant's rental of certain capital equipment requested by the University. Upon commencement of the Lease, it was determined that not all capital equipment included in the Lease was needed by Tenant for its use within the Premises. As a result, staff obtained an updated Fair Market Value Rental Report (FMV) for the Premises for the purpose of establishing an updated Capital Asset Rental Rate for the capital equipment required by Tenant for its use within the Premises.

Accordingly, the Board's approval of this resolution is recommended to authorize the Chief Executive Officer and or his designee to execute the First Amendment to Lease Agreement, take any other action required to effectuate the same, and to exercise any and all rights conferred therein.



TO: Walter T. Richardson, Chairman
and Members, Purchasing and Facilities Sub-Committee

FROM: Isa M. Núñez
Vice President, Facilities Design & Construction

DATE: June 28, 2023

RE: Resolution Authorizing the CEO or his designee to take Necessary Action to Secure the Approval of the Board of County Commissioners to Demolish Buildings on the University of Miami/Jackson Memorial Medical Center campus

Recommendation

In accordance with Chapter 25A-4(d) of the Code of Miami-Dade County, staff recommends that the Board of Trustees authorize the CEO or his designee to seek the approval of the Board of County Commissioners (County Commission) to demolish two buildings on the University of Miami/Jackson Memorial Medical Center campus: Highland Park Pavilion and the Ambulatory Care Center East (ACC East).

The Highland Park Pavilion was decommissioned four years ago, following a thorough review of its potential long-term use. It was determined that the aged building would require extensive, costly repairs in order to meet code requirements. Demolition of the building is planned for this calendar year and the vacated land will remain available for future development. The ACC East building is also planned for future demolition. It is currently in use, but services are being consolidated and all pediatric services will be relocated to the future UHealth Jackson Children's Care Outpatient Pavilion, which will be located steps away from Holtz Children's Hospital. This facility is currently in the planning stage for design, and will consolidate all pediatric ambulatory and outpatient services under one roof. Once that new facility is operational, the Trust plans to demolish ACC East to create additional space for potential future development on the UM/Jackson Memorial Medical Center campus.

Scope

The scope of this resolution is limited to the environmental assessment, environmental remediation, and demolition of Highland Park Pavilion and ACC East at the UM/Jackson Memorial Medical Center campus.

Fiscal Impact/Funding Source

The total project budget to demolish these buildings is estimated to be \$2,000,000 and is expected to be funded from Jackson's operating budget.

Estimated Probable Cost of Building Demolition:

Highland Park Pavilion	\$1,000,000
ACC East	\$1,000,000

Background

The University of Miami/Jackson Memorial Medical Center campus has several dated structures that have been or will be decommissioned due to age and excessive costs needed to repair the buildings to meet code requirements. It is necessary to demolish two existing buildings as follows:

1. Highland Park Pavilion Building, a five-story building that is approximately 66,610 square feet and was built in 1970.
 - Address: 1660 N.W. Seventh Court; Folio #01-3135-070-0010
2. ACC East, a three-story building with a basement that is approximately 63,765 square feet and was built in 1953, with a one-story expansion completed in 1987.
 - Address: 1611 N.W. 12th Avenue; Folio #01-3135-104-0010

It is the intent of the Trust to demolish these structures and leave the vacant land available for future development.

University of Miami/Jackson Memorial Medical Center Campus





TO: Walter Richardson, Chairman
and Members, Purchasing and Facilities Subcommittee

FROM: Rosa Costanzo
Senior Vice President, Strategic Sourcing, Supply Chain Management
and Chief Procurement Officer

DATE: June 28, 2023

RE: Purchasing Report

Recommendation

The following recommendations are made in accordance with the Trust’s Procurement Regulation.

These items fully support our business operations and help the organization in its efforts to provide an excellent world class patient experience.

Scope

This report includes competitively solicited contract awards over \$3,000,000, waivers of formal competition over \$250,000 and other categories for Board approval as prescribed by the Procurement Regulation.

Fiscal Impact/Funding Source

The items included are part of the Trust’s budget.

Track Record/Monitor

The Procurement Management Department along with the user departments and leadership support will track and monitor the responsibilities and obligations set forth in the contracts.

Background

The entire report has been vetted and assembled by the Procurement Management Department with the direct participation of the Director and staff, all subject to review by the Chief Procurement Officer, consultation with the Executive Staff and the President, and reviewed for legal sufficiency by the County Attorney’s Office. Request is made for approval of the Purchasing Report, consisting of the following:

<u>Vendor</u>	<u>Amount</u>		<u>Chargeable</u>
1. QuVa Pharma, Inc.:	\$3,640,000	For Three Years	Yes
2. CuraScript SD Specialty Distribution:	\$2,090,000	For One Year	Yes
3. Eurofins Viracor, LLC:	\$2,751,081	For Three Years	Yes
4. Comprehensive Care Services, Inc.:	\$24,126,570	For Three Years	Yes
5. All-Med Express, Inc.:	\$933,517	For One Year	No
6. Balt USA:	\$638,743	For 29 Months	Yes
7. Quick’rCare, Inc.:	\$320,000	For One Year	No
8. Howmedica Osteonics Corp. d/b/a Stryker Spine:	\$1,995,855	For One Year	Yes
9. Limousine of South Florida, Inc.:	\$327,624	For Two Years	No
10. MicroVenton, Inc.:	\$397,387	For One Year	Yes
11. North Dade SNF Operating Co., LLC:	\$5,000,000	For Two Years	No

Procurement completed an orderly administrative process with each item to bring the best value (cost, quality and outcome) with each project.

Agenda Item 6.a
Purchasing and Facilities Sub-Committee
June 28, 2023

RESOLUTION NO. PHT 06/2023 -

RESOLUTION AUTHORIZING AND APPROVING AWARD OF BIDS AND PROPOSALS, WAIVER OF BIDS, AND OTHER PURCHASING ACTIONS FOR JUNE, 2023, IN ACCORDANCE WITH THE PUBLIC HEALTH TRUST'S PROCUREMENT POLICY, RESOLUTION NO. PHT 08/2020-041

Rosa Costanzo, Senior Vice President Strategic Sourcing, Supply Chain Management and Chief Procurement Officer, Jackson Health System

WHEREAS, bids and proposals were solicited, received and reviewed by staff; and

WHEREAS, the Purchasing and Facilities Subcommittee met June 28, 2023 and reviewed staff's recommendations as submitted under the PHT's Procurement Policy, Resolution No. PHT 08/2020-041; and

WHEREAS, the Purchasing and Facilities Subcommittee forwarded the Purchasing Report to the Fiscal Committee with a recommendation for approval for each item under the report, which is attached hereto and hereby incorporated by reference; and

WHEREAS, upon his written recommendation, the Chief Executive Officer (CEO) recommends that the Public Health Trust Board of Trustees (Board of Trustees) waive competitive bidding for items under the heading of "Bid Waiver" and "Waiver of Full and Competitive Bidding" in the respective Purchasing Report, finding such action to be in the best interests of the Public Health Trust; and

WHEREAS, the CEO and Fiscal Committee recommend various other purchasing actions, as indicated in the attached Purchasing Report.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY, FLORIDA, that this Board hereby authorizes and approves the award of bids and proposals and all the purchasing actions as set forth in the attached Purchasing Report, under the Public Health Trust's Procurement Policy, Resolution No. PHT 08/2020-041; and finds it in the best interest of the Public Health Trust to waive competitive bidding for those items listed under the heading "Bid Waiver" and "Waiver of Full and competitive Bidding" in the respective report; and to take such action as is necessary and authorized to implement these awards and actions.

PURCHASING REPORT

June 28, 2023

TO: PURCHASING AND FACILITIES SUB-COMMITTEE

FROM: PROCUREMENT MANAGEMENT DEPARTMENT

The following recommendations are made in accordance with the Trust's "Procurement Policy" and its implementing "Procurement Regulation." This report includes competitively solicited contract awards over \$3,000,000, waivers of formal competition over \$250,000 and other categories for Board approval as prescribed by the Procurement Regulation. The entire report has been screened and assembled by the Procurement Management Department with the direct participation of the Directors and staff, all subject to review by the Chief Procurement Officer, consultation with the Executive Staff and the Chief Executive Officer, and reviewed for legal sufficiency by the County Attorney's Office.

SECTION I. AWARDS UNDER INVITATIONS TO BID (ITB's)

This section consists of awards under competitively solicited Invitations to Bid (ITB's) over \$3,000,000.

No items to report.

SECTION II. AWARDS UNDER REQUESTS FOR PROPOSALS (RFP's)

This section consists of awards under competitively solicited Requests for Proposals (RFP's) over \$3,000,000.

No items to report.

SECTION III. AWARDS UNDER THE COMPETITIVELY SOLICITED CONTRACTS OF OTHER PUBLIC PROCUREMENT ENTITIES

This section consists of awards over \$3,000,000 under competitively solicited ("ITB," "RFP" or equivalent) contracts of other public and nonprofit entities.

No items to report.

SECTION IV. AWARDS UNDER GROUP PURCHASING ORGANIZATION ("GPO") CONTRACTS

This section consists of awards over \$3,000,000 under Group Purchasing Organization ("GPO") contracts. GPOs are organizations that aggregate the purchasing volume of their members consisting of hospitals and other health care providers to leverage discounts with manufacturers, distributors and other vendors to realize administrative savings and efficiencies. The Trust's GPO is Vizient.

1. (2344939, 2324814, 2347765, 2359541-LK) Pharmacy Services, Jackson Health System, is requesting approval to continue accessing Quva Pharma, Inc.'s Vizient (GPO) Agreement for a period of three (3) years for the provision of outsourced medication repackaging services (ongoing purchase).

QuVa Pharma, Inc.:

Previously Approved Funding:	\$3,498,700
This Request for Funding:	\$3,640,000 (For three years)
Total Approved Funding:	\$7,138,700

Background

QuVa is an FDA 503b registered outsourcing facility and a Vizient (GPO) contracted service provider. The Trust currently contracts with four registered 503b outsourcing facilities (QuVa, CAPS, Nephron, and SterRx). These facilities repackage medications into unit-of-use products with a defined and tested shelf life. Outsourcing Facilities provide medications in a ready-to-use formulation. Furthermore, these facilities provide much longer beyond-use dating than Pharmacy Services can in preparing the same product in its IV Room. Jackson Pharmacy Services has had to consistently depend on these outsourcing facilities to provide products during product shortages; and in the case of certain high production products, these vendors have become a necessity in maintaining critical medication supply for the Trust's use.

Because of national shortages with pain medications and other critical medications, Jackson Health System depends on these vendors for supply in order not to have to cancel surgeries or leave patients without the medications they need. JHS' primary drug distributor, Cardinal Health, is unable to supply or determine when the shortages for the drugs, urgently needed by the Trust, will end. The initial dollars of \$3,171,700 was approved by PHT Resolution No. PHT 03/2021-010 on March 24, 2021 and the amount of \$327,000 was subsequently approved under the delegated authority of the Chief Procurement Officer for a total of \$3,498,700.

During shortages of products from drug manufacturers, and because of the critical nature of the shortages, these licensed and registered 503b compounding pharmacies are providing significant relief. Additionally, compounding pharmacies provide valuable relief to the sterile compounding with increased dating, freeing up time and space in the JHS pharmacies sterile processing areas. This allows Pharmacy to prioritize what is being produced on site, thus minimizing waste. If this were not the case, the options for Pharmacy in a shortage, high volume production and beyond-use dating of products, would be limited. Alternate therapies and/or restricting usage is often the only option. In some cases, compounding pharmacies can make doses from larger or higher concentrated products, reducing waste. Without the expertise of the compounding pharmacies, similar doses produced in-house would not have as long a shelf life, which would further exacerbate shortages.

This option of utilizing the compounding pharmacies will be exercised by JHS when the primary drug distributor, Cardinal Health, cannot supply drugs in a shortage situation or when the manufacturers' products have to be repackaged for clinical use on a large scale. The Food and Drug Administration's (FDA) registration of Outsourced Compounding Facilities (503b) and their inspection has increased compliance in the marketplace. This also gives JHS Pharmacy Services the ability to rate the level of compliance. The price for these products is considered to be fair and reasonable, because, based on cost, when a product is available, the time and labor to repackage, as well as the packaging (e.g. syringe or IV bag) are taken into consideration. In some cases, as with IV bag shortages, the packaging is the rationale for purchasing a finished product to relieve supply pressure on the IV bag. In the quest to secure the best pricing, information such as volume needs and timing is shared with the vendor, and supply costs as well as labor are also considered in pricing. In researching the market for this service, similar 503b Registered Outsourcing Facilities were compared based on FDA inspection reports, and only the highest-rated facilities were considered by Pharmacy Services. Among these vendors was SCA Pharma, who like QuVa had a Vizient agreement in place. However, QuVa's Vizient pricing was found to be the more competitive. Each product is carefully considered based on presentation, on availability, Beyond Use-Dating, FDA inspection and price.

The Trust previously worked with a total of five 503b outsourcing facilities in 2022, but it was confirmed that Athenex, one of the five, voluntarily filed for bankruptcy as of November 2022 and announced they have reached an agreement with their lenders to move forward with the expedited sale of their assets as of May 14, 2023. This has caused greater demand from the four remaining 503b outsourcing facilities providing service to the Trust. This request in the amount of \$3,640,000 will cover purchases from QuVa for the three (3) year term, accessing vendor's Vizient (GPO) Agreement. This funding request will be allocated by location as follows:

Jackson Memorial Hospital	\$2,250,000
Jackson West Medical Center	\$ 300,000
Jackson North Medical Center	\$ 340,000
Jackson South Medical Center	\$ 750,000

In explaining the benefit, to the Trust, of this procurement, Pharmacy Services has offered that the Diagnosis-Related Group (DRG) payment covers all charges associated with the inpatient stay, from the time of admission to discharge and includes drugs distributed to the patient and is part of generating revenue for the Trust. Because payments based on DRGs are a flat fee, the utilization of drugs for the diagnosis of patients has a significant impact on the Trust's bottom line. The most transparent and positive impact is the Beyond use Dating and operations around large quantity production of the needed drugs.

Recommendation

JHS Pharmacy Department, in collaboration with Procurement Management, has determined that it would be in the best interest of the Trust to continue accessing vendor's Vizient (GPO) No Bid Agreement RX2320, via the current QuVa/Trust Bid Waiver LOC, to secure drugs as needed from QuVa Pharma, Inc.

In providing an evaluation of the vendor’s performance during the previous fiscal year, JHS Pharmacy Services has reported the following:

- The average turnaround time of goods/services delivery meets standard
- The deliverables for meeting contract requirements meet the standard
- Competencies of contracted staff meet standard.
- Responsiveness to safety issues and safety standards meets standard.

In accordance with the JHS Contractor Due Diligence review, QuVa Pharma, Inc. has provided a Sworn/Notarized Statement to the Trust’s Procurement Management Department confirming that: (1) no Lawsuits have been filed against the Company within the five (5) years prior to submittal of a bid or proposal to the Trust; (2) the Company has not defaulted in the five (5) years prior to bid or proposal submittal to the Trust; and, (3) the Company has not been debarred nor has the Firm received a formal notice of non-compliance or non-performance in the five (5) years prior to proposal submittal to the Trust.

Jackson’s Small Business Program reviewed this procurement for SBE participation. QuVa Pharma, Inc. is a compounding pharmacy supplying Jackson with pharmaceutical drugs. These drugs are transported via UPS from its distribution centers to Jackson. The opportunity to include an SBE partner is not available for this engagement. QuVa Pharma, Inc. is aware of Jackson’s SBE program and the expectation of vendor partners to advance that commitment.

A Bid Waiver Justification has been provided and signed by Oscar Bentancourt, JMH COO; and, Conflict of Interest Declarations have been signed by Keith Fricker, Associate Director of Pharmacy, JHS; Karen Pasternac, Director of Pharmacy Administration, JHS; Peter Jenkins, QuVa Chief Development Officer; with no reported disclosures (**V. Goodnow**).

SECTION V. AWARDS UNDER A WAIVER OF FORMAL COMPETITION

This section consists of awards over \$250,000 without the formal solicitation of competitive bids or proposals. All award recommendations in this section have the approval of the President, are based on a finding that the waiver of competitive bidding is in the best interests of the Public Health Trust, and require a two-thirds affirmative vote of the Trustees present for approval.

A. Sole Source

Staff requests a waiver of formal competition for the contract items listed in this category because only one supplier exists for the required product/service.

2. (1723357, 1971431, 1682629, 2276884, 2276779, 2376869-LK) Pharmacy Services, Jackson Health System, is requesting approval of a contract award to CuraScript SD Specialty Distribution (“CuraScript”), for the continued purchase, by Jackson Health System, of specialty drug products (ongoing purchase).

CuraScript SD Specialty Distribution:

Previously Approved Funding:	\$205,000
This Request for Funding:	\$2,090,000 (For one year)
Total Approved Funding:	\$2,295,000

Background

CuraScript is one of the largest specialty pharmaceutical dispensing and distribution companies in the United States and is a provider of comprehensive distribution solutions that offer complete transparency throughout the fulfillment process for a myriad of clinical settings. CuraScript Specialty Distribution provides highly specialized products, providing more access and options to patients. Some of the exclusive products treat patients with very rare and complicated conditions. The exclusive portfolio includes medications that treat a variety of diseases across many specialties. Some of the diseases that this vendor’s exclusive products are used to treat include Inherited Retinal Disease, Spinal Muscular Atrophy, Pulmonary Arterial Hypertension, Multiple Sclerosis, Gaucher Disease, Cushing Disease, Cutaneous T-Cell Lymphoma, Systemic Juvenile Idiopathic Arthritis, Acromegaly, Primary Biliary Cholangitis, Multidrug-resistant (MDR) HIV, and N-acetylglutamate synthase (NAGS) Deficiency (abnormally high levels of ammonia accumulate in the blood).

CuraScript SD has been a Limited Distribution Drug (“LDD”) wholesaler catering to drugs for very small populations of patients. These LDDs are essential for the treatment of high acuity diseases. The therapies are very disease specific. LDDs are typically high in cost, require special packaging and handling and require care management with patients beyond what a typical pharmacy would provide. As a result, manufacturers do not open these drugs to the standard distribution channel but have exclusive arrangements with providers who are equipped with best-in-class inventory management tools, practices, and systems.

CuraScript’s range of drug products also includes, but is not limited to, Sublocade, for the treatment of moderate to severe opioid-use disorder in patients who have initiated treatment. There is also a great demand for this drug in the Jackson Behavioral Health community in dire need of treating narcotic abuse. This is a great service for our community as it helps opioid addicted patients potentially stay out of the hospital. Approval was received under CPO Delegated Authority in May 2023 for \$205,000 to procure this drug to fulfill the patient need.

CuraScript had expanded into the Secondary Wholesale market during the COVID spikes and was able to supply critical medications, that were in acute shortage, to the Trust. If the service were not available, the Trust would not be able to provide certain therapies for small populations of patients, because the cost of alternative therapies would be very high. The LDD products are typically very focused on a specific disease state.

This funding request will be allocated as follows:

Jackson Memorial Hospital	\$800,000
Jackson Specialty Pharmacy	\$900,000
Jackson North Medical Center	\$300,000
Jackson West Medical Center	\$30,000
Jackson South Medical Center	\$60,000

In providing a statement in line with the Trust’s Environmentally Responsible initiatives, CuraScript SD has offered that it manages and operates its business in a manner that respects the environment and conserves natural resources. The company implements sustainable principles and promotes environmental responsibility, to provide healthy alternatives to reduce unnecessary waste. The vendor also explained that it operates and manages business in environmentally conscious manner and one which also conserves natural resources. The company implements sustainable principles and promotes environmental responsibility to provide sensible solutions to reduce unnecessary waste. The vendor provides sustainable shipping materials to its customers, reduce paper waste and utilize recyclable materials within its services and every-day practices in doing business in order to demonstrate its dedication to eco-friendly practices. Its extensive sustainability efforts include shipping practices that involves the use of recyclable Expanded Polystyrene (EPS) Coolers. In addition to other practices, in displaying environmentally sustainable responsibility, the vendor uses post-consumer recycled corrugated cardboard packaging, which material may be recycled with paper products. They reduce the number of shipments by combining orders; and reuse coolers for lunches, picnics, or donate them to local charities or food pantries.

Recommendation

Pharmacy Services has determined that it is in the Trust’s best interest to designate CuraScript’s specialty drug products a sole source, since they are the only distribution channel for specific LDDs at the present time. Pharmacy Services will continue discussions with the primary distributor, Cardinal Specialty Distribution, to confirm if any of the specialty drugs becomes available through this distributor.

This procurement has been thoroughly reviewed for potential SBE participation. The specialty pharmaceutical distribution services provided under this agreement will be performed by CuraScript employees. The opportunity to include an SBE partner is not available for this service activity. CuraScript is aware of Jackson’s SBE program and the expectation of vendor partners to advance that commitment.

In accordance with JHS’ Contractor Due Diligence review, CuraScript SD has provided a Sworn/Notarized Statement to the Trust’s Procurement Management Department that: (1) no Lawsuits have been filed against the Company within the five (5) years prior to submittal of a bid or proposal to the Trust; (2) the Company has not defaulted in the five (5) years prior to bid or proposal submittal to the Trust; and, (3) the Company has not been debarred nor has the Firm received a formal notice of non-compliance or non-performance in the five (5) years prior to proposal submittal to the Trust.

Solid Organ Transplant Testing and Bone Marrow Testing are two of Eurofins’ most reliable services. These tests provide optimal opportunities for JHS’ clinicians to successfully intervene and plan for treatment to prevent, for example, a transplant rejection. Not only are vendor’s assays extremely sensitive with rapid turnaround time, but they can identify pathogens using many different types of clinical specimens such as plasma, urine, cerebrospinal fluid, lung tissue, bone marrow aspirate, throat specimens and fecal specimens, among other fluids and tissues. JHS pediatric and transplant physicians have developed protocols that call for these tests on a regular basis for all patients. The physicians are pleased with the accuracy, reliability and turnaround time of the tests results.

In providing a statement in line with the Trust’s environmentally responsible initiatives, Eurofins has offered that its commitment to sustainability starts within the Eurofins companies, through a shared responsibility for the wellbeing of people and the planet in everything they do. With climate change an imminent threat, Eurofins and its many companies recognize their duty to proactively reduce or compensate for the environmental impact that essential operations have on the planet, as well as to help clients do the same. This is how Eurofins serves as an Environment, Social, and Governance (ESG) Enabler.

Recommendation

In light of the forgoing, Jackson Main’s Lab has determined that it would be in the Trust’s best interest to award the contract to Eurofins Viracor, LLC for a period of three (3) years for the provision of its clinical laboratory testing services.

The contract was approved by Risk Management, as to insurance and liability, and by the County Attorney’s Office for legal sufficiency.

The contract can be terminated for convenience with a thirty (30) calendar day-notice and includes the UAP and OIG fees. These fees are provided as deductions on the invoices.

This procurement has been thoroughly reviewed for potential SBE participation. The laboratory testing services provided under this agreement will be performed by Eurofins Viracor employees. The vendor does not subcontract any of its services. The opportunity to include an SBE partner is not available for this service activity. Eurofins Viracor is aware of Jackson’s SBE program and the expectation of vendor partners to advance that commitment.

In accordance with JHS’ Contractor Due Diligence review, Eurofins Viracor, LLC provided a Sworn/Notarized Statement to the Trust’s Procurement Management Department that: (1) no Lawsuits have been filed against the Company within the five (5) years prior to submittal of a bid or proposal to the Trust; (2) the Company has not defaulted in the five (5) years prior to bid or proposal submittal to the Trust; and, (3) the Company has not been debarred nor has the Firm received a formal notice of non-compliance or non-performance in the five (5) years prior to proposal submittal to the Trust.

A Bid Waiver Justification has been provided and Conflict of Interest Declarations have been signed by Sallie-Anne Wright, Director, Jackson Memorial Hospital; Vanessa Williams Voltaire, Administrative Assistance, Jackson Memorial Hospital; and Robert Van Dyne, Account Executive; Eurofins Viracor, LLC, with no reported disclosures (**H. Clark**).

4. (2277194-JM) The Anesthesia, Perioperative Services Departments, request a new contract with Comprehensive Care Services of Florida, Inc. (CCS) for the continued provision of Extracorporeal Perfusion and related services and products for a period of three (3) years with two (2) one-year options to renew (ongoing purchase).

Comprehensive Care Services, Inc.:

This Request for Funding:	\$24,126,570 (For three years)
Total Approved Funding:	\$24,126,570

Background

CCS will continue to provide the Trust with Extracorporeal, Perfusion and related services, such as Cardiovascular products, ECMO (extracorporeal membrane oxygenation) and LVAD (left ventricular assist device) assistance.

CCS provides comprehensive Extracorporeal life support/Extracorporeal membrane oxygenation (ECLS/ECMO) services, including staff support with highly trained Perfusionists and certified ECLS/ECMO specialists. Additionally, CCS assists JHS in the design, implementation, and management of local ECLS/ECMO programs, including services for neonatal, pediatric, and/or adult ECLS/ECMO patients.

Extracorporeal life support (ECLS), also known as Extracorporeal Membrane Oxygenation (ECMO), provides extended cardiac and respiratory support to persons whose heart and lungs cannot adequately function to sustain life. ECLS/ECMO is used to support patients facing life-threatening situations, such as heart or lung failure due to illness, after cardiac surgery, or as a bridge for patients awaiting a lung transplant or heart assist device.

In explaining the benefits, to the Trust, of this procurement, Perioperative Services has offered that CCS provides superior and reliable high-quality perfusion and auto-transfusion services in a timely manner in order to help Jackson Health System provide the best possible care for its patients. CCS delivers highly skilled board-certified or board-eligible Perfusionists, anesthesia technicians, PeriOperative Blood Management Technicians (PBMT's), and licensed RN's. CCS' program supports many cardiac and transplant surgeries, which include Jackson's Left Ventricular Assist Device (LVAD) and ECMO program. This vendor's comprehensive portfolio is a support system that cannot be achieved with another vendor. CCS provides the Trust with full support for most of its cardiac procedures, and has proven to have a great working relationship with its clinicians. This company also provides the Trust with specialist onsite every day for superior management of day-to-day operations.

CCS is able to offer to the Trust cost-efficient perfusion and intraoperative neuro-monitoring modalities with the highest quality service options at affordable rates.

Under this contract renewal, Comprehensive Care Services will continue to provide the following services, among others:

- Perfusionists services for Pediatric and Adult Cardiac Surgery
- Congenital Heart Surgery Procedures with cardiopulmonary bypass
- Auto transfusion and perfusion support
- Intraoperative dialysis in cardiac, transplant, and trauma surgery
- 24/7 on-call services

Recommendation

The Anesthesia, Perioperative Services Department has determined that it would be in the Trust's best interest to award a new contract to Comprehensive Care Services, Inc. to allow for the continuance of Extracorporeal and related services.

Through negotiations, Procurement Management locked in a monthly capitated fee of \$226,000 for the initial year of the agreement based on utilization. This represents a savings of \$788,717 compared to the prior year's expenditures. The contract allows for further negotiations and additional savings for years two and three. The capitated fee will be reassessed for years two and three of the agreement and set based on the two components below:

- Projected procedural hours for the upcoming contract year for both Pediatric and Adult ECMO cases, based on utilization; and
- Requested number of Perfusionists deemed necessary to provide coverage across all service lines for the upcoming year.

Both components will be determined by JHS leadership prior to each yearly cap reassessment, and will provide a fixed monthly expense for that period. Should there be an overage on either projected hours or number of Perfusionists during any year under the contract, the parties will review and may readjust the capitated fee. In the event of any underutilization for either component, CCS will roll over the difference onto next year's capitated hours at no additional cost.

ECRI has reported that Comprehensive Care Services, Inc. has provided a competitive offer to the Trust. Historically CCS is the only provider that can meet JHS' service needs.

In accordance with JHS' Contractor Due Diligence review, Comprehensive Care Services, Inc., has provided a Sworn/Notarized Statement to the Trust's Procurement Management Department that: (1) no Lawsuits have been filed against the Company within the five (5) years prior to submittal of a bid or proposal to the Trust; (2) the Company has not defaulted in the five (5) years prior to bid or proposal submittal to the Trust; and, (3) the Company has not been debarred nor has the Firm received a formal notice of non-compliance or non-performance in the five (5) years prior to proposal submittal to the Trust.

In providing an evaluation of the vendor’s performance during the current contract year, Perioperative Services Department has reported the following:

- The average turnaround time of services delivery meets the applicable standards required
- The competencies of contracted staff meet the standards
- The deliverables meet the applicable standards required.
- Provision of preventive maintenance on equipment and logs is considered above standard
- The ability to successfully respond to emergency situations meets the standards required
- The adherence to infection control and equipment cleaning meets the standards required
- The adherence to operating room infection control policies and procedures meets the standards required

This procurement has been thoroughly reviewed for potential SBE participation. The extracorporeal services provided under this agreement will be performed by Comprehensive Care Services employees. The vendor does not subcontract any of its services. The opportunity to include an SBE partner is not available for this service activity. Comprehensive Care Services is aware of Jackson’s SBE program and the expectation of vendor partners to advance that commitment.

This contract can be terminated for convenience with a thirty (30) day notice and includes UAP and OIG fees. The UAP and OIG fees are provided as deductions on the invoices.

Vendor took no exceptions to the Trust’s standard terms and conditions, which were approved by the County Attorney’s Office for legal sufficiency and by Risk Management as to Indemnification and Insurance.

A Bid Waiver Justification has been provided and Conflict of Interest Declarations signed by Alejandro Cid, Director Business Operations, Jackson Memorial Hospital; Sunitha Abraham, Sr. Director of Perioperative Services, Jackson Memorial Hospital; Oscar Betancourt, COO, Jackson Memorial Hospital; Hamilton Clark, SVP CEO, Jackson Memorial Hospital; Ruth Durosier, Associate Director of Perioperative Services, Jackson Memorial Hospital; and Patricia Fanelli, CCO, Comprehensive Care Services, Inc., with no reported disclosures (**D. Zambrana**).

5. **(2326429-LK)** Pharmacy Services, Jackson Health System, is requesting the approval of additional funds, to All-Med Express, Inc., (“All-Med”) for the continued purchase of Same-Day Delivery Services for the Specialty Pharmacy (ongoing purchase).

All-Med Express, Inc.:

Previously Approved Funding:	\$249,000
This Request for Funding:	\$933,517 (For one year)
Total Approved Funding:	\$1,182,517

Background

On February 3, 2023 the Trust received notice from FedEx Same Day advising of the retirement of its Same Day City Service, effective March 31, 2023. FedEx informed the Trust that the retirement was nationwide and that FedEx Same Day was no longer a financially sustainable or profitable line of business; and so, the company decided to right size.

On March 2023, the Specialty Pharmacy Department received approval for a Bid Waiver Agreement in the amount of \$249,000, awarded under the Chief Procurement Officer’s delegated authority, to All-Med Express, Inc. for Same-Day Delivery Services to the Specialty Pharmacy. The Agreement was effective March 27, 2023 and was implemented to trial the first batches of deliveries with All-Med Express, Inc. to identify any redundancy and to ensure a smooth transition from FedEx Same Day to All-Med Express. FedEx’s last day of service was Friday, March 31, 2023. All-Med Express, Inc. completed its transition on April 3, 2023. This Agreement replaces the one previously awarded to FedEx Same Day City.

All-Med Express, Inc. was founded in 1999 and provides customized, patient-driven medical courier solutions to healthcare facilities to include, among other entities, long-term care pharmacy, home infusion, home health, and specialty pharmacy markets. Leveraging expertise in healthcare logistics, medical couriers, healthcare distribution operations and technology, All-Med Express has created proven data-driven solutions with a focus on optimal patient care. Serving 11 states throughout the Southeast and East Coast, All-Med Express considers their firm to be innovators in the industry, known for cost-efficiency, patient care, safety and reliability.

The Trust had a 7-week lead time for a replacement contract and engaged several vendors to provide services. The companies were Cardinal Health/Optifreight Logistics, All-Med Express, Diligent Delivery Systems, DropOff.com, DCS, Roy's Delivery, Esquire Express, Inc., Roadie - UPS, Lab Logistics, Senpex, and Uber Health. All vendors were provided the minimum requirements to include the following:

- Contractor must be able to interface with the ScriptPro Pharmacy Solution
- Contractor must have QR code Technology
- Pick up at 4PM M-F and 3PM on Saturdays
- Delivery of 200-250 packages per day
- Delivered by 9PM each night
- Delivery from 4-9PM and 3PM to 9PM on Saturdays
- Failed deliveries must be made the following morning
- All deliveries must be handed to someone and signature secured for every delivery, every day.
- Failed deliveries must be kept in a facility at room temperature.
- The average daily delivery range is 200 to 250 packages.

All-Med Express provided the lowest price and met all the requirements above to include system integrations with Trust's ScriptPro software solution that meet the dual accreditation requirements with Utilization Review Accreditation Commission (URAC) and Agency for Healthcare Administration (AHCA), automation of real-time messages, QR code technology, reporting and electronic billing, all the explicit needs of Specialty Pharmacy operations and Saturday delivery. The fees are competitive based on current courier pricing. A value-added feature is Saturday delivery that was not part of the contract with FedEx Same Day.

FedEx Pricing for 2022 (1 Year) was \$904,285 and excluded Saturday delivery. All-Med Express, Inc.'s pricing for (1 Year) 2023-2024 is estimated at a cost not to exceed of \$1,182,517.

All-Med Express, Inc. reached out to seven (7) Small Business Enterprise (SBE) firms recommended by Procurement Management's SBE Team. These firms included Cason Strategies, LLC, Esquire Express, Inc., Global Courier Services Inc., Manatay Transportation, Inc., Mannixpediting, LLC, Miami Mini Riders Transportation, Inc., and Roy's Delivery Service, Inc. However, All-Med reported that there was no engagement at this time because some vendors were not interested and others did not respond. This was confirmed by Jackson's SBE Team.

The following metrics will be used by Pharmacy Services to measure the vendor's delivery performance. Vendor is required to report results to Pharmacy Services on a daily basis, as requested:

- Order Fulfillment Rate,
- Number of Deliveries per Day/Number of Undelivered Packages per day,
- Customer satisfaction,
- Customer signature required and Package Deliveries and Returns.

The Contract can be terminated for convenience with a sixty (60) calendar day written notice and by the Contractor for convenience upon one hundred twenty (120) calendar days' written notice and includes UAP and OIG fees. The UAP and OIG fees are provided as deductions on the invoices.

Recommendation

Pharmacy Services has determined that it is in the Trust's best interest to contract with All-Med Express, Inc. for continued same day delivery services required by the Specialty Pharmacy and continued patient care.

Jackson's Small Business Program reviewed this procurement for SBE participation. The proprietary software and pharmaceutical courier services provided under this agreement will be performed by company employees. The opportunity to include an SBE partner is not available for this service activity at this time. All-Med Express is aware of Jackson's SBE program and the expectation of vendor partners to advance that commitment.

In accordance with JHS' Contractor Due Diligence review, All-Med Express, Inc. has provided a Sworn/Notarized Statement to the Trust's Procurement Management Department that: (1) no Lawsuits have been filed against the Company within the five (5) years prior to submittal of a bid or proposal to the Trust; (2) the Company has not defaulted in the five (5) years prior to bid or proposal submittal to the Trust; and, (3) the Company has not been debarred nor has the Firm received a formal notice of non-compliance or non-performance in the five (5) years prior to proposal submittal to the Trust.

A Bid Waiver Justification has been provided and Conflict of Interest Declarations signed by Steven Nemeroff, Specialty Pharmacy Director, JHS; Yulette Bristol, Assistant Director Pharmacy Strategy and Business Development, JHS; and Ilisa Griffin, All-Med Express, Inc. Chief Financial Officer, with no reported disclosures (**V. Goodnow**).

SECTION VI. OPTIONS-TO-RENEW AND CONTRACT MODIFICATIONS FOR CONTRACTS THAT WERE COMPETITIVELY SOLICITED

This section refers to existing contracts that were competitively bid ("ITB" or "RFP") at their origin and consists of either (a) the exercise of established options to renew or (b) the execution of contract modifications for which the Procurement Policy requires prior Board approval.

No items to report.

SECTION VII. OPTIONS-TO-RENEW AND CONTRACT MODIFICATIONS FOR CONTRACTS THAT WERE AWARDED UNDER A WAIVER OF FORMAL COMPETITION

This section refers to existing contracts that were not competitively bid at their origin and consists of either (a) the exercise of established options-to renew or (b) the execution of contract modifications for which the Procurement Policy requires prior Board approval. All contracts in this section are renewals not previously authorized by the Board have the written approval of the President, are based on a finding that the waiver of full and competitive bidding is in the best interest of the Public Health Trust, and require a two-thirds affirmative vote of the Trustees present for approval.

6. (2188170-JR) The Interventional Radiology Department, Jackson Memorial Hospital, requests approval to modify the Agreement with Balt USA, to incorporate the Optima Coil System and related supplies (ongoing purchase).

Balt USA:

Previously approved funding: \$520,950
(For three years)

**This Request for Funding: \$638,743
(For twenty-nine months)**

Total approved funding: \$1,159,693

Background

The Interventional Radiology Department is requesting approval to modify the existing agreement with Balt USA to incorporate and increase utilization of the Optima Coils, previously contracted under a separate agreement. The Balt Optima Coil System is indicated for arterial and venous embolization's in the peripheral vasculature (portion of the circulatory system that consists of the veins and arteries in the arms, hands, legs, feet), and for the endovascular embolization of intracranial aneurysms and other neurovascular abnormalities.

The current agreement for Prestige Plus Coils was approved by the PHT Board per Resolution 10/2022-049 and executed November 1, 2022 for three years with two options to renew (OTRs) of one year each. As the separate bid waiver agreement for Optima Coils was expiring, the Procurement Management Department entered into negotiations and determined it was in the best interest of the Trust to combine both agreements for this product category, eliminating the need for two separate agreements. **As a result of recent negotiations, vendor will provide, beginning July 1, 2023, a quarterly rebate of \$2,900 on every \$58,000 spent for each remaining quarter, or \$23,200 in rebate over the remainder of the Contract term.**

In providing a statement on the benefit, to the Trust, the Interventional Radiology Department has offered that the advantages rest with the following key differentiators of this system:

- Reliable and instant detachment - less than 1 second
- Complete offering with a full range of complex and helical coils to provide options in various clinical scenarios
- Pusher design with spiral cut hypotube and progressive softer body coil ensuring smooth push ability
- Visible distal pusher
- Size offering with OptiMax

In providing a statement in line with the Trust's Environmentally Sustainable initiatives, Balt USA has offered that it integrates sustainable consumption and production patterns to maintain efficient use of natural resources and substantially reduce waste.

Balt's commitment to protecting the planet include:

- Measuring and reducing annual environmental footprint
- Assessing the complete lifecycle of its products
- Ensuring responsible recycling or disposal of waste materials

Recommendation

In light of the forgoing, the Interventional Radiology Department has determined that it would be in the Trust's best interest to modify the contract with Balt USA for the incorporation of its Optima Coil system.

In providing an evaluation of the vendor's performance during the current contract, the Interventional Radiology Department has reported the following:

1. Average turnaround time of goods/services delivery meets standard.
2. Deliverable meet contract requirements meets standard.
3. Responsive to safety issues and standards meets standard.

The underlying Contract can be terminated for convenience with a thirty (30) calendar day-notice and includes UAP and OIG fees. The UAP and OIG fees are taken as deductions on the invoices.

This procurement has been reviewed for SBE participation. The implants products purchased under this agreement are provided from the original equipment manufacturer, Balt USA, LLC. The products are shipped directly to Jackson and the vendor does not subcontract services related to this purchase. The opportunity to include an SBE partner is not available for this product purchase. Balt USA, LLC is aware of Jackson's SBE program and the expectation of vendor partners to advance that commitment.

In accordance with JHS' Contractor Due Diligence review, Balt USA provided a Sworn/Notarized Statement to the Trust's Procurement Management Department that: (1) no Lawsuits have been filed against the Company within the five (5) years prior to submittal of a bid or proposal to the Trust; (2) the Company has not defaulted in the five (5) years prior to bid or proposal submittal to the Trust; and, (3) the Company has not been debarred nor has the Firm received a formal notice of non-compliance or non-performance in the five (5) years prior to proposal submittal to the Trust.

A Bid Waiver Justification has been provided and Conflict of Interest Declarations have been signed by Alexis Mustelie, Director Interventional Radiology, Jackson Memorial Hospital; Jeff Kenney, Regional Sales Specialist, Balt USA, and Kyle Obradovich, Territory Manager, Balt USA, with no reported disclosures (**L. Marin, D. Zambrana**).

7. **(2346255-LG)** The Jackson Health System ("JHS") Communications and Outreach Department is requesting approval to exercise the first option to renew ("OTR") of the Agreement with Quick'rCare, Inc. ("Quick'rCare") for the continued provision of web-based marketing services (ongoing purchase).

Quick'rCare, Inc.:

Previously approved funding:	\$ 320,000 (For one year)
This Request for Funding:	\$ 320,000 (For one year)
Total approved funding:	\$ 640,000

Background

The Communications and Outreach Department requests the continued use of Quick'rCare's web-based marketing services, which include directory listings on Quick'rCare's website and digital "front doors" on Jackson Health Systems' websites. A Digital Front Door is a strategy that takes a modern approach to healthcare's interactions that were traditionally in person or manual, offering a more integrated, digital, frictionless experience. Under the Agreement, Quick'rCare facilitates the creation of these digital "front doors" on Jackson Health System's Google listings and websites for Jackson Health System Emergency Departments ("EDs") and Urgent Care Centers ("UCCs") to help complement all JHS' care offerings and make them revenue multipliers.

On April 28, 2022, the Trust and Quick'rCare entered into a Professional Services Agreement in the amount of \$320,000 (pursuant to PHT 04/2022-021) for 1 year, with 2 options to renew (OTRs) of 1 year each, for Quick'rCare's services pertaining to directory listings on Quick'rCare's website and digital "front doors" on Jackson Health Systems' websites. Subsequently, the Trust and Quick'rCare modified the underlying Agreement (pursuant to CPO delegated authority) to extend the term for 90 days, from April 28, 2023 through July 27, 2023, with no additional funds added ("Modification No. 1").

The Agreement is a performance-based contract, in which Quick'rCare is paid based upon actual patients received through their system. More specifically, every 90-days, a Quick'rCare patient Lead List of converted users to the Trust locations is provided to the corresponding Trust account holder. The explanation of the list of fees is as follows:

- If Quick'rCare sends less than 700 Actual Patients to Trust Urgent Care facilities, the Trust is billed \$0.
- If Quick'rCare sends between 701 and 1400 Actual Patients to Trust Urgent Care facilities, the Trust is billed \$7,500.
- If Quick'rCare sends more than 1401 Actual Patients to Trust Urgent Care facilities, the Trust is billed \$15,000.
- If Quick'rCare sends less than 450 Actual Patients to Trust Emergency Rooms, the Trust is billed \$0.
- If Quick'rCare sends between 451 and 750 Actual Patients to Trust Emergency Rooms, the Trust is billed \$30,000.
- If Quick'rCare sends more than 751 Actual Patients to Trust Emergency Rooms, the Trust is billed \$65,000.

Recommendation

The Communications and Outreach Department has determined that it would be in the best interest of the Trust to renew the contract with Quick'rCare to continue to market JHS' UCCs and EDs.

In providing a statement on the benefits, to the Trust, of this procurement, the Communications and Outreach Department expressed that a huge share of Jackson's admissions originate in its hospital emergency departments. Volume growth in that area is expected to directly produce inpatient growth, and a preliminary analysis suggests the costs associated with this contract will be substantially lower than the contribution margin associated with the marginal volume.

This procurement has been thoroughly reviewed for potential SBE participation. The marketing services provided under this agreement will be performed by Quick'rCare, Inc. employees. The vendor does not subcontract any of its services. The opportunity to include an SBE partner is not available for this service activity. Quick'rCare, Inc. is aware of Jackson's SBE program and the expectation of vendor partners to advance that commitment.

The underlying agreement can be terminated by the Trust for convenience upon thirty (30) calendar days' notice and includes the OIG and UAP fees. The OIG and UAP fees are provided as deductions on the invoices.

A Bid Waiver Justification has been provided and Conflict of Interest Declarations have been signed by Matthew I. Pinzur, Senior Vice President and Chief Marketing Officer of Jackson Health System, and Alexander Guastella, Chief Financial Officer of Quick'rCare, with no reported disclosures (**M. Pinzur**).

8. (2305314, 2288320, 2284421-JM) The Perioperative Services Departments at Jackson Memorial Hospital, Jackson South Medical Center and Jackson North Medical Center request approval to exercise option to renew (OTR) the contract with Howmedica Osteonics Corp., acting through its Spine Division and d/b/a Stryker Spine, for the continued purchase of medical and surgical spine devices (ongoing purchase).

Howmedica Osteonics Corp., d/b/a Stryker Spine:

Previously Approved Funding:	\$2,765,667
This Request for Funding:	\$1,995,855 (For one year)
Total Approved Funding:	\$4,761,522

Background

In January 2020, a non-competitive contract was awarded to Howmedica Osteonics Corp., d/b/a Stryker Spine, in the amount of \$2,266,703.43, for an initial three-year term, approved by Resolution 12/2019-068, for the provision of vendor's medical and surgical spine devices and biological products and related consumables used for Spine surgery procedures. The Contract included 1 OTR of one year. In January 2023, in the amount of \$498,963.70, Modification No. 1 was executed, under CPO delegated authority, extending the initial contract term four additional months to facilitate negotiations with vendor for exercise of the OTR. This request, under modification No. 2, in the amount of \$1,995,855 will exercise the renewal option through April 30, 2024.

The Stryker Spine surgical devices and instruments help patients with spinal disorders reduce their pain or improve their mobility. Stryker Spine is a comprehensive portfolio for orthopedic surgeons and neurosurgeons specializing in spine surgery. The Stryker spine care solutions span a spectrum of spinal disorders ranging from scoliosis to degenerative disease, lumbar, cervical and vertebral compression fractures to complex and aging conditions. Stryker offers one of the largest and most diverse product portfolios that address, for example, disorders/injuries of the thoracolumbar, cervical disorders, aging spine disorders, interbody fusion in traditional spine and minimally invasive spine surgery.

The Stryker spine line of products are preferred by the NeuroSpine surgeons. In addition to providing an array of synthetic bone grafting substitutes, the vendor has collaborated with the nation's industry-leading tissue banks to bring a comprehensive biologics portfolio consisting of traditional and proprietary spinal allograft, a variety of demineralized bone matrix products, and a viable bone matrix. As a result, the company is able to deliver solutions for the open, less invasive, or minimally invasive surgical treatment of a variety of spinal pathologies.

In providing a statement regarding the benefit of this procurement to the Trust, the Perioperative Services Department advised that Stryker provides a wide array of spinal implants, including rods, screws, plates, and interbody fusion devices. These implants are used in procedures such as spinal fusion, which aims to stabilize and fuse vertebrae together to address spinal conditions like degenerative disc disease, spinal deformities, and spinal instability.

Recommendation

In light of the foregoing, the Perioperative Services Department, in collaboration with Value Analysis, has determined that it would be in the best interest of the Trust to exercise the option to renew (OTR) for the designated one-year period, until April 30, 2024, for the provision of Stryker's surgical Spine devices and instruments.

This procurement has been reviewed for SBE participation. The spine products purchased under this agreement are provided from the original equipment manufacturer, Stryker Spine. The products are shipped directly to Jackson and the vendor does not subcontract services related to this purchase. The opportunity to include an SBE partner is not available for this product purchase. Stryker Spine is aware of Jackson's SBE program and the expectation of vendor partners to advance that commitment.

In providing an evaluation of the vendor’s performance during the current contract year, the Perioperative Services Department has reported the following:

- The average turnaround time of goods delivered meets standards.
- Ability to successfully respond to emergency situations meets standards.
- Responsiveness to safety issues and safety meets standards.
- Deliverables meet contract requirements.
- Provision of preventive maintenance on equipment and maintaining logs meet standards

The contract can be terminated for convenience with a thirty (30) day written notice and includes UAP and OIG fees. The UAP and OIG fees are provided as deductions on the invoices.

Negotiations achieved annual savings of \$118,574 based on line item reductions from previous contract. ECRI has reported that Stryker Spine has provided a competitive offer to the Trust.

In accordance with our Contractor Due Diligence review, Stryker has provided a Sworn/Notarized Statement to the Trust’s Procurement Management Department that: (1) no Lawsuits have been filed against the Company within the five (5) years prior to submittal of a bid or proposal to the Trust; (2) the Company has not defaulted in the five (5) years prior to bid or proposal submittal to the Trust; and, (3) the Company has not been debarred nor has the Firm received a formal notice of non-compliance or non-performance in the five (5) years prior to proposal submittal to the Trust.

A Bid Waiver Justification has been provided and Conflict of Interest Declarations signed by Milaydi Hernandez, procurement Technician, Jackson South Medical Center; Esteban Humeniuk, Associate CNO Administration, Jackson South Medical Center; Ben Rodriguez, SVP/CEO, Jackson South Medical Center; Ian Cote MD, Neurosurgery Spine Surgery, Jackson Health System; Alejandro Cid, Director of Business Operations, Jackson Memorial Hospital; Sunitha Abraham, Sr. Director Perioperative Division, Jackson Memorial Hospital; Lasharis Forbes, Sr. Business Analyst, Jackson Memorial Hospital; Maria Grau, Associate Nurse Manager, Jackson Memorial Hospital; Gregory Basil, MD, Neurosurgery Spine Division, Jackson Memorial Hospital; Diana Peterson, Administrator, Jackson North Medical Center, and, Marc Tata, Strategic Sales Manager East, Stryker Spine Division, with no reported disclosures. **(M. Severe, B. Rodriguez, H. Clark).**

9. (2354800, 2369943-LK) Jackson South Medical Center Administration is requesting approval to exercise the two renewal options (“OTRs”) available under the contract with Limousines of South Florida, Inc., for the continued purchase of employee bus shuttle services (ongoing purchase).

Limousines of South Florida, Inc.:

Previously Approved Funding:	\$142,000
This Request for Funding:	\$327,624 (For two years)
Total Approved Funding:	\$469,624

Background

The PHT previously awarded RFQ-18-15594-LK for Bus Transportation Services to transport Jackson South Medical Center (JSMC) employees from a central parking lot location to JSMC, because of the shortage of employee parking spaces. This contract was awarded for two (2) years, effective February 5, 2018, with two (2) options to renew terms of one (1) year each. The initial term of this contract and the two exercised OTRs ended in 2022 and JSMC received approval to move forward with a Bid Waiver agreement to continue these services. Effective February 5, 2022, Bid Waiver Contract BW-22-21843-LK, valued at \$142,000, was awarded and approved under the Chief Procurement Officer’s delegated authority for one (1) year with two options to renew (OTRs) of one (1) year each.

This agreement provides the following services:

- The Shuttle will continue to provide a continuous loop between JSMC campus and an off-site parking lot about 1 mile away from the JSMC campus for pick up and drop off of employees.
- The Shuttle will continue to operate weekdays only for 6 hours daily at 5:30am-8:30am and 2:00pm-5:00pm.
- Vendor will provide one (1) twenty (20)-passenger shuttle bus that will be wrapped in the future with the JHS logo, etc.

With this request, JSMC will exercise both OTRs of one (1) year each, through February 4, 2025. The need for this service is temporary, as JSMC has approval to construct a parking garage anticipated to be completed by September 2024. This service will no longer be needed once construction is complete and confirmed by JSMC.

The underlying contract can be terminated for convenience with a thirty (30) calendar day written notice and includes UAP and OIG fees. The UAP and OIG fees are provided as deductions on the invoices.

Recommendation

Jackson South Medical Center has determined that it is in the Trust’s best interest to continue employee bus shuttle services. Reducing the number of employee vehicles on-site opens up parking spaces for visitors and patients, making access to the facility, for care and visits, more convenient and timely.

This procurement has been thoroughly reviewed for potential SBE participation. The transportation services provided under this agreement will be performed by Limousines of South Florida employees. The vendor does not subcontract any of its services. The opportunity to include an SBE partner is not available for this service activity. Limousines of South Florida is aware of Jackson’s SBE program and the expectation of vendor partners to advance that commitment.

In accordance with JHS’ Contractor Due Diligence review, Limousines of South Florida, Inc. has provided a Sworn/Notarized Statement to the Trust’s Procurement Management Department that: (1) no Lawsuits have been filed against the Company within the five (5) years prior to submittal of a bid or proposal to the Trust; (2) the Company has not defaulted in the five (5) years prior to bid or proposal submittal to the Trust; and, (3) the Company has not been debarred nor has the Firm received a formal notice of non-compliance or non-performance in the five (5) years prior to proposal submittal to the Trust.

A Bid Waiver Justification has been provided and Conflict of Interest Declarations signed by Lourdes Marrero-Camps, JSMC Chief Operating Officer, and Mark Levitt, Limousines of South Florida, Inc., Vice President, with no reported disclosures (**B. Rodriguez**).

10. (2346948-LM) The Neuro Interventional Radiology Department at Jackson Memorial Hospital requests approval to exercise the second renewal option (OTR) of the sole source contract with MicroVention, Inc., for the continued provision of Neuroendovascular Therapy products and related accessories (ongoing purchase).

MicroVention, Inc.:

Previously Approved Funding:	\$1,297,606
This Request for Funding:	\$397,387
	(For one year)
Total Approved Funding:	\$1,694,993

Background

In May 2020, a non-competitive contract, in the amount of \$846,270, was awarded to MicroVention, Inc. for an initial two-year term, approved under PHT 04/2020-020, to cover the provision of Neuroendovascular Therapy and related accessories. In June 2022, modification no. 1 was executed, in the amount \$385,105, to exercise the first renewal option (OTR) for one year, approved under PHT 06/2022-030. In May 2023, modification no. 2 was executed, in the amount of \$66,231.16, to extend contract term 2 additional months through June 30, 2023, under CPO delegated authority. This modification no. 3, in the amount of \$397,387, exercises the second renewal option of the contract through June 30, 2024.

In providing a statement on the benefits, to the Trust, of this procurement, Neuro Interventional Radiology (Neuro IR) Department has offered that MicroVention, Inc. is a leader in Neuro Interventional Radiology. Renewal of this contract will ensure continued availability of necessary supplies and products to support the Neuro IR service line, which is used for the endovascular treatment of adult patients with saccular, wide neck bifurcation intracranial aneurysm.

Physicians have found several advantages to using MicroVention's products as illustrated by the examples below:

The WEB Aneurysm Embolization System advancing technology in the form of a safe and effective single-device procedure for wide-neck bifurcation aneurysms is the only intravascular flow diverter that is FDA approved for the treatment of wide neck bifurcated aneurysms originating from the Internal Carotid Artery (ICA) Terminus, Anterior Communicating Artery (AComm), Basilar Artery Apex and Middle Cerebral Artery (MCA).

The WEB Aneurysm Embolization System is a safe and effective "One and Done" interventional neurovascular device; eliminating the need for numerous embolic coils and multiple coil assist neurovascular stents, thus overcoming the challenges of using multiple devices. Being first-in-class and first Premarket Approved (PMA) device the MicroVention WEB System achieves durable aneurysm occlusion and dome protection by sealing the neck and conforming to the wall of the aneurysm, and provides intravascular scaffold for endothelialization (the rebuilding/repairing of the inner walls of blood vessels after they have been damaged).

Recommendation

In light of the foregoing, The Neuro IR Department has determined that it would be in the Trust's best interest to exercise the second option to renew the contract with MicroVention, Inc. for a term of one year through June 30, 2024, for the provision of Neuroendovascular Therapy products and related accessories.

In accordance with our Contractor Due Diligence review, MicroVention, Inc., has provided a Sworn/Notarized Statement to the Trust's Procurement Management Department that: (1) no Lawsuits have been filed against the Company within the five (5) years prior to submittal of a bid or proposal to the Trust; (2) the Company has not defaulted in the five (5) years prior to bid or proposal submittal to the Trust; and, (3) the Company has not been debarred nor has the Firm received a formal notice of non-compliance or non-performance in the five (5) years prior to proposal submittal to the Trust. For this renewal option, vendor has increased its pricing, however, this is the first such adjustment the vendor has established in 10 years.

Although vendor has increased pricing, this increase is the first in 10 years and since contract inception. Based on the ECRI analysis a growth rebate has been negotiated by Procurement.

This underlying contract can be terminated for convenience with a thirty (30) day written notice and includes UAP and OIG fees. The UAP and OIG fees are provided as a deduction on the invoices.

This procurement has been reviewed for SBE participation. The catheter products purchased under this agreement are provided from the original equipment manufacturer, MicroVention, Inc. The products are shipped directly to Jackson and the vendor does not subcontract services related to this purchase. The opportunity to include an SBE partner is not available for this product purchase. MicroVention, Inc. is aware of Jackson's SBE program and the expectation of vendor partners to advance that commitment.

In providing an evaluation of the vendor's performance during the current contract year, the Neuro Interventional Radiology Department has reported the following:

- The average turnaround time of goods delivered meets the required standard.
- Deliverables meet contract requirements meets the required standard.
- Responsiveness to safety issues and safety standards meets required standards.

A Bid Waiver Justification has been provided and Conflict of Interest Declarations signed by Oscar Betancourt, COO, Jackson Memorial Hospital; Alexis Mustelie, Director, Interventional Radiology, Jackson Memorial Hospital; Loyman Marin, ACOO, Vice President, Jackson Memorial Hospital; Patricia Plair, Dept. CFO, Jackson Memorial Hospital; Robert Starke, NIR Attending, Jackson Memorial Hospital; Deleep Yavagal, NIR Attending, Jackson Memorial Hospital; and Jonathan Laymon, Associate Director, Strategic Sale, MicroVention, Inc. with no reported disclosure (**O. Betancourt**).

11. (2347108-LM) The Social Work and Discharge Planning Department requests approval of additional funds to be allocated to the Contract with North Dade SNF Operating Company, LLC (North Dade SNF) for Skilled Nursing Home Services (SNH) (ongoing purchase).

North Dade SNF Operating Company, LLC:

Previously Approved Funding:	\$2,249,000
This Request for Funding:	\$5,000,000 (For two years –Cost not to exceed)
Total Approved Funding:	\$7,249,000

Background

Under the provisions of this contract, contractor provides Skilled Nursing Home (SNH) services to JHS' unfunded patients transferred from the JHS hospitals. There is an existing contract for SNH services resulting from RFP 19-17310-CS with a Primary Provider (Unity Health Rehabilitation Center) and a Secondary Provider (Pinecrest Rehabilitation Center), but this contract is insufficient to cover the current needs for this type of service. Without the contract with North Dade SNF, JHS would have to continue caring in-house for a great number of patients occupying beds at a higher daily rate and reducing availability for other patients needing hospital acuity services.

The contract was awarded on July 15, 2022 for a period of three (3) years ending on July 14, 2025 and for a value of \$249,000. Modification no. 1 did not add funds to the contract but changed the scope to enable JHS' unfunded patients, pending Guardianship, to be placed in North Dade SNF's facilities under Social Work Advantage (SWA) services. This company provides health proxy services for patients unable to make healthcare decisions and have no one else to assist in this regard. This action reduced the Length of Stay Cost to JHS of caring for each unfunded patient in a hospital bed, resulting in the equivalent of 2 to 3 months' cost. In December 2022, in the amount of \$2,000,000, Modification no. 2 revised the scope to add six (6) facilities under a subcontracting Agreement with North Dade SNF.

Following are the facilities that were added:

1. Aventura Regents OPCO, LLC
2. South Dade OPCO, LLC
3. Golden Glades OPCO, LLC
4. Fair Havens OPCO, LLC
5. Harmony Health OPCO, LLC
6. Waterford OPCO, LLC

This Modification no. 3 will increase the contract value by \$5,000,000 to allow the continued and increased placement needs for these facilities of JHS' most complex unfunded cases.

Recommendation

The Social Work and Discharge Planning Department has determined that it would be in the Trust's best interest to modify this contract since North Dade is the only Skilled Nursing Home, at the present time, willing to subcontract with other SNH companies for placement of these patients.

In accordance with JHS' Contractor Due Diligence review, North Dade SNF has provided a Sworn/Notarized Statement to the Trust's Procurement Management Department that: (1) no Lawsuits have been filed against the Company within the five (5) years prior to submittal of a bid or proposal to the Trust; (2) the Company has not defaulted in the five (5) years prior to bid or proposal submittal to the Trust; and, (3) the Company has not been debarred nor has the Firm received a formal notice of non-compliance or non-performance in the five (5) years prior to proposal submittal to the Trust.

This procurement has been thoroughly reviewed for potential SBE participation. The skilled nursing homes care services provided under this agreement will be performed by North Dade SNF Operating Company employees. The opportunity to include an SBE partner is not available for this service activity. North Dade SNF Operating Company is aware of Jackson's SBE program and the expectation of vendors partners to advance that commitment

The underlying Contract was approved by Risk as to Insurance and Liability and by the County Attorney's Office for Legal sufficiency.

The Contract can be terminated for convenience with a thirty (30) calendar day notice and includes the OIG and UAP fees. These fees are provided as deductions on the invoices.

A Bid Waiver Justification was provided, and Conflict of Interest declarations have been signed by Michelle Fonte, Director of Clinical Resource Management, JHS Social Work and Discharge Management Dept.; Oscar Betancourt, COO JMH, and by Mo Krigsman, SVP Finance at North Dade SNF Operating Company, LLC, with no reported disclosures (H. Clark).

SECTION VIII. MISCELLANEOUS

This section consists of procurement actions that may require Board approval not included under any other section of the Purchasing Report.

No items to report.

RESOLUTION NO. PHT 06/2023 -

RESOLUTION AUTHORIZING THE CHIEF EXECUTIVE OFFICER TO SEEK MIAMI-DADE COUNTY BOARD OF COUNTY COMMISSIONER APPROVAL FOR THE MUTUAL TERMINATION OF THE GROUND LEASE AGREEMENT BETWEEN MIAMI-DADE COUNTY AND THE UNIVERSITY OF MIAMI FOR THE ELLIOTT BUILDING PROPERTY LOCATED AT 1800 NW 10TH AVENUE, MIAMI, FLORIDA AND AUTHORIZING THE CHIEF EXECUTIVE OFFICER TO TAKE ALL ACTION NECESSARY, INCLUDING EXECUTING AGREEMENTS AND INSTRUMENTS, TO EFFECTUATE THE SAME

Rosa Costanzo, Senior Vice President Strategic Sourcing, Supply Chain Management and Chief Procurement Officer, Jackson Health System

WHEREAS, Miami-Dade County and the University of Miami (University) entered into a ground lease agreement (Ground Lease) on December 20, 1968 to allow the University to occupy the former Elliott Blood Bank Building located at 1800 NW 10th Avenue, Miami, Florida for a term of 80 years;

WHEREAS, the term of the Ground Lease is scheduled to terminate on December 20, 2048;

WHEREAS, the Trust has requested that the University and Miami-Dade County mutually terminate the Ground Lease to allow the Elliott Building Property to be demolished by the Trust and incorporated into the new Emergency Department at Jackson Memorial Hospital project (Project);

WHEREAS, the Trust now seeks to authorize the Chief Executive Officer to seek Board of County Commissioner approval to mutually terminate the Ground Lease; and

WHEREAS, the Chief Executive Officer of the Trust, the Purchasing and Facilities Subcommittee and the Fiscal Committee recommend approval of this resolution,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY, FLORIDA, that:

Section 1. This Board hereby approves the foregoing recitals.

Section 2. This Board authorizes the Chief Executive Officer to seek Miami-Dade County Board of County Commissioner approval for the mutual termination of the Ground Lease Agreement between Miami-Dade County and the University of Miami for the Elliott Building property located at 1800 NW 10th Avenue, Miami, Florida.

Section 3. This Board further authorizes the Chief Executive Officer to take all action necessary, including executing agreements and instruments, to effectuate the transaction and accomplish the purposes thereof.

RESOLUTION NO. PHT 06/2023 -

RESOLUTION AUTHORIZING THE CHIEF EXECUTIVE OFFICER TO SEEK MIAMI-DADE COUNTY BOARD OF COUNTY COMMISSIONER APPROVAL FOR THE CONVEYANCE OF THREE (3) COUNTY-OWNED PROPERTIES CONSISTING OF PROPERTY FOLIOS 01-3135-019-2700, 01-3135-019-2690, AND 01-3135-019-2681 (BOB HOPE TRIANGLE PROPERTIES) TO THE UNIVERSITY OF MIAMI, A NOT-FOR-PROFIT CORPORATION, PURSUANT TO SECTION 125.38 OF THE FLORIDA STATUTES IN EXCHANGE FOR FAIR MARKET VALUE CONSIDERATION TO ALLOW THE UNIVERSITY TO INCORPORATE THE BOB HOPE TRIANGLE PROPERTIES INTO ITS NEW CANCER RESEARCH CENTER PROJECT; FURTHER AUTHORIZING THE CHIEF EXECUTIVE OFFICER TO TAKE ALL ACTION NECESSARY TO EFFECTUATE THE TRANSACTION, INCLUDING EXECUTING AGREEMENTS AND INSTRUMENTS WITH THE UNIVERSITY

Rosa Costanzo, Senior Vice President Strategic Sourcing, Supply Chain Management and Chief Procurement Officer, Jackson Health System

WHEREAS, the University of Miami, a not-for-profit corporation (University), has submitted a formal application to the Trust requesting the conveyance of three (3) County-owned properties consisting of Property Folios 01-3135-019-2700, 01-3135-019-2690, and 01-3135-019-2681 (Bob Hope Triangle Properties) for fair market value consideration to allow the University to incorporate the Bob Hope Triangle Properties into its new Cancer Research Center Properties; and

WHEREAS, the Bob Hope Triangle Properties have a combined lot size of 18,161 square feet or .42 acres and have an appraised value of \$1.7 million; and

WHEREAS, staff evaluated the University's request and determined that there was no current or future need for the Bob Hope Triangle Properties by the Trust due to their size and location relative to other Trust facilities;

WHEREAS, the Bob Hope Triangle Properties may be conveyed by the Miami-Dade County Board of County Commissioners to a not-for-profit organization for public or community interest and welfare purposes upon the Board's finding that such property is not required for County purposes pursuant to Section 125.38 of the Florida Statutes;

WHEREAS, the Trust now seeks to authorize the Chief Executive Officer to seek Board of County Commissioner approval for the conveyance of the Bob Hope Triangle Properties to the University pursuant to Section 125.38 of the Florida Statutes and to take all action necessary to effectuate the same;

WHEREAS, the Chief Executive Officer of the Trust, the Purchasing and Facilities Subcommittee and the Fiscal Committee recommend approval of this resolution,

-Page 2-

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY, FLORIDA, that:

Section 1. This Board hereby approves the foregoing recitals.

Section 2. This Board authorizes the Chief Executive Officer to seek Miami-Dade County Board of County Commissioner approval for the conveyance of three (3) County-owned properties consisting of Property Folios 01-3135-019-2700, 01-3135-2690, and 01-3135-019-2681 (Bob Hope Triangle Properties) to the University of Miami pursuant to Section 125.38 of the Florida Statutes in exchange for fair market value consideration to allow the University to incorporate the Bob Hope Triangle Properties into its new Cancer Research Center Project.

Section 3. This Board further authorizes the Chief Executive Officer to take all action necessary to effectuate the transaction, including executing agreements and instruments with the University as appropriate to accomplish the purposes thereof.

RESOLUTION NO. PHT 06/2023 -

RESOLUTION AUTHORIZING THE CHIEF EXECUTIVE OFFICER TO SEEK MIAMI-DADE COUNTY BOARD OF COUNTY COMMISSIONER APPROVAL FOR THE 1) CONVEYANCE OF TWO (2) COUNTY-OWNED PROPERTIES CONSISTING OF PROPERTY FOLIO 01-3135-057-0030 AND A PORTION OF FOLIO NO. 01-3135-066-0010 (PROJECT IGNITE PROPERTIES) TO THE UNIVERSITY OF MIAMI, A NOT-FOR-PROFIT CORPORATION, PURSUANT TO SECTION 125.38 OF THE FLORIDA STATUTES IN EXCHANGE FOR FAIR MARKET VALUE CONSIDERATION TO ALLOW THE UNIVERSITY TO INCORPORATE THE PROJECT IGNITE PROPERTIES INTO ITS NEW MEDICAL EDUCATION FACILITY PROJECT (PROJECT IGNITE) AND 2) AMENDMENT OF THE EXISTING MEDICAL PRACTICE BUILDING GROUND LEASE BETWEEN MIAMI-DADE COUNTY AND THE UNIVERSITY OF MIAMI DATED FEBRUARY 7, 2006 TO REMOVE THE PROJECT IGNITE PROPERTIES FROM THE LEASED PREMISES; FURTHER AUTHORIZING THE CHIEF EXECUTIVE OFFICER TO TAKE ALL ACTION NECESSARY TO EFFECTUATE THE SAME

Rosa Costanzo, Senior Vice President Strategic Sourcing, Supply Chain Management and Chief Procurement Officer, Jackson Health System

WHEREAS, Miami-Dade County and the University of Miami entered into a ground lease agreement dated February 7, 2006 to allow the University to construct and operate a multi-specialty medical practice building on Jackson Memorial Hospital campus (Medical Practice Building Ground Lease);

WHEREAS, the University has proposed to construct a new medical education facility for the Miller School of Medicine (Project Ignite) located, in part, on County-owned property consisting of Property Folio 01-3135-057-0030 and a portion of Property Folio 01-3135-066-0010 (Project Ignite Properties) which are currently leased to the University under the Medical Practice Building Ground Lease;

WHEREAS, the University of Miami (University) submitted a formal application to the Trust requesting conveyance of the Project Ignite Properties to the University in exchange for fair market value consideration;

WHEREAS, staff evaluated the University's application and determined that there is no current or projected future need for the Project Ignite Properties by the Trust;

WHEREAS, the Project Ignite Properties may be conveyed by the Miami-Dade County Board of County Commissioners to a not-for-profit organization for public or community interest and welfare purposes upon the Board's finding that such property is not required for County purposes pursuant to Section 125.38 of the Florida Statutes;

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WHEREAS, the Trust now seeks to authorize the Chief Executive Officer to seek Board of County Commissioner approval for the 1) conveyance of the Project Ignite Properties to the University and 2) amendment of the Medical Practice Building Ground Lease to remove the Project Ignite Properties from the leased premises; and

WHEREAS, the Chief Executive Officer of the Trust, the Purchasing and Facilities Subcommittee and the Fiscal Committee recommend approval of this resolution,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY, FLORIDA, that:

Section 1. This Board hereby approves the foregoing recitals.

Section 2. This Board finds that the Project Ignite Properties are not needed for Public Health Trust purposes.

Section 3. This Board finds that the University requires the Project Ignite Properties for a use consistent with its mission, which would promote the community interest and welfare.

Section 4. This Board authorizes the Chief Executive Officer to seek Miami-Dade County Board of County Commissioner approval for the 1) conveyance of two (2) County-owned properties consisting of Property Folio 01-3135-057-0030 and a portion of Property Folio 01-3135-066-0010 (Project Ignite Properties) to the University of Miami, a not-for-profit corporation, pursuant to Section 125.38 of the Florida Statutes in exchange for fair market value consideration to allow the University to incorporate the Project Ignite Properties into its new Medical Education Facility Project (Project Ignite) and 2) amendment of the existing Medical Practice Building Ground Lease Agreement between Miami-Dade County and the University of Miami dated February 7, 2006 pursuant to Section 125.38 of the Florida Statutes to remove the Project Ignite Properties from the leased premises.

Section 5. This Board further authorizes the Chief Executive Officer or his designee to seek any additional authorizations, execute instruments and take all action necessary to effectuate the same.

RESOLUTION NO. PHT 06/2023 -

RESOLUTION AUTHORIZING THE CHIEF EXECUTIVE OFFICER OR HIS DESIGNEE, PURSUANT TO SECTIONS 154.11(1)(F) AND 125.38, FLORIDA STATUTES, AS AMENDED, AND SECTION 25A-4 (D) OF THE CODE OF MIAMI-DADE COUNTY, FLORIDA, TO EXECUTE A FIRST AMENDMENT TO LEASE AGREEMENT WITH UNIVERSITY OF MIAMI, A FLORIDA NOT-FOR-PROFIT CORPORATION FOR THE PREMISES LOCATED AT 2801 N.W. 79TH AVENUE, SUITE 4001, DORAL, FLORIDA AND TO TAKE ALL NECESSARY ACTION TO EFFECTUATE SAME AND TO EXERCISE ALL RIGHTS CONFERRED THEREIN

Rosa Costanzo, Senior Vice President Strategic Sourcing, Supply Chain Management and Chief Procurement Officer, Jackson Health System

WHEREAS, Section 25A-2(a) of the Code of Miami-Dade County, Florida (“Code”) delegates to the Public Health Trust (“Landlord”), the responsibility to operate, maintain and govern the designated facilities including Jackson West Medical Center located at 2801 N.W. 79th Avenue, Doral, Florida (“Jackson West”) ; and

WHEREAS, construction of Jackson West was completed in August 2021 and the new facility includes medical office space available for lease to other medical service providers; and

WHEREAS, the Landlord and University of Miami, a Florida not-for-profit corporation (“Tenant”), entered into that certain Lease Agreement dated October 23, 2021 to allow the University to occupy Suite 4001 for operation of a pediatrics clinic (the “Lease”), which included Tenant paying a monthly Capital Asset Rental Rate of \$2,826.59 for equipment items being provided by the Landlord within the Premises; and

WHEREAS, a Fair Market Value Rental Report was updated for the Premises to remove capital equipment items that were not required for use by the Tenant within the Premises; and

WHEREAS, the Parties desire to modify the Lease to 1) reduce the Capital Asset Rental Rate of \$2,826.59 to \$1,261.00 per month as a result of requested changes in the capital equipment that the Tenant requires within the Premises and to 2) update the indemnification requirements to be consistent with the most recent agreements between the Parties for space at Jackson West; and

WHEREAS, this Board has the authority to lease real property as Landlord to Tenant pursuant to Section 25A-4(d) of the Code and pursuant to Sections 154.11(1)(f) and 125.38, Florida Statutes; and

WHEREAS, the Chief Executive Officer of the Trust, the Purchasing and Facilities Subcommittee and the Fiscal Committee recommend approval of this resolution,

-Page 2-

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY, FLORIDA, that:

Section 1. This Board hereby approves the foregoing recitals.

Section 2. This Board authorizes the Chief Executive Officer, or his designee, pursuant to Sections 154.11(1)(f) and 125.38, Florida Statutes and Section 25A-4 (d) of the Code of Miami-Dade County, Florida, to execute a First Amendment to Lease Agreement with the University of Miami for the Premises located at 2801 NW 79th Avenue, Suite 4001, Doral Florida; and to take all necessary action to effectuate same and to exercise all rights conferred therein.

Agenda Item 6.f
Purchasing and Facilities Sub-Committee
June 28, 2023

RESOLUTION NO. PHT 06/2023 -

RESOLUTION AUTHORIZING THE CEO OR HIS DESIGNEE TO TAKE NECESSARY ACTION TO SECURE THE APPROVAL OF THE BOARD OF COUNTY COMMISSIONERS TO DEMOLISH BUILDINGS ON THE UNIVERSITY OF MIAMI/JACKSON MEMORIAL MEDICAL CENTER CAMPUS

Isa M. Núñez, Vice President Facilities Design & Construction, Jackson Health System

WHEREAS, this Board desires to accomplish the purposes outlined in the accompanying memorandum, a copy of which is incorporated herein by reference,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY, FLORIDA, that this Board hereby authorize the CEO or his designee to secure the approval of the Board of County Commissioners (County Commission) to demolish two buildings on the University of Miami/Jackson Memorial Medical Center Campus: Highland Park Pavilion and the Ambulatory Care Center East (ACC East) as set forth in the accompanying memorandum.



FISCAL COMMITTEE AGENDA

**WEDNESDAY, JUNE 28, 2023
11:00 AM**

**IRA C. CLARK DIAGNOSTIC TREATMENT CENTER (DTC)
SECOND FLOOR, CONFERENCE ROOM 259
1080 N. W. 19TH STREET
MIAMI, FL 33136**

Public Health Trust Board Rules

Any person making impertinent or slanderous remarks or who becomes boisterous while addressing the committee, shall be barred from further audience before the committee, unless permission to continue or again address the committee be granted by the Chairperson. No clapping, applauding, heckling or verbal outbursts in support or opposition to a speaker or his or her remarks shall be permitted. No signs or placards shall be allowed in the Board Room. Persons exiting the Board Room shall do so quietly.

The use of cell phones in the Board Room is not permitted. Ringers must be set to silent mode to avoid disruption of proceedings. Individuals, including those seated around the board table, must exit the Board Room to answer incoming cell phone calls.

1 CALL TO ORDER

2 APPROVAL OF THE COMMITTEE MEETING MINUTES FOR MAY 24, 2023

2.a

Meeting Minutes

3 PUBLIC HEALTH TRUST JACKSON HEALTH SYSTEM CONSOLIDATED FINANCIAL STATEMENTS ENDED MAY 31, 2023

3.a

PHT/JHS Consolidated Financial Statements

4 PURCHASING AND FACILITIES SUBCOMMITTEE REPORT

5 RESOLUTION RECOMMENDED TO BE ACCEPTED

5.a

RESOLUTION AUTHORIZING AND APPROVING AWARD OF BIDS AND PROPOSALS, WAIVER OF BIDS, AND OTHER PURCHASING ACTIONS FOR JUNE 2023 IN ACCORDANCE WITH THE PUBLIC HEALTH TRUST'S PROCUREMENT POLICY, RESOLUTION NO. PHT 08/2020-04 *1 Sponsored by Rosa Costanzo, Senior Vice President Strategic Sourcing, Supply Chain Management and Chief Procurement Officer, Jackson Health System*

5.b

RESOLUTION APPROVING THE 2023-2026 COLLECTIVE BARGAINING AGREEMENT BY AND AMONG MIAMI-DADE COUNTY, THE PUBLIC HEALTH TRUST AND AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 1363, (AFSCME, LOCAL 1363) AND FORWARDING SUCH AGREEMENT TO THE BOARD OF COUNTY COMMISSIONERS FOR RATIFICATION *Carlos A. Migoya, Chief Executive Officer, Jackson Health System*

5.c

RESOLUTION APPROVING THE 2023-2026 COLLECTIVE BARGAINING AGREEMENT BY AND AMONG MIAMI-DADE COUNTY, THE PUBLIC HEALTH TRUST AND THE SERVICE EMPLOYEES INTERNATIONAL UNION, LOCAL 1991, PROFESSIONALS AND FORWARDING SUCH AGREEMENT TO THE BOARD OF COUNTY COMMISSIONERS FOR RATIFICATION *Carlos A. Migoya, Chief Executive Officer, Jackson Health System*

5.d

RESOLUTION APPROVING THE 2023-2026 COLLECTIVE BARGAINING AGREEMENT BY AND AMONG MIAMI-DADE COUNTY, THE PUBLIC HEALTH TRUST AND THE SERVICE EMPLOYEES INTERNATIONAL UNION, LOCAL 1991, REGISTERED NURSES AND FORWARDING SUCH AGREEMENT TO THE BOARD OF COUNTY COMMISSIONERS FOR RATIFICATION *Carlos A. Migoya, Chief Executive Officer, Jackson Health System*

5.e

RESOLUTION AUTHORIZING THE CHIEF EXECUTIVE OFFICER TO SEEK MIAMI-DADE COUNTY BOARD OF COUNTY COMMISSIONER APPROVAL FOR THE MUTUAL TERMINATION OF THE GROUND LEASE AGREEMENT BETWEEN MIAMI-DADE COUNTY AND THE UNIVERSITY OF MIAMI FOR THE ELLIOTT BUILDING PROPERTY LOCATED AT 1800 NW 10TH AVENUE, MIAMI, FLORIDA AND AUTHORIZING THE CHIEF EXECUTIVE OFFICER TO TAKE ALL ACTION NECESSARY, INCLUDING EXECUTING AGREEMENTS AND INSTRUMENTS, TO EFFECTUATE THE SAME *Sponsored by Rosa Costanzo, Senior Vice President Strategic Sourcing, Supply Chain Management and Chief Procurement Officer, Jackson Health System*

5.f

RESOLUTION AUTHORIZING THE CHIEF EXECUTIVE OFFICER TO SEEK MIAMI-DADE COUNTY BOARD OF COUNTY COMMISSIONER APPROVAL FOR THE CONVEYANCE OF THREE (3) COUNTY-OWNED PROPERTIES CONSISTING OF PROPERTY FOLIOS 01-3135-019-2700, 01-3135-019-2690, AND 01-3135-019-2681 (BOB HOPE TRIANGLE PROPERTIES) TO THE UNIVERSITY OF MIAMI, A NOT-FOR-PROFIT CORPORATION, PURSUANT TO SECTION 125.38 OF THE FLORIDA STATUTES IN EXCHANGE FOR FAIR MARKET VALUE CONSIDERATION TO ALLOW THE UNIVERSITY TO INCORPORATE THE BOB HOPE TRIANGLE PROPERTIES INTO ITS NEW CANCER RESEARCH CENTER PROJECT; FURTHER AUTHORIZING THE CHIEF EXECUTIVE OFFICER TO TAKE ALL ACTION NECESSARY TO EFFECTUATE THE TRANSACTION, INCLUDING EXECUTING AGREEMENTS AND INSTRUMENTS WITH THE UNIVERSITY *Sponsored by Rosa Costanzo, Senior Vice President Strategic Sourcing, Supply Chain Management and Chief Procurement Officer, Jackson Health System*

5.g

RESOLUTION AUTHORIZING THE CHIEF EXECUTIVE OFFICER TO SEEK MIAMI-DADE COUNTY BOARD OF COUNTY COMMISSIONER APPROVAL FOR THE 1) CONVEYANCE OF TWO (2) COUNTY-OWNED PROPERTIES CONSISTING OF PROPERTY FOLIO 01-3135-057-0030 AND A PORTION OF FOLIO NO. 01-3135-066-0010 (PROJECT IGNITE PROPERTIES) TO THE UNIVERSITY OF MIAMI, A NOT-FOR-PROFIT CORPORATION, PURSUANT TO SECTION 125.38 OF THE FLORIDA STATUTES IN EXCHANGE FOR FAIR MARKET VALUE CONSIDERATION TO ALLOW THE UNIVERSITY TO INCORPORATE THE PROJECT IGNITE PROPERTIES INTO ITS NEW MEDICAL EDUCATION FACILITY PROJECT (PROJECT IGNITE) AND 2) AMENDMENT OF THE EXISTING MEDICAL PRACTICE BUILDING GROUND LEASE BETWEEN MIAMI-DADE COUNTY AND THE UNIVERSITY OF MIAMI DATED FEBRUARY 7, 2006 TO REMOVE THE PROJECT IGNITE PROPERTIES FROM THE LEASED PREMISES; FURTHER AUTHORIZING THE CHIEF EXECUTIVE OFFICER TO TAKE ALL ACTION NECESSARY TO EFFECTUATE THE SAME *Sponsored by Rosa Costanzo, Senior Vice President Strategic Sourcing, Supply Chain Management and Chief Procurement Officer, Jackson Health System*

5.h

RESOLUTION AUTHORIZING THE CHIEF EXECUTIVE OFFICER OR HIS DESIGNEE, PURSUANT TO SECTIONS 154.11(1)(F) AND 125.38, FLORIDA STATUTES, AS AMENDED, AND SECTION 25A-4 (D) OF THE CODE OF MIAMI-DADE COUNTY, FLORIDA, TO EXECUTE A FIRST AMENDMENT TO LEASE AGREEMENT WITH UNIVERSITY OF MIAMI, A FLORIDA NOT-FOR-PROFIT CORPORATION FOR THE PREMISES LOCATED AT 2801 N.W. 79TH AVENUE, SUITE 4001, DORAL, FLORIDA AND TO TAKE ALL NECESSARY ACTION TO EFFECTUATE SAME AND TO EXERCISE ALL RIGHTS CONFERRED THEREIN *Sponsored by Rosa Costanzo, Senior Vice President Strategic Sourcing, Supply Chain Management and Chief Procurement Officer, Jackson Health System*

5.i

RESOLUTION AUTHORIZING THE CEO OR HIS DESIGNEE TO TAKE NECESSARY ACTION TO SECURE THE APPROVAL OF THE BOARD OF COUNTY COMMISSIONERS TO DEMOLISH BUILDINGS ON THE UNIVERSITY OF MIAMI/JACKSON MEMORIAL MEDICAL CENTER CAMPUS *Sponsored by Isa M. Núñez, Vice President Facilities Design & Construction, Jackson Health System*

6 CALL TO ADJOURN

PUBLIC HEALTH TRUST BOARD OF TURSTEE ONE-DAY COMMITTEE MEETINGS

FISCAL COMMITTEE MEETING MINUTES

Wednesday, May 24, 2023
Followed the Purchasing and Facilities Subcommittee

Ira C. Clark Diagnostic Treatment Center
Conference Room 259

Fiscal Committee

Carmen M. Sabater, Chairwoman
Antonio L. Argiz, Vice Chairman
Matthew J. Allen
Juan Fernandez-Barquin
Amadeo Lopez-Castro, III
Laurie Weiss Nuell
Walter T. Richardson

Member(s) Present: Walter T. Richardson, Amadeo Lopez-Castro, III, Laurie Weiss Nuell, Juan Fernandez-Barquin and Antonio L. Argiz

Member(s) Excused: Carmen M. Sabater and Matthew J. Allen

In addition to the Committee members, the following staff members and Assistant Miami-Dade County Attorneys were present: Carlos A. Migoya, David Zambrana and Mark T. Knight; Christopher Kokoruda and Ashley A. Pouncy, Assistant Miami-Dade County Attorneys

1. CALL TO ORDER

Antonio L. Argiz, Chairwoman, Fiscal Committee at 12:06 p.m.

2. APPROVAL OF THE COMMITTEE MEETING MINUTES FOR APRIL 26, 2023

*Laurie Weiss Nuell moved approval;
seconded by Amadeo Lopez-Castro, III and
carried without dissent.*

3. PUBLIC HEALTH TRUST JACKSON HEALTH SYSTEM CONSOLIDATED FINANCIAL STATEMENTS ENDED APRIL 2023

Mark T. Knight, Executive Vice President and Chief Financial Officer presented an overview of the financial statements ended April 30, 2023. Jackson Health System (JHS) break even for the month, an anticipated profit. Year to date still up 9.4 million with a budget loss of six hundred thousand dollars; continue to observe benefits from five months performance. Current month noticed some reductions in high surgical cases and other volume variances that drove acuity performance for the month. Observing improvement in labor expenses. Labor continue to trend around 15 million for premium pay for the last five months; foreseeing some turn with lots of hires and relying on overtime to maintain staffing. Overall payer mix was less favorable in April. Seeking Medicare re-enrollments and redetermination for public health emergency. Cash collection short in April; continued efforts to focus on some payers falling behind. Overall not great month, budget largely anticipated as break-even every year. Sales taxes remain on target for few months; will see pickup once quarter reconciliation is completed.

4. PURCHASING AND FACILITIES SUBCOMMITTEE

The Purchasing and Facilities Subcommittee met on May 24, 2023. The subcommittee reviewed, accepted and forwarded to the Fiscal Committee with a favorable recommendation to accept as presented the April 2023 Purchasing Report. Acceptance of second amendment to lease agreement with Dade County Federal Credit Union, Limited License Agreement with Miami-Dade College for Construction Staging, Dover XI Associates L.P., and related affiliated defined benefit pension plan recommendation, First amendment to interdepartmental agreement with the Miami-Dade County Community Action and Human Services Department. Details for each of the action items were included in the agenda.

5. RESOLUTIONS RECOMMENDED TO BE ACCEPTED

5.a

RESOLUTION AUTHORIZING AND APPROVING AWARD OF BIDS AND PROPOSALS, WAIVER OF BIDS, AND OTHER PURCHASING ACTIONS FOR MAY 2023, IN ACCORDANCE WITH THE PUBLIC HEALTH TRUST'S PROCUREMENT POLICY, RESOLUTION NO. PHT 08/2020-041 *Sponsored by Rosa Costanzo, Senior Vice President Strategic Sourcing, Supply Chain Management and Chief Procurement Officer, Jackson Health System*

5.b

RESOLUTION AUTHORIZING THE CHIEF EXECUTIVE OFFICER OR HIS DESIGNEE TO EXECUTE THE AMENDMENT AND RENEWAL OF A TRI-PARTY AGREEMENT BY AND BETWEEN THE PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY, FL, DR. RAFAEL A. PEÑALVER CLINIC, INC. THROUGH ITS BOARD OF TRUSTEES, AND THE STATE OF FLORIDA DEPARTMENT OF HEALTH, MIAMI-DADE COUNTY HEALTH DEPARTMENT *Sponsored by Caridad Nieves, Senior Vice President and Chief Executive Officer, Ambulatory Care Center and Physician Services, Jackson Health System*

5.c

RESOLUTION ADDING DOVER STREET XI, L.P., DOVER XI ASSOCIATES, L.P., AND ANY RELATED OR AFFILIATED ENTITIES TO THE PHT DEFINED BENEFIT PENSION PLAN; AND AUTHORIZING THE CHIEF EXECUTIVE OFFICER OR HIS DESIGNEE TO: (1) NEGOTIATE, FINALIZE AND EXECUTE ANY DOCUMENTS OR AGREEMENTS TO EFFECTUATE THIS TRANSACTION; (2) EXERCISE ANY RIGHTS CONTAINED IN SUCH DOCUMENTS OR AGREEMENTS; AND (3) TAKE ALL NECESSARY FURTHER ACTION TO ACCOMPLISH THE PURPOSE OF THIS RESOLUTION *Sponsored by Mark T. Knight, Executive Vice President and Chief Financial Officer, Jackson Health System*

5.d

RESOLUTION AUTHORIZING THE CHIEF EXECUTIVE OFFICER, OR HIS DESIGNEE, PURSUANT TO SECTIONS 154.11(1)(F) AND 125.38, FLORIDA STATUTES, AS AMENDED, AND THE CODE OF MIAMI-DADE COUNTY, FLORIDA, TO EXECUTE THE SECOND AMENDMENT TO LEASE AGREEMENT WITH DADE COUNTY FEDERAL CREDIT UNION, A FEDERAL CREDIT UNION CHARTERED UNDER THE LAWS OF THE UNITED STATES, TO MODIFY EXHIBIT “C” TO INCREASE THE LICENSE AREA TO INCLUDE A DESIGNATED PORTION OF THE CAFETERIA AT JACKSON NORTH MEDICAL CENTER, LOCATED AT 160 NW 170 STREET, NORTH MIAMI BEACH, FLORIDA, FOR THE PLACEMENT OF A PORTABLE AUTOMATED TELLER MACHINE, WITH THE MONTHLY PAYMENT OF A USE FEE EQUAL TO THE SUM OF ZERO AND 25/100 DOLLARS (\$0.25) PER FOREIGN TRANSACTION AT THE AUTOMATED TELLER MACHINE AND TO TAKE ALL NECESSARY ACTIONS TO EFFECTUATE THE SAME AND TO EXERCISE ANY AND ALL RIGHTS CONFERRED THEREIN; AND FURTHER DELEGATING AUTHORITY TO THE CHIEF EXECUTIVE OFFICER OR HIS DESIGNEE TO NEGOTIATE AND EXECUTE FUTURE LEASE AMENDMENTS AND/OR LICENSES FOR THE PLACEMENT OF PORTABLE TELLER MACHINES THROUGHOUT THE PUBLIC HEALTH TRUST DESIGNATED FACILITIES, AND TO TAKE ALL NECESSARY ACTIONS TO EFFECTUATE THE SAME AND TO EXERCISE ANY AND ALL RIGHTS CONFERRED THEREIN *Rosa Costanzo, Senior Vice President Strategic Sourcing, Supply Chain Management and Chief Procurement Officer, Jackson Health System*

5.e

RESOLUTION AUTHORIZING THE CHIEF EXECUTIVE OFFICER, OR HIS DESIGNEE, PURSUANT TO SECTION 154.11(1)(F), FLORIDA STATUTES, AS AMENDED, AND THE CODE OF MIAMI-DADE COUNTY, FLORIDA, TO EXECUTE THE FIRST AMENDMENT TO INTERDEPARTMENTAL AGREEMENT WITH THE MIAMI-DADE COUNTY COMMUNITY ACTION AND HUMAN SERVICES DEPARTMENT, TO AMEND THE AGREEMENT TO INCLUDE ONE (1) YEAR AUTOMATIC RENEWALS WITH THREE (3%) PERCENT ANNUAL ADJUSTMENTS, AND ALL OTHER SUBSEQUENT AMENDMENTS, AND TO TAKE ALL NECESSARY ACTIONS TO EFFECTUATE THE SAME AND TO EXERCISE ANY AND ALL RIGHTS CONFERRED THEREIN *Sponsored by Rosa Costanzo, Senior Vice President, Strategic Sourcing, Supply Chain Management and Chief Procurement Officer, Jackson Health System*

5.f

RESOLUTION AUTHORIZING THE CHIEF EXECUTIVE OFFICER OR DESIGNEE, PURSUANT TO SECTION 154.11(1)(f), FLORIDA STATUTES, AS AMENDED, AND SECTION 25A-4 (D) OF THE CODE OF MIAMI-DADE COUNTY, FLORIDA, TO NEGOTIATE AND EXECUTE A LIMITED LICENSE AGREEMENT WITH THE DISTRICT BOARD OF TRUSTEES OF MIAMI-DADE COLLEGE, FLORIDA, FOR THE TRUST'S USE FOR APPROXIMATELY 30,000 DSQUARE FEET OF VACANT LAND REFERRED TO AS "TRACT A" AND 6,000 SQUARE FEET OF VACANT LAND REFERRED TO AS "TRACT B" ON MIAMI-DADE COLLEGE'S MEDICAL CAMPUS LOCATED ADJACENT TOTHE COLLEGE'S MEDICAL CAMPUS PARKING GARAGE AT 1000 NW 20th STREET, FLORIDA, FOR A PERIOD OF THREE (3) YEARS AND ONE (1) MONTH IN EXCHANGE FOR PAYMENTS BY THE TRUST ESTIMATED TO BE \$326,610 OVER THE TERM OF THE AGREEMENT, AND TO TAKE ALL NECESSARY ACTION TO EFFECUATE SAME AND TO EXERCISE ALL RIGHTS CONFERRED THEREIN *Sponsored by Rosa Costanzo, Senior Vice President Strategic Sourcing, Supply Chain management and Chief Procurement office, Jackson Health System*

MOTION TO ACCEPT THE RESOLUTIONS WITH A FAVORBLE RECOMMENDATION TO THE BOARD OF TRUSTEES

Laurie Weiss Nuell, moved to accept the resolutions as presented; seconded by Amadeo Lopez-Castro, III and carried without dissent.

6. CALL TO ADJOURN

Carmen M. Sabater, Chairwoman at 12:11 p.m.

Meeting Minutes Prepared by: Adriana V. Pascal
Executive Assistant and
Secretary to the Public Health Trust Board of Trustees



**PUBLIC HEALTH TRUST
JACKSON HEALTH SYSTEM
CONSOLIDATED FINANCIAL STATEMENTS**

May 31, 2023

**PUBLIC HEALTH TRUST
JACKSON HEALTH SYSTEM
CONSOLIDATED FINANCIAL STATEMENTS**

May 31, 2023

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- 6. Statement of Revenues, Expenses, & Changes in Fund Net Assets: By Hospital**

YTD Status	Month-to-date: May 2023						Year-to-date: May 2023 (8 of 12 Months)					
	Actual	Budget	Prior Year	B % Δ	PY % Δ		Actual	Budget	Prior Year	B % Δ	PY % Δ	
Financial Summary (\$ in thousands)												
1. Net Patient Revenue	● \$ 135,664	\$ 128,501	\$ 130,716	5.6%	3.8%		\$ 1,053,856	\$ 990,801	\$ 1,009,371	6.4%	4.4%	
2. Other Operating Revenue	● 44,447	36,726	34,108	21.0%	30.3%		339,781	290,821	267,175	16.8%	27.2%	
3. Total Operating Revenue	● 180,112	165,227	164,824	9.0%	9.3%		1,393,637	1,281,622	1,276,545	8.7%	9.2%	
4. Total Operating Expenses	● 235,958	220,196	221,577	(7.2)%	(6.5)%		1,830,106	1,729,711	1,731,348	(5.8)%	(5.7)%	
5. Net Income (Loss) from Operations	● (55,846)	(54,969)	(56,753)	(1.6)%	1.6%		(436,469)	(448,089)	(454,803)	2.6%	4.0%	
6. Sales Tax and MOE	● 54,329	54,329	51,254	0.0%	6.0%		430,215	434,628	371,102	(1.0)%	15.9%	
7. Total Net Non-operating Revenue	● 2,623	1,750	8,148	49.9%	(67.8)%		16,735	14,000	64,369	19.5%	(74.0)%	
8. Excess of Revs Over (Under) Expenses before GOB	● \$ 1,105	\$ 1,110	\$ 2,649	(0.4)%	0.0%		\$ 10,481	\$ 539	\$ (19,331)	100.0%	154.2%	
9. GOB & Special Contributions	● 2,150	(0)	-	100.0%	0.0%		13,124	(0)	27,213	100.0%	(51.8)%	
10. Excess of Revenues Over (Under) Expenses	● \$ 3,255	\$ 1,110	\$ 2,649	193.3%	22.9%		\$ 23,605	\$ 539	\$ 7,882	100.0%	199.5%	
Financial Indicators												
11. Net Patient Revenue per Adjusted Admission	● 16,387	16,065	16,722	2.0%	(2.0)%		16,193	15,843	16,642	2.2%	(2.7)%	
12. Total Operating Expense per Adjusted Admission	● 28,501	27,529	28,345	(3.5)%	(0.6)%		28,121	27,658	28,546	(1.7)%	1.5%	
13. Realization Rate (PCR%)	● 22.47%	23.16%	23.09%	3.0%	2.7%		22.29%	22.68%	22.94%	(1.7)%	(2.8)%	
Liquidity Indicators												
14. Days Net in Receivable	● 64.37	45.00	59.00	(43.0)%	(9.1)%		64.37	45.00	59.00	(43.0)%	(9.1)%	
15. Days (Unrestricted) Cash on Hand	● 50.00	50.00	50.00	0.0%	0.0%		50.00	50.00	50.00	0.0%	0.0%	
16. Current Ratio	● 1.58	1.38	1.53	14.8%	3.6%		1.58	1.38	1.53	14.8%	3.6%	
17. Cash (Unrestricted) to Debt Ratio	● 1.42	1.00	1.23	41.5%	15.3%		1.42	1.00	1.23	41.5%	15.3%	
Utilization Indicators												
18. Admissions excl. Newborn	● 5,568	5,690	5,453	(2.2)%	2.1%		44,561	44,685	43,267	(0.3)%	3.0%	
19. Observation Cases	● 4,200	3,599	3,876	16.7%	8.4%		33,132	27,206	26,451	21.8%	25.3%	
20. Average Daily Census	● 1,650	1,650	1,612	(0.0)%	2.3%		1,641	1,661	1,684	(1.2)%	(2.6)%	
21. Average Length of Stay	● 7.30	7.12	7.23	(2.6)%	(1.0)%		7.15	7.16	7.57	0.1%	5.6%	
22. ED Visits	● 24,814	19,566	23,321	26.8%	6.4%		187,638	160,075	158,847	17.2%	18.1%	
23. Surgical Cases	● 2,557	2,374	2,223	7.7%	15.0%		19,137	18,497	17,318	3.5%	10.5%	
Productivity Indicators												
24. JHS FTE per Adjusted Occupied Bed	● 7.44	7.64	7.60	2.7%	2.2%		7.50	7.65	7.22	2.0%	(3.8)%	
25. Jackson Health System FTE's	● 14,498	14,032	13,848	(3.3)%	(4.7)%		14,345	14,081	13,640	(1.9)%	(5.2)%	
26. Overtime % of Productive Hours	● 6.2%	3.5%	6.0%	(79.9)%	(4.2)%		6.3%	3.5%	6.0%	(81.4)%	(5.1)%	
Payor Mix Self Pay Patient Days as % of Total												
27. Jackson Memorial Hospital	● 10.51%	13.65%	10.33%	23.0%	(1.8)%		10.46%	13.65%	12.17%	23.3%	14.0%	
28. Jackson North	● 6.93%	7.40%	9.08%	6.3%	23.7%		6.76%	7.01%	7.86%	3.6%	14.0%	
29. Jackson South	● 13.16%	11.98%	12.41%	(9.8)%	(6.1)%		12.16%	11.98%	12.21%	(1.5)%	0.4%	
30. Jackson West	● 10.52%	11.93%	12.00%	11.8%	12.3%		11.69%	11.93%	12.22%	2.1%	4.4%	

FS-1

● Positive variance or no major concerns
● Year-to-date numbers are ok or explained, but concern for future trend
● Negative variance or area of current concern
Variance are Favorable (positive number) and Unfavorable (negative number)



Public Health Trust of Miami-Dade County
Jackson Health System
Consolidated Statement of Financial Position
As of May 2023

Amounts in thousands	Current Month 5/31/2023	Prior Month 4/31/2023	Dollar Change	Audited 9/30/2022	Dollar Change
ASSETS:					
Cash and Investments	367,838	363,170	4,668	405,191	(37,353)
Cash and Investments Restricted	22,944	20,602	2,342	14,383	8,561
Cash and Investments Limited as to Use	321,647	439,764	(118,117)	162,780	158,867
Gross Patient Accounts Receivable	1,156,626	1,198,749	(42,123)	1,045,787	110,839
Allowances for Contractuals and Bad Debt	(880,582)	(926,847)	46,265	(818,357)	(62,225)
Net Accounts Receivable	276,044	271,902	4,142	227,430	48,614
Third Party Receivable	63,299	58,461	4,838	220,089	(156,790)
Due From Miami-Dade County	216,644	206,972	9,672	66,410	150,234
Other Receivables - Restricted	7,617	6,856	761	4,765	2,852
Inventories	47,550	47,434	116	48,584	(1,034)
Prepaid Expenses and Other Current Assets	19,034	14,093	4,941	15,546	3,488
Total Current Assets	1,342,617	1,429,254	(86,637)	1,165,178	177,439
Cash and Investments Limited as to Use - LT	47,514	47,181	333	45,738	1,776
Cash and Investments Restricted - LT	35,601	35,515	86	35,110	491
Capital Assets, Net	1,245,919	1,258,835	(12,916)	1,270,031	(24,112)
Other Assets	48,262	48,213	49	47,428	834
Total Non-Current Assets	1,377,296	1,389,744	(12,448)	1,398,307	(21,011)
Total Assets	2,719,913	2,818,998	(99,085)	2,563,485	156,428
Deferred Outflows of Resources	252,733	252,875	(142)	253,865	(1,132)
Total Assets and Deferred Outflows of Resources	\$ 2,972,646	\$ 3,071,873	\$ (99,227)	\$ 2,817,350	\$ 155,296
LIABILITIES:					
Current Portion of Long Term Debt	10,920	10,920	0	10,920	0
Accounts Payable and Accrued Expenses	185,663	200,803	(15,140)	204,680	(19,017)
Accrued Salaries and Payroll Taxes Withheld	163,802	186,185	(22,383)	194,208	(30,406)
Public Medical Assistance Trust Fund Payable	0	0	0	0	0
Current Portion of Total OPEB Liability	2,782	2,782	0	2,782	0
Due to Other Third Party	201,082	217,980	(16,898)	199,751	1,331
Due to Miami-Dade County	13,852	13,852	0	13,894	(42)
Other Restricted	2,025	2,003	22	1,630	395
Other Current Liabilities	267,415	315,417	(48,002)	87,759	179,656
Total Current Liabilities	847,541	949,942	(102,401)	715,624	131,917
Long Term Debts, Excluding Current Portion	248,984	249,141	(157)	250,242	(1,258)
Other Liabilities	572,495	572,288	207	545,471	27,024
Total Liabilities	1,669,020	1,771,371	(102,351)	1,511,337	157,683
Deferred Inflows of Resources	107,159	107,290	(131)	133,150	(25,991)
Total Liabilities and Deferred Inflows of Resources	1,776,179	1,878,661	(102,482)	1,644,487	131,692
Unrestricted Net Position	51,982	39,349	12,633	21,812	30,170
Invested in Capital Assets	1,013,917	1,026,605	(12,688)	1,036,398	(22,481)
Restricted Net Position	130,568	127,258	3,310	114,653	15,915
Total Net Position	1,196,467	1,193,212	3,255	1,172,863	23,604
Total Liabilities & Net Position	\$ 2,972,646	\$ 3,071,873	\$ (99,227)	\$ 2,817,350	\$ 155,296

Combined Statement of Revenue, Expenses & Changes in Net Position
Public Health Trust of Miami-Dade County

May 2023

(Amounts in thousands)

Month of May 2023

8 Months Ended May 31, 2023

May 23 Actual	May 23 Budget	May 22 Actual	\$ Variance		% Variance			May 23 Actual YTD	May 23 Budget YTD	May 22 Actual YTD	\$ Variance		% Variance	
			Budget	Prior	Budget	Prior					Budget	Prior	Budget	Prior
133,776	126,842	128,810	6,934	4,967	5 %	4 %	Hospital and physician services	1,039,800	977,692	994,623	62,108	45,177	6 %	5 %
0	0	0	0	0	0 %	0 %	Community Medical Practices	0	0	0	0	0	0 %	0 %
141	165	158	(23)	(16)	(14)%	(10)%	Primary Care Centers	1,128	1,318	1,136	(190)	(8)	(14)%	(1)%
1,746	1,494	1,748	252	(2)	17 %	0 %	Continuing Care (SNF)	12,927	11,791	13,611	1,137	(684)	9 %	(5)%
135,664	128,501	130,716	7,163	4,949	6 %	4 %	Net Patient Service Revenue	1,053,856	990,801	1,009,371	63,055	44,485	6 %	4 %
0	0	0	0	0	0 %	0 %	Division of Managed Care	0	0	0	0	0	0%	0 %
2,713	1,932	2,525	781	188	40 %	7 %	Grants Revenue	18,605	15,458	18,672	3,147	(67)	20 %	0 %
41,734	34,794	31,583	6,940	10,151	20 %	32 %	Other Operating Revenue	321,176	275,363	248,503	45,812	72,673	17 %	29 %
180,112	165,227	164,824	14,884	15,288	9 %	9 %	Total Operating Revenue	1,393,637	1,281,622	1,276,545	112,015	117,091	9 %	9 %
139,074	129,365	131,793	(9,709)	(7,281)	(8)%	(6)%	Salaries & Related Costs	1,073,503	1,010,853	1,031,136	(62,651)	(42,367)	(6)%	(4)%
44,903	41,141	39,603	(3,762)	(5,301)	(9)%	(13)%	Contractual and Purchased Serv.	344,149	329,048	304,840	(15,100)	(39,308)	(5)%	(13)%
0	0	0	0	0	0 %	0 %	Division of Managed Care	0	0	0	0	0	0 %	0 %
38,889	36,647	36,566	(2,242)	(2,323)	(6)%	(6)%	Supplies	308,576	285,467	287,681	(23,109)	(20,895)	(8)%	(7)%
10,088	10,088	10,677	0	589	0 %	6%	Depreciation	80,705	80,705	85,338	0	4,633	0 %	5 %
993	1,057	1,106	64	113	6 %	10%	Interest	8,087	8,452	8,603	365	516	4 %	6 %
2,011	1,898	1,832	(112)	(178)	(6)%	(10)%	Other Operating Expenses	15,086	15,185	13,750	99	(1,336)	1 %	(10)%
235,958	220,196	221,577	(15,762)	(14,381)	(7)%	(6)%	Total Operating Expenses	1,830,106	1,729,711	1,731,349	(100,395)	(98,757)	(5)%	(6)%
(55,846)	(54,969)	(56,753)	(878)	907	(2)%	2 %	Gain (Loss) From Operations	(436,469)	(448,089)	(454,803)	11,620	18,334	3 %	4 %
331	93	62	238	269	256 %	436 %	Investment Income	1,889	745	679	1,144	1,211	154 %	178 %
2,291	1,657	8,086	635	(5,795)	38 %	(72)%	Other Income	14,846	13,255	63,690	1,591	(48,845)	12 %	(77)%
21,961	21,961	19,807	0	2,154	0 %	11 %	Dade County Unrestricted Funds	175,688	175,688	158,458	0	17,230	0 %	11 %
32,368	32,368	31,447	0	920	0 %	3 %	Unrestricted Health Care Surtax	254,527	258,940	212,644	(4,413)	41,883	(2)%	20 %
56,951	56,078	59,402	873	(2,451)	2 %	(4)%	Total Non-Operating Gain Net	446,950	448,628	435,471	(1,677)	11,479	0 %	3 %
1,105	1,110	2,649	(5)	(1,544)	0 %	(58)%	Revenue & Gain in Excess of Exp. & Loss	10,481	539	(19,332)	9,942	29,813	1844 %	154 %
0	0	0	0	0	0 %	0 %	Capital Contributions – Grants and Other	(400)	0	(71)	(400)	(329)	0 %	(463)%
0	0	0	0	0	0 %	0 %	JM Foundation	972	0	500	972	472	0 %	94 %
2,150	0	0	2,150	2,150	0 %	0 %	Miami Dade County GOB	12,552	0	26,784	12,552	(14,232)	0 %	(53)%
3,255	1,110	2,649	2,145	606	193 %	23 %	Revenue & Gain after Extraordinary Loss	23,605	539	7,881	23,066	15,724	4279%	200%



Public Health Trust of Miami Dade County
Jackson Health System
Consolidated Statement of Unrestricted and Restricted Cash Flow
For the Period Ending May 31, 2023

Amounts in thousands	Current Month 5/31/2023	Year to Date 5/31/2023	Audited 9/30/2022
Cash generated (used) by operations:			
Funds available for working capital/facilities improvements	\$ 3,255	\$ 23,604	\$ 120,920
Non-cash expenses:			
Depreciation	10,088	80,704	111,950
Loss on disposal of capital assets	(110)	(86)	(216)
Total	\$ 13,233	\$ 104,222	\$ 232,654
Cash provided (used) for current assets:			
Decreases (increases) in:			
Restricted Investments	(18,652)	(42,058)	(38,338)
Patient Receivable and Other Third Party payer	-	-	-
Cash and Investment Limited as to Use	118,117	(158,867)	(15,612)
Inventories, Prepaid Expenses, and Other Receivables	(5,822)	(5,306)	(639)
Total	\$ 93,643	\$ (206,231)	\$ (54,589)
Cash provided (used) for current liabilities:			
Increases (decreases) in:			
Current Installment of Long Term Debt	-	-	(1,273)
Accounts Payable and Accrued Expenses	(37,523)	(49,423)	50,783
Due to other third party	(16,898)	1,289	(845)
Other Liabilities	(48,000)	179,656	28,947
Other- Restricted	22	395	(175)
Total	\$ (102,399)	\$ 131,917	\$ 77,437
Decreases (increases) in:			
Cash and Investment Limited as to Use	(333)	(1,776)	(1,774)
Cash and Investment Restricted	(86)	(491)	235
Long Term Investment	-	(1)	(769)
Deferred Outflow of Resources	142	1,133	(133,944)
Cash provided (used) for Other Assets	(48)	(832)	(42,721)
Cash provided (used) for Long Term Liabilities:			
Increases (decreases) in:			
Long Term Debt	(157)	(1,258)	(12,888)
Other Liabilities	208	27,024	247,401
Deferred Inflow of Resources	(131)	(25,992)	(77,626)
Total	\$ (80)	\$ (226)	\$ 156,887
Cash provided (used) for Prop., Plant and Equipment:			
Purchases of Property, Plant, and Equipment	2,938	(56,507)	(145,571)
Total	\$ 2,938	\$ (56,507)	\$ (145,571)
Net Increase (decrease) in Cash and Cash Equivalents	7,010	(28,792)	87,845
Cash, beginning of period	383,772	419,574	331,729
Cash, end of period	\$ 390,782	\$ 390,782	\$ 419,574

P & L 12 Month Trend Analysis
Public Health Trust of Miami-Dade County - (Consolidated)
May 2023

	May 23	Apr 23	Mar 23	Feb 23	Jan 23	Dec 22	Nov 22	Oct 22	Sep 22	Aug 22	Jul 22	Jun 22
Inpatient Services	406,101	385,239	435,155	382,471	426,989	397,611	399,263	404,312	401,323	390,927	397,114	386,167
Ambulatory Services	197,712	180,003	201,578	175,088	186,824	185,930	176,699	186,805	179,757	184,836	178,057	176,581
Gross Patient Service Revenue	603,812	565,242	636,733	557,558	613,813	583,541	575,962	591,117	581,080	575,763	575,171	562,748
Contractual Adjustments	395,747	376,393	417,045	372,194	401,077	376,109	381,127	385,896	358,683	375,008	373,224	370,025
Charity Care	14,042	7,855	20,060	13,425	15,300	12,840	14,155	13,904	13,386	13,101	12,496	11,883
Net Patient Revenue Adjustment	126	104	98	89	75	74	72	97	75	80	69	66
Provision for Doubtful Accounts	58,233	52,517	62,725	48,990	59,912	63,326	54,722	55,592	84,048	57,575	58,521	51,244
Total Deductions From Revenue	468,148	436,869	499,928	434,698	476,363	452,349	450,076	455,490	456,193	445,764	444,310	433,218
Net Patient Service Revenue	135,664	128,373	136,805	122,860	137,449	131,192	125,886	135,627	124,887	129,999	130,860	129,530
Other Operating Revenue	41,734	40,183	42,052	38,583	40,485	40,060	39,299	38,779	68,192	47,912	40,080	31,510
Grants Revenue	2,713	3,045	1,843	3,387	2,421	1,691	1,427	2,078	2,524	366	2,409	1,672
Total Operating Revenue	180,112	171,601	180,700	164,830	180,355	172,943	166,613	176,484	195,602	178,278	173,350	162,712
Salaries & Related Costs	139,074	135,613	140,670	127,741	135,852	135,227	127,603	131,725	214,548	133,065	131,187	122,016
Contractual and Purchased Services	44,903	43,212	38,715	41,918	46,327	43,636	42,138	43,299	46,131	30,953	42,203	40,594
Supplies	38,889	36,518	44,227	35,264	39,739	39,239	37,283	37,417	40,565	38,252	39,269	39,437
Division of Managed Care Paid Claims	0	0	0	0	0	0	0	0	0	0	0	0
Interest	993	1,002	1,007	912	835	1,261	1,031	1,047	1,983	1,035	1,057	1,051
Provision for Self-Insured Claims	307	307	307	307	307	307	307	307	2,952	295	295	295
Public Med/Assist. Trust F. Assess	1,703	1,703	1,537	1,537	1,537	1,537	1,537	1,537	1,537	1,537	1,537	1,537
Depreciation	10,088	10,088	10,088	10,088	10,088	10,088	10,088	10,088	(5,248)	10,645	10,620	10,594
Total Operating Expenses	235,958	228,444	236,551	217,767	234,685	231,295	219,987	225,420	302,468	215,783	226,169	215,524
Gain (Loss) From Operations	(55,846)	(56,843)	(55,851)	(52,937)	(54,330)	(58,352)	(53,374)	(48,936)	(106,866)	(37,505)	(52,819)	(52,813)
Med. Edu. and Tert. Care Fund	1,470	1,470	1,470	1,470	1,470	1,470	1,470	1,470	78,180	7,830	6,976	7,830
Interest Income - Non-Operating	332	165	205	307	451	283	39	115	1,654	137	126	97
Unrealized Gains and Losses	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(371)	(1)	(1)	(1)
Other Non-Operating	821	864	141	13	71	258	480	436	(2,461)	327	162	89
Dade County Unrestricted Funds	21,961	21,961	21,961	21,961	21,961	21,961	21,961	21,961	19,807	19,807	19,807	19,807
Unrestricted Health Care Surtax	32,368	32,368	32,368	33,427	32,368	31,895	32,368	27,368	89,503	27,700	27,622	29,261
TOTAL Non-Operating Gain Net	56,951	56,827	56,144	57,178	56,319	55,866	56,316	51,349	186,312	55,802	54,692	57,084
Revenue & Gain in Excess of Exp. & Loss	1,105	(16)	293	4,241	1,989	(2,486)	2,942	2,413	79,447	18,297	1,874	4,272
Capital Contributions – Grants and Other	0	0	0	0	(400)	0	0	0	(5,701)	0	0	(19)
JM Contributions	0	0	0	900	0	72	(8)	8	468	0	4,366	0
Miami Dade Cty. GOB	2,150	2,597	1,064	0	2,553	0	4,188	0	2,631	4,162	2,544	700
Revenue & Gain after Extraordinary Loss	3,255	2,581	1,356	5,141	4,142	(2,414)	7,123	2,421	76,844	22,459	8,784	4,953



Public Health Trust of Miami-Dade County Consolidated
Combining Statement of Revenue & Expenses by Hospital
Month of May 2023
 (Amount in Thousands)

	Jackson Memorial	Jackson South	Jackson North	Jackson West	Other Facilities	Total	Prior Year Actual
<u>Operating Revenue</u>							
Inpatient Revenue	230,551	52,921	52,617	17,998	52,014	406,101	394,849
Outpatient Revenue	101,193	28,036	30,135	19,359	18,989	197,712	171,184
Gross Patient Service Revenue	331,744	80,957	82,752	37,357	71,002	603,812	566,033
Deductions from Revenue	253,503	63,952	66,675	29,199	54,819	468,148	435,317
Net Patient Service Revenue	78,241	17,005	16,077	8,158	16,183	135,664	130,716
Grants Revenue	63	0	0	0	2,650	2,713	2,525
Other Operating Revenue	17,009	3,506	3,026	962	17,231	41,734	31,583
Total Operating Revenue	95,313	20,511	19,103	9,120	36,064	180,112	164,824
<u>Operating Expenses</u>							
Salaries & Related Costs	48,840	12,637	11,961	5,609	60,027	139,074	131,793
Contractual & Purchased Services	18,140	2,383	3,360	1,567	19,453	44,903	39,603
Supplies	26,031	4,320	2,918	2,058	3,562	38,889	36,566
Other Operating Expenses	0	250	253	84	1,424	2,011	1,832
Depreciation	3,141	1,075	767	1,133	3,971	10,088	10,677
Interest	1	0	0	0	992	993	1,106
Total Operating Expenses	96,153	20,666	19,259	10,451	89,429	235,958	221,577
Excess of operating revenue over (under) operating expenses	(840)	(155)	(156)	(1,331)	(53,365)	(55,846)	(56,753)
<u>Other Revenues (Expenses)</u>							
Investment Income	0	0	0	0	332	332	63
Unrestricted Health Care Surtax	0	0	0	0	32,368	32,368	31,447
Miami Dade County Unrestricted Funds	0	0	0	0	21,961	21,961	19,807
Other Income	(1)	43	0	0	2,249	2,291	8,085
Revenue & Gain in Excess of Exp. & Loss	(842)	(112)	(156)	(1,331)	3,545	1,105	2,649
Capital Contributions - Grants & Other	0	0	0	0	0	0	0
JMH Foundation	0	0	0	0	0	0	0
Miami Dade County GOB Contributions	0	0	0	0	2,150	2,150	0
Excess of revenues over (under) expenses	(842)	(112)	(156)	(1,331)	5,695	3,255	2,649



TO: Carmen M. Sabater, Chairwoman
and Members, Fiscal Committee

FROM: Rosa Costanzo
Senior Vice President, Strategic Sourcing, Supply Chain Management
and Chief Procurement Officer

DATE: June 28, 2023

RE: Purchasing Report

Recommendation

The following recommendations are made in accordance with the Trust’s Procurement Regulation.

These items fully support our business operations and help the organization in its efforts to provide an excellent world class patient experience.

Scope

This report includes competitively solicited contract awards over \$3,000,000, waivers of formal competition over \$250,000 and other categories for Board approval as prescribed by the Procurement Regulation.

Fiscal Impact/Funding Source

The items included are part of the Trust’s budget.

Track Record/Monitor

The Procurement Management Department along with the user departments and leadership support will track and monitor the responsibilities and obligations set forth in the contracts.

Background

The entire report has been vetted and assembled by the Procurement Management Department with the direct participation of the Director and staff, all subject to review by the Chief Procurement Officer, consultation with the Executive Staff and the President, and reviewed for legal sufficiency by the County Attorney’s Office. Request is made for approval of the Purchasing Report, consisting of the following:

<u>Vendor</u>	<u>Amount</u>		<u>Chargeable</u>
1. QuVa Pharma, Inc.:	\$3,640,000	For Three Years	Yes
2. CuraScript SD Specialty Distribution:	\$2,090,000	For One Year	Yes
3. Eurofins Viracor, LLC:	\$2,751,081	For Three Years	Yes
4. Comprehensive Care Services, Inc.:	\$24,126,570	For Three Years	Yes
5. All-Med Express, Inc.:	\$933,517	For One Year	No
6. Balt USA:	\$638,743	For 29 Months	Yes
7. Quick’rCare, Inc.:	\$320,000	For One Year	No
8. Howmedica Osteonics Corp. d/b/a Stryker Spine:	\$1,995,855	For One Year	Yes
9. Limousine of South Florida, Inc.:	\$327,624	For Two Years	No
10. MicroVenton, Inc.:	\$397,387	For One Year	Yes
11. North Dade SNF Operating Co., LLC:	\$5,000,000	For Two Years	No

Procurement completed an orderly administrative process with each item to bring the best value (cost, quality and outcome) with each project.

RESOLUTION NO. PHT 06/2023 -

RESOLUTION AUTHORIZING AND APPROVING AWARD OF BIDS AND PROPOSALS, WAIVER OF BIDS, AND OTHER PURCHASING ACTIONS FOR JUNE, 2023, IN ACCORDANCE WITH THE PUBLIC HEALTH TRUST'S PROCUREMENT POLICY, RESOLUTION NO. PHT 08/2020-041

Rosa Costanzo, Senior Vice President Strategic Sourcing, Supply Chain Management and Chief Procurement Officer, Jackson Health System

WHEREAS, bids and proposals were solicited, received and reviewed by staff; and

WHEREAS, the Purchasing and Facilities Subcommittee met June 28, 2023 and reviewed staff's recommendations as submitted under the PHT's Procurement Policy, Resolution No. PHT 08/2020-041; and

WHEREAS, the Purchasing and Facilities Subcommittee forwarded the Purchasing Report to the Fiscal Committee with a recommendation for approval for each item under the report, which is attached hereto and hereby incorporated by reference; and

WHEREAS, upon his written recommendation, the Chief Executive Officer (CEO) recommends that the Public Health Trust Board of Trustees (Board of Trustees) waive competitive bidding for items under the heading of "Bid Waiver" and "Waiver of Full and Competitive Bidding" in the respective Purchasing Report, finding such action to be in the best interests of the Public Health Trust; and

WHEREAS, the CEO and Fiscal Committee recommend various other purchasing actions, as indicated in the attached Purchasing Report.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY, FLORIDA, that this Board hereby authorizes and approves the award of bids and proposals and all the purchasing actions as set forth in the attached Purchasing Report, under the Public Health Trust's Procurement Policy, Resolution No. PHT 08/2020-041; and finds it in the best interest of the Public Health Trust to waive competitive bidding for those items listed under the heading "Bid Waiver" and "Waiver of Full and competitive Bidding" in the respective report; and to take such action as is necessary and authorized to implement these awards and actions.

PURCHASING REPORT

June 28, 2023

TO: FISCAL COMMITTEE

FROM: PROCUREMENT MANAGEMENT DEPARTMENT

The following recommendations are made in accordance with the Trust's "Procurement Policy" and its implementing "Procurement Regulation." This report includes competitively solicited contract awards over \$3,000,000, waivers of formal competition over \$250,000 and other categories for Board approval as prescribed by the Procurement Regulation. The entire report has been screened and assembled by the Procurement Management Department with the direct participation of the Directors and staff, all subject to review by the Chief Procurement Officer, consultation with the Executive Staff and the Chief Executive Officer, and reviewed for legal sufficiency by the County Attorney's Office.

SECTION I. AWARDS UNDER INVITATIONS TO BID (ITB's)

This section consists of awards under competitively solicited Invitations to Bid (ITB's) over \$3,000,000.

No items to report.

SECTION II. AWARDS UNDER REQUESTS FOR PROPOSALS (RFP's)

This section consists of awards under competitively solicited Requests for Proposals (RFP's) over \$3,000,000.

No items to report.

SECTION III. AWARDS UNDER THE COMPETITIVELY SOLICITED CONTRACTS OF OTHER PUBLIC PROCUREMENT ENTITIES

This section consists of awards over \$3,000,000 under competitively solicited ("ITB," "RFP" or equivalent) contracts of other public and nonprofit entities.

No items to report.

SECTION IV. AWARDS UNDER GROUP PURCHASING ORGANIZATION ("GPO") CONTRACTS

This section consists of awards over \$3,000,000 under Group Purchasing Organization ("GPO") contracts. GPOs are organizations that aggregate the purchasing volume of their members consisting of hospitals and other health care providers to leverage discounts with manufacturers, distributors and other vendors to realize administrative savings and efficiencies. The Trust's GPO is Vizient.

1. (2344939, 2324814, 2347765, 2359541-LK) Pharmacy Services, Jackson Health System, is requesting approval to continue accessing Quva Pharma, Inc.'s Vizient (GPO) Agreement for a period of three (3) years for the provision of outsourced medication repackaging services (ongoing purchase).

QuVa Pharma, Inc.:

Previously Approved Funding:	\$3,498,700
This Request for Funding:	\$3,640,000 (For three years)
Total Approved Funding:	\$7,138,700

Background

QuVa is an FDA 503b registered outsourcing facility and a Vizient (GPO) contracted service provider. The Trust currently contracts with four registered 503b outsourcing facilities (QuVa, CAPS, Nephron, and SterRx). These facilities repackage medications into unit-of-use products with a defined and tested shelf life. Outsourcing Facilities provide medications in a ready-to-use formulation. Furthermore, these facilities provide much longer beyond-use dating than Pharmacy Services can in preparing the same product in its IV Room. Jackson Pharmacy Services has had to consistently depend on these outsourcing facilities to provide products during product shortages; and in the case of certain high production products, these vendors have become a necessity in maintaining critical medication supply for the Trust's use.

Because of national shortages with pain medications and other critical medications, Jackson Health System depends on these vendors for supply in order not to have to cancel surgeries or leave patients without the medications they need. JHS' primary drug distributor, Cardinal Health, is unable to supply or determine when the shortages for the drugs, urgently needed by the Trust, will end. The initial dollars of \$3,171,700 was approved by PHT Resolution No. PHT 03/2021-010 on March 24, 2021 and the amount of \$327,000 was subsequently approved under the delegated authority of the Chief Procurement Officer for a total of \$3,498,700.

During shortages of products from drug manufacturers, and because of the critical nature of the shortages, these licensed and registered 503b compounding pharmacies are providing significant relief. Additionally, compounding pharmacies provide valuable relief to the sterile compounding with increased dating, freeing up time and space in the JHS pharmacies sterile processing areas. This allows Pharmacy to prioritize what is being produced on site, thus minimizing waste. If this were not the case, the options for Pharmacy in a shortage, high volume production and beyond-use dating of products, would be limited. Alternate therapies and/or restricting usage is often the only option. In some cases, compounding pharmacies can make doses from larger or higher concentrated products, reducing waste. Without the expertise of the compounding pharmacies, similar doses produced in-house would not have as long a shelf life, which would further exacerbate shortages.

This option of utilizing the compounding pharmacies will be exercised by JHS when the primary drug distributor, Cardinal Health, cannot supply drugs in a shortage situation or when the manufacturers' products have to be repackaged for clinical use on a large scale. The Food and Drug Administration's (FDA) registration of Outsourced Compounding Facilities (503b) and their inspection has increased compliance in the marketplace. This also gives JHS Pharmacy Services the ability to rate the level of compliance. The price for these products is considered to be fair and reasonable, because, based on cost, when a product is available, the time and labor to repackage, as well as the packaging (e.g. syringe or IV bag) are taken into consideration. In some cases, as with IV bag shortages, the packaging is the rationale for purchasing a finished product to relieve supply pressure on the IV bag. In the quest to secure the best pricing, information such as volume needs and timing is shared with the vendor, and supply costs as well as labor are also considered in pricing. In researching the market for this service, similar 503b Registered Outsourcing Facilities were compared based on FDA inspection reports, and only the highest-rated facilities were considered by Pharmacy Services. Among these vendors was SCA Pharma, who like QuVa had a Vizient agreement in place. However, QuVa's Vizient pricing was found to be the more competitive. Each product is carefully considered based on presentation, on availability, Beyond Use-Dating, FDA inspection and price.

The Trust previously worked with a total of five 503b outsourcing facilities in 2022, but it was confirmed that Athenex, one of the five, voluntarily filed for bankruptcy as of November 2022 and announced they have reached an agreement with their lenders to move forward with the expedited sale of their assets as of May 14, 2023. This has caused greater demand from the four remaining 503b outsourcing facilities providing service to the Trust. This request in the amount of \$3,640,000 will cover purchases from QuVa for the three (3) year term, accessing vendor's Vizient (GPO) Agreement. This funding request will be allocated by location as follows:

Jackson Memorial Hospital	\$2,250,000
Jackson West Medical Center	\$ 300,000
Jackson North Medical Center	\$ 340,000
Jackson South Medical Center	\$ 750,000

In explaining the benefit, to the Trust, of this procurement, Pharmacy Services has offered that the Diagnosis-Related Group (DRG) payment covers all charges associated with the inpatient stay, from the time of admission to discharge and includes drugs distributed to the patient and is part of generating revenue for the Trust. Because payments based on DRGs are a flat fee, the utilization of drugs for the diagnosis of patients has a significant impact on the Trust's bottom line. The most transparent and positive impact is the Beyond use Dating and operations around large quantity production of the needed drugs.

Recommendation

JHS Pharmacy Department, in collaboration with Procurement Management, has determined that it would be in the best interest of the Trust to continue accessing vendor's Vizient (GPO) No Bid Agreement RX2320, via the current QuVa/Trust Bid Waiver LOC, to secure drugs as needed from QuVa Pharma, Inc.

In providing an evaluation of the vendor’s performance during the previous fiscal year, JHS Pharmacy Services has reported the following:

- The average turnaround time of goods/services delivery meets standard
- The deliverables for meeting contract requirements meet the standard
- Competencies of contracted staff meet standard.
- Responsiveness to safety issues and safety standards meets standard.

In accordance with the JHS Contractor Due Diligence review, QuVa Pharma, Inc. has provided a Sworn/Notarized Statement to the Trust’s Procurement Management Department confirming that: (1) no Lawsuits have been filed against the Company within the five (5) years prior to submittal of a bid or proposal to the Trust; (2) the Company has not defaulted in the five (5) years prior to bid or proposal submittal to the Trust; and, (3) the Company has not been debarred nor has the Firm received a formal notice of non-compliance or non-performance in the five (5) years prior to proposal submittal to the Trust.

Jackson’s Small Business Program reviewed this procurement for SBE participation. QuVa Pharma, Inc. is a compounding pharmacy supplying Jackson with pharmaceutical drugs. These drugs are transported via UPS from its distribution centers to Jackson. The opportunity to include an SBE partner is not available for this engagement. QuVa Pharma, Inc. is aware of Jackson’s SBE program and the expectation of vendor partners to advance that commitment.

A Bid Waiver Justification has been provided and signed by Oscar Bentancourt, JMH COO; and, Conflict of Interest Declarations have been signed by Keith Fricker, Associate Director of Pharmacy, JHS; Karen Pasternac, Director of Pharmacy Administration, JHS; Peter Jenkins, QuVa Chief Development Officer; with no reported disclosures (**V. Goodnow**).

SECTION V. AWARDS UNDER A WAIVER OF FORMAL COMPETITION

This section consists of awards over \$250,000 without the formal solicitation of competitive bids or proposals. All award recommendations in this section have the approval of the President, are based on a finding that the waiver of competitive bidding is in the best interests of the Public Health Trust, and require a two-thirds affirmative vote of the Trustees present for approval.

A. Sole Source

Staff requests a waiver of formal competition for the contract items listed in this category because only one supplier exists for the required product/service.

2. **(1723357, 1971431, 1682629, 2276884, 2276779, 2376869-LK)** Pharmacy Services, Jackson Health System, is requesting approval of a contract award to CuraScript SD Specialty Distribution (“CuraScript”), for the continued purchase, by Jackson Health System, of specialty drug products (ongoing purchase).

CuraScript SD Specialty Distribution:

Previously Approved Funding:	\$205,000
This Request for Funding:	\$2,090,000 (For one year)
Total Approved Funding:	\$2,295,000

Background

CuraScript is one of the largest specialty pharmaceutical dispensing and distribution companies in the United States and is a provider of comprehensive distribution solutions that offer complete transparency throughout the fulfillment process for a myriad of clinical settings. CuraScript Specialty Distribution provides highly specialized products, providing more access and options to patients. Some of the exclusive products treat patients with very rare and complicated conditions. The exclusive portfolio includes medications that treat a variety of diseases across many specialties. Some of the diseases that this vendor’s exclusive products are used to treat include Inherited Retinal Disease, Spinal Muscular Atrophy, Pulmonary Arterial Hypertension, Multiple Sclerosis, Gaucher Disease, Cushing Disease, Cutaneous T-Cell Lymphoma, Systemic Juvenile Idiopathic Arthritis, Acromegaly, Primary Biliary Cholangitis, Multidrug-resistant (MDR) HIV, and N-acetylglutamate synthase (NAGS) Deficiency (abnormally high levels of ammonia accumulate in the blood).

CuraScript SD has been a Limited Distribution Drug (“LDD”) wholesaler catering to drugs for very small populations of patients. These LDDs are essential for the treatment of high acuity diseases. The therapies are very disease specific. LDDs are typically high in cost, require special packaging and handling and require care management with patients beyond what a typical pharmacy would provide. As a result, manufacturers do not open these drugs to the standard distribution channel but have exclusive arrangements with providers who are equipped with best-in-class inventory management tools, practices, and systems.

CuraScript’s range of drug products also includes, but is not limited to, Sublocade, for the treatment of moderate to severe opioid-use disorder in patients who have initiated treatment. There is also a great demand for this drug in the Jackson Behavioral Health community in dire need of treating narcotic abuse. This is a great service for our community as it helps opioid addicted patients potentially stay out of the hospital. Approval was received under CPO Delegated Authority in May 2023 for \$205,000 to procure this drug to fulfill the patient need.

CuraScript had expanded into the Secondary Wholesale market during the COVID spikes and was able to supply critical medications, that were in acute shortage, to the Trust. If the service were not available, the Trust would not be able to provide certain therapies for small populations of patients, because the cost of alternative therapies would be very high. The LDD products are typically very focused on a specific disease state.

This funding request will be allocated as follows:

Jackson Memorial Hospital	\$800,000
Jackson Specialty Pharmacy	\$900,000
Jackson North Medical Center	\$300,000
Jackson West Medical Center	\$30,000
Jackson South Medical Center	\$60,000

In providing a statement in line with the Trust’s Environmentally Responsible initiatives, CuraScript SD has offered that it manages and operates its business in a manner that respects the environment and conserves natural resources. The company implements sustainable principles and promotes environmental responsibility, to provide healthy alternatives to reduce unnecessary waste. The vendor also explained that it operates and manages business in environmentally conscious manner and one which also conserves natural resources. The company implements sustainable principles and promotes environmental responsibility to provide sensible solutions to reduce unnecessary waste. The vendor provides sustainable shipping materials to its customers, reduce paper waste and utilize recyclable materials within its services and every-day practices in doing business in order to demonstrate its dedication to eco-friendly practices. Its extensive sustainability efforts include shipping practices that involves the use of recyclable Expanded Polystyrene (EPS) Coolers. In addition to other practices, in displaying environmentally sustainable responsibility, the vendor uses post-consumer recycled corrugated cardboard packaging, which material may be recycled with paper products. They reduce the number of shipments by combining orders; and reuse coolers for lunches, picnics, or donate them to local charities or food pantries.

Recommendation

Pharmacy Services has determined that it is in the Trust’s best interest to designate CuraScript’s specialty drug products a sole source, since they are the only distribution channel for specific LDDs at the present time. Pharmacy Services will continue discussions with the primary distributor, Cardinal Specialty Distribution, to confirm if any of the specialty drugs becomes available through this distributor.

This procurement has been thoroughly reviewed for potential SBE participation. The specialty pharmaceutical distribution services provided under this agreement will be performed by CuraScript employees. The opportunity to include an SBE partner is not available for this service activity. CuraScript is aware of Jackson’s SBE program and the expectation of vendor partners to advance that commitment.

In accordance with JHS’ Contractor Due Diligence review, CuraScript SD has provided a Sworn/Notarized Statement to the Trust’s Procurement Management Department that: (1) no Lawsuits have been filed against the Company within the five (5) years prior to submittal of a bid or proposal to the Trust; (2) the Company has not defaulted in the five (5) years prior to bid or proposal submittal to the Trust; and, (3) the Company has not been debarred nor has the Firm received a formal notice of non-compliance or non-performance in the five (5) years prior to proposal submittal to the Trust.

Solid Organ Transplant Testing and Bone Marrow Testing are two of Eurofins’ most reliable services. These tests provide optimal opportunities for JHS’ clinicians to successfully intervene and plan for treatment to prevent, for example, a transplant rejection. Not only are vendor’s assays extremely sensitive with rapid turnaround time, but they can identify pathogens using many different types of clinical specimens such as plasma, urine, cerebrospinal fluid, lung tissue, bone marrow aspirate, throat specimens and fecal specimens, among other fluids and tissues. JHS pediatric and transplant physicians have developed protocols that call for these tests on a regular basis for all patients. The physicians are pleased with the accuracy, reliability and turnaround time of the tests results.

In providing a statement in line with the Trust’s environmentally responsible initiatives, Eurofins has offered that its commitment to sustainability starts within the Eurofins companies, through a shared responsibility for the wellbeing of people and the planet in everything they do. With climate change an imminent threat, Eurofins and its many companies recognize their duty to proactively reduce or compensate for the environmental impact that essential operations have on the planet, as well as to help clients do the same. This is how Eurofins serves as an Environment, Social, and Governance (ESG) Enabler.

Recommendation

In light of the forgoing, Jackson Main’s Lab has determined that it would be in the Trust’s best interest to award the contract to Eurofins Viracor, LLC for a period of three (3) years for the provision of its clinical laboratory testing services.

The contract was approved by Risk Management, as to insurance and liability, and by the County Attorney’s Office for legal sufficiency.

The contract can be terminated for convenience with a thirty (30) calendar day-notice and includes the UAP and OIG fees. These fees are provided as deductions on the invoices.

This procurement has been thoroughly reviewed for potential SBE participation. The laboratory testing services provided under this agreement will be performed by Eurofins Viracor employees. The vendor does not subcontract any of its services. The opportunity to include an SBE partner is not available for this service activity. Eurofins Viracor is aware of Jackson’s SBE program and the expectation of vendor partners to advance that commitment.

In accordance with JHS’ Contractor Due Diligence review, Eurofins Viracor, LLC provided a Sworn/Notarized Statement to the Trust’s Procurement Management Department that: (1) no Lawsuits have been filed against the Company within the five (5) years prior to submittal of a bid or proposal to the Trust; (2) the Company has not defaulted in the five (5) years prior to bid or proposal submittal to the Trust; and, (3) the Company has not been debarred nor has the Firm received a formal notice of non-compliance or non-performance in the five (5) years prior to proposal submittal to the Trust.

A Bid Waiver Justification has been provided and Conflict of Interest Declarations have been signed by Sallie-Anne Wright, Director, Jackson Memorial Hospital; Vanessa Williams Voltaire, Administrative Assistance, Jackson Memorial Hospital; and Robert Van Dyne, Account Executive; Eurofins Viracor, LLC, with no reported disclosures **(H. Clark)**.

4. (2277194-JM) The Anesthesia, Perioperative Services Departments, request a new contract with Comprehensive Care Services of Florida, Inc. (CCS) for the continued provision of Extracorporeal Perfusion and related services and products for a period of three (3) years with two (2) one-year options to renew (ongoing purchase).

Comprehensive Care Services, Inc.:

This Request for Funding:	\$24,126,570 (For three years)
Total Approved Funding:	\$24,126,570

Background

CCS will continue to provide the Trust with Extracorporeal, Perfusion and related services, such as Cardiovascular products, ECMO (extracorporeal membrane oxygenation) and LVAD (left ventricular assist device) assistance.

CCS provides comprehensive Extracorporeal life support/Extracorporeal membrane oxygenation (ECLS/ECMO) services, including staff support with highly trained Perfusionists and certified ECLS/ECMO specialists. Additionally, CCS assists JHS in the design, implementation, and management of local ECLS/ECMO programs, including services for neonatal, pediatric, and/or adult ECLS/ECMO patients.

Extracorporeal life support (ECLS), also known as Extracorporeal Membrane Oxygenation (ECMO), provides extended cardiac and respiratory support to persons whose heart and lungs cannot adequately function to sustain life. ECLS/ECMO is used to support patients facing life-threatening situations, such as heart or lung failure due to illness, after cardiac surgery, or as a bridge for patients awaiting a lung transplant or heart assist device.

In explaining the benefits, to the Trust, of this procurement, Perioperative Services has offered that CCS provides superior and reliable high-quality perfusion and auto-transfusion services in a timely manner in order to help Jackson Health System provide the best possible care for its patients. CCS delivers highly skilled board-certified or board-eligible Perfusionists, anesthesia technicians, PeriOperative Blood Management Technicians (PBMT's), and licensed RN's. CCS' program supports many cardiac and transplant surgeries, which include Jackson's Left Ventricular Assist Device (LVAD) and ECMO program. This vendor's comprehensive portfolio is a support system that cannot be achieved with another vendor. CCS provides the Trust with full support for most of its cardiac procedures, and has proven to have a great working relationship with its clinicians. This company also provides the Trust with specialist onsite every day for superior management of day-to-day operations.

CCS is able to offer to the Trust cost-efficient perfusion and intraoperative neuro-monitoring modalities with the highest quality service options at affordable rates.

Under this contract renewal, Comprehensive Care Services will continue to provide the following services, among others:

- Perfusionists services for Pediatric and Adult Cardiac Surgery
- Congenital Heart Surgery Procedures with cardiopulmonary bypass
- Auto transfusion and perfusion support
- Intraoperative dialysis in cardiac, transplant, and trauma surgery
- 24/7 on-call services

Recommendation

The Anesthesia, Perioperative Services Department has determined that it would be in the Trust's best interest to award a new contract to Comprehensive Care Services, Inc. to allow for the continuance of Extracorporeal and related services.

Through negotiations, Procurement Management locked in a monthly capitated fee of \$226,000 for the initial year of the agreement based on utilization. This represents a savings of \$788,717 compared to the prior year's expenditures. The contract allows for further negotiations and additional savings for years two and three. The capitated fee will be reassessed for years two and three of the agreement and set based on the two components below:

- Projected procedural hours for the upcoming contract year for both Pediatric and Adult ECMO cases, based on utilization; and
- Requested number of Perfusionists deemed necessary to provide coverage across all service lines for the upcoming year.

Both components will be determined by JHS leadership prior to each yearly cap reassessment, and will provide a fixed monthly expense for that period. Should there be an overage on either projected hours or number of Perfusionists during any year under the contract, the parties will review and may readjust the capitated fee. In the event of any underutilization for either component, CCS will roll over the difference onto next year's capitated hours at no additional cost.

ECRI has reported that Comprehensive Care Services, Inc. has provided a competitive offer to the Trust. Historically CCS is the only provider that can meet JHS' service needs.

In accordance with JHS' Contractor Due Diligence review, Comprehensive Care Services, Inc., has provided a Sworn/Notarized Statement to the Trust's Procurement Management Department that: (1) no Lawsuits have been filed against the Company within the five (5) years prior to submittal of a bid or proposal to the Trust; (2) the Company has not defaulted in the five (5) years prior to bid or proposal submittal to the Trust; and, (3) the Company has not been debarred nor has the Firm received a formal notice of non-compliance or non-performance in the five (5) years prior to proposal submittal to the Trust.

In providing an evaluation of the vendor’s performance during the current contract year, Perioperative Services Department has reported the following:

- The average turnaround time of services delivery meets the applicable standards required
- The competencies of contracted staff meet the standards
- The deliverables meet the applicable standards required.
- Provision of preventive maintenance on equipment and logs is considered above standard
- The ability to successfully respond to emergency situations meets the standards required
- The adherence to infection control and equipment cleaning meets the standards required
- The adherence to operating room infection control policies and procedures meets the standards required

This procurement has been thoroughly reviewed for potential SBE participation. The extracorporeal services provided under this agreement will be performed by Comprehensive Care Services employees. The vendor does not subcontract any of its services. The opportunity to include an SBE partner is not available for this service activity. Comprehensive Care Services is aware of Jackson’s SBE program and the expectation of vendor partners to advance that commitment.

This contract can be terminated for convenience with a thirty (30) day notice and includes UAP and OIG fees. The UAP and OIG fees are provided as deductions on the invoices.

Vendor took no exceptions to the Trust’s standard terms and conditions, which were approved by the County Attorney’s Office for legal sufficiency and by Risk Management as to Indemnification and Insurance.

A Bid Waiver Justification has been provided and Conflict of Interest Declarations signed by Alejandro Cid, Director Business Operations, Jackson Memorial Hospital; Sunitha Abraham, Sr. Director of Perioperative Services, Jackson Memorial Hospital; Oscar Betancourt, COO, Jackson Memorial Hospital; Hamilton Clark, SVP CEO, Jackson Memorial Hospital; Ruth Durosier, Associate Director of Perioperative Services, Jackson Memorial Hospital; and Patricia Fanelli, CCO, Comprehensive Care Services, Inc., with no reported disclosures (**D. Zambrana**).

5. **(2326429-LK)** Pharmacy Services, Jackson Health System, is requesting the approval of additional funds, to All-Med Express, Inc., (“All-Med”) for the continued purchase of Same-Day Delivery Services for the Specialty Pharmacy (ongoing purchase).

All-Med Express, Inc.:

Previously Approved Funding:	\$249,000
This Request for Funding:	\$933,517 (For one year)
Total Approved Funding:	\$1,182,517

Background

On February 3, 2023 the Trust received notice from FedEx Same Day advising of the retirement of its Same Day City Service, effective March 31, 2023. FedEx informed the Trust that the retirement was nationwide and that FedEx Same Day was no longer a financially sustainable or profitable line of business; and so, the company decided to right size.

On March 2023, the Specialty Pharmacy Department received approval for a Bid Waiver Agreement in the amount of \$249,000, awarded under the Chief Procurement Officer’s delegated authority, to All-Med Express, Inc. for Same-Day Delivery Services to the Specialty Pharmacy. The Agreement was effective March 27, 2023 and was implemented to trial the first batches of deliveries with All-Med Express, Inc. to identify any redundancy and to ensure a smooth transition from FedEx Same Day to All-Med Express. FedEx’s last day of service was Friday, March 31, 2023. All-Med Express, Inc. completed its transition on April 3, 2023. This Agreement replaces the one previously awarded to FedEx Same Day City.

All-Med Express, Inc. was founded in 1999 and provides customized, patient-driven medical courier solutions to healthcare facilities to include, among other entities, long-term care pharmacy, home infusion, home health, and specialty pharmacy markets. Leveraging expertise in healthcare logistics, medical couriers, healthcare distribution operations and technology, All-Med Express has created proven data-driven solutions with a focus on optimal patient care. Serving 11 states throughout the Southeast and East Coast, All-Med Express considers their firm to be innovators in the industry, known for cost-efficiency, patient care, safety and reliability.

The Trust had a 7-week lead time for a replacement contract and engaged several vendors to provide services. The companies were Cardinal Health/Optifreight Logistics, All-Med Express, Diligent Delivery Systems, DropOff.com, DCS, Roy's Delivery, Esquire Express, Inc., Roadie - UPS, Lab Logistics, Senpex, and Uber Health. All vendors were provided the minimum requirements to include the following:

- Contractor must be able to interface with the ScriptPro Pharmacy Solution
- Contractor must have QR code Technology
- Pick up at 4PM M-F and 3PM on Saturdays
- Delivery of 200-250 packages per day
- Delivered by 9PM each night
- Delivery from 4-9PM and 3PM to 9PM on Saturdays
- Failed deliveries must be made the following morning
- All deliveries must be handed to someone and signature secured for every delivery, every day.
- Failed deliveries must be kept in a facility at room temperature.
- The average daily delivery range is 200 to 250 packages.

All-Med Express provided the lowest price and met all the requirements above to include system integrations with Trust's ScriptPro software solution that meet the dual accreditation requirements with Utilization Review Accreditation Commission (URAC) and Agency for Healthcare Administration (AHCA), automation of real-time messages, QR code technology, reporting and electronic billing, all the explicit needs of Specialty Pharmacy operations and Saturday delivery. The fees are competitive based on current courier pricing. A value-added feature is Saturday delivery that was not part of the contract with FedEx Same Day.

FedEx Pricing for 2022 (1 Year) was \$904,285 and excluded Saturday delivery. All-Med Express, Inc.'s pricing for (1 Year) 2023-2024 is estimated at a cost not to exceed of \$1,182,517.

All-Med Express, Inc. reached out to seven (7) Small Business Enterprise (SBE) firms recommended by Procurement Management's SBE Team. These firms included Cason Strategies, LLC, Esquire Express, Inc., Global Courier Services Inc., Manatay Transportation, Inc., Mannixpediting, LLC, Miami Mini Riders Transportation, Inc., and Roy's Delivery Service, Inc. However, All-Med reported that there was no engagement at this time because some vendors were not interested and others did not respond. This was confirmed by Jackson's SBE Team.

The following metrics will be used by Pharmacy Services to measure the vendor's delivery performance. Vendor is required to report results to Pharmacy Services on a daily basis, as requested:

- Order Fulfillment Rate,
- Number of Deliveries per Day/Number of Undelivered Packages per day,
- Customer satisfaction,
- Customer signature required and Package Deliveries and Returns.

The Contract can be terminated for convenience with a sixty (60) calendar day written notice and by the Contractor for convenience upon one hundred twenty (120) calendar days' written notice and includes UAP and OIG fees. The UAP and OIG fees are provided as deductions on the invoices.

Recommendation

Pharmacy Services has determined that it is in the Trust's best interest to contract with All-Med Express, Inc. for continued same day delivery services required by the Specialty Pharmacy and continued patient care.

Jackson's Small Business Program reviewed this procurement for SBE participation. The proprietary software and pharmaceutical courier services provided under this agreement will be performed by company employees. The opportunity to include an SBE partner is not available for this service activity at this time. All-Med Express is aware of Jackson's SBE program and the expectation of vendor partners to advance that commitment.

In accordance with JHS' Contractor Due Diligence review, All-Med Express, Inc. has provided a Sworn/Notarized Statement to the Trust's Procurement Management Department that: (1) no Lawsuits have been filed against the Company within the five (5) years prior to submittal of a bid or proposal to the Trust; (2) the Company has not defaulted in the five (5) years prior to bid or proposal submittal to the Trust; and, (3) the Company has not been debarred nor has the Firm received a formal notice of non-compliance or non-performance in the five (5) years prior to proposal submittal to the Trust.

A Bid Waiver Justification has been provided and Conflict of Interest Declarations signed by Steven Nemeroff, Specialty Pharmacy Director, JHS; Yulette Bristol, Assistant Director Pharmacy Strategy and Business Development, JHS; and Ilisa Griffin, All-Med Express, Inc. Chief Financial Officer, with no reported disclosures (**V. Goodnow**).

SECTION VI. OPTIONS-TO-RENEW AND CONTRACT MODIFICATIONS FOR CONTRACTS THAT WERE COMPETITIVELY SOLICITED

This section refers to existing contracts that were competitively bid ("ITB" or "RFP") at their origin and consists of either (a) the exercise of established options to renew or (b) the execution of contract modifications for which the Procurement Policy requires prior Board approval.

No items to report.

SECTION VII. OPTIONS-TO-RENEW AND CONTRACT MODIFICATIONS FOR CONTRACTS THAT WERE AWARDED UNDER A WAIVER OF FORMAL COMPETITION

This section refers to existing contracts that were not competitively bid at their origin and consists of either (a) the exercise of established options-to renew or (b) the execution of contract modifications for which the Procurement Policy requires prior Board approval. All contracts in this section are renewals not previously authorized by the Board have the written approval of the President, are based on a finding that the waiver of full and competitive bidding is in the best interest of the Public Health Trust, and require a two-thirds affirmative vote of the Trustees present for approval.

6. (2188170-JR) The Interventional Radiology Department, Jackson Memorial Hospital, requests approval to modify the Agreement with Balt USA, to incorporate the Optima Coil System and related supplies (ongoing purchase).

Balt USA:

Previously approved funding: \$520,950
(For three years)

**This Request for Funding: \$638,743
(For twenty-nine months)**

Total approved funding: \$1,159,693

Background

The Interventional Radiology Department is requesting approval to modify the existing agreement with Balt USA to incorporate and increase utilization of the Optima Coils, previously contracted under a separate agreement. The Balt Optima Coil System is indicated for arterial and venous embolization's in the peripheral vasculature (portion of the circulatory system that consists of the veins and arteries in the arms, hands, legs, feet), and for the endovascular embolization of intracranial aneurysms and other neurovascular abnormalities.

The current agreement for Prestige Plus Coils was approved by the PHT Board per Resolution 10/2022-049 and executed November 1, 2022 for three years with two options to renew (OTRs) of one year each. As the separate bid waiver agreement for Optima Coils was expiring, the Procurement Management Department entered into negotiations and determined it was in the best interest of the Trust to combine both agreements for this product category, eliminating the need for two separate agreements. **As a result of recent negotiations, vendor will provide, beginning July 1, 2023, a quarterly rebate of \$2,900 on every \$58,000 spent for each remaining quarter, or \$23,200 in rebate over the remainder of the Contract term.**

In providing a statement on the benefit, to the Trust, the Interventional Radiology Department has offered that the advantages rest with the following key differentiators of this system:

- Reliable and instant detachment - less than 1 second
- Complete offering with a full range of complex and helical coils to provide options in various clinical scenarios
- Pusher design with spiral cut hypotube and progressive softer body coil ensuring smooth push ability
- Visible distal pusher
- Size offering with OptiMax

In providing a statement in line with the Trust's Environmentally Sustainable initiatives, Balt USA has offered that it integrates sustainable consumption and production patterns to maintain efficient use of natural resources and substantially reduce waste.

Balt's commitment to protecting the planet include:

- Measuring and reducing annual environmental footprint
- Assessing the complete lifecycle of its products
- Ensuring responsible recycling or disposal of waste materials

Recommendation

In light of the forgoing, the Interventional Radiology Department has determined that it would be in the Trust's best interest to modify the contract with Balt USA for the incorporation of its Optima Coil system.

In providing an evaluation of the vendor's performance during the current contract, the Interventional Radiology Department has reported the following:

1. Average turnaround time of goods/services delivery meets standard.
2. Deliverable meet contract requirements meets standard.
3. Responsive to safety issues and standards meets standard.

The underlying Contract can be terminated for convenience with a thirty (30) calendar day-notice and includes UAP and OIG fees. The UAP and OIG fees are taken as deductions on the invoices.

This procurement has been reviewed for SBE participation. The implants products purchased under this agreement are provided from the original equipment manufacturer, Balt USA, LLC. The products are shipped directly to Jackson and the vendor does not subcontract services related to this purchase. The opportunity to include an SBE partner is not available for this product purchase. Balt USA, LLC is aware of Jackson's SBE program and the expectation of vendor partners to advance that commitment.

In accordance with JHS' Contractor Due Diligence review, Balt USA provided a Sworn/Notarized Statement to the Trust's Procurement Management Department that: (1) no Lawsuits have been filed against the Company within the five (5) years prior to submittal of a bid or proposal to the Trust; (2) the Company has not defaulted in the five (5) years prior to bid or proposal submittal to the Trust; and, (3) the Company has not been debarred nor has the Firm received a formal notice of non-compliance or non-performance in the five (5) years prior to proposal submittal to the Trust.

A Bid Waiver Justification has been provided and Conflict of Interest Declarations have been signed by Alexis Mustelie, Director Interventional Radiology, Jackson Memorial Hospital; Jeff Kenney, Regional Sales Specialist, Balt USA, and Kyle Obradovich, Territory Manager, Balt USA, with no reported disclosures (**L. Marin, D. Zambrana**).

7. **(2346255-LG)** The Jackson Health System ("JHS") Communications and Outreach Department is requesting approval to exercise the first option to renew ("OTR") of the Agreement with Quick'rCare, Inc. ("Quick'rCare") for the continued provision of web-based marketing services (ongoing purchase).

Quick'rCare, Inc.:

Previously approved funding:	\$ 320,000 (For one year)
This Request for Funding:	\$ 320,000 (For one year)
Total approved funding:	\$ 640,000

Background

The Communications and Outreach Department requests the continued use of Quick'rCare's web-based marketing services, which include directory listings on Quick'rCare's website and digital "front doors" on Jackson Health Systems' websites. A Digital Front Door is a strategy that takes a modern approach to healthcare's interactions that were traditionally in person or manual, offering a more integrated, digital, frictionless experience. Under the Agreement, Quick'rCare facilitates the creation of these digital "front doors" on Jackson Health System's Google listings and websites for Jackson Health System Emergency Departments ("EDs") and Urgent Care Centers ("UCCs") to help complement all JHS' care offerings and make them revenue multipliers.

On April 28, 2022, the Trust and Quick'rCare entered into a Professional Services Agreement in the amount of \$320,000 (pursuant to PHT 04/2022-021) for 1 year, with 2 options to renew (OTRs) of 1 year each, for Quick'rCare's services pertaining to directory listings on Quick'rCare's website and digital "front doors" on Jackson Health Systems' websites. Subsequently, the Trust and Quick'rCare modified the underlying Agreement (pursuant to CPO delegated authority) to extend the term for 90 days, from April 28, 2023 through July 27, 2023, with no additional funds added ("Modification No. 1").

The Agreement is a performance-based contract, in which Quick'rCare is paid based upon actual patients received through their system. More specifically, every 90-days, a Quick'rCare patient Lead List of converted users to the Trust locations is provided to the corresponding Trust account holder. The explanation of the list of fees is as follows:

- If Quick'rCare sends less than 700 Actual Patients to Trust Urgent Care facilities, the Trust is billed \$0.
- If Quick'rCare sends between 701 and 1400 Actual Patients to Trust Urgent Care facilities, the Trust is billed \$7,500.
- If Quick'rCare sends more than 1401 Actual Patients to Trust Urgent Care facilities, the Trust is billed \$15,000.
- If Quick'rCare sends less than 450 Actual Patients to Trust Emergency Rooms, the Trust is billed \$0.
- If Quick'rCare sends between 451 and 750 Actual Patients to Trust Emergency Rooms, the Trust is billed \$30,000.
- If Quick'rCare sends more than 751 Actual Patients to Trust Emergency Rooms, the Trust is billed \$65,000.

Recommendation

The Communications and Outreach Department has determined that it would be in the best interest of the Trust to renew the contract with Quick'rCare to continue to market JHS' UCCs and EDs.

In providing a statement on the benefits, to the Trust, of this procurement, the Communications and Outreach Department expressed that a huge share of Jackson's admissions originate in its hospital emergency departments. Volume growth in that area is expected to directly produce inpatient growth, and a preliminary analysis suggests the costs associated with this contract will be substantially lower than the contribution margin associated with the marginal volume.

This procurement has been thoroughly reviewed for potential SBE participation. The marketing services provided under this agreement will be performed by Quick'rCare, Inc. employees. The vendor does not subcontract any of its services. The opportunity to include an SBE partner is not available for this service activity. Quick'rCare, Inc. is aware of Jackson's SBE program and the expectation of vendor partners to advance that commitment.

The underlying agreement can be terminated by the Trust for convenience upon thirty (30) calendar days' notice and includes the OIG and UAP fees. The OIG and UAP fees are provided as deductions on the invoices.

A Bid Waiver Justification has been provided and Conflict of Interest Declarations have been signed by Matthew I. Pinzur, Senior Vice President and Chief Marketing Officer of Jackson Health System, and Alexander Guastella, Chief Financial Officer of Quick'rCare, with no reported disclosures (**M. Pinzur**).

8. (2305314, 2288320, 2284421-JM) The Perioperative Services Departments at Jackson Memorial Hospital, Jackson South Medical Center and Jackson North Medical Center request approval to exercise option to renew (OTR) the contract with Howmedica Osteonics Corp., acting through its Spine Division and d/b/a Stryker Spine, for the continued purchase of medical and surgical spine devices (ongoing purchase).

Howmedica Osteonics Corp., d/b/a Stryker Spine:

Previously Approved Funding:	\$2,765,667
This Request for Funding:	\$1,995,855 (For one year)
Total Approved Funding:	\$4,761,522

Background

In January 2020, a non-competitive contract was awarded to Howmedica Osteonics Corp., d/b/a Stryker Spine, in the amount of \$2,266,703.43, for an initial three-year term, approved by Resolution 12/2019-068, for the provision of vendor's medical and surgical spine devices and biological products and related consumables used for Spine surgery procedures. The Contract included 1 OTR of one year. In January 2023, in the amount of \$498,963.70, Modification No. 1 was executed, under CPO delegated authority, extending the initial contract term four additional months to facilitate negotiations with vendor for exercise of the OTR. This request, under modification No. 2, in the amount of \$1,995,855 will exercise the renewal option through April 30, 2024.

The Stryker Spine surgical devices and instruments help patients with spinal disorders reduce their pain or improve their mobility. Stryker Spine is a comprehensive portfolio for orthopedic surgeons and neurosurgeons specializing in spine surgery. The Stryker spine care solutions span a spectrum of spinal disorders ranging from scoliosis to degenerative disease, lumbar, cervical and vertebral compression fractures to complex and aging conditions. Stryker offers one of the largest and most diverse product portfolios that address, for example, disorders/injuries of the thoracolumbar, cervical disorders, aging spine disorders, interbody fusion in traditional spine and minimally invasive spine surgery.

The Stryker spine line of products are preferred by the NeuroSpine surgeons. In addition to providing an array of synthetic bone grafting substitutes, the vendor has collaborated with the nation's industry-leading tissue banks to bring a comprehensive biologics portfolio consisting of traditional and proprietary spinal allograft, a variety of demineralized bone matrix products, and a viable bone matrix. As a result, the company is able to deliver solutions for the open, less invasive, or minimally invasive surgical treatment of a variety of spinal pathologies.

In providing a statement regarding the benefit of this procurement to the Trust, the Perioperative Services Department advised that Stryker provides a wide array of spinal implants, including rods, screws, plates, and interbody fusion devices. These implants are used in procedures such as spinal fusion, which aims to stabilize and fuse vertebrae together to address spinal conditions like degenerative disc disease, spinal deformities, and spinal instability.

Recommendation

In light of the foregoing, the Perioperative Services Department, in collaboration with Value Analysis, has determined that it would be in the best interest of the Trust to exercise the option to renew (OTR) for the designated one-year period, until April 30, 2024, for the provision of Stryker's surgical Spine devices and instruments.

This procurement has been reviewed for SBE participation. The spine products purchased under this agreement are provided from the original equipment manufacturer, Stryker Spine. The products are shipped directly to Jackson and the vendor does not subcontract services related to this purchase. The opportunity to include an SBE partner is not available for this product purchase. Stryker Spine is aware of Jackson's SBE program and the expectation of vendor partners to advance that commitment.

In providing an evaluation of the vendor’s performance during the current contract year, the Perioperative Services Department has reported the following:

- The average turnaround time of goods delivered meets standards.
- Ability to successfully respond to emergency situations meets standards.
- Responsiveness to safety issues and safety meets standards.
- Deliverables meet contract requirements.
- Provision of preventive maintenance on equipment and maintaining logs meet standards

The contract can be terminated for convenience with a thirty (30) day written notice and includes UAP and OIG fees. The UAP and OIG fees are provided as deductions on the invoices.

Negotiations achieved annual savings of \$118,574 based on line item reductions from previous contract. ECRI has reported that Stryker Spine has provided a competitive offer to the Trust.

In accordance with our Contractor Due Diligence review, Stryker has provided a Sworn/Notarized Statement to the Trust’s Procurement Management Department that: (1) no Lawsuits have been filed against the Company within the five (5) years prior to submittal of a bid or proposal to the Trust; (2) the Company has not defaulted in the five (5) years prior to bid or proposal submittal to the Trust; and, (3) the Company has not been debarred nor has the Firm received a formal notice of non-compliance or non-performance in the five (5) years prior to proposal submittal to the Trust.

A Bid Waiver Justification has been provided and Conflict of Interest Declarations signed by Milaydi Hernandez, procurement Technician, Jackson South Medical Center; Esteban Humeniuk, Associate CNO Administration, Jackson South Medical Center; Ben Rodriguez, SVP/CEO, Jackson South Medical Center; Ian Cote MD, Neurosurgery Spine Surgery, Jackson Health System; Alejandro Cid, Director of Business Operations, Jackson Memorial Hospital; Sunitha Abraham, Sr. Director Perioperative Division, Jackson Memorial Hospital; Lasharis Forbes, Sr. Business Analyst, Jackson Memorial Hospital; Maria Grau, Associate Nurse Manager, Jackson Memorial Hospital; Gregory Basil, MD, Neurosurgery Spine Division, Jackson Memorial Hospital; Diana Peterson, Administrator, Jackson North Medical Center, and, Marc Tata, Strategic Sales Manager East, Stryker Spine Division, with no reported disclosures. **(M. Severe, B. Rodriguez, H. Clark).**

9. (2354800, 2369943-LK) Jackson South Medical Center Administration is requesting approval to exercise the two renewal options (“OTRs”) available under the contract with Limousines of South Florida, Inc., for the continued purchase of employee bus shuttle services (ongoing purchase).

Limousines of South Florida, Inc.:

Previously Approved Funding:	\$142,000
This Request for Funding:	\$327,624 (For two years)
Total Approved Funding:	\$469,624

Background

The PHT previously awarded RFQ-18-15594-LK for Bus Transportation Services to transport Jackson South Medical Center (JSMC) employees from a central parking lot location to JSMC, because of the shortage of employee parking spaces. This contract was awarded for two (2) years, effective February 5, 2018, with two (2) options to renew terms of one (1) year each. The initial term of this contract and the two exercised OTRs ended in 2022 and JSMC received approval to move forward with a Bid Waiver agreement to continue these services. Effective February 5, 2022, Bid Waiver Contract BW-22-21843-LK, valued at \$142,000, was awarded and approved under the Chief Procurement Officer’s delegated authority for one (1) year with two options to renew (OTRs) of one (1) year each.

This agreement provides the following services:

- The Shuttle will continue to provide a continuous loop between JSMC campus and an off-site parking lot about 1 mile away from the JSMC campus for pick up and drop off of employees.
- The Shuttle will continue to operate weekdays only for 6 hours daily at 5:30am-8:30am and 2:00pm-5:00pm.
- Vendor will provide one (1) twenty (20)-passenger shuttle bus that will be wrapped in the future with the JHS logo, etc.

With this request, JSMC will exercise both OTRs of one (1) year each, through February 4, 2025. The need for this service is temporary, as JSMC has approval to construct a parking garage anticipated to be completed by September 2024. This service will no longer be needed once construction is complete and confirmed by JSMC.

The underlying contract can be terminated for convenience with a thirty (30) calendar day written notice and includes UAP and OIG fees. The UAP and OIG fees are provided as deductions on the invoices.

Recommendation

Jackson South Medical Center has determined that it is in the Trust’s best interest to continue employee bus shuttle services. Reducing the number of employee vehicles on-site opens up parking spaces for visitors and patients, making access to the facility, for care and visits, more convenient and timely.

This procurement has been thoroughly reviewed for potential SBE participation. The transportation services provided under this agreement will be performed by Limousines of South Florida employees. The vendor does not subcontract any of its services. The opportunity to include an SBE partner is not available for this service activity. Limousines of South Florida is aware of Jackson’s SBE program and the expectation of vendor partners to advance that commitment.

In accordance with JHS’ Contractor Due Diligence review, Limousines of South Florida, Inc. has provided a Sworn/Notarized Statement to the Trust’s Procurement Management Department that: (1) no Lawsuits have been filed against the Company within the five (5) years prior to submittal of a bid or proposal to the Trust; (2) the Company has not defaulted in the five (5) years prior to bid or proposal submittal to the Trust; and, (3) the Company has not been debarred nor has the Firm received a formal notice of non-compliance or non-performance in the five (5) years prior to proposal submittal to the Trust.

A Bid Waiver Justification has been provided and Conflict of Interest Declarations signed by Lourdes Marrero-Camps, JSMC Chief Operating Officer, and Mark Levitt, Limousines of South Florida, Inc., Vice President, with no reported disclosures (**B. Rodriguez**).

10. (2346948-LM) The Neuro Interventional Radiology Department at Jackson Memorial Hospital requests approval to exercise the second renewal option (OTR) of the sole source contract with MicroVention, Inc., for the continued provision of Neuroendovascular Therapy products and related accessories (ongoing purchase).

MicroVention, Inc.:

Previously Approved Funding:	\$1,297,606
This Request for Funding:	\$397,387
	(For one year)
Total Approved Funding:	\$1,694,993

Background

In May 2020, a non-competitive contract, in the amount of \$846,270, was awarded to MicroVention, Inc. for an initial two-year term, approved under PHT 04/2020-020, to cover the provision of Neuroendovascular Therapy and related accessories. In June 2022, modification no. 1 was executed, in the amount \$385,105, to exercise the first renewal option (OTR) for one year, approved under PHT 06/2022-030. In May 2023, modification no. 2 was executed, in the amount of \$66,231.16, to extend contract term 2 additional months through June 30, 2023, under CPO delegated authority. This modification no. 3, in the amount of \$397,387, exercises the second renewal option of the contract through June 30, 2024.

In providing a statement on the benefits, to the Trust, of this procurement, Neuro Interventional Radiology (Neuro IR) Department has offered that MicroVention, Inc. is a leader in Neuro Interventional Radiology. Renewal of this contract will ensure continued availability of necessary supplies and products to support the Neuro IR service line, which is used for the endovascular treatment of adult patients with saccular, wide neck bifurcation intracranial aneurysm.

Physicians have found several advantages to using MicroVention's products as illustrated by the examples below:

The WEB Aneurysm Embolization System advancing technology in the form of a safe and effective single-device procedure for wide-neck bifurcation aneurysms is the only intravascular flow diverter that is FDA approved for the treatment of wide neck bifurcated aneurysms originating from the Internal Carotid Artery (ICA) Terminus, Anterior Communicating Artery (AComm), Basilar Artery Apex and Middle Cerebral Artery (MCA).

The WEB Aneurysm Embolization System is a safe and effective "One and Done" interventional neurovascular device; eliminating the need for numerous embolic coils and multiple coil assist neurovascular stents, thus overcoming the challenges of using multiple devices. Being first-in-class and first Premarket Approved (PMA) device the MicroVention WEB System achieves durable aneurysm occlusion and dome protection by sealing the neck and conforming to the wall of the aneurysm, and provides intravascular scaffold for endothelialization (the rebuilding/repairing of the inner walls of blood vessels after they have been damaged).

Recommendation

In light of the foregoing, The Neuro IR Department has determined that it would be in the Trust's best interest to exercise the second option to renew the contract with MicroVention, Inc. for a term of one year through June 30, 2024, for the provision of Neuroendovascular Therapy products and related accessories.

In accordance with our Contractor Due Diligence review, MicroVention, Inc., has provided a Sworn/Notarized Statement to the Trust's Procurement Management Department that: (1) no Lawsuits have been filed against the Company within the five (5) years prior to submittal of a bid or proposal to the Trust; (2) the Company has not defaulted in the five (5) years prior to bid or proposal submittal to the Trust; and, (3) the Company has not been debarred nor has the Firm received a formal notice of non-compliance or non-performance in the five (5) years prior to proposal submittal to the Trust. For this renewal option, vendor has increased its pricing, however, this is the first such adjustment the vendor has established in 10 years.

Although vendor has increased pricing, this increase is the first in 10 years and since contract inception. Based on the ECRI analysis a growth rebate has been negotiated by Procurement.

This underlying contract can be terminated for convenience with a thirty (30) day written notice and includes UAP and OIG fees. The UAP and OIG fees are provided as a deduction on the invoices.

This procurement has been reviewed for SBE participation. The catheter products purchased under this agreement are provided from the original equipment manufacturer, MicroVention, Inc. The products are shipped directly to Jackson and the vendor does not subcontract services related to this purchase. The opportunity to include an SBE partner is not available for this product purchase. MicroVention, Inc. is aware of Jackson's SBE program and the expectation of vendor partners to advance that commitment.

In providing an evaluation of the vendor's performance during the current contract year, the Neuro Interventional Radiology Department has reported the following:

- The average turnaround time of goods delivered meets the required standard.
- Deliverables meet contract requirements meets the required standard.
- Responsiveness to safety issues and safety standards meets required standards.

A Bid Waiver Justification has been provided and Conflict of Interest Declarations signed by Oscar Betancourt, COO, Jackson Memorial Hospital; Alexis Mustelie, Director, Interventional Radiology, Jackson Memorial Hospital; Loyman Marin, ACOO, Vice President, Jackson Memorial Hospital; Patricia Plair, Dept. CFO, Jackson Memorial Hospital; Robert Starke, NIR Attending, Jackson Memorial Hospital; Deleep Yavagal, NIR Attending, Jackson Memorial Hospital; and Jonathan Laymon, Associate Director, Strategic Sale, MicroVention, Inc. with no reported disclosure (**O. Betancourt**).

11. (2347108-LM) The Social Work and Discharge Planning Department requests approval of additional funds to be allocated to the Contract with North Dade SNF Operating Company, LLC (North Dade SNF) for Skilled Nursing Home Services (SNH) (ongoing purchase).

North Dade SNF Operating Company, LLC:

Previously Approved Funding:	\$2,249,000
This Request for Funding:	\$5,000,000 (For two years –Cost not to exceed)
Total Approved Funding:	\$7,249,000

Background

Under the provisions of this contract, contractor provides Skilled Nursing Home (SNH) services to JHS' unfunded patients transferred from the JHS hospitals. There is an existing contract for SNH services resulting from RFP 19-17310-CS with a Primary Provider (Unity Health Rehabilitation Center) and a Secondary Provider (Pinecrest Rehabilitation Center), but this contract is insufficient to cover the current needs for this type of service. Without the contract with North Dade SNF, JHS would have to continue caring in-house for a great number of patients occupying beds at a higher daily rate and reducing availability for other patients needing hospital acuity services.

The contract was awarded on July 15, 2022 for a period of three (3) years ending on July 14, 2025 and for a value of \$249,000. Modification no. 1 did not add funds to the contract but changed the scope to enable JHS' unfunded patients, pending Guardianship, to be placed in North Dade SNF's facilities under Social Work Advantage (SWA) services. This company provides health proxy services for patients unable to make healthcare decisions and have no one else to assist in this regard. This action reduced the Length of Stay Cost to JHS of caring for each unfunded patient in a hospital bed, resulting in the equivalent of 2 to 3 months' cost. In December 2022, in the amount of \$2,000,000, Modification no. 2 revised the scope to add six (6) facilities under a subcontracting Agreement with North Dade SNF.

Following are the facilities that were added:

1. Aventura Regents OPCO, LLC
2. South Dade OPCO, LLC
3. Golden Glades OPCO, LLC
4. Fair Havens OPCO, LLC
5. Harmony Health OPCO, LLC
6. Waterford OPCO, LLC

This Modification no. 3 will increase the contract value by \$5,000,000 to allow the continued and increased placement needs for these facilities of JHS' most complex unfunded cases.

Recommendation

The Social Work and Discharge Planning Department has determined that it would be in the Trust's best interest to modify this contract since North Dade is the only Skilled Nursing Home, at the present time, willing to subcontract with other SNH companies for placement of these patients.

In accordance with JHS' Contractor Due Diligence review, North Dade SNF has provided a Sworn/Notarized Statement to the Trust's Procurement Management Department that: (1) no Lawsuits have been filed against the Company within the five (5) years prior to submittal of a bid or proposal to the Trust; (2) the Company has not defaulted in the five (5) years prior to bid or proposal submittal to the Trust; and, (3) the Company has not been debarred nor has the Firm received a formal notice of non-compliance or non-performance in the five (5) years prior to proposal submittal to the Trust.

This procurement has been thoroughly reviewed for potential SBE participation. The skilled nursing homes care services provided under this agreement will be performed by North Dade SNF Operating Company employees. The opportunity to include an SBE partner is not available for this service activity. North Dade SNF Operating Company is aware of Jackson's SBE program and the expectation of vendors partners to advance that commitment

The underlying Contract was approved by Risk as to Insurance and Liability and by the County Attorney's Office for Legal sufficiency.

The Contract can be terminated for convenience with a thirty (30) calendar day notice and includes the OIG and UAP fees. These fees are provided as deductions on the invoices.

A Bid Waiver Justification was provided, and Conflict of Interest declarations have been signed by Michelle Fonte, Director of Clinical Resource Management, JHS Social Work and Discharge Management Dept.; Oscar Betancourt, COO JMH, and by Mo Krigsman, SVP Finance at North Dade SNF Operating Company, LLC, with no reported disclosures (H. Clark).

SECTION VIII. MISCELLANEOUS

This section consists of procurement actions that may require Board approval not included under any other section of the Purchasing Report.

No items to report.



TO: Carmen M. Sabater, Chairwoman
and Members, Fiscal Committee

FROM: Carlos A. Migoya
Chief Executive Officer, Jackson Health System

DATE: June 28, 2023

RE: 2023-2026 Collective Bargaining Agreement between Miami-Dade County, Florida, The Public Health Trust and American Federation of State, County and Municipal Employees, Local 1363 (AFSCME, Local 1363) (Approximately 5,500 Employees)

Recommendation

It is recommended that the Public Health Trust Board of Trustees (PHT) approve this resolution recommending that, subject to union ratification, the Miami-Dade Board of County Commissioners (BCC) accept this 2023-2026 Collective Bargaining Agreement between Miami-Dade County, Florida, The Public Health Trust and American Federation of State, County and Municipal Employees, Local 1363 (AFSCME, Local 1363) Bargaining Unit. This agreement covers approximately five thousand five hundred (5,500) employees of the PHT.

Scope

The impact of this agenda item affects all full-time and part-time employees, and eligible per diem employees of the Jackson Health System who are members of the AFSCME, Local 1363 Bargaining Unit.

Fiscal Impact/Funding Source

The fiscal impact for the first year of this three (3) year Agreement would be \$30,885,353. There is a re-opener for the cost of living adjustment (COLA) and Longevity Bonus during the second year term of this agreement, and a cost of living adjustment re-opener during the third year term of this agreement. The term of this agreement would be funded from operating revenues as documented in the PHT financial statements. In no event would capital revenues, including proceeds from any general-obligation bond, be used to fund this program.

Track Record/Monitor

Monitoring and implementation of labor contracts is overseen by Julie Staub, Jackson Health System Executive Vice President and Chief Human Resource Officer.

Background

This agreement is a product of good-faith negotiations between management's negotiating team and AFSCME, Local 1363. As a result, the parties have agreed to forego previously negotiated terms in the 2020-2023 Collective Bargaining Agreement. Both parties have worked collaboratively to adjust the pay scales of a number of classifications that required market adjustments and increased the base wages of all bargaining unit members by 8 percent inclusive of COLA in year one of the contract. The other proposed changes, which are outlined below, significantly aid the PHT in meeting its strategic goals while rewarding employees for their remarkable professional commitment.

Terms of Agreement

This is a three (3) year Agreement covering the period of October 1, 2023 through September 30, 2026. The following represents the major provisions of the Agreement:

Article 10 – Wages and Compensation

First Year 2023-2024: Effective the first full pay period of ratification, full-time and part-time employees will receive an eight (8%) percent wage adjustment to their base rate of pay inclusive of COLA.

Second Year 2024-2025: The parties agree to resume bargaining no later than June 1, 2024 for the sole purpose of negotiating a Cost of Living Adjustment (COLA) and the Longevity Bonus that will go into effect October 1, 2024-September 30, 2025.

Third Year 2025-2026: The parties agree to resume bargaining no later than June 1, 2025 for the sole purpose of negotiating a Cost of Living Adjustment (COLA) that will go into effect October 1, 2025 through September 30, 2026.

Market Adjustments:

Effective upon ratification, the following classifications will receive a three (3) step market adjustment (Step 4 becomes the new Step 1 and the employees will move step-to-step):

- Radiologic Technologist I
- Radiologic Technologist II
- CT Scan Technologist
- Lead CT Scan Technologist
- CT Scan MRI Technologist
- Ultrasound Technologist
- Ultrasound Technologist II
- Ultrasound Tech Fetal Echo Therapy
- MRI Technologist
- MRI Technologist II
- Multi-Modality Radiology Technician
- Multi-Modality Radiology Technician II
- Electroencephalograph Technician
- Transcranial Doppler Technologist
- Radiologic Special Procedures Technologist
- Cardiac Catheterization Electrophysiology Technician II
- Cardiac Catheterization Technician

Licensed Practical Nurse: Effective upon ratification, the step schedule for the Licensed Practical Nurse will be revised where Step 2 becomes the new Step 1.

Anesthesia Technologist: Effective upon ratification, the step schedule for the Anesthesia Technologist will be revised where Step 3 becomes the new Step 1.

Registered Respiratory Therapists and Specialty: Effective upon ratification, all bargaining unit members in these classifications will receive a four (\$4.00) dollar per hour retention bonus.

One-Time Commitment Bonus:

Effective upon ratification, bargaining unit members who have five years or less than 10 years of service will receive a one-time, nonrecurring Commitment Bonus payment of one thousand (\$1,000) dollars.

Effective upon ratification, bargaining unit members who have 10 years or less than 15 years of service will receive a one-time, nonrecurring Commitment Bonus payment of one thousand five hundred (\$1,500) dollars.

Step Progression:

All classifications in this bargaining unit will have the last two steps of every step schedule changed from 60 months to 36 months.

Weekend and Float Differentials:

The weekend differential will be increased from \$0.25 to \$2.00 per hour. The float differential will be increased from \$1.00 to \$2.00.

Hazard Pay:

All bargaining unit members will be paid a one-step increase while working at Jackson Behavioral Health Hospital or behavioral health inpatient unit at Jackson South Medical Center.

Training Pay:

Bargaining unit members who are called to train another employee will receive a one (1)-step pay increase for the length of the training period, even if just for one day (removes the previous 3-day requirement).

Longevity Bonus:

Eligible bargaining unit members will receive a 1 percent increase in annual longevity bonus payment beginning at 15 years with continuous full-time service.

Article 12 – Vacations, Holidays, and Other Leaves of Absence

Holiday Pay/AD Time:

Effective upon ratification, employees who work on the Thanksgiving, Christmas, or New Year’s Day holidays will be eligible to receive administrative pay for two (2) hours straight time at their regular rate of pay. This pay will be included in the employee’s paycheck for the period including the worked holiday.

Extended Illness:

Any eligible employee who had their extended illness bank frozen at the years of service and the corresponding percent payout in 2011, who are still employed at Jackson with uninterrupted service, will be eligible for extended illness payout at their years of service and base rate of pay upon separation. Employees who retired after 30 years of full-time employment will be eligible to receive 100 percent payment of their full balance of accrued extended illness leave. Employees with less than thirty (30) years full-time continuous employment who retire or resign from the Trust will be eligible to receive payment for up to a maximum of 1,000 hours of accrued extended illness leave at the employee’s base rate of pay at time of separation.

Article 13 – Health Insurance

New language was added to provide that beginning January 1, 2024, the employee cost of the biweekly dependent premiums coverage for the Select Network/Managed Health Care Group Insurance Plan and the POS will increase for 2024-2026 by 5 percent per year.

Beginning on January 1, 2024, copays for the Emergency Room will increase to \$200.00 for all plans.

Beginning on January 1, 2024, brand and non-preferred drug co-pays will increase from \$15/\$25/\$40 to \$15/\$35/\$50 for the Jackson First and Select Plan and from \$15/\$40/\$55 to \$15/\$50/\$65 on the POS plan.

New language was added that created a new Part Time 24 hour status for employees who consistently work 24 hours or more per pay period or 46 hours bi-weekly. Employees designated in the Part Time 24 status will be eligible for health insurance.

RESOLUTION NO. PHT 06/2023 -

RESOLUTION APPROVING THE 2023-2026 COLLECTIVE BARGAINING AGREEMENT BY AND AMONG MIAMI-DADE COUNTY, THE PUBLIC HEALTH TRUST AND AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, LOCAL 1363, (AFSCME, LOCAL 1363) AND FORWARDING SUCH AGREEMENT TO THE BOARD OF COUNTY COMMISSIONERS FOR RATIFICATION

Carlos A. Migoya, Chief Executive Officer, Jackson Health System

WHEREAS, the President and staff of the Public Health Trust have negotiated in good faith with representatives of the American Federation of State, County and Municipal Employees, Local 1363 (hereinafter referred to as “AFSCME, Local 1363”) which is the duly certified collective bargaining agent representing bargaining unit members of AFSCME, Local 1363 employed by the Public Health Trust; and

WHEREAS, such negotiations have resulted in a proposed Collective Bargaining Agreement, a copy of which is attached hereto and incorporated herein by reference; and

WHEREAS this Collective Bargaining Agreement is scheduled for a ratification vote by the AFSCME, Local 1363 bargaining unit by June, 2023; and

WHEREAS, the President and the Board of Trustees desire to accomplish the purposes outlined in the accompanying memorandum and recommend ratification of the proposed Collective Bargaining Agreement.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY, FLORIDA, that this Board hereby approves the Collective Bargaining Agreement among Miami-Dade County, the Public Health Trust, and AFSCME, Local 1363 for the period of October 1, 2023 through September 30, 2026 and hereby forwards the agreement to the Board County Commissioners of Miami-Dade County for ratification and directs the President or his designee to take such action as necessary to seek such ratification.



TO: Carmen M. Sabater, Chairwoman
and Members, Fiscal Committee

FROM: Carlos A. Migoya
Chief Executive Officer, Jackson Health System

DATE: June 28, 2023

RE: 2023-2026 Collective Bargaining Agreement between Miami-Dade County, Florida, The Public Health Trust and the Service Employees International Union, Local 1991, Professionals (SEIU, Local 1991, Professionals) (Approximately 1,500 Employees)

Recommendation

It is recommended that the Public Health Trust Board of Trustees (PHT) approve this resolution recommending that, subject to union ratification, the Miami-Dade Board of County Commissioners (BCC) accept this 2023-2026 Collective Bargaining Agreement between Miami-Dade County, Florida, The Public Health Trust and the Service Employees International Union, Local 1991, Professionals (SEIU, Local 1991, Professionals) Bargaining Unit. This agreement covers approximately one thousand five hundred (1,500) employees of the PHT.

Scope

The impact of this agenda item affects all full-time and part-time employees, and eligible per diem employees of the Jackson Health System who are members of the SEIU, Local 1991 Professionals Bargaining Unit.

Fiscal Impact/Funding Source

The fiscal impact for the first year of this three (3) year agreement would be \$12,793,986. There is a re-opener for the cost of living adjustment (COLA) during the second year term of this Agreement, and a cost of living adjustment re-opener during the third year term of this agreement. It would be funded from operating revenues as documented in the PHT financial statements. In no event would capital revenues, including proceeds from any general-obligation bond, be used to fund this program.

Track Record/Monitor

Monitoring and implementation of labor contracts is overseen by Julie Staub, Jackson Health System Executive Vice President and Chief Human Resource Officer.

Background

This agreement is a product of good-faith negotiations between management’s negotiating team and SEIU Local 1991, Professionals. As a result, the parties have agreed to forego previously negotiated terms in the 2020-2023 Collective Bargaining Agreement. Both parties have worked collaboratively to adjust the pay scales of certain classifications that required market adjustments and increased the base wages of all bargaining unit members by 8 percent inclusive of COLA in year one of the contract. The other proposed changes, which are outlined below, significantly aid the PHT in meeting its strategic goals while rewarding employees for their remarkable professional commitment.

Terms of Agreement

This is a three (3) year agreement covering the period of October 1, 2023 through September 30, 2026. The following represents the major provisions of the agreement:

Article XI - Salaries

First Year 2023-2024: Effective the first full pay period of ratification, full-time and part-time employees will receive an eight (8) percent wage adjustment to their base rate of pay inclusive of COLA.

Second Year 2024-2025: The parties agree to resume bargaining no later than June 1, 2024 for the sole purpose of negotiating a Cost of Living Adjustment (COLA that will go into effect October 1, 2024 through September 30, 2025).

Third Year 2025-2026: The parties agree to resume bargaining no later than June 1, 2025 for the sole purpose of negotiating a Cost of Living Adjustment (COLA) that will go into effect October 1, 2025 through September 30, 2026).

Market Adjustments:

Music Therapist: Effective upon ratification, whichever comes first, the step schedule for the Music Therapists will align with the step schedule of the Child Life Specialist.

Medical Technologist I and II: Effective upon ratification, the step schedules of the Medical Technologist I and II will be revised to add 1 step to the top of the step schedule for a total of 17 steps.

Cardiothoracic and Neurosurgery Physician Assistants: Effective upon ratification, the step schedules of the Cardiothoracic and Neurosurgery Physician Assistants will be revised by making Step 2 the new Step 1 and adding 1 step to the top of the step schedules for a total of 12 steps. The bargaining unit members in the classifications of Cardiothoracic Physician Assistant will also receive a ten (\$10.00) dollar per hour differential and Neurosurgery Physician Assistant will receive a five (\$5.00) dollar per hour differential.

Manager, Quality: Effective upon ratification, the step schedule of the Manager, Quality will be revised by making Step 4 of the step schedule the new Step 1.

Infection Preventionist: The classification of Infection Preventionist will be consolidated into the Infection Prevention Coordinator classification and the Coordinator role will remain.

Step Progression:

The last two steps of every step schedule for each classification in this bargaining unit goes from 48 months to 36 months. When pay plan has more than eight steps but fewer than 17, Step 1-6 is every 12 months, thereafter progression is every 24 months up until the last two steps. which is 36 months.

Medical Technologist only: The medical technologist step progression will be amended where the first 10 steps are 12 months, then step 10 to 16 is 24 months (from 36 months), and last two steps (15 to 17) are 36 months (from 48 months); 4.2 percent between all steps

Hazard Pay:

All bargaining unit members will be paid a one-step increase while working at Jackson Behavioral Health Hospital or behavioral health inpatient unit at Jackson South Medical Center.

Preceptor Pay:

All bargaining unit members will receive an increase for preceptor pay from \$2.00 to \$2.50.

On-Call Pay:

Eligible bargaining unit members will receive an increase in the on-call rate from \$4.37 per hour to \$5.00 per hour for weekday hours and from \$5.62 per hour to \$6.00 per hour for weekend hours.

Article XIV – Employment Practices

Longevity Bonus:

Eligible bargaining unit members will receive a 1 percent increase in annual longevity bonus payment beginning at 15 years with continuous full-time service.

Article XVI – Orientation and Cross-Training

Extra Shift Bonus Program:

Bargaining unit members eligible to receive the extra shift bonus will receive an increase in the bonus from \$40.00 to \$80.00 for eight-hour shifts; from \$50.00 to \$100.00 for 10-hour shifts and \$60.00 to \$120.00 for 12-hour shifts.

Article XIX – Group Health Insurance

New language was added to provide that beginning January 1, 2024, the employee cost of the biweekly dependent premiums coverage for the Select Network/Managed Health Care Group Insurance Plan and the POS will increase for 2024-2026 by 5 percent per year.

Beginning on January 1, 2024, copays for the Emergency Room will increase to \$200.00 for all plans.

Beginning on January 1, 2024, brand and non-preferred drug co-pays will increase from \$15/\$25/\$40 to \$15/\$35/\$50 for the Jackson First and Select Plan and from \$15/\$40/\$55 to \$15/\$50/\$65 on the POS plan.

New language was added that created a new part-time 24 hour status for employees who consistently work 24 hours or more per pay period or 46 hours bi-weekly. Employee designated in the Part Time 24 status will be eligible for health insurance.

RESOLUTION NO. PHT 06/2023 -

RESOLUTION APPROVING THE 2023-2026 COLLECTIVE BARGAINING AGREEMENT BY AND AMONG MIAMI-DADE COUNTY, THE PUBLIC HEALTH TRUST AND THE SERVICE EMPLOYEES INTERNATIONAL UNION, LOCAL 1991, PROFESSIONALS AND FORWARDING SUCH AGREEMENT TO THE BOARD OF COUNTY COMMISSIONERS FOR RATIFICATION

Carlos A. Migoya, Chief Executive Officer, Jackson Health System

WHEREAS, the President and staff of the Public Health Trust have negotiated in good faith with representatives of the Service Employees International Union, Local 1991, Professionals (hereinafter referred to as “SEIU, Local 1991, Professionals”) which is the duly certified collective bargaining agent representing bargaining unit members of SEIU, Local 1991, Professionals employed by the Public Health Trust; and

WHEREAS, such negotiations have resulted in a proposed Collective Bargaining Agreement, a copy of which is attached hereto and incorporated herein by reference; and

WHEREAS this Collective Bargaining Agreement is scheduled for a ratification vote by the SEIU, Local 1991, Professionals bargaining unit by June, 2023; and

WHEREAS, the President and the Board of Trustees desire to accomplish the purposes outlined in the accompanying memorandum and recommend ratification of the proposed Collective Bargaining Agreement.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY, FLORIDA, that this Board hereby approves the Collective Bargaining Agreement among Miami-Dade County, the Public Health Trust, and SEIU, Local 1991, Professionals for the period of October 1, 2023 through September 30, 2026 and hereby forwards the agreement to the Board County Commissioners of Miami-Dade County for ratification and directs the President or his designee to take such action as necessary to seek such ratification.



TO: Carmen M. Sabater, Chairwoman
and Members, Fiscal Committee

FROM: Carlos A. Migoya
Chief Executive Officer, Jackson Health System

DATE: June 28, 2023

RE: 2023-2026 Collective Bargaining Agreement between Miami-Dade County, Florida, The Public Health Trust and the Service Employees International Union, Local 1991, Registered Nurses (SEIU, Local 1991, RN) (Approximately 4,800 Employees)

Recommendation

It is recommended that the Public Health Trust Board of Trustees (PHT) approve this resolution recommending that, subject to union ratification, the Miami-Dade Board of County Commissioners (BCC) accept this 2023-2026 Collective Bargaining Agreement between Miami-Dade County, Florida, The Public Health Trust and the Service Employees International Union, Local 1991, Registered Nurses (SEIU, Local 1991, RN) Bargaining Unit. This agreement covers approximately four thousand eight hundred (4,800) employees of the PHT.

Scope

The impact of this agenda item affects all full-time and part-time employees, and eligible per diem employees of the Jackson Health System who are members of the SEIU, Local 1991 RN Bargaining Unit.

Fiscal Impact/Funding Source

The fiscal impact for the first year of this three (3) year agreement would be \$56,515,210. There is a re-opener for the cost of living adjustment (COLA), clinical nursing ladder, and medical-surgical staffing ratios at Jackson Memorial Hospital during the second year term of this agreement, and a cost of living adjustment re-opener during the third year term of this agreement. The term of this agreement would be funded from operating revenues as documented in the PHT financial statements. In no event would capital revenues, including proceeds from any general-obligation bond, be used to fund this program.

Track Record/Monitor

Monitoring and implementation of labor contracts is overseen by Julie Staub, Jackson Health System Executive Vice President and Chief Human Resource Officer.

Background

This agreement is a product of good-faith negotiations between management’s negotiating team and SEIU Local 1991, RN. As a result, the parties have agreed to forego previously negotiated terms in the 2020-2023 Collective Bargaining Agreement. Both parties have worked collaboratively to adjust the pay scales of certain classifications that required market adjustments and increased the base wages of all bargaining unit members by 8 percent inclusive of COLA in year one of the contract. The other proposed changes, which are outlined below, significantly aid the PHT in meeting its strategic goals while rewarding employees for their remarkable professional commitment.

Terms of Agreement

This is a three (3) year agreement covering the period of October 1, 2023 through September 30, 2026. The following represents the major provisions of the agreement:

Article XI - Salaries

First Year 2023-2024: Effective the first full pay period of ratification, full-time and part-time employees will receive an eight (8) percent wage adjustment to their base rate of pay inclusive of COLA.

Second Year 2024-2025: The parties agree to resume bargaining no later than June 1, 2024 for the sole purpose of negotiating a Cost of Living Adjustment (COLA), Clinical Nursing Ladder and Medical-Surgical Staffing Ratios at Jackson Memorial Hospital that will go into effect October 1, 2024 through September 30, 2025.

Third Year 2025-2026: The parties agree to resume bargaining no later than June 1, 2025 for the sole purpose of negotiating a Cost of Living Adjustment (COLA) that will go into effect October 1, 2025 through September 30, 2026.

Market Adjustments:

CSNs, Nurse Managers, ANMs Nurse Educators and Vascular Access Specialist: Effective upon ratification or on October 1, 2023, whichever comes first, CSNs, Nurse Managers, ANMs and Vascular Access Specialists will receive a +1 percent market adjustment. Effective October 1, 2023, the step schedules of CSNs, Nurse Managers, ANMs and Vascular Access Specialists will be revised where Step 2 becomes new Step 1.

Nurse Anesthetist: Effective upon ratification or on October 1, 2023, whichever comes first, the step schedules for the Nurse Anesthetist will be revised where Step 2 becomes the new Step 1.

Step Progression:

The last two steps of every step schedule for each classification in this bargaining unit goes from 48 months to 36 months. When the pay plan has more than eight steps but fewer than 17, Step 1-6 is every 12 months, thereafter progression is every 24 months up until the last two steps which is 36 months.

CSN only: First 10 steps are 12 months, then step 10 to 16 is 24 months (from 36 months), and last two steps (15 to 17) are 36 months (from 48 months).

Hazard Pay:

All full-time and part-time bargaining unit members will be paid a one-step increase while working at Jackson Behavioral Health Hospital or behavioral health inpatient unit at Jackson South Medical Center.

Charge Pay:

All bargaining unit members will receive an increase for charge pay from \$2.50 to \$3.00.

Preceptor Pay:

All bargaining unit members will receive an increase for preceptor pay from \$2.00 to \$2.50.

Main Campus Inpatient Differential:

Eligible bargaining unit members will receive an increase in the main campus inpatient differential from \$0.75 to \$1.25.

On-Call Pay:

Eligible bargaining unit members will receive an increase in the on-call rate from \$4.37 per hour to \$5.50 per hour for weekday hours and from \$5.62 per hour to \$6.50 per hour for weekend hours.

Article XV – Employment Practices

Longevity Bonus:

Eligible bargaining unit members will receive a 1 percent increase in annual longevity bonus payment beginning at 15 years with continuous full-time service.

Article XVII – Orientation, Floating, Cross-training, Central Staffing Float Pay Nurses

Extra Shift Bonus Program:

Bargaining unit members eligible to receive the extra shift bonus will receive an increase in the bonus from \$40.00 to \$80.00 for eight-hour shifts; from \$50.00 to \$100.00 for 10-hour shifts and \$60.00 to \$120.00 for 12-hour shifts.

Article XXI – Group Health Insurance

New language was added to provide that beginning January 1, 2024, the employee cost of the biweekly dependent premiums coverage for the Select Network/Managed Health Care Group Insurance Plan and the POS will increase for 2024-2026 by 5 percent per year.

Beginning on January 1, 2024, copays for the Emergency Room will increase to \$200.00 for all plans.

Beginning on January 1, 2024, Brand and non-preferred drug co-pays will increase from \$15/\$25/\$40 to \$15/\$35/\$50 for the Jackson First and Select Plan and from \$15/\$40/\$55 to \$15/\$50/\$65 on the POS plan.

New language was added that created a new part-time 24-hour status for employees who consistently work 24 hours or more per pay period or 46 hours bi-weekly. Employees designated in the Part Time 24 status will be eligible for health insurance.

RESOLUTION NO. PHT 06/2023 -

RESOLUTION APPROVING THE 2023-2026 COLLECTIVE BARGAINING AGREEMENT BY AND AMONG MIAMI-DADE COUNTY, THE PUBLIC HEALTH TRUST AND THE SERVICE EMPLOYEES INTERNATIONAL UNION, LOCAL 1991, REGISTERED NURSES AND FORWARDING SUCH AGREEMENT TO THE BOARD OF COUNTY COMMISSIONERS FOR RATIFICATION

Carlos A. Migoya, Chief Executive Officer, Jackson Health System

WHEREAS, the President and staff of the Public Health Trust have negotiated in good faith with representatives of the Service Employees International Union, Local 1991, Registered Nurses (hereinafter referred to as “SEIU, Local 1991, Registered Nurses”) which is the duly certified collective bargaining agent representing bargaining unit members of SEIU, Local 1991, Registered Nurses employed by the Public Health Trust; and

WHEREAS, such negotiations have resulted in a proposed Collective Bargaining Agreement, a copy of which is attached hereto and incorporated herein by reference; and

WHEREAS this Collective Bargaining Agreement is scheduled for a ratification vote by the SEIU, Local 1991, Registered Nurses bargaining unit by June, 2023; and

WHEREAS, the President and the Board of Trustees desire to accomplish the purposes outlined in the accompanying memorandum and recommend ratification of the proposed Collective Bargaining Agreement.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY, FLORIDA, that this Board hereby approves the Collective Bargaining Agreement among Miami-Dade County, the Public Health Trust, and SEIU, Local 1991, Registered Nurses for the period of October 1, 2023 through September 30, 2026 and hereby forwards the agreement to the Board County Commissioners of Miami-Dade County for ratification and directs the President or his designee to take such action as necessary to seek such ratification.



TO: Carmen M. Sabater, Chairwoman
and Members, Fiscal Committee

FROM: Rosa Costanzo
Senior Vice President Strategic Sourcing, Supply Chain Management
and Chief Procurement Officer

DATE: June 28, 2023

RE: Mutual Termination of Elliott Building Ground Lease between Miami-Dade County and the
University of Miami

Recommendation

Staff recommends that the Public Health Trust Board of Trustees (Board) authorize the Chief Executive Officer to seek Miami-Dade County Board of County Commissioner approval for the mutual termination of the Ground Lease Agreement between Miami-Dade County and the University of Miami (University) for the Elliott Building property located at 1800 NW 10th Avenue, Miami, Florida (Ground Lease).

Scope

The proposed mutual termination of the Ground Lease allows the Trust to incorporate the Elliott Building Property into the new Emergency Department at Jackson Memorial Hospital Project (Project) as planned.

Fiscal Impact

There is no fiscal impact associated with this item.

Track Record/Monitor

Dan Chatlos, Director, Real Estate Services, would track and monitor the transaction.

Background

Miami-Dade County and the University of Miami entered into the Ground Lease on December 20, 1968 to allow the University to occupy the former Elliott Blood Bank Building for a term of 80 years. The Ground Lease is currently scheduled to expire on December 20, 2048.

The Trust is commencing construction of the Project in August of 2023 and has requested that the University vacate the Elliott Building and terminate the Ground Lease to allow the Trust's use of the Elliott Building Property as part of the Project.

Board of County Commissioner approval is required to mutually terminate the Ground Lease. Accordingly, staff recommends that the Board authorize the Chief Executive Officer to seek Board of County Commissioner approval for the above referenced action and to take all action necessary to effectuate the same.

RESOLUTION NO. PHT 06/2023

RESOLUTION AUTHORIZING THE CHIEF EXECUTIVE OFFICER TO SEEK MIAMI-DADE COUNTY BOARD OF COUNTY COMMISSIONER APPROVAL FOR THE MUTUAL TERMINATION OF THE GROUND LEASE AGREEMENT BETWEEN MIAMI-DADE COUNTY AND THE UNIVERSITY OF MIAMI FOR THE ELLIOTT BUILDING PROPERTY LOCATED AT 1800 NW 10TH AVENUE, MIAMI, FLORIDA AND AUTHORIZING THE CHIEF EXECUTIVE OFFICER TO TAKE ALL ACTION NECESSARY, INCLUDING EXECUTING AGREEMENTS AND INSTRUMENTS, TO EFFECTUATE THE SAME

Rosa Costanzo, Senior Vice President Strategic Sourcing, Supply Chain Management and Chief Procurement Officer, Jackson Health System

WHEREAS, Miami-Dade County and the University of Miami (University) entered into a ground lease agreement (Ground Lease) on December 20, 1968 to allow the University to occupy the former Elliott Blood Bank Building located at 1800 NW 10th Avenue, Miami, Florida for a term of 80 years;

WHEREAS, the term of the Ground Lease is scheduled to terminate on December 20, 2048;

WHEREAS, the Trust has requested that the University and Miami-Dade County mutually terminate the Ground Lease to allow the Elliott Building Property to be demolished by the Trust and incorporated into the new Emergency Department at Jackson Memorial Hospital project (Project);

WHEREAS, the Trust now seeks to authorize the Chief Executive Officer to seek Board of County Commissioner approval to mutually terminate the Ground Lease; and

WHEREAS, the Chief Executive Officer of the Trust, the Purchasing and Facilities Subcommittee and the Fiscal Committee recommend approval of this resolution,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY, FLORIDA, that:

Section 1. This Board hereby approves the foregoing recitals.

Section 2. This Board authorizes the Chief Executive Officer to seek Miami-Dade County Board of County Commissioner approval for the mutual termination of the Ground Lease Agreement between Miami-Dade County and the University of Miami for the Elliott Building property located at 1800 NW 10th Avenue, Miami, Florida.

Section 3. This Board further authorizes the Chief Executive Officer to take all action necessary, including executing agreements and instruments, to effectuate the transaction and accomplish the purposes thereof.



TO: Carmen M. Sabater, Chairwoman
and Members, Fiscal Committee

FROM: Rosa Costanzo
Senior Vice President Strategic Sourcing, Supply Chain Management
and Chief Procurement Officer

DATE: June 28, 2023

RE: Conveyance of Three (3) County-owned Properties to the University of Miami for Cancer
Research Center Project

Recommendation

Staff recommends that the Public Health Trust Board of Trustees (Board) authorize the Chief Executive Officer to seek Miami-Dade County Board of County Commissioner approval for the conveyance of three (3) County-owned properties consisting of Property Folios 01-3135-019-2700, 01-3135-019-2690, and 01-3135-019-2681 (Bob Hope Triangle Properties) to the University of Miami (University) for incorporation into the University's new Cancer Research Center Project.

Scope

The Bob Hope Triangle Properties consist of approximately 18,161 square feet (.42 acres) of vacant commercial land on the Jackson Memorial Hospital campus.

Fiscal Impact

The University has proposed to purchase the Bob Hope Triangle Properties for fair market value, which is estimated to be \$1.7 million.

Track Record/Monitor

Dan Chatlos, Director, Real Estate Services, would track and monitor the conveyance of the Bob Hope Triangle Properties.

Background

The University has requested that the conveyance of the Bob Hope Triangle Properties for the purpose of incorporating the properties into its new Cancer Research Center Project. The University proposes to use the Bob Hope Triangle Properties for surface and valet parking for the project.

Staff evaluated the request and determined that there is no current or projected future need for the properties by the Trust due to the relative size (.42 acres) and location of the properties, which is adjacent to properties that are University-owned or controlled by the University under long-term ground leases.

Pursuant to Section 125.38 of the Florida Statutes, the Miami-Dade County Board of County Commissioners may convey the Bob Hope Triangle Properties to a not for profit organization if the properties are needed by the University for public or community interest and welfare purposes. Accordingly, staff recommends that the Board authorize the Chief Executive Officer to seek Board of County Commissioner approval for the conveyance of the Bob Hope Triangle Properties and to take all actions necessary to effectuate the same.

RESOLUTION NO. PHT 06/2023

RESOLUTION AUTHORIZING THE CHIEF EXECUTIVE OFFICER TO SEEK MIAMI-DADE COUNTY BOARD OF COUNTY COMMISSIONER APPROVAL FOR THE CONVEYANCE OF THREE (3) COUNTY-OWNED PROPERTIES CONSISTING OF PROPERTY FOLIOS 01-3135-019-2700, 01-3135-019-2690, AND 01-3135-019-2681 (BOB HOPE TRIANGLE PROPERTIES) TO THE UNIVERSITY OF MIAMI, A NOT-FOR-PROFIT CORPORATION, PURSUANT TO SECTION 125.38 OF THE FLORIDA STATUTES IN EXCHANGE FOR FAIR MARKET VALUE CONSIDERATION TO ALLOW THE UNIVERSITY TO INCORPORATE THE BOB HOPE TRIANGLE PROPERTIES INTO ITS NEW CANCER RESEARCH CENTER PROJECT; FURTHER AUTHORIZING THE CHIEF EXECUTIVE OFFICER TO TAKE ALL ACTION NECESSARY TO EFFECTUATE THE TRANSACTION, INCLUDING EXECUTING AGREEMENTS AND INSTRUMENTS WITH THE UNIVERSITY

Rosa Costanzo, Senior Vice President Strategic Sourcing, Supply Chain Management and Chief Procurement Officer, Jackson Health System

WHEREAS, the University of Miami, a not-for-profit corporation (University), has submitted a formal application to the Trust requesting the conveyance of three (3) County-owned properties consisting of Property Folios 01-3135-019-2700, 01-3135-019-2690, and 01-3135-019-2681 (Bob Hope Triangle Properties) for fair market value consideration to allow the University to incorporate the Bob Hope Triangle Properties into its new Cancer Research Center Properties; and

WHEREAS, the Bob Hope Triangle Properties have a combined lot size of 18,161 square feet or .42 acres and have an appraised value of \$1.7 million; and

WHEREAS, staff evaluated the University's request and determined that there was no current or future need for the Bob Hope Triangle Properties by the Trust due to their size and location relative to other Trust facilities;

WHEREAS, the Bob Hope Triangle Properties may be conveyed by the Miami-Dade County Board of County Commissioners to a not-for-profit organization for public or community interest and welfare purposes upon the Board's finding that such property is not required for County purposes pursuant to Section 125.38 of the Florida Statutes;

WHEREAS, the Trust now seeks to authorize the Chief Executive Officer to seek Board of County Commissioner approval for the conveyance of the Bob Hope Triangle Properties to the University pursuant to Section 125.38 of the Florida Statutes and to take all action necessary to effectuate the same;

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WHEREAS, the Chief Executive Officer of the Trust, the Purchasing and Facilities Subcommittee and the Fiscal Committee recommend approval of this resolution,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY, FLORIDA, that:

Section 1. This Board hereby approves the foregoing recitals.

Section 2. This Board authorizes the Chief Executive Officer to seek Miami-Dade County Board of County Commissioner approval for the conveyance of three (3) County-owned properties consisting of Property Folios 01-3135-019-2700, 01-3135-2690, and 01-3135-019-2681 (Bob Hope Triangle Properties) to the University of Miami pursuant to Section 125.38 of the Florida Statutes in exchange for fair market value consideration to allow the University to incorporate the Bob Hope Triangle Properties into its new Cancer Research Center Project.

Section 3. This Board further authorizes the Chief Executive Officer to take all action necessary to effectuate the transaction, including executing agreements and instruments with the University as appropriate to accomplish the purposes thereof.



TO: Carmen M. Sabater, Chairwoman
and Members, Fiscal Committee

FROM: Rosa Costanzo
Senior Vice President Strategic Sourcing, Supply Chain Management
and Chief Procurement Officer

DATE: June 28, 2023

RE: Conveyance of Two (2) County-owned Properties to the University of Miami for Project Ignite.

Recommendation

Staff recommends that the Public Health Trust Board of Trustees (Board) authorize the Chief Executive Officer to seek Miami-Dade County Board of County Commissioner approval for the 1) conveyance of two (2) County-owned properties consisting of Property Folio 01-3135-057-0030 and a portion of Property Folio 01-3135-066-0010 (Project Ignite Properties) to the University of Miami in exchange for fair market value consideration and 2) amendment of the existing ground lease between Miami-Dade County and the University of Miami (Ground Lease) to remove the Project Ignite Properties to be conveyed from the leased premises.

Scope

The Project Ignite Properties consist of approximately 36,410 square feet of property (.836 acres).

Fiscal Impact

The University has proposed to purchase the Project Ignite Properties from Miami-Dade County for fair market value, as determined by two (2) independent appraisals. Removal of the Project Ignite Properties from the Ground Lease shall also be evaluated as part of the appraisals.

Track Record/Monitor

Dan Chatlos, Director, Real Estate Services, would track and monitor the transaction.

Background

Miami-Dade County and the University of Miami entered into the Ground Lease on February 7, 2006 to allow the University to construct and operate a multispecialty medical practice building and hospital on County-owned property located on the Jackson Memorial Medical Center campus. The Ground Lease is currently scheduled to expire on February 6, 2081.

The University has proposed to construct and operate a new state-of-the art medical education building for the Miller School of Medicine (Project Ignite) located, in part, on the leased premises, and in part, on University-owned property. The University submitted a formal application to the Trust to purchase the Project Ignite Properties from the County instead of continuing to lease them under the Ground Lease due, in part, to the University's determination that permitting and planning approvals for the Project would be impractical otherwise, with Miami-Dade County having jurisdiction over the properties covered by the Ground Lease and the City of Miami having jurisdiction over the rest of the property comprising the Project. If the Project Ignite Properties are conveyed to the University, the City of Miami would maintain jurisdiction over the entire Project.

Pursuant to Section 125.38 of the Florida Statutes, the Miami-Dade County Board of County Commissioners may convey the Project Ignite Properties to a not for profit organization if the properties are needed by the University for public or community interest and welfare purposes. Accordingly, staff recommends that the Board authorize the Chief Executive Officer to seek Board of County Commissioner approval for the conveyance of the Project Ignite Properties and to take all actions necessary to effectuate the same.

RESOLUTION NO. PHT 06/2023

RESOLUTION AUTHORIZING THE CHIEF EXECUTIVE OFFICER TO SEEK MIAMI-DADE COUNTY BOARD OF COUNTY COMMISSIONER APPROVAL FOR THE 1) CONVEYANCE OF TWO (2) COUNTY-OWNED PROPERTIES CONSISTING OF PROPERTY FOLIO 01-3135-057-0030 AND A PORTION OF FOLIO NO. 01-3135-066-0010 (PROJECT IGNITE PROPERTIES) TO THE UNIVERSITY OF MIAMI, A NOT-FOR-PROFIT CORPORATION, PURSUANT TO SECTION 125.38 OF THE FLORIDA STATUTES IN EXCHANGE FOR FAIR MARKET VALUE CONSIDERATION TO ALLOW THE UNIVERSITY TO INCORPORATE THE PROJECT IGNITE PROPERTIES INTO ITS NEW MEDICAL EDUCATION FACILITY PROJECT (PROJECT IGNITE) AND 2) AMENDMENT OF THE EXISTING MEDICAL PRACTICE BUILDING GROUND LEASE BETWEEN MIAMI-DADE COUNTY AND THE UNIVERSITY OF MIAMI DATED FEBRUARY 7, 2006 TO REMOVE THE PROJECT IGNITE PROPERTIES FROM THE LEASED PREMISES; FURTHER AUTHORIZING THE CHIEF EXECUTIVE OFFICER TO TAKE ALL ACTION NECESSARY TO EFFECTUATE THE SAME

Rosa Costanzo, Senior Vice President Strategic Sourcing, Supply Chain Management and Chief Procurement Officer, Jackson Health System

WHEREAS, Miami-Dade County and the University of Miami entered into a ground lease agreement dated February 7, 2006 to allow the University to construct and operate a multi-specialty medical practice building on Jackson Memorial Hospital campus (Medical Practice Building Ground Lease);

WHEREAS, the University has proposed to construct a new medical education facility for the Miller School of Medicine (Project Ignite) located, in part, on County-owned property consisting of Property Folio 01-3135-057-0030 and a portion of Property Folio 01-3135-066-0010 (Project Ignite Properties) which are currently leased to the University under the Medical Practice Building Ground Lease;

WHEREAS, the University of Miami (University) submitted a formal application to the Trust requesting conveyance of the Project Ignite Properties to the University in exchange for fair market value consideration;

WHEREAS, staff evaluated the University's application and determined that there is no current or projected future need for the Project Ignite Properties by the Trust;

WHEREAS, the Project Ignite Properties may be conveyed by the Miami-Dade County Board of County Commissioners to a not-for-profit organization for public or community interest and welfare purposes upon the

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Board's finding that such property is not required for County purposes pursuant to Section 125.38 of the Florida Statutes;

WHEREAS, the Trust now seeks to authorize the Chief Executive Officer to seek Board of County Commissioner approval for the 1) conveyance of the Project Ignite Properties to the University and 2) amendment of the Medical Practice Building Ground Lease to remove the Project Ignite Properties from the leased premises; and

WHEREAS, the Chief Executive Officer of the Trust, the Purchasing and Facilities Subcommittee and the Fiscal Committee recommend approval of this resolution,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY, FLORIDA, that:

Section 1. This Board hereby approves the foregoing recitals.

Section 2. This Board finds that the Project Ignite Properties are not needed for Public Health Trust purposes.

Section 3. This Board finds that the University requires the Project Ignite Properties for a use consistent with its mission, which would promote the community interest and welfare.

Section 4. This Board authorizes the Chief Executive Officer to seek Miami-Dade County Board of County Commissioner approval for the 1) conveyance of two (2) County-owned properties consisting of Property Folio 01-3135-057-0030 and a portion of Property Folio 01-3135-066-0010 (Project Ignite Properties) to the University of Miami, a not-for-profit corporation, pursuant to Section 125.38 of the Florida Statutes in exchange for fair market value consideration to allow the University to incorporate the Project Ignite Properties into its new Medical Education Facility Project (Project Ignite) and 2) amendment of the existing Medical Practice Building Ground Lease Agreement between Miami-Dade County and the University of Miami dated February 7, 2006 pursuant to Section 125.38 of the Florida Statutes to remove the Project Ignite Properties from the leased premises.

Section 5. This Board further authorizes the Chief Executive Officer or his designee to seek any additional authorizations, execute instruments and take all action necessary to effectuate the same.



TO: Carmen M. Sabater, Chairwoman
and Members, Fiscal Committee

FROM: Rosa Costanzo
Senior Vice President Strategic Sourcing, Supply Chain Management
and Chief Procurement Officer

DATE: June 28, 2023

RE: First Amendment to Lease Agreement with University of Miami for Pediatrics Clinic at Jackson West

Recommendation

Staff recommends that the Public Health Trust Board of Trustees authorize the Chief Executive Officer or his designee to execute a First Amendment to Lease Agreement (Amendment) for the Lease Agreement between the Public Health Trust (Landlord) and the University of Miami (Tenant) for space occupied by the University at Jackson West Medical Center located at 2801 N.W. 79th Avenue, Suite 4001, Doral, Florida (Premises).

Scope

The proposed Amendment 1) reduces the Capital Asset Rental Rate paid by Tenant from \$2,826.56 per month to \$1,261.00 per month and 2) revises the indemnification requirements of the parties to be consistent with the most recent agreements with the University at Jackson West Medical Center.

Fiscal Impact

The loss in revenue to the Trust is estimated to be \$1,565.56 per month or \$18,786.72 annually as a result of the reduction in Capital Asset Rental Rate amount.

Track Record/Monitor

Dan Chatlos, Director, Real Estate Services, would track and monitor the Amendment.

Background

The Landlord and Tenant entered into a lease agreement (Lease) to allow the University to operate a pediatrics clinic in the Premises, which was to include the Tenant's rental of certain capital equipment requested by the University. Upon commencement of the Lease, it was determined that not all capital equipment included in the Lease was needed by Tenant for its use within the Premises. As a result, staff obtained an updated Fair Market Value Rental Report (FMV) for the Premises for the purpose of establishing an updated Capital Asset Rental Rate for the capital equipment required by Tenant for its use within the Premises.

Accordingly, the Board's approval of this resolution is recommended to authorize the Chief Executive Officer and or his designee to execute the First Amendment to Lease Agreement, take any other action required to effectuate the same, and to exercise any and all rights conferred therein.

RESOLUTION NO. PHT 06/2023

RESOLUTION AUTHORIZING THE CHIEF EXECUTIVE OFFICER OR HIS DESIGNEE, PURSUANT TO SECTIONS 154.11(1)(F) AND 125.38, FLORIDA STATUTES, AS AMENDED, AND SECTION 25A-4 (D) OF THE CODE OF MIAMI-DADE COUNTY, FLORIDA, TO EXECUTE A FIRST AMENDMENT TO LEASE AGREEMENT WITH UNIVERSITY OF MIAMI, A FLORIDA NOT-FOR-PROFIT CORPORATION FOR THE PREMISES LOCATED AT 2801 N.W. 79TH AVENUE, SUITE 4001, DORAL, FLORIDA AND TO TAKE ALL NECESSARY ACTION TO EFFECTUATE SAME AND TO EXERCISE ALL RIGHTS CONFERRED THEREIN

Rosa Costanzo, Senior Vice President Strategic Sourcing, Supply Chain Management and Chief Procurement Officer, Jackson Health System

WHEREAS, Section 25A-2(a) of the Code of Miami-Dade County, Florida (“Code”) delegates to the Public Health Trust (“Landlord”), the responsibility to operate, maintain and govern the designated facilities including Jackson West Medical Center located at 2801 N.W. 79th Avenue, Doral, Florida (“Jackson West”) ; and

WHEREAS, construction of Jackson West was completed in August 2021 and the new facility includes medical office space available for lease to other medical service providers; and

WHEREAS, the Landlord and University of Miami, a Florida not-for-profit corporation (“Tenant”), entered into that certain Lease Agreement dated October 23, 2021 to allow the University to occupy Suite 4001 for operation of a pediatrics clinic (the “Lease”), which included Tenant paying a monthly Capital Asset Rental Rate of \$2,826.59 for equipment items being provided by the Landlord within the Premises; and

WHEREAS, a Fair Market Value Rental Report was updated for the Premises to remove capital equipment items that were not required for use by the Tenant within the Premises; and

WHEREAS, the Parties desire to modify the Lease to 1) reduce the Capital Asset Rental Rate of \$2,826.59 to \$1,261.00 per month as a result of requested changes in the capital equipment that the Tenant requires within the Premises and to 2) update the indemnification requirements to be consistent with the most recent agreements between the Parties for space at Jackson West; and

WHEREAS, this Board has the authority to lease real property as Landlord to Tenant pursuant to Section 25A-4(d) of the Code and pursuant to Sections 154.11(1)(f) and 125.38, Florida Statutes; and

WHEREAS, the Chief Executive Officer of the Trust, the Purchasing and Facilities Subcommittee and the Fiscal Committee recommend approval of this resolution,

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NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY, FLORIDA, that:

Section 1. This Board hereby approves the foregoing recitals.

Section 2. This Board authorizes the Chief Executive Officer, or his designee, pursuant to Sections 154.11(1)(f) and 125.38, Florida Statutes and Section 25A-4 (d) of the Code of Miami-Dade County, Florida, to execute a First Amendment to Lease Agreement with the University of Miami for the Premises located at 2801 NW 79th Avenue, Suite 4001, Doral Florida; and to take all necessary action to effectuate same and to exercise all rights conferred therein.



TO: Carmen M. Sabater, Chairwoman
and Members, Fiscal Committee

FROM: Isa M. Núñez
Vice President, Facilities Design & Construction

DATE: June 28, 2023

RE: Resolution Authorizing the CEO or his designee to take Necessary Action to Secure the Approval of the Board of County Commissioners to Demolish Buildings on the University of Miami/Jackson Memorial Medical Center campus

Recommendation

In accordance with Chapter 25A-4(d) of the Code of Miami-Dade County, staff recommends that the Board of Trustees authorize the CEO or his designee to seek the approval of the Board of County Commissioners (County Commission) to demolish two buildings on the University of Miami/Jackson Memorial Medical Center campus: Highland Park Pavilion and the Ambulatory Care Center East (ACC East).

The Highland Park Pavilion was decommissioned four years ago, following a thorough review of its potential long-term use. It was determined that the aged building would require extensive, costly repairs in order to meet code requirements. Demolition of the building is planned for this calendar year and the vacated land will remain available for future development. The ACC East building is also planned for future demolition. It is currently in use, but services are being consolidated and all pediatric services will be relocated to the future UHealth Jackson Children's Care Outpatient Pavilion, which will be located steps away from Holtz Children's Hospital. This facility is currently in the planning stage for design, and will consolidate all pediatric ambulatory and outpatient services under one roof. Once that new facility is operational, the Trust plans to demolish ACC East to create additional space for potential future development on the UM/Jackson Memorial Medical Center campus.

Scope

The scope of this resolution is limited to the environmental assessment, environmental remediation, and demolition of Highland Park Pavilion and ACC East at the UM/Jackson Memorial Medical Center campus.

Fiscal Impact/Funding Source

The total project budget to demolish these buildings is estimated to be \$2,000,000 and is expected to be funded from Jackson's operating budget.

Estimated Probable Cost of Building Demolition:

Highland Park Pavilion	\$1,000,000
ACC East	\$1,000,000

Background

The University of Miami/Jackson Memorial Medical Center campus has several dated structures that have been or will be decommissioned due to age and excessive costs needed to repair the buildings to meet code requirements. It is necessary to demolish two existing buildings as follows:

1. Highland Park Pavilion Building, a five-story building that is approximately 66,610 square feet and was built in 1970.
 - Address: 1660 N.W. Seventh Court; Folio #01-3135-070-0010
2. ACC East, a three-story building with a basement that is approximately 63,765 square feet and was built in 1953, with a one-story expansion completed in 1987.
 - Address: 1611 N.W. 12th Avenue; Folio #01-3135-104-0010

It is the intent of the Trust to demolish these structures and leave the vacant land available for future development.

RESOLUTION NO. PHT 06/2023

**RESOLUTION AUTHORIZING THE CEO OR HIS DESIGNEE TO
TAKE NECESSARY ACTION TO SECURE THE APPROVAL OF
THE BOARD OF COUNTY COMMISSIONERS TO DEMOLISH
BUILDINGS ON THE UNIVERSITY OF MIAMI/JACKSON
MEMORIAL MEDICAL CENTER CAMPUS**

*Isa M. Núñez, Vice President Facilities Design & Construction, Jackson
Health System*

WHEREAS, this Board desires to accomplish the purposes outlined in the accompanying memorandum, a copy of which is incorporated herein by reference,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY, FLORIDA, that this Board hereby authorize the CEO or his designee to secure the approval of the Board of County Commissioners (County Commission) to demolish two buildings on the University of Miami/Jackson Memorial Medical Center campus: Highland Park Pavilion and the Ambulatory Care Center East (ACC East) as set forth in the accompanying memorandum.