

SOUTH BROWARD HOSPITAL DISTRICT

**REGULAR MEETING OF THE BOARD OF COMMISSIONERS OF THE
SOUTH BROWARD HOSPITAL DISTRICT**

INCLUDING REPRESENTATIVES OF THE MEDICAL STAFF OF EACH OF ITS HOSPITALS

May 22, 2024

A Regular Meeting of the Board of Commissioners of the South Broward Hospital District (S.B.H.D.) was held in person, and by video and telephone conference, on Wednesday, May 22, 2024, at 5:35 p.m., in the Innovation Center at Memorial Hospital Pembroke, 2301 N. University Drive, Pembroke Pines, Florida, 33024.

The following members were present:

Ms. Elizabeth Justen	Chairwoman	In person
Mr. Steven Harvey	Vice Chairman	Via WebEx
Mr. Douglas Harrison	Secretary Treasurer	In person
Mr. Brad Friedman		In person
Dr. Luis Orta		In person

The following members were absent:

Mr. Jose Basulto
Ms. Laura Raybin Miller

A registration sheet listing attendees in person is on file in the Executive Office.

1. CALL TO ORDER / PUBLIC MEETING CERTIFICATION

There being a physical quorum present, Ms. Justen called the meeting to order and noted that public participation is welcome. She wished Mr. Harrison a Happy Birthday.

Mr. Frank Rainer, Senior Vice President and General Counsel, confirmed and provided certification that all public notice and open meeting (Sunshine) legal requirements had been complied with for this meeting.

2. PRESENTATIONS

a. Request Board Approval of Resolution No. 499 Honoring Juan Martinez, M.D., former Chief of the Medical Staff at Joe DiMaggio Children's Hospital

Ms. Justen read Resolution No. 499 honoring Juan Martinez, M.D.

Mr. Harrison *moved, seconded* by Mr. Friedman, that:

***THE BOARD OF COMMISSIONERS APPROVES RESOLUTION
NO. 499 HONORING JUAN MARTINEZ, M.D., FORMER CHIEF OF
THE MEDICAL STAFF AT JOE DIMAGGIO CHILDREN'S HOSPITAL***

Mr. Harrison thanked Dr. Martinez for attending to the community's needs.

The Motion **carried** unanimously.

Dr. Martinez was presented with an award, together with flowers for his wife, and photographs were taken.

b. Memorial Hospital Pembroke; Ms. Felicia Turnley, Chief Executive Officer, Memorial Hospital Pembroke

Ms. Justen thanked Ms. Turnley for hosting the Board meeting and the tour of Memorial Hospital Pembroke.

Ms. Turnley thanked the Board for choosing to hold their meeting at Memorial Hospital Pembroke, and introduced her administrative team; Mr. David Starnes, Chief Nursing Officer; Dexter Sereda, M.D., Chief Medical Officer; Mr. Patrick Connor, Chief Financial Officer; and Ms. Cassandre Joseph, Director of Human Resources. She additionally recognized the following Medical Staff Officers: Narendra Upadhyaya, M.D., Chief of Staff (who was not in attendance as he was on vacation), Brett Cohen, M.D., Vice Chief of Staff, and Ana Kelegama, M.D., Secretary Treasurer.

Ms. Turnley then gave a presentation on Memorial Hospital Pembroke, including the services it offers and plans for the future.

c. Behavioral Health Services; Tammy Tucker, PSYD, Vice President, Behavioral Health, Memorial Regional Hospital

Tammy Tucker, PSYD, gave a presentation on Behavioral Health Services, including quality and safety initiatives, areas of focus for fiscal year 2025, legislative updates for 2024, and plans for the future. Mr. Friedman thanked Mr. Harrison for pushing for a Behavioral Health Center during his tenure as Board Chairman. Dr. Tucker reported that the Joint Commission had visited the Center and was impressed. Ms. Justen thanked Dr. Tucker for her excellent leadership.

3. APPROVAL OF MINUTES

a. Request Board Approval of the Minutes of the Regular Meeting Held on April 24, 2024

A copy of the Minutes is on file in the Executive Office.

Mr. Harrison **moved, seconded** by Dr. Orta, that:

***THE BOARD OF COMMISSIONERS APPROVES THE MINUTES OF
THE REGULAR MEETING HELD ON APRIL 24, 2024***

The Motion **carried** unanimously.

4. BOARD REGULAR BUSINESS

The Board agreed that the Chiefs of Staff would each present their report, with a Motion made afterwards for approval of all the reports.

a. **Report from the President of the Medical Staff, Memorial Regional Hospital and Joe DiMaggio Children's Hospital; Nigel Spier, M.D.**

1) ***Request Board Approval of the Executive Committee Report Regarding Recommendations for Appointments, Advancements, etc.***

In the absence of Nigel Spier, M.D., Holly Neville, M.D., Chief Physician and Associate Chief Medical Officer, Memorial Healthcare System, presented the Executive Committee Report regarding recommendations for appointments, advancements, etc., convened on May 15, 2024, submitted for consideration, a copy of which is on file in the Executive Office.

b. **Report from the Chief of Staff, Memorial Hospital West; Fausto De La Cruz, M.D.**

1) ***Request Board Approval of the Executive Committee Report Regarding Recommendations for Appointments, Advancements, etc.***

Fausto De La Cruz, M.D., presented the Executive Committee Report regarding recommendations for appointments, advancements, etc., convened on May 13, 2024, submitted for consideration, a copy of which is on file in the Executive Office.

c. **Report from the Chief of Staff, Memorial Hospital Miramar; Juan Villegas, M.D.**

1) ***Request Board Approval of the Executive Committee Report Regarding Recommendations for Appointments, Advancements, etc.***

Juan Villegas, M.D., presented the Executive Committee Report regarding recommendations for appointments, advancements, etc., convened on May 8, 2024, submitted for consideration, a copy of which is on file in the Executive Office.

d. **Report from the Chief of Staff, Memorial Hospital Pembroke; Narendra Upadhyaya, M.D.**

1) ***Request Board Approval of the Executive Committee Report Regarding Recommendations for Appointments, Advancements, etc.***

In the absence of Narendra Upadhyaya, M.D., Brett Cohen, M.D., presented the Executive Committee Report regarding recommendations for appointments, advancements, etc., convened on May 9, 2024, submitted for consideration, a copy of which is on file in the Executive Office.

Dr. Orta ***moved, seconded*** by Mr. Harrison, that:

**THE BOARD OF COMMISSIONERS APPROVES
RECOMMENDATIONS OF THE EXECUTIVE
COMMITTEES OF THE MEDICAL STAFF AT
MEMORIAL REGIONAL HOSPITAL, JOE DIMAGGIO
CHILDREN'S HOSPITAL, MEMORIAL REGIONAL
HOSPITAL SOUTH, MEMORIAL HOSPITAL WEST,
MEMORIAL HOSPITAL MIRAMAR, AND MEMORIAL
HOSPITAL PEMBROKE**

The Motion *carried* unanimously.

e. **Quarterly Statistical Reports; Ms. Leah A. Carpenter, Executive Vice President and Chief Operating Officer**

1) ***Quarterly Statistical Reports for the Period Ending April 30, 2024***

Ms. Carpenter presented the reports for the quarterly period ending April 30, 2024 and took questions. She recognized, and was very proud of, the incredible results achieved by each facility's staff. Mr. Friedman and Ms. Justen congratulated everyone and noted the incredible job they are all doing.

The reports were for information only and no action was required by the Board.

f. **Financial Report; Mr. David Smith, Executive Vice President and Chief Financial Officer**

1) ***Financial Report for the Month of April 2024***

Mr. Smith confirmed that there was no report for April, due to the end of Memorial's fiscal year, and that a report would be presented next month after the completion of the audit.

g. **Legal Report; Mr. Frank Rainer, Senior Vice President and General Counsel**

Mr. Rainer confirmed he had nothing to report this month.

5. **REPORTS TO THE BOARD; REPORTS FROM BOARD OFFICERS AND STANDING COMMITTEES**

a. **Community Relations Committee Meeting Held on May 13, 2024; Mr. Brad Friedman, Chairman**

Mr. Friedman presented the Minutes of the Community Relations Committee meeting held on May 13, 2024, a copy of which is on file in the Executive Office.

Ms. Dionne Blackwood, Vice President, Memorial Primary Care and Ambulatory Services, and Mr. Tim Curtin, Vice President, Community Services, gave a presentation, including an update on Memorial Primary Care, One City at a Time and the Community HUB.

Mr. Friedman thanked Ms. Blackwood and Mr. Curtin, and opined that the department had done a great job in connecting the community to Memorial, noting that some members of the community felt more comfortable going to the mobile buses than going to the hospitals.

1) ***Request Board Approval of the Minutes of the Community Relations Committee Meeting Held on May 13, 2024***

Dr. Orta *moved, seconded* by Mr. Harrison, that:

**THE BOARD OF COMMISSIONERS APPROVES THE
MINUTES OF THE COMMUNITY RELATIONS COMMITTEE
MEETING HELD ON MAY 13, 2024**

The Motion *carried* unanimously.

b. Building Committee Meeting Held on May 13, 2024; Mr. Jose Basulto, Chairman

In the absence of Mr. Basulto, Mr. Friedman presented the Minutes of the Building Committee meeting held on May 13, 2024, a copy of which is on file in the Executive Office. Mr. Mark Greenspan, Vice President, Construction and Property Management, then gave details of the items discussed at the meeting. A discussion took place on the expansion costs for Memorial Regional Hospital. Mr. Harrison requested that this be made a line item in the budget.

1) *Request Board Approval of the Minutes of the Building Committee Meeting Held on May 13, 2024*

Mr. Harrison asked that an amendment be made to Minute number three (Projects in Planning Report) as follows: that no additional spending takes place, outside of what has been agreed. He confirmed that the Board will not vote on Motions without knowing full costs. This was agreed by the other Board members.

Mr. Harrison *moved, seconded* by Dr. Orta, that:

***THE BOARD OF COMMISSIONERS APPROVES THE
MINUTES OF THE BUILDING COMMITTEE MEETING HELD
ON MAY 13, 2024, AS AMENDED***

The Motion *carried* unanimously.

c. Finance Committee Meeting Held on May 15, 2024; Ms. Elizabeth Justen, Chairwoman

Ms. Justen presented the Minutes of the Finance Committee Meeting held on May 15, 2024, a copy of which is on file in the Executive Office. Mr. Veda Rampat, Vice President and Treasurer, then gave details of the items discussed at the meeting.

1) *Request Board Acceptance of the Quarterly Operating Funds Performance Report – Executive Summary for the Quarter Ending March 31, 2024*

Mr. Harrison *moved, seconded* by Dr. Orta, that:

***THE BOARD OF COMMISSIONERS ACCEPTS THE
QUARTERLY OPERATING FUNDS PERFORMANCE REPORT
– EXECUTIVE SUMMARY FOR THE QUARTER ENDING
MARCH 31, 2024***

The Motion *carried* unanimously.

2) *Request Board Acceptance of the Quarterly Retirement Plan Performance Report – Executive Summary for the Quarter Ending March 31, 2024*

Mr. Friedman *moved, seconded* by Dr. Orta, that:

***THE BOARD OF COMMISSIONERS ACCEPTS THE
QUARTERLY RETIREMENT PLAN PERFORMANCE REPORT***

**– EXECUTIVE SUMMARY FOR THE QUARTER ENDING
MARCH 31, 2024**

The Motion *carried* unanimously.

- 3) ***Request Board Acceptance of the Quarterly Defined Contribution Plans Performance Report – Executive Summary for the Quarter Ending March 31, 2024***

Mr. Friedman *moved, seconded* by Mr. Harrison, that:

***THE BOARD OF COMMISSIONERS ACCEPTS THE
QUARTERLY DEFINED CONTRIBUTION PLANS
PERFORMANCE REPORT – EXECUTIVE SUMMARY FOR THE
QUARTER ENDING MARCH 31, 2024***

The Motion *carried* unanimously.

- 4) ***Request Board Approval of the Minutes of the Finance Committee Meeting Held on May 15, 2024***

Dr. Orta *moved, seconded* by Mr. Harrison, that:

***THE BOARD OF COMMISSIONERS APPROVES THE
MINUTES OF THE FINANCE COMMITTEE MEETING HELD ON
MAY 15, 2024***

The Motion *carried* unanimously.

d. Contracts Committee Meeting Held on May 15, 2024; Mr. Steven Harvey, Chairman

Mr. Harvey presented the Minutes of the Contracts Committee Meeting held on May 15, 2024, a copy of which is on file in the Executive Office. Mr. Vedner Guerrier, Executive Vice President and Chief Transformation Officer, then gave details of the individual contracts.

The Board agreed that the physicians' contract details would be given first, with a Motion made afterwards to approve their contracts.

- 1) ***Request Board Approval of the New Physician Employment Agreement between Sonya Tuerff, M.D., for Medical Director, Vascular Surgery, MHW / MHM Services, and South Broward Hospital District***
- 2) ***Request Board Approval of the New Physician Employment Agreement between Hyun Woo Kim, M.D., for Interventional Neurology Services, and South Broward Hospital District***
- 3) ***Request Board Approval of the Renewal Physician Employment Agreement between Jennifer Zikria, M.D., for Hematology and Oncology Services, and South Broward Hospital District***
- 4) ***Request Board Approval of the Renewal Physician Employment Agreement between Jayant Nath, M.D., for Cardiology – Advanced Imaging Services, and South Broward Hospital District***

- 5) ***Request Board Approval of the Renewal Physician Employment Agreement between Gelenis Calzadilla Domingo, M.D., for Adult Hematology and Oncology Services, and South Broward Hospital District***
- 6) ***Request Board Approval of the Renewal Professional Services Agreement between Pediatrix Medical Group of Florida, Inc., for Neonatology Services, and South Broward Hospital District***
- 7) ***Request Board Approval of the New Physician Employment Agreement between Jennifer Goldman, D.O., for Vice President and Chief Medical Information Officer, and Chief, Memorial Primary Care Services, and South Broward Hospital District***

Mr. Guerrier then reported on additional contracts, presented for information only.

Dr. Orta commented that the contract agreement for Dr. Goldman had been submitted much later than the others, and whilst he had no issue with Dr. Goldman herself, he had reservations about accepting the contract agreement without further discussion, to address some questions he had. A discussion subsequently took place, with it noted that Dr. Goldman is taking on a greater amount of work, and whether this would pose a problem for her.

After discussion, it was agreed to vote on the first six contracts.

Mr. Harrison ***moved, seconded*** by Mr. Friedman, that:

THE BOARD OF COMMISSIONERS APPROVES THE NEW PHYSICIAN EMPLOYMENT AGREEMENT BETWEEN SONYA TUERFF, M.D., FOR MEDICAL DIRECTOR, VASCULAR SURGERY, MHW / MHM SERVICES, AND SOUTH BROWARD HOSPITAL DISTRICT

THE BOARD OF COMMISSIONERS APPROVES THE NEW PHYSICIAN EMPLOYMENT AGREEMENT BETWEEN HYUN WOO KIM, M.D., FOR INTERVENTIONAL NEUROLOGY SERVICES, AND SOUTH BROWARD HOSPITAL DISTRICT

THE BOARD OF COMMISSIONERS APPROVES THE RENEWAL PHYSICIAN EMPLOYMENT AGREEMENT BETWEEN JENNIFER ZIKRIA, M.D., FOR HEMATOLOGY AND ONCOLOGY SERVICES, AND SOUTH BROWARD HOSPITAL DISTRICT

THE BOARD OF COMMISSIONERS APPROVES THE RENEWAL PHYSICIAN EMPLOYMENT AGREEMENT BETWEEN JAYANT NATH, M.D., FOR CARDIOLOGY – ADVANCED IMAGING SERVICES, AND SOUTH BROWARD HOSPITAL DISTRICT

THE BOARD OF COMMISSIONERS APPROVES THE RENEWAL PHYSICIAN EMPLOYMENT AGREEMENT BETWEEN GELENIS CALZADILLA DOMINGO, M.D.,

FOR ADULT HEMATOLOGY AND ONCOLOGY SERVICES, AND SOUTH BROWARD HOSPITAL DISTRICT

THE BOARD OF COMMISSIONERS APPROVES THE RENEWAL PROFESSIONAL SERVICES AGREEMENT BETWEEN PEDIATRIX MEDICAL GROUP OF FLORIDA, INC., FOR NEONATOLOGY SERVICES, AND SOUTH BROWARD HOSPITAL DISTRICT

The Motion *carried* unanimously.

It was then agreed to vote on Dr. Goldman's contract.

Mr. Harrison *moved, seconded* by Mr. Friedman, that:

THE BOARD OF COMMISSIONERS APPROVES THE NEW PHYSICIAN EMPLOYMENT AGREEMENT BETWEEN JENNIFER GOLDMAN, D.O., FOR VICE PRESIDENT AND CHIEF MEDICAL INFORMATION OFFICER, AND CHIEF, MEMORIAL PRIMARY CARE SERVICES, AND SOUTH BROWARD HOSPITAL DISTRICT

The Motion *carried*, with Dr. Orta voting nay.

8) Request Board Approval of the Minutes of the Contracts Committee Meeting Held on May 15, 2024

Mr. Harrison *moved, seconded* by Mr. Friedman, that:

THE BOARD OF COMMISSIONERS APPROVES THE MINUTES OF THE CONTRACTS COMMITTEE MEETING HELD ON MAY 15, 2024

The Motion *carried* unanimously.

6. REPORT OF SPECIAL COMMITTEES

None.

7. ANNOUNCEMENTS

None.

8. UNFINISHED BUSINESS

None.

9. NEW BUSINESS

None.

10. PRESIDENT'S COMMENTS

Mr. Scott Wester, President and Chief Executive Officer of Memorial Healthcare System, gave a presentation to the Board.

The presentation included the celebration of Nurses Week and Hospital Week across the System, and the positive feedback from the Joint Commission surveys. The presentation also gave an update on quality, service, growth (including advertisements for Memorial at Fort Lauderdale airport), people, finance, and community. It also confirmed Memorial's appearance in the list of Best Places to Work for 2024.

Mr. Wester thanked Ms. Justen and Mr. Friedman for attending the Memorial Nurses Strategic Plan event, and thanked Ms. Monica Puga, Senior Vice President and Chief Nurse Executive, and the Chief Nursing Officers, for putting the event together.

He thanked Ms. Justen for attending the Joint Commission opening conference.

Finally, he thanked Mr. Joe Stuczynski, Ms. Caitlin Stella, Chief Executive Officer of Joe DiMaggio Children's Hospital, and Mr. Steven Demers, Chief Executive Officer of Memorial Hospital Miramar, for their involvement in the 2024 March of Dimes.

11. CHAIRWOMAN'S COMMENTS

After allowing the other Board members to give their comments first, Ms. Justen thanked Ms. Ivonne Diaz and Ms. Cheryl Yeo, Senior Executive Assistants to Mr. Wester, for their assistance to the Board.

She thanked everyone involved in the preparation for tonight's meeting, as follows:

- Mr. Angelo Spetsiotes, Director, and Ms. Veronica Serrano, Assistant Director, and the Food and Nutrition team;
- Mr. Robert Menendez, Mr. Michael Rodriguez del Rey, Mr. Eugene Krawec, and Mr. Enrique Arguello of the IT team;
- Mr. Matthew Horne, Director, and Mr. Jason Rodriguez, Administrative Assistant, of the Property Management team;
- Mr. William Bamford, Director of Security, and
- Ms. Contessa Ray, Executive Assistant to Ms. Felicia Turnley

Ms. Justen noted the significance of the Joint Commission visit, and the results were a testament to staff's efforts. She reported that the Board was holding a number of very productive meetings to solidify future goals. She confirmed that work was taking place to produce a new Strategic Plan and regarding Succession Planning. She noted that some staff have left Memorial to join Broward Health.

12. COMMISSIONERS' COMMENTS

Dr. Orta was happy to see everyone, due to attending the previous meeting virtually. He thanked everyone for their kind words, and thanked Mr. Scott Wester, Mr. Vedner Guerrier, and Mr. Irfan Mirza, Vice President of Finance, for their time in answering his questions regarding the contracts. He reminded everyone that people can disagree, but should still respect each other. He thanked Ms. Diaz for delivering meeting paperwork to him.

Mr. Friedman was inspired by everyone and hoped that the Board inspired everyone in return. He quoted a known saying “If you look at the people in your circle and you don’t get inspired, you don’t have a circle, you have a cage”. He thanked Ms. Leah Carpenter for her report.

Mr. Harrison thanked everyone for their hard work and appreciated their efforts.

Mr. Harvey thanked Ms. Diaz and Ms. Yeo for taking care of the Board members. He informed Dr. Orta that he and his wife were in his thoughts. He thanked everyone for everything they do and for making everything work seamlessly.

13. ADJOURNMENT

There being no further business to come before the Board, Ms. Justen declared the meeting adjourned at 8:20 p.m.

THE BOARD OF COMMISSIONERS OF THE SOUTH BROWARD HOSPITAL DISTRICT

BY: _____
Elizabeth Justen, Chairwoman

ATTEST: _____
Douglas Harrison, Secretary Treasurer



June 19, 2024

Ms. Elizabeth Justen
 Chairwoman
 Board of Commissioners
 South Broward Hospital District

Dear Ms. Justen:

The Executive Committees of the Medical Staff met on these dates:

- Memorial Regional Hospital (MRH) and Joe DiMaggio Children’s Hospital (JDCH) on June 19, 2024
- Memorial Hospital West (MHW) on June 10, 2024
- Memorial Hospital Pembroke (MHP) on June 13, 2024
- Memorial Hospital Miramar (MHM) on June 12, 2024

All committees made a recommendation to accept the report of the Credentials Committee as follows:

That the following applicants be approved for membership as indicated:

New Applicant Name	Specialty (Sponsor)	Status	Adult & Pediatrics	MRH	MHW	MHP	MHM	JDCH	Term	Action by Committee
Ahing, Ayanna Maria, DO	Internal Medicine	Active	Adult	X	X	X	X		2 years	
Al Houry, Alex Aziz, MD	Gastroenterology	Active	Adult	On staff	On staff	X			2 years	
Ali, Sadia Anees, MD	Family Medicine (Primary Care)	Active	Adult & Pediatrics	X	X	X	X		2 years	
Amin, Harshad Vithalbhai, MD	Oncology and Hematology	Active	Adult		X				2 years	
Beguiristain, Clara Huebra, PA	Pediatric Surgery (Drs. Holly Neville; Oliver Lao; Noor Kassira; Jill Whitehouse; Yangyang Yu; Tamar Levene &	APP	Pediatrics	X				X	1 year	Recommend one (1) year appointment pending FPPE.

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New Applicant Name	Specialty (Sponsor)	Status	Adult & Pediatrics	MRH	MHW	MHP	MHM	JDCH	Term	Action by Committee
	Moiz Mustafa)									
Berlin, Julian, DDS	Pediatric Dentist	Active	Pediatrics					X	2 years	
Bogard, Shyrlena Laquonda, MD	Obstetrics and Gynecology	Active	Adult		X				2 years	
Cadiz, Alan Angel, DO	Pediatrics	Active	Pediatrics					X	2 years	
Carney, Laura Charlotte, APRN	Anesthesiology (Dr. Kiesha Raphael)	APP	Adult & Pediatrics	X	X	X	X	X	2 years	
Castro-Frenzel, Karla J., MD	Anesthesiology	Active	Adult & Pediatrics	X	X	X	X	X	2 years	
Dileo, Christine, DO	Obstetrics and Gynecology	Active	Adult		X		X		2 years	Circumcision - First three (3) cases must be proctored.
Edwards Marzan, Luisa, Julynette, MD	Pediatrics	Active	Pediatrics	X	X		X	X	2 years	
Estupinan, Johana, APRN	Gastroenterology (Drs. John Rivas & Jose Gonzalez-Martinez)	APP	Adult		X	X			2 years	
Feather, Justin Erik, DO	Pediatrics	Active	Pediatrics					X	2 years	
Garcia Chiroles, Patricia, MD	Gastroenterology	Active	Adult		X	X	X		2 years	

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New Applicant Name	Specialty (Sponsor)	Status	Adult & Pediatrics	MRH	MHW	MHP	MHM	JDCH	Term	Action by Committee
Garcia Luzardo, Patricia, APRN	Gastroenterology (Dr. John Rivas)	APP	Adult		X	X			2 years	
Gonzalez Martinez, Jose Lisandro, MD	Gastroenterology	Active	Adult		On staff	On staff	X		2 years	
Hoogendoorn, Joris Joseph, MD	Emergency Medicine	Active	Adult	X	X	X			2 years	
Husain, Sumair Moinuddin, MD	Neurointraoperative Monitorist	Active	Adult & Pediatrics	X	X			X	2 years	
Jovanovic, Igor, MD	Anatomic and Clinical Pathology	Active	Adult & Pediatrics	X	X	X	X	X	2 years	
Kinchelow-Kulendran, Tosca J., MD	Orthopedic Surgery	Active	Adult		X				2 years	
Koshy, Bindu, APRN	Advanced Heart Failure and Transplant Cardiology (Drs. Miguel Castro; Priyanka Gosain; Mariella Martinez; Iani Patsias & Namita Joseph)	APP	Adult	X	X	X	X		2 years	
Lanoué, Alix, MD	Gastroenterology	Active	Adult	On staff	On staff	X			2 years	
Lobo Alvarado, Jennifer Sarai, APRN	Transplant Surgery & Cardiac Surgery (Drs. Jose Perez Garcia; Tae Song; I-wen Wang; Frank	APP	Adult	X					2 years	

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New Applicant Name	Specialty (Sponsor)	Status	Adult & Pediatrics	MRH	MHW	MHP	MHM	JDCH	Term	Action by Committee
	Scholl; Steven Bibeviski & John Dentel)									
Marcus, Jonathan E., MD	Critical Care Medicine	Active	Adult	X	X	X	X		2 years	
Matei, Mihaela Elena, DO	Emergency Medicine	Active	Adult	On staff		X			2 years	
Mazuera Pelaez, Julian De Jesus	Surgical Assistant	AHP	Adult & Pediatrics	X	X	X			2 years	
Molfetto, Gianfranco, DO	Anesthesiology	Active	Adult & Pediatrics	X	X	X	X	X	2 years	
Molina, Fergie Alexa, DMD	Pediatric Dentist	Active	Pediatrics					X	2 years	
Murphy, Marie Jamie, MD	Emergency Medicine	Active	Adult		X				2 years	
Nagy, Cristina, APRN	Advanced Heart Failure and Transplant Cardiology (Drs. Priyanka Gosain; Iani Patsias; Miguel Castro; Mariella Velez Martinez & Namita Joseph)	APP	Adult	X	X	X	X		2 years	
Parra, Cristina M., CCP	Perfusionist (Dr. Michael Cortelli)	AHP	Adult	X					2 years	

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New Applicant Name	Specialty (Sponsor)	Status	Adult & Pediatrics	MRH	MHW	MHP	MHM	JDCH	Term	Action by Committee
Pham, Tiffany Thienthao MD	Plastic Surgery	Active	Adult & Pediatrics		X		X		2 years	
Prado, Patricia Tania, APRN	Pediatrics (Dr. Zafar Qureshi)	APP	Pediatrics					X	2 years	
Rivas, John Manuel, MD	Gastroenterology	Active	Adult	On staff	On staff	On staff	X		2 years	
Roberts, Michael Charles, MD	Diagnostic Radiology	Active	Adult & Pediatrics	On staff	On staff	On staff	On staff	X	2 years	
Romano, Mark Adrian, DO	Surgery	Active	Adult	On staff	On staff	On staff	X		2 years	Robotics Assisted Surgery - First three (3) cases must be proctored.
Saeed, Irfan, APRN	Anesthesiology (Dr. Kiesha Raphael)	APP	Adult & Pediatrics	On staff	On staff	On staff	On staff	X	2 years	
Salama, Moises, MD	Plastic Surgery	Active	Adult	X					2 years	
Samuel, Eric Barron, MD	Family Medicine	Active	Adult & Pediatrics	X					2 years	
Sandoval, Oswaldo S., MD	Family Medicine	Active	Adult		X				2 years	
Santa Ines, Lata Gupta, MD	Obstetrics and Gynecology	Active	Adult		X		X		2 years	Circumcision - First three (3) cases must be proctored.
Saul, Jerome Philip, MD	Electrophysiology	Active	Adult & Pediatrics	X				X	2 years	

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New Applicant Name	Specialty (Sponsor)	Status	Adult & Pediatrics	MRH	MHW	MHP	MHM	JDCH	Term	Action by Committee
Shemesh, Justin, DO	Family Medicine	Active	Adult	X	X	X	X		2 years	
Shulman, Jesse Martin, DO	Emergency Medicine	Active	Adult	X	X	X			2 years	
Simpson, David Robert, MD	Orthopedic Surgery	Active	Adult	X					2 years	
Swanson, Heather Lynn, PA	Transplant Nephrology/ Transplant Surgery (Drs. Basit Javaid; Edson Franco; Joseph Africa & Seyed Ghasemian)	APP	Adult	X					2 years	
Torres, Michele Doreen, MD	Family Medicine	Active	Adult	X	X	X	X		2 years	
Tuerff, Sonya, MD	Vascular Surgery	Active	Adult & Pediatrics	X	X	X	X	X	2 years	
Vachon, Nathalie, APRN	Emergency Medicine (Dr. Steven Katz)	APP	Adult	X	X	X	X		2 years	
Yousef, Yasmine, MD	Pediatric Surgery	Active	Pediatrics	X			X	X	2 years	
Zamora Jr., Rolando, MD	Emergency Medicine	Active	Adult	X	X	X			2 years	Use of Ultrasound - Twenty-five (25) cases must be proctored.
Zhang, Ligu, APRN, CRNA	Anesthesiology (Dr. Kiesha Raphael)	APP	Adult & Pediatrics	X	X	X	X	X	2 years	

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That the following applicants for reappointment be approved as indicated:

Reappointment Applicant Name	Specialty (Sponsor)	Date	Age Category	MRH	MHW	MHP	MHM	JDCH	Term	Action by Committee
Aghion MD, Daniel Maurice	Neurosurgery	7/1/2024	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	
Akhavan AA, Sabrina	Anesthesiologist Assistant (Dr. Cameron Howard)	7/1/2024	Adult & Pediatrics	APP	APP	APP	APP	APP	2 years	
Al Khoury MD, Alex Aziz	Gastroenterology	9/1/2024	Adult	Active	Active				2 years	Recommend two (2) years reappointment and the relinquishment of Moderate Sedation privileges.
Ale MD, Hanadys	Pediatric Allergy and Immunology	7/1/2024	Adult & Pediatrics	Active	Active		Active	Active	2 years	
Altamirano PA, Rosa Antonella	Oncology and Hematology (Dr. Matthew Taub)	7/1/2024	Adult		APP	APP	APP		2 years	
Amante DPM, Gregory Robert	Podiatry	7/1/2024	Adult & Pediatrics	Consulting					2 years	
Andrade PA, Denisse Ivette	Surgical Assistant (Dr. Farid Assouad)	7/1/2024	Adult & Pediatrics	AHP	AHP	AHP			2 years	
Aronovitz MD, Amy Gross	Endocrinology, Diabetes and Metabolism	7/1/2024	Adult	Active	Active	Active	Active		2 years	
Ayres MD, Karen	Diagnostic Radiology	7/1/2024	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	
Bates APRN, CRNA, Tamika Ann	Nurse Anesthetist (Dr. Victor Luis Rodriguez)	7/1/2024	Adult & Pediatrics	APP	APP	APP	APP	APP	2 years	

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Beiro MD, Zaimat	Internal Medicine	7/1/2024	Adult		Active	Active	Active		2 years	
Belean PA, Maria Magdalena	Urology (Dr. Jonathan Masel)	7/1/2024	Adult	APP		APP			2 years	
Betancourt MD, Boris	Pulmonary Disease	7/1/2024	Adult	Active	Active	Active			2 years	Recommend two (2) years reappointment and the relinquishment of Moderate Sedation privileges.
Bloomquist MD, Erica Victoria	Surgical Oncology	7/1/2024	Adult	Active	Active	Active	Active		2 years	
Boe MD, Brian Alan	Pediatric Cardiology	7/1/2024	Pediatrics	Active				Active	2 years	Recommend two (2) years reappointment and the relinquishment of Moderate Sedation privileges.
Bolanos AA, Edward DeJesus	Anesthesiologist Assistant (Dr. Clint Christensen)	7/1/2024	Adult & Pediatrics	APP	APP	APP	APP	APP	2 years	
Broudo MD, Mark	Plastic Surgery	7/1/2024	Adult	Active		Active			2 years	
Brown PA, Shelly-Ann	Neonatal Perinatal Medicine (Drs. Cherie Foster; Mesfin Afework; Yasser Al- Jebawi; Richard Auerbach; Sharell Bindom;	7/1/2024	Pediatrics		APP		APP	APP	2 years	

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	Gianina Davila; Cristian Esquer; Cherie Foster; Vicki Johnston; Doron Kahn; Lester McIntyre; Estela Rodrigues; Bruce Schulman; Mona Suhayl Tabbara; Flavio Soliz; Pablo Valencia; Angela Hernandez; Mariela Rosado; Max Shenberger; & Ruxandra Faraon-Pogaceanu)									
Bubucea, Mariana, MD	Obstetrics and Gynecology	7/1/2024	Adult	Active			Active		2 years	
Bush MD, Allyson Hodgkins	Pediatric Gastroenterology	7/1/2024	Pediatrics	Active	Active	Active	Active	Active	2 years	
Buttrick MD, Simon S	Neurosurgery	7/1/2024	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	
Carcamo MD, Wendy Cristina	Pediatric Critical Care Medicine	7/1/2024	Pediatrics					Active	2 years	
Caruana MD, Albert G Jr	Ophthalmology	7/1/2024	Adult	Active	Active				2 years	
Casanova MD, Paola	Cardiovascular Disease	7/1/2024	Adult	Active	Active	Active	Active		2 years	
Cepeda MD, Catherine	Obstetrics and Gynecology	7/1/2024	Adult & Pediatrics	Active	Active				6 months	Recommend six (6) months

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										reappointment due to Robotic Assisted Surgery case volume, reporting 9 out of 20 cases. Endometrial Ablation - Proctoring of three (3) cases pending.
Chang MD, Yatng	Pediatric Allergy and Immunology	7/1/2024	Pediatrics	Active	Active	Active	Active	Active	2 years	
Chocron Kaswan MD, Isaac Marco	Ophthalmology	7/1/2024	Adult	Active					2 years	
Chrisant MD, Maryanne Regina	Pediatric Cardiology	7/1/2024	Pediatrics	Active				Active	2 years	
Clark-Loeser MD, Lesley Rose	Dermatology	7/1/2024	Adult		Active				2 years	
Clayton MD, Kelly Marie	Pediatric Emergency Medicine	7/1/2024	Pediatrics		Active		Active	Active	2 years	
Coburn PA, Colleen Bennett	Surgical Assistant (Dr. Farid Assouad)	7/1/2024	Adult & Pediatrics	AHP	AHP	AHP			2 years	
Cox MD, Taylor James	Anesthesiology	7/1/2024	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	
Danastor MD, Tahnier	Obstetrics and Gynecology	7/1/2024	Adult		Active				2 years	

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Daniel APRN, Megan Elizabeth	Pediatric Urology (Dr. Rafael Gosalbez)	7/1/2024	Pediatrics					APP	2 years	
De Guzman APRN, Liezel Meing	Internal Medicine (Dr. Alvin Gutierrez)	7/1/2024	Adult		APP				2 years	
De La Matta Rodriguez MD, Claudia Patricia	Infectious Disease	7/1/2024	Adult	Active	Active		Active		2 years	
Delgado-Lebron MD, Joanne Marie	Physical Medicine and Rehabilitation	7/1/2024	Adult	Active	Active	Active	Active		2 years	
Desai DO, Amisha	Pediatric Hospice and Palliative Medicine	7/1/2024	Pediatrics	Active				Active	2 years	
Despaigne APRN, Mercedes	Surgery (Drs. Joseph Melendez-Davidson; Michael Mallis & Jeremy Gallego Eckstein)	7/1/2024	Adult	APP		APP			2 years	
Diab MD, Diab	Emergency Medicine	7/1/2024	Adult	Active					2 years	
Diaz Acosta MD, Rafael	Surgery	7/1/2024	Adult		Active	Active			6 months	Recommend six (6) months reappointment due to Robotic Assisted Surgery case volume, reporting 16 out of 20 cases.
Dixon APRN, Tamara	Cardiovascular Disease & Electrophysiology (Drs. Ryan Sevel;	7/1/2024	Adult	APP	APP	APP	APP		2 years	

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	Walif Aji; Alian Aguila; Juan Brenes; Paola Casanova; Michael Entenberg; Chao-Wen Lee; Eli Friedman; Selbourne Goode; Vamsi Pavuluri; Ruchi Patel; Anand Desai; Jose Guzman; Daniel Benhayon; Demetrio Castillo; John Cogan; Ralph Levy; Julio Peguero; Lawrence Reiss; Sunay Shah; Inbar Saporta; Ethan Siev; Lynda Otalvaro Orozco; Minaba Wariboko; Adetola Ladejobi; Josh Saef; Alvaro Vargas & Jayant Nath)									
Dixon-Banks APRN, CRNA, Sharese Ameka	Nurse Anesthetist (Dr. Van Nguyen)	7/1/2024	Adult & Pediatrics	APP	APP	APP	APP	APP	1 year	Recommend one (1) year reappointment due to practice evaluation.
Do MD, Think Duc	Anesthesiology	7/1/2024	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	
Domingo MD, Gelenis Calzadilla	Oncology and Hematology	7/1/2024	Adult	Active	Active	Active	Active		2 years	
Domond CCP, Victoria	Perfusionist (Dr. Juan Plate)	7/1/2024	Adult & Pediatrics	AHP					2 years	

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Dunn MD, Sarah Ashley	Anesthesiology	7/1/2024	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	
Eggers MD, Hilary Helen	Obstetrics and Gynecology	7/1/2024	Adult	Active				Active (GYN ONLY)	2 years	Recommend two (2) years reappointment and the relinquishment of Endometrial Ablation privileges.
Fernandez MD, Erika Rose	Pediatrics	7/1/2024	Pediatrics	Active	Active		Active	Active	2 years	Recommend two (2) years reappointment with a change in privileges at MRH and JDCH from Core Pediatrics to Normal Newborn Nursery. Committee also accepted the relinquishment of Lumbar Puncture privileges.
Fishman DO, Mark Steven	Physical Medicine and Rehabilitation	7/1/2024	Adult				Active		2 years	
Gagne DO, Martin Lewis	Emergency Medicine	7/1/2024	Adult	Active	Active				2 years	
Gehy PA, Pascale	Emergency Medicine (Dr. Adam Rubin)	7/1/2024	Adult	APP					2 years	
Gilles MD, Jerry Max	Maternal Fetal Medicine	7/1/2024	Adult	Active	Active		Active		2 years	

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Glassman MD, Michael Louis	Ophthalmology	7/1/2024	Adult & Pediatrics		Active				2 years	
Gomez MD, Narciso Lino	Colon and Rectal Surgery	7/1/2024	Adult		Active	Active	Active		6 months	Recommend six (6) months reappointment due to low patient encounters, reporting 19 out of 20 encounters during a 2 year period.
Gopalakrishnan APRN, Smitha	Endocrinology, Diabetes and Metabolism (Dr. Arnaldo Villafranca III)	7/1/2024	Adult	APP					2 years	
Gordner DO, Chelsea Collins	Endocrinology, Diabetes and Metabolism	7/1/2024	Adult & Pediatrics	Active	Active	Active	Active	Active	1 year	Recommend one (1) year reappointment pending Endocrinology, Diabetes and Metabolism Board recertification, expired 12/31/2023.
Green APRN, Elaine R	Neonatal Perinatal Medicine (Drs. Cherie Foster; Richard Auerbach; Sharell Bindom; Gianina Davila; Mariela Sanchez Rosado; Max Shenberger; Ruxandra Faraon-	7/1/2024	Pediatrics		APP		APP	APP	2 years	

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	Pogaceanu; Mesfin Afework; Yasser Al-Jebawi; Lester McIntyre; Bruce Schulman; Cristian Esquer; Vicki Johnston; Doron Kahn; Estela Rodriguez Pina; Mona Shehab; Flavio Soliz; Pablo Valencia & Angela Hernandez)									
Grobman MD, Ariel Benjamin	Otolaryngology/ Head and Neck Surgery	7/1/2024	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	
Guevara APRN, Winston Odel	Electrophysiology (Drs. Awais Humayun & Ronoel Penalver)	7/1/2024	Adult	APP	APP	APP	APP		2 years	
Guimet PA, Ximena	Internal Medicine (Dr. Fausto De La Cruz)	7/1/2024	Adult		APP		APP		2 years	
Helo MD, Giselle	Anesthesiology	7/1/2024	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	Recommend two (2) years reappointment with additional privilege for: Perioperative point-of-care ultrasound.
Hernandez APRN, CRNA, Ingrid Agnes	Nurse Anesthetist (Dr. Kiesha Raphael)	7/1/2024	Adult & Pediatrics	APP	APP	APP	APP	APP	2 years	
Hertzler MD, Dean Allen II	Pediatric Neurosurgery	7/1/2024	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	

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Iglesias, Lysette, MD	Pediatric Endocrinology	7/1/2024	Pediatrics					Active	2 years	Recommend two (2) years reappointment with a transfer to Community Affiliated Staff.
Ivanova MD, Elitsa Krumova	Diagnostic Radiology	7/1/2024	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	
Jean-Baptiste MD, Hans	Obstetrics and Gynecology	7/1/2024	Adult	Active	On staff (4/24/2024)		Active		6 months	Recommend six (6) months reappointment due to low patient encounters, reporting 18 out of 20 encounters in a 2 year period. Committee also recommended to discontinue Core Privileges in Obstetrics at MRH and MHM for failure to meet criteria, reporting 6 out of 30 OB cases.
Jeffrey MD, Nicholas Oliver	Obstetrics and Gynecology	7/1/2024	Adult & Pediatrics	Active			Active	Active (GYN ONLY)	2 years	
Johnson APRN, Jophin	Family Medicine (Dr. Scott English)	7/1/2024	Adult	APP					2 years	

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Joseph MD, Ben	Orthopedic Surgery	7/1/2024	Adult		Active				3 months	Recommend three (3) months reappointment pending confirmation of compliance with FL DOH disciplinary action. Committee also accepted the relinquishment of Moderate Sedation privileges.
Kamal MD, Haris	Vascular Interventional Neurology	7/1/2024	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	
Kamel MD, George Nabil	Pediatric Plastic Surgery	7/1/2024	Pediatrics	Active	Active		Active	Active	2 years	
Katzin DO, Daniel	Emergency Medicine	7/1/2024	Adult	Active	Active				2 years	Deep Sedation privileges not approved for failure to meet criteria, reporting 0 out of 5 cases.
Khan MD, Yasmeen Rahman	Allergy and Immunology	7/1/2024	Adult & Pediatrics		Active				2 years	
Kherada MD, Nisharahmed Ishakbhai	Interventional Cardiology	7/1/2024	Adult	Active	Active	Active	Active		2 years	

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Kirzner MD, Kenneth L.	Anesthesiology	7/1/2024	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	
Kohen MD, Brian	Emergency Medicine	7/1/2024	Adult	Active	Active	Active	Active		6 months	Recommend six (6) months reappointment for lack of Deep Sedation cases, reporting 3 out of 5 cases.
Kollias-Greber PSYD, Mary	Psychology	7/1/2024	Adult	Active					2 years	
Koshy DO, Sonia Mathai	Gynecology	7/1/2024	Adult	Active	Active		Active		1 month	Recommend one (1) month reappointment to validate Robotic Assisted Surgery, reporting 5 out of 20 cases and maintain Endometrial Ablation, proctoring of cases pending.
Kueberuwa Yates MD, Essie	Plastic and Reconstructive Surgery	7/1/2024	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	
Kullar MD, Rupinder Kaur	Critical Care Medicine	7/1/2024	Adult	Active	Active	Active	Active		2 years	
Lam MD, Alex Meilan	Rheumatology	7/1/2024	Adult & Pediatrics		Active				2 years	
Lavandera Rodriguez APRN, Ivan	Surgical Assistant with (H&P) (Dr. Farid Assouad)	7/1/2024	Adult & Pediatrics		AHP				2 years	

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Lewis MD, Travis Lee	Otolaryngology/ Head and Neck Surgery	7/1/2024	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	Credentialing criteria has not been met for additional privilege request: Comprehensive Pediatric Advanced Airway Procedures - Laryngoscopy with removal foreign body. Fellowship in Pediatric Otolaryngology is required.
Logue MD, Jennifer Marilyn	Bone Marrow Transplant	7/1/2024	Adult	Active	Active				2 years	Recommend two (2) years reappointment and relinquishment of privilege to Perform Bone Marrow Harvest procedure.
Lopez MD, Sandra Marcela	Emergency Medicine	7/1/2024	Adult	Active	Active				6 months	Recommend six (6) months reappointment for lack of Deep Sedation cases, reporting 1 out of 5 cases.
Magin MD, Adam F	Critical Care Medicine	7/1/2024	Adult	Active	Active	Active	Active		2 years	
Marrero, Cassidy Taylor, PA	Pediatric Otolaryngology/Head and Neck Surgery (Dr. Leonardo Torres)	7/1/2024	Pediatrics	APP			APP	APP	2 years	

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McCreath MD, Wayne A	Obstetrics and Gynecology	7/1/2024	Adult & Pediatrics	Active				Active (GYN ONLY)	2 years	
Mehta MD, Brijesh Prakash	Vascular Interventional Neurology	7/1/2024	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	
Mendez MD, Brian L	Emergency Medicine	7/1/2024	Adult			Active	Active		2 years	
Miller DO, Ian C	Physical Medicine and Rehabilitation	7/1/2024	Adult	Active	Active	Active	Active		2 years	
Mills APRN, CRNA, Lisa Gail	Nurse Anesthetist (Dr. Kiesha Raphael)	7/1/2024	Adult & Pediatrics	APP	APP	APP	APP	APP	2 years	
Mitrokhin MD, Anatoly	Anesthesiology	7/1/2024	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	
Moreno, Frank	Surgical Assistant	7/1/2024	Adult & Pediatrics				AHP		2 years	
Moreno Barrera, Evelin Maria	Surgical Assistant	7/1/2024	Adult & Pediatrics	AHP	AHP	AHP			2 years	
Munoz MD, Jose Antonio	Plastic Surgery	7/1/2024	Adult & Pediatrics	Active	Active	Active	Active		6 months	Recommend six (6) months reappointment due to lack of encounters, reporting 13 out of 20 encounters in 2 years.
Mutawalli DDS, Khalid Hassan	Pediatric Dentist	7/1/2024	Pediatrics				Active	Active	2 years	

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Nader MD, Samir Elias	Critical Care Medicine	7/1/2024	Adult	Active	Active	Active	Active		2 years	
Nakajima MD, Mark Yuji	Anesthesiology	7/1/2024	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	
Nassau MD, Daniel Elliot	Pediatric Urology	7/1/2024	Pediatrics					Active	2 years	
Navarro MD, William	Internal Medicine	7/1/2024	Adult	Active	Active	Active	Active		Denied	Discontinue membership and privileges for failing to maintain Internal Medicine Board Certification as required by the Joint Rules and Regulations.
Ortega PSYD, Christina Joyce	Neuropsychology	7/1/2024	Adult & Pediatrics	Active				Active	2 years	
Paba-Prada MD, Claudia Esther	Oncology and Hematology	7/1/2024	Adult	Active	Active				2 years	
Padilla MD, Alvaro	Neurology	7/1/2024	Adult	Active		Active	Active		2 years	
Palamara, Arthur Edward, MD	Vascular Surgery	7/1/2024	Adult	Active		Active			2 years	Recommend two year reappointment and relinquishment of the following privileges: 1. Pericardial windows 2. Endovascular/ Endoluminal laser vein ablation.

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Parker DMD, Blake T	Dentist	7/1/2024	Pediatrics					Active	2 years	
Patel DMD, Rita Kanubhai	Pediatric Dentist	7/1/2024	Pediatrics					Active	2 years	
Patel MD, Niral Kirankumar	Critical Care Medicine	7/1/2024	Adult	Active	Active	Active	Active		2 years	
Perez-Mitchell MD, Carlos Esteban	Otolaryngology/ Head and Neck Surgery	7/1/2024	Adult & Pediatrics	Active	Active				6 months	Recommend six (6) months reappointment due to low Robotic Assisted Surgery cases, reporting 5 out of 10 cases. Committee also recommended additional privileges requested as follows: 1. Total laryngectomy with neck dissection 2. Exploration laryngeal fractures 3. Exploration recurrent laryngeal nerves 4. Tracheal esophageal puncture
Pietri Mattei MD, Keysha Ivelisse	Obstetrics and Gynecology	7/1/2024	Adult		Active				2 years	

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Price APRN, CRNA, Wilmara Ivellisse	Nurse Anesthetist (Dr. Clint Christensen)	7/1/2024	Adult & Pediatrics	APP	APP	APP	APP	APP	2 years	
Quintero MD, Ruben Alberto	Obstetrics and Gynecology & Maternal Fetal Medicine	7/1/2024	Adult & Pediatrics	Active				Active	2 years	Recommend two (2) years reappointment with Maternal Fetal Medicine privileges. Discontinue Obstetrics and Gynecology privileges for failure to meet encounter requirements, reporting 6 out of 20 encounters.
Ramirez MD, Jose Fernando	Pulmonary Disease	7/1/2024	Adult		Active	Active	Active		2 years	
Ramzi MD, Raymond	Diagnostic Radiology	7/1/2024	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	
Richards MD, Joanne Michelle	Obstetrics and Gynecology	7/1/2024	Adult	Active	Active				2 years	
Rosanel MD, Sarah	Cardiovascular Disease	7/1/2024	Adult	Active	Active	Active			2 years	Recommend two (2) years reappointment and the relinquishment of Moderate Sedation privileges.
Rosenberg DO, Leon Aaron	Pediatric Emergency Medicine	7/1/2024	Pediatrics		Active		Active	Active	2 years	
Rosenthal MD, Andrew Adam	Trauma Surgery	7/1/2024	Adult & Pediatrics	Active				Active	2 years	

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Ross Comptis, Jennifer	Surgical Assistant	7/1/2024	Adult & Pediatrics	AHP	AHP	AHP			2 years	
Saavedra De Gracia APRN, Ana Lyn Cayanan	Critical Care Medicine (Drs. Robert Alterbaum; Luis Alvarez; Dahlia Blake; Esaie Carisma; Shirley Chen; Zafar Chuadry; Lance Cohen; Edgardo Dos Santos; Kevin Dushay; Armand Golchin; Andrew Goodrich; Renzo Hidalgo-Cabrera; Seth Hoffman; Robert Holtzman; Peter Kim; John Krueger; Rupinder Kullar; Daniel Mayer; Shelly Miller; Veronica Montes-Berrios; Samir Nader; Abiodun Orija; Lukas Pastewski; Anushil Patel; Niral Patel; Samir Peshimam; Eliseo Rondon; Vishal Saini; Aharon Sareli; Akilan Selvaraju; Leonard Simon;	7/1/2024	Adult & Pediatrics	APP	APP	APP	APP		2 years	Recommend two (2) years reappointment and additional privileges for Management and removal of surgical drains.

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	Baldev Singh; Carlos Sklaver; Julie Thompson; Stefanie Ramirez; Ramon Valentin; Zael Vazquez; Alvaro Visbal-Ventura & Moses Washington)									
Sabbani MD, Ashwin Krishna	Emergency Medicine	7/1/2024	Adult	Active		Active			2 years	
Saeed, Irfan, APRN	Nephrology (Dr. Farhan Abid)	9/1/2024	Adult	APP	APP	APP	APP		2 years	
Saidi-Johnson AA, Cheryl	Anesthesiology Assistant (Dr. Victor Rodriguez)	7/1/2024	Adult & Pediatrics	APP	APP	APP	APP	APP	2 years	
Salazar MD, Peggy Elizabeth	Allergy & Immunology	7/1/2024	Adult & Pediatrics	Active	Active		Active	Active	2 years	
Salina APRN, Maray C	Oncology (Dr. Luis Raez)	7/1/2024	Adult	APP	APP				2 years	
Salzberg MD, Matthew Philip	Oncology and Hematology	7/1/2024	Adult	Active	Active	Active	Active		2 years	
Sanchez MD, Daniel	Clinical Pathology/ Laboratory Medicine	7/1/2024	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	
Sanchez Rosado MD, Mariela Odalisse	Neonatal Perinatal Medicine	7/1/2024	Pediatrics		Active		Active	Active	2 years	

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Schreiber MD, Kevin M	Pediatric Emergency Medicine	7/1/2024	Pediatrics					Active	2 years	
Schulman MD, Bruce Irwin	Neonatal Perinatal Medicine	7/1/2024	Pediatrics		Active		Active	Active	2 years	
Shah MD, Harsh A	Diagnostic Radiology	7/1/2024	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	Recommend two (2) years reappointment and the relinquishment of Moderate Sedation privileges.
Shenberger MD, Max Mordechai	Neonatal Perinatal Medicine	7/1/2024	Pediatrics		Active		Active	Active	2 years	
Singer MD, Steven L	Pediatric Otolaryngology/Head and Neck Surgery	7/1/2024	Adult & Pediatrics		Active		Active	Active	2 years	
Singh APRN, Arvinder	Nephrology (Dr. Manjit Gulati)	7/1/2024	Adult	APP	APP	APP			2 years	
Smeryage APRN, Bonnie Leigh	Pediatric Rheumatology (Drs. Maricarmen Lopez-Pena & Kristina Wiers-Shamir)	7/1/2024	Pediatrics		APP		APP	APP	2 years	
Smith AA, Lisa Yoshida	Anesthesiologist Assistant (Dr. Cameron Howard)	7/1/2024	Adult & Pediatrics	APP	APP	APP	APP	APP	2 years	
Sokolik MD, Don E	Anesthesiology	7/1/2024	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	

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Reappointment Applicant Name	Specialty (Sponsor)	Date	Age Category	MRH	MHW	MHP	MHM	JDCH	Term	Action by Committee
Storer MD, Stephen Karl	Pediatric Orthopedic Surgery	7/1/2024	Adult & Pediatrics	Active	Active		Active	Active	2 years	
Sukhwani PA, Arti V	Family & Internal Medicine- Memorial Urgent Care (Drs. Michael McKuin; Paolo Coll; Thomas Mele; Marc Shapiro; Heather Brown-Warburton; Gerard Martin; Adlih Moreno-Coll; Michelle DeFreitas & Denise Cabrera)	7/1/2024	Adult	APP					2 years	
Upadhyaya MD, Narendra R	Cardiovascular Disease	7/1/2024	Adult	Active	Active	Active	Active		6 months	Recommend six (6) months reappointment due to low patient encounters, reporting 6 out of 20 encounters during a 2 year period.
Veloz MD, William Omar	Emergency Medicine	7/1/2024	Adult	Active		Active			2 years	
Weiss MD, Simon	Obstetrics and Gynecology	7/1/2024	Adult	Active			Active		2 years	
Weisstuch MD, Adam Seth	Otolaryngology/ Head and Neck Surgery	7/1/2024	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	
Weston MD, John Scott	Emergency Medicine	7/1/2024	Adult	Active					2 years	

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Reappointment Applicant Name	Specialty (Sponsor)	Date	Age Category	MRH	MHW	MHP	MHM	JDCH	Term	Action by Committee
Wheatley PA, Monique Stacieann	Endocrinology, Diabetes and Metabolism (Dr. Arnaldo Villafranca III)	7/1/2024	Adult	APP	APP				2 years	
White APRN, Kimberly Brooke	Pediatric Orthopedic Surgery (Dr. Michael Jofe)	7/1/2024	Pediatrics		APP			APP	2 years	
White MD, Jeremy Boyd	Plastic Surgery and Otolaryngology	7/1/2024	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	
Williamson MD, Cory	Anesthesiology	7/1/2024	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	
Willis MD, Malik Mark Anthony	Emergency Medicine	7/1/2024	Adult				Active		2 years	
Worth MD, Jeffrey B	Orthopedic Surgery	7/1/2024	Adult		Active	Active			2 years	
Young CNIM, Kristina M	Neurointraoperative Monitorist (Drs. Elizabeth Garcia-Lopez De Victoria & Jason Soriano)	7/1/2024	Adult & Pediatrics	AHP	AHP	AHP		AHP	2 years	
Young CNIM, Sheldon A	Neurointraoperative Monitorist (Drs. Elizabeth Garcia-Lopez De Victoria & Jason Soriano)	7/1/2024	Adult & Pediatrics	AHP	AHP			AHP	2 years	
Yu PA, Erika	Obstetrics and Gynecology (Dr. Clones Lans)	7/1/2024	Adult	APP					2 years	

Reappointment Applicant Name	Specialty (Sponsor)	Date	Age Category	MRH	MHW	MHP	MHM	JDCH	Term	Action by Committee
Yusupov MD, Roman	Pediatric Medical Genetics	7/1/2024	Pediatrics	Active	Active		Active	Active	2 years	
Zalis MD, Adam	Diagnostic Radiology	7/1/2024	Adult & Pediatrics	Active	Active	Active	Active	Active	2 years	
Zikria MD, Jennifer	Oncology and Hematology	7/1/2024	Adult	Active	Active	Active	Active		2 years	

That the following changes in privileges for lack of Crew Resource Management Training Course be approved:

Practitioners Name	Specialty (Sponsor)	Appointment Date	Expirable Date	Age Category	MRH	MHW	MHP	MHM	JDCH	Action by Committee
Bardos, Jonah, MD	Reproductive Endocrinology	10/25/2023	5/1/2024	Adult	X	X	X	X		
Boyd, William, MD	Obstetrics and Gynecology	10/25/2023	5/1/2024	Adult				X		
Caboverde, Marcos, PA	Otolaryngology /Head & Neck Surgery (Dr. Mark Sukenik)	10/25/2023	5/1/2024	Adult & Pediatrics		X	X	X		
Cartagena, Kelly, APRN	Pediatric Urology (Dr. Rafael Gosalbez)	10/25/2023	5/1/2024	Pediatrics					X	

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Practitioners Name	Specialty (Sponsor)	Appointment Date	Expirable Date	Age Category	MRH	MHW	MHP	MHM	JDCH	Action by Committee
Celis, Victor, DMD	Oral Maxillofacial Surgery	11/17/2023	6/1/2024	Adult & Pediatrics	X	X			X	
Lature, Adolphia, MD	Obstetrics and Gynecology	11/17/2023	6/1/2024	Adult	X					
Lawal, Wiehtania, APRN, CNM	Nurse Midwife (Dr. Laviniu Anghel)	11/17/2023	6/1/2024	Adult				X		
Pando, Jorge, MD	Gynecology	10/25/2023	5/1/2024	Adult & Pediatrics				X		
Posada, Juan, MD	Cardiovascular Disease	10/25/2023	5/1/2024	Adult	X	X	X	X		

That the following requests for changes, additions or relinquishment of privileges be approved:

Name	Specialty (Sponsor)	Request	Privilege	Age Category	MRH	MHW	MHP	MHM	JDCH	Action by Committee
Baker, Jennifer Ann, APRN	From Internal Medicine to Cardiovascular Disease (Drs. Alian Aguila, Ralph Levy & Julio Peguero Moreno)	Change	Change from Internal Medicine to Cardiovascular Disease. Additional privileges as	Adult	X	X	X	X		Recommend approval.

Name	Specialty (Sponsor)	Request	Privilege	Age Category	MRH	MHW	MHP	MHM	JDCH	Action by Committee
			<p>follows: Limited to Cardiovascular as follows: 1) Management of external postoperative pacemaker; 2) Removal of intra-aortic ballon pump (LABP); 3) Removal of temporary pacemaker wires; and 4) Removal of trans-thoracic monitoring lines.</p> <p>Relinquishment of the following: Perform PAP smear and obtain cervical and vaginal cultures.</p>							
Chatoor, Matthew Scott Russell, MD	Trauma Surgery	Additional	Robotic Assisted Surgery - First three (3) cases must be proctored.	Adult & Pediatrics	X				On staff	Recommend approval. First three (3) cases must be proctored.

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Name	Specialty (Sponsor)	Request	Privilege	Age Category	MRH	MHW	MHP	MHM	JDCH	Action by Committee
Felix, Amy Anne, APRN	Pediatric Emergency Medicine (Dr. Heidi Cohen)	Additional	Prescribe/order controlled substances (DEA required)	Pediatrics		X		X	X	Recommend approval.
Garcez, Angelica, PA	Otolaryngology/H ead and Neck Surgery (Drs. Marika Fraser; Yamil Selman; Carlos Perez-Mitchell & Michael Chater)	Additional	Prescribe/order controlled substances (DEA required)	Adult & Pediatrics	X	X	X	X	X	Recommend approval.
Glickman, Andrew Aaron, DO	Emergency Medicine	Additional	Care of a patient with acute stroke (MHW)	Adult & Pediatrics	On staff	X	On staff			Recommend approval.
Kiffin, Chauniqua Dawn, MD	Trauma Surgery	Additional	Robotic Assisted Surgery - First three (3) cases must be proctored.	Adult & Pediatrics	X				X	Recommend approval. First three (3) cases must be proctored.
Lanoue, Alix, MD	Gastroenterology	Additional	1. Dilation of the esophagus or pylorus 2. Percutaneous endoscopic gastrostomy (PEG) 3. Hemorrhoidal banding, control of bleeding 4. Use of	Adult	X	X	Appli cant			Recommend approval.

Name	Specialty (Sponsor)	Request	Privilege	Age Category	MRH	MHW	MHP	MHM	JDCH	Action by Committee
			Fluoroscopy							
Levin, Richard David, MD	Urology	Additional	Minimally Invasive surgical therapy for benign prostatic hypertrophy (Aquablation)	Adult		On staff	X			Recommend approval.
Romano, Mark Adrian, DO	Surgery	Additional	Robotic Assisted Surgery - Provider has already been proctored for 3 cases.	Adult	X	X	X			Recommend approval.
Saeed, Irfan, APRN	Nephrology (Dr. Farhan Abid) & Anesthesiology (Dr. Kiesha Raphael)	Additional	Core privileges for APRN - Anesthesiology	Adult & Pediatrics	X	X	X	X		Recommend approval.
Shemesh, Justin, DO	Primary Care - Ambulatory	Change	Change in privileges from Family Medicine to Primary Care - Ambulatory	Adult	X					Recommend approval.

Please be advised that these applicants for appointment and reappointment were processed through the Board approved Credentialing Procedure that meets and exceeds the requirements of Florida Statute 395.011, and the standards of The Joint Commission.

The Executive Committees also accepted the following recommendations for changes in staff status as indicated:

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Name	Specialty (Sponsor)	Topic	Age Category	MRH	MHW	MHP	MHM	JDCH	Action by Committee
Adler, Jason Lawrence, MD	Pediatric Critical Care Medicine	Request resignation at MRH only, effective 5/1/2024.	Pediatrics	Active				On staff	Accepted resignation at MRH only, effective 5/1/2024.
Barbosa, Nailatricia, APRN	Physical Medicine and Rehabilitation (Dr. James Salerno)	Automatic termination of membership and privileges. No longer providing services in MHS effective 4/24/2024.	Adult	APP					Automatic termination of membership and privileges. No longer providing services in MHS effective 4/24/2024.
Davini, Bandi, APRN	Neurology/Vascular Interventional Neurology	Automatic termination of membership and privileges. No longer providing services in MHS effective 4/12/2024.	Adult	APP	APP				Automatic termination of membership and privileges. No longer providing services in MHS effective 4/12/2024.
Diaz Acosta, Rafael, MD	Surgery	Request resignation at MRH & MHM only, effective 7/1/2024.	Adult	Active	On staff	On staff	Active		Accepted resignation at MRH & MHM only, effective 7/1/2024.
Dorta, Armando, APRN	Cardiac Services Dr. Awais Humayun	Request resignation at MHP and MHM only, effective 4/29/2024.	Adult		On staff	APP	APP		Accepted resignation at MHP and MHM only, effective 4/29/2024.

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Name	Specialty (Sponsor)	Topic	Age Category	MRH	MHW	MHP	MHM	JDCH	Action by Committee
Edelstein, Simon Miguel, MD	Infectious Disease	Request resignation at MHW only, effective 5/1/2024.	Adult	On staff	Active				Accepted resignation at MHW only, effective 5/1/2024.
Exelbert, Eric Joseph, MD	Critical Care Medicine	Request resignation effective 11/30/2023.	Pediatrics					Active	Accepted resignation effective 11/30/2023.
Ferrand, Lisa Marie, APRN, CRNA	Nurse Anesthetist (Dr. Kiesha Raphael)	Automatic termination of membership and privileges. No longer providing services in MHS for Envision Healthcare, effective 4/29/2024.	Adult & Pediatrics	APP	APP	APP	APP	APP	Automatic termination of membership and privileges. No longer providing services in MHS for Envision Healthcare, effective 4/29/2024.
Golden, Gavriela, PA	Trauma Surgery (Drs. Andrew Rosenthal; Eddy Carrillo; Rafael Sanchez; Seong Lee & Chauniqua Kiffin.)	Automatic termination of membership and privileges. No longer providing services in MHS effective 4/16/2024.	Adult & Pediatrics	APP				APP	Automatic termination of membership and privileges. No longer providing services in MHS effective 4/16/2024.

Name	Specialty (Sponsor)	Topic	Age Category	MRH	MHW	MHP	MHM	JDCH	Action by Committee
Harvey, Tiffany Rene, APRN CRNA	Nurse Anesthetist (Dr. Kiesha Raphael)	Automatic termination of membership and privileges. No longer providing services in MHS through Envision effective 4/29/2024.	Adult & Pediatrics	APP	APP	APP	APP	APP	Automatic termination of membership and privileges. No longer providing services in MHS through Envision effective 4/29/2024.
Kaplan, Roland Daniel, DO	Physical Medicine and Rehabilitation	Request resignation effective 6/1/2024, and Honorary Staff Status at MRH.	Adult	Active					Accepted resignation effective 6/1/2024. MRH MEC approved request for Honorary Staff Status.
Lopez, Karen, APRN	Family Medicine & Gastroenterology (Drs. Howard Baikovitz; Milton Gedallovich & Rafael Briceno)	Request resignation effective 5/1/2024.	Adult		APP		APP		Accepted resignation effective 5/1/2024.

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Name	Specialty (Sponsor)	Topic	Age Category	MRH	MHW	MHP	MHM	JDCH	Action by Committee
Magliulo, Alexa, PA	Surgical Assistant (Dr. Farid Assouad)	Automatic termination of membership and privileges. No longer providing services in MHS effective 2/5/2024.	Adult & Pediatrics	AHP	AHP	AHP			Automatic termination of membership and privileges. No longer providing services in MHS effective 2/5/2024.
Martin Jr., Angel Iran, MD	Cardiovascular Disease	Request resignation effective 5/11/2024.	Adult	Active	Active	Active	Active		Accepted resignation effective 5/11/2024.
Nassau MD, Daniel Elliot	Pediatric Urology	Request resignation at MRH only, effective 4/22/2024.	Pediatrics	Active				On staff	Accepted resignation at MRH only, effective 4/22/2024.
Nigen, David, MD	Orthopedic Surgery	Request resignation effective 6/1/2024.	Adult		Active				Accepted resignation effective 6/1/2024.
Pazmino, Byron Patricio, MD	Plastic Surgery	Request resignation at MHM only, effective 5/6/2024.	Adult & Pediatrics	On staff	On staff	On staff	Active	On staff	Accepted resignation at MHM only, effective 5/6/2024.
Quimby, Anastasiya, MD	Oral Maxillofacial Surgery	Request resignation effective	Adult & Pediatrics	Active	Active				Accepted resignation effective

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Name	Specialty (Sponsor)	Topic	Age Category	MRH	MHW	MHP	MHM	JDCH	Action by Committee
		6/30/2024.							6/30/2024.
Samlal, Ravi, DO	Palliative Medicine	Request resignation at MRH only, effective 10/28/2022.	Adult	Active	On staff	On staff	On staff		Accepted resignation at MRH only, effective 10/28/2022.
Schwartz, Gary Bruce, MD	Hand Surgery	Requesting resignation and Honorary Emeritus at MHW and JDCH effective 7/1/2024.	Adult & Pediatrics	Honorary	Active			Active	Accepted resignation effective 7/1/2024. JDCH MEC approved Honorary staff status.
Sprague, Kevin Michael, PA	Surgical Assistant (Dr. Farid Assouad)	Automatic termination of membership and privileges. No longer providing services in MHS, effective 3/21/2024.	Adult & Pediatrics	AHP	AHP				Automatic termination of membership and privileges. No longer providing services in MHS effective 3/21/2024.
Stack Almodovar, Ashley, CNIM	Neurointraoperative Monitorist (Dr. Jason Soriano)	Automatic termination of membership and privileges. No longer providing services in MHS, effective 4/19/2024.	Adult & Pediatrics	AHP	AHP	AHP		AHP	Automatic termination of membership and privileges. No longer providing services in MHS effective 4/19/2024.

Name	Specialty (Sponsor)	Topic	Age Category	MRH	MHW	MHP	MHM	JDCH	Action by Committee
Villanueva, Alexander, PA	Otolaryngology/Head and Neck Surgery (Dr. Samuel Ostrower)	Request resignation effective 4/26/2024.	Pediatrics	APP			APP	APP	Accepted resignation effective 4/26/2024.

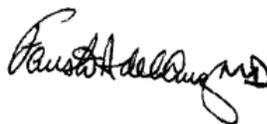
June 2024	MHS
New Physician Appointments	31
New AHP Appointments	13
Physician Reappointments	114
AHP Reappointments	41
Physician Resignations/Terminations	6
AHP Resignations/Terminations	10

Your approval of these recommendations is requested.

Sincerely,



Maria Pilar Gutierrez, MD
 President
 Memorial Regional Hospital
 Joe DiMaggio Children's Hospital



Fausto A. De La Cruz, M.D.
 Chief of Staff
 Memorial Hospital West



Juan Villegas, M.D.
 Chief of Staff



Narendra R Upadhyaya, MD
 Chief of Staff

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Memorial Hospital Miramar

Memorial Hospital Pembroke

2024 Performance Improvement Plan Changes

- The plan was reviewed thoroughly and deemed to be thorough and reflective of current practices and goals. No content changes were made other than updating the year from 2023 to 2024.



PERFORMANCE IMPROVEMENT PLAN 2024

**MEMORIAL REGIONAL HOSPITAL
HOLLYWOOD, FLORIDA**

**JOE DIMAGGIO CHILDREN'S HOSPITAL
HOLLYWOOD, FLORIDA**

**MEMORIAL REGIONAL HOSPITAL SOUTH
HOLLYWOOD, FLORIDA**

**MEMORIAL HOSPITAL WEST
PEMBROKE PINES, FLORIDA**

**MEMORIAL HOSPITAL PEMBROKE
PEMBROKE PINES, FLORIDA**

**MEMORIAL HOSPITAL MIRAMAR
MIRAMAR, FLORIDA**

MEMORIAL PHYSICIAN GROUP
HOLLYWOOD, FLORIDA

MEMORIAL PRIMARY CARE
DANIA BEACH, HOLLYWOOD, HALLANDALE BEACH, PEMBROKE PINES, and MIRAMAR, FLORIDA

PERFORMANCE IMPROVEMENT PLAN

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- I. Mission Statement
- II. Vision Statement
- III. Pillars of Excellence
- IV. Performance Improvement Program
- V. Ongoing Appraisal
- VI. Approval

I. MISSION STATEMENT

Heal the body, mind and spirit of those we touch.

II. VISION STATEMENT

To be a premier clinically integrated delivery system providing access to exceptional patient-and family-centered care, medical education, research, and innovation for the benefit of the community we serve.

III. PILLARS OF EXCELLENCE

1. Safety

- Memorial will be a nationally recognized organization for positive clinical and non-clinical outcomes.

2. Quality

- Memorial will continue to deliver quality services and be able to measure that quality against the nation's top performers.

3. Service

- A strong and positive image of Memorial service excellence will exist with our customers: patients, families, community, physicians, and hospital staff.

4. People

- Our patient, staff and physician satisfaction will be very high and will be a result of a strong commitment to teamwork. Memorial Healthcare System will be the hospital of choice for employment in our community.

5. Finance

- Memorial will maintain financial success.

6. Growth

- Memorial will become a regional provider in healthcare.

7. Community

- Physicians, patients, and other organizations will actively seek our services. We will be the hospital of choice and will continue to meet the growing needs of our community. We will improve the health status of the community.

IV. PERFORMANCE IMPROVEMENT PROGRAM

A. SCOPE

The Memorial Healthcare System is a leader in providing high quality health care services to South Broward residents. Memorial Regional Hospital, Memorial Regional Hospital South, Joe DiMaggio Children's Hospital, Memorial Hospital West, Memorial Hospital Pembroke, and Memorial Hospital Miramar together provide comprehensive acute care and rehabilitation services. Additional facilities and services provided are Memorial Manor (Skilled Nursing Facility), Memorial Physician Group (MPG), Inpatient and Outpatient Behavioral Health, Urgent Care Centers, 24/7 Care Center, Memorial Primary Care, Memorial Specialty Pharmacy, Memorial Home Infusion, and Memorial Cancer Institute.

Transplant and Heart Failure Programs are a part of the system-wide Performance Improvement Program through bi-directional communication and integration. Transplant and Heart Failure programs have additional Quality Assessment/Performance Improvement (QAPI) Committees and membership is reflective of multidisciplinary caregivers and hospital/system support. Transplant and Heart Failure Programs have a QAPI Plan which is separate from this plan.

The populations served are culturally diverse and range from birth to end of life. The primary languages are English, Spanish, French, and Creole. A variety of special needs services are provided to enhance safety and quality of services provided to patients and families.

Clinical vendors are evaluated and monitored to ensure safe quality care is provided by contracted vendors. Expectations are made in writing and data produced by the vendor is evaluated by appropriate clinical subject matter experts and leaders who monitor the contracted services.

B. OVERSIGHT AND INTENT OF PERFORMANCE IMPROVEMENT INITIATIVES

The Board of Commissioners of the South Broward Hospital District (d/b/a Memorial Healthcare System)

- a) Set priorities for performance improvement activities and patient health outcomes.
- b) Give priority to high-volume, high-risk, or problem prone processes for performance improvement activities.
- c) Identify the frequency data collection for performance improvement activities.
- d) Reprioritize performance improvement activities in response to changes in the internal or external environment.

The Performance Improvement Program (PIP) is a System-wide planned, comprehensive, and ongoing effort to achieve safety and excellence in our structures, processes, and outcomes. The purpose is to fulfill the intent of our Mission, Vision, and The Seven Pillars of Excellence. This is accomplished by:

- a) Systematically collecting, aggregating, and using statistical tools and techniques to analyze and display data.
- b) Analyzing and comparing internal data over time to identify levels of performance, patterns, trends, and variations.
- c) Uses the results of data analysis to identify improvement opportunities.
- d) Monitor the effectiveness and safety of services and quality of care.
- e) Acts on improvement priorities and acts when it does not achieve or sustain planned improvements.

The intent of this program is to design and select measures for which data collection and analysis will yield meaningful information that allows for the evaluation of existing or planned structures, outcomes, and processes.

The objective is to-

- a) Implement a well-planned and designed process that sustains improvement over time.
- b) Monitor for undesirable patterns or trends.
- c) Sustain excellent performance.
- d) Enhance performance improvement, safety, and customer satisfaction over time.

The performance improvement plan is structured in a manner that accounts for each member hospital's unique circumstances and any significant differences in patient populations and services offered at each entity.

C. DELEGATION OF AUTHORITY

The Board of Commissioners delegates the authority to manage the details of the performance improvement activities to the President and Chief Executive Officer of the Memorial Healthcare System. The President/CEO of MHS therefore extends this authority to the CEO/Administrator and the Medical Staff Executive Committee of the respective MHS healthcare facilities, and governance committee of MPG who in turn, delegate the hospital performance improvement functions to the Quality Care and Patient Safety Council. The Board of Commissioners, through the Board Peer Review Committee and its designated representative on the Quality Care and Patient Safety Council, will exercise its oversight responsibility by receiving and reviewing summaries of all Medical Staff and organizational performance improvement, risk management, safety, and customer satisfaction activities quarterly, and where applicable, recommending additional Performance Improvement (PI) and safety initiatives.

D. MEDICAL STAFF

The Board of Commissioners delegates the authority for performing appropriate performance improvement review of professional care to the Medical Staffs of the individual hospitals. The preamble to the individual Medical Staff Bylaws indicates acceptance of responsibility for the quality and safety of medical care.

The Medical Staff has delegated, through the Department Chief (or his/her designees), the responsibility to perform Professional Practice Evaluation, both ongoing and focused and to participate in the assessment and evaluation of other important patient care processes and organizational functions. The peer review process is outlined in the *Medical Staff Rules & Regulations* and the *Medical Staff Peer Review Policy*. Aggregate performance and safety data will be used by

the Medical Staff departments for the privileging and credentialing process and will be shared among all the facilities for purposes of reappointment. The Executive Committee of the Medical Staff will be responsible for the needs of the PIP.

E. ANCILLARY SERVICES AND NURSING DEPARTMENTS

Each department's leadership is accountable and responsible for assessing, planning, improving, and evaluating their department's performance and the prioritization of their department's performance improvement activities. Additional indicators and projects, specific to the department's scope and service, can be selected. Priority should be given to processes that a) enhance patient safety; b) place the patients at risk if not performed well; c) performed when not indicated or not performed when indicated d) have been or are likely to be problem prone; e) affect a large percentage of patients, and f) improve customer satisfaction. Department leadership is responsible for ensuring that new processes and services are well designed, and that performance improvement activities are planned, systematic, implemented and evaluated.

The Department Leader of the service (or his/her designee) is responsible for participating in intra-, interdepartmental, or organizational PI activities as appropriate.

The Department Leaders are responsible for a) meeting quality control and quality assurance activities as prescribed by regulating agencies, and b) assessing and improving those important functions applicable to their patient populations and processes. Additionally, they are responsible for the ongoing evaluation of current professional publications, models, evidence based best practices, standards of practice and care, etc. and applying them to the existing processes/program as appropriate to facilitate ongoing performance improvement and safety in their area of responsibility.

Each department's employees are responsible for participating in performance improvement activities as assigned, communicating to immediate supervisors any performance or safety improvement opportunities as they are identified. This allows incorporation of continuous quality improvement and safety principles into all work processes.

All Department Leaders (or their designees) should report the progress of pertinent performance improvement endeavors to their committees at their respective hospitals.

Findings will be shared, when appropriate, with other hospital departments, hospital staff, Medical Staff, hospital committees, Quality Care and Patient Safety Council and the MHS Quality and Patient Safety Steering Committee. When indicated, district-wide teams or task forces are formed.

A critical component of PI is the staff level knowledge of ongoing performance improvement processes in their departments, as well as the hospital and system wide. PI data, projects, team efforts, outcomes and safety opportunities are shared and staff is educated through PI boards, discussion at staff meetings, huddles, competency verification sessions, etc.

F. PROCESS

The organization's appropriate individuals, departments and disciplines work collaboratively to reduce and prevent errors and enhance quality, safety, and performance. Patient and Family Centered Care groups at each hospital assist in this effort as well.

Performance Improvement may be accomplished using any standard PI tool, such as PDSA (Plan, Do, Study, Act), PDCA (Plan, Do, Check, Act), Six Sigma, Lean, as well as MAGIC (Measure, Assess, Generate Ideas, Implement, and Check). Failure Mode Effects Analysis (FMEA) and Root Cause Analysis (RCA) as prescribed by The Joint Commission are additional methodologies utilized to enhance safety and performance.

In an effort to become a high reliability organization, Memorial Healthcare System is committed to a Just Culture. Just Culture recognizes that humans are destined to make mistakes, and to drift from processes or procedures that are in place. Through the concept of Just Culture, leadership and staff are educated to view human mistakes and errors as the outcomes of imperfect processes that might benefit from evaluation and redesign. Through the Just Culture principles and algorithm, there is a shift of focus from errors and outcomes to system design and behavioral choices.

MHS District-wide Quality and Patient Safety Committee (QPSC)

The district-wide Quality and Patient Safety Committee (QPSC) meets regularly to address, coordinate, and communicate quality and safety initiatives system-wide. The QPSC is co-chaired by the Chief Quality Officer (MHS) and the Chief Nurse Executive (MHS). Additional functions performed by the QPSC are a) assigning teams to projects that focus on meeting the assessed needs of patients, families, employees, the community, and regulatory compliance; b)

ensuring adequate resources for team activities; c) monitoring the teams' progress d) redirecting the teams' focus when corrective actions do not yield the desired results.

Employees are involved in performance improvement. They participate in teams, task forces, hospital wide and departmental based councils. Projects for teams, FMEAs, task forces, or RCAs may come from many sources, including, but not limited to:

1. Patient safety initiatives
2. Patient or other customer complaints/suggestions/surveys (Press Ganey** or HCAHPS, CGCAHPS, OASCAHPS)
3. Medical Staff department meetings
4. Risk Management findings (adverse occurrences, sentinel events, "near misses" or trends of occurrences)
5. Department leadership or other committee meetings
6. Employee surveys/suggestions
7. AHRQ Culture of Safety Survey
8. Community surveys/suggestions
9. Findings reported in Clinical Effectiveness Meetings, Quality Care and Patient Safety Council, Performance Improvement/Risk management/Safety committees, Environment of Care committees, Infection Prevention and Control or any other ad hoc committee.
10. CMS Core Measures **
11. Joint Commission Sentinel Event Alerts
12. Joint Commission ORYX and Accelerate PI Reports
13. National Patient Safety Goals (NPSG), Joint Commission
14. Agency for Healthcare Research and Quality (AHRQ)**
15. Institute for Healthcare Improvement**
16. Agency for Health Care Administration (AHCA)**

17. American College of Surgeons (ACS)**
18. Health Research and Educational Trust (HRET), an affiliate of the American Hospital Association**
19. Centers for Disease Control
20. Health Effectiveness Data and Information Sets (HEDIS)
21. Quality Payment Program (QPP)
22. Meaningful Use/Promoting Interoperability Program
23. The Joint Commission standards, and other regulatory agencies
24. Antibiotic Stewardship Program
25. Leapfrog survey results**
26. Quality Care and Patient Safety Council
27. MHS Safety and Quality Committee
28. National Surgical Quality Improvement Program (NSQIP)**
29. Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP)**
30. Exchange of Data for Rehabilitation Facilities (EQUADR)
31. American College of Surgeons-Improving Surgical Care and recovery (ISCR)**
32. National Perinatal Information Center (NPIC)**
33. National Database of Nursing Quality Indicators (NDNQI)**
34. Solutions for Patient Safety**

** Benchmarking availability

Measuring the Success of Performance Improvement

Medical staff and hospital departments involved in patient care functions measure, aggregate data, and assess high risk, high volume and/or problem prone indicators within their areas and identify when a process or system requires intensive assessment to determine if an opportunity for improvement exists.

Sample sizes are selected consistent with Joint Commission or data vendors' recommendations when evaluating compliance.

Data Collection encompasses the following Elements of Performance (Frequency of aggregation/reporting):

1. EVALUATIONS OF CONDITIONS IN THE ENVIRONMENT (monthly/quarterly)
 - a) The Environment of Care Committee meets regularly to measure compliance with issues including but not limited to: Utilities, Security, Fire Protection, Hazardous Materials and Waste Management, Storage, Clinical Engineering, Life Safety Code, Employee Health (Workplace Violence), Water Management and Emergency Preparedness.
2. STAFF OPINIONS AND PERCEPTIONS (biennially)
 - a) Surveys are conducted at regular intervals to measure staff opinion and perception. Topics that are measured include, but are not limited to: customer focus, teamwork, workload, quality of care, resiliency, senior management, non-punitive response to error, staffing, frequency of events reported and organizational learning.
3. PATIENTS' PERCEPTIONS OF CARE, TREATMENT AND SERVICE (monthly)
 - a) HCAHPS, CGCAHPS and OASCAHPS (The Hospital, Clinical Groups and Outpatient & Ambulatory Surgery Consumer Assessment of Health Provider Surveys), which is reported by the Centers for Medicare and Medicaid, are the tool the Healthcare System utilizes to assess patients' perception of their care.
 - b) Press Ganey Surveys are conducted to assess patients' or clients' perception of their care or their family's care.
 - c) A patient grievance system is maintained, and appropriate persons address all complaints and grievances. Grievances can be aggregated and trended by type, unit, and/or individual over time.
4. HIGH RISK PROCESSES

a) Medication Management (monthly/quarterly)

- (1) Pharmacy and Therapeutics Committees and the District Formulary Committee meet regularly to address standardization of the formulary use of medications, and to discuss interventions for safety, quality, and infection control concern. Quality performance on outside vendors is reviewed and include medication compounding.
- (2) Safe Medication Teams meet regularly at the facility level to discuss adverse occurrences, trends of undesirable variations over time, levels of performance, patterns and variations and address opportunities for reducing the risk points in the medication management system such as:
 - (a) Adverse drug reactions
 - (b) Medication administration errors
 - (c) Medication incompatibilities
 - (d) Adverse occurrences resulting from medication errors “Near Misses”
- (3) Processes are in place to monitor and eliminate the use of unapproved and dangerous abbreviations.
- (4) Pain assessment and management with use of opioids, including tracking of adverse events related to opioid use.

b) Blood and Blood Product Use (monthly/quarterly)

- (1) District-wide Transfusion Committee, and hospital specific utilization review committees meet regularly to address and discuss adverse occurrences and address opportunities for reducing risks in the blood product administration process such as:
 - (a) Blood transfusion reactions and analysis of confirmed blood transfusion reactions.
 - (b) Wastage of blood products.
 - (c) Availability of blood products and action plans to avoid critical shortages of blood products.

- (2) Patterns of inappropriate usage are addressed when identified.
- c) Restraint Use and Seclusion (monthly/quarterly)
 - (1) Restraint and seclusion usage is monitored by nursing, with a goal of achieving zero use by monitoring the appropriateness of alternatives and diversional activities employed prior to initiating restraint use or seclusion.
- d) Operative and Other Invasive Procedures (monthly/quarterly)
 - (1) In concert with Medical Staff By-laws and Rules and Regulations, the Medical Staff monitors and measures at least the following indicators:
 - (a) Adverse events or patterns of adverse events during moderate or deep sedation and anesthesia use.
 - (b) Deaths or injuries potentially related to the administration of anesthetics or procedures.
 - (c) Major discrepancies between preoperative and postoperative diagnosis (including pathologic) diagnosis.
 - (d) Operative and other invasive or noninvasive procedures that place patients at risk, with a focus on high risk, high volume or low-volume and therefore high-risk procedures or new services.
 - (e) Any unexpected occurrence or outcome (complication).
 - (f) Unexpected return to the Operating Room.
 - (g) Anesthesia Awareness.
 - (h) "Time Out" (Universal Protocol) for patient procedure and side-site identification.
 - (i) Safe medication administration practices.
 - (j) Fire safety in the surgical services areas.
 - (k) Results of Crew Resource Management safety initiative implementation.
- e) Quality indicator data, including patient care data and other relevant data such as that submitted to or received from Medicare quality reporting and quality performance programs data related to hospital readmissions and hospital acquired conditions. The hospitals select and use ORYX® measures that are relevant to their patient population and identify, prioritize, and monitor performance improvement.

(2) Members with medical staff privileges do not initially review their own cases for quality improvement program purposes.

f) Resuscitation and Its Outcomes (monthly/quarterly)

(1) All mortalities

(2) Blue Alerts

(a) The number and location of cardiac arrests

(b) The outcome of resuscitation

(c) Transfer to a higher level of care

*An interdisciplinary committee reviews cases and data to identify and suggest practice and system improvements in resuscitation performance

(3) Rapid Response Teams and Help Alerts

5. RISK MANAGEMENT (monthly/quarterly)

MHS has an organization-wide Risk Management Program with a designated Risk Manager for the system. The Risk Management Program, Quality Management Program, Infection Control Program and Safety Program have a mutual relationship on the organizational and institutional levels. Any deviation from the routine operation of the hospital, including without limitation, injury, hazard, unexpected complication or adverse result, near-miss, allegations of sexual misconduct, or death while in or related to seclusion or restraints are reported to Risk Management. Incidents are tracked and trended and reviewed for opportunities for process improvements to enhance safety. Additionally, Root Cause Analyses are conducted for significant events, including the following:

- Sentinel Events
- Code 15's
- Never Events

6. UTILIZATION MANAGEMENT (monthly/quarterly)

The Utilization Review Committee evaluates aggregate data that may include:

(1) Prescription and ordering practices.

- (2) Avoidable days.
- (3) Length of stay.
- (4) Timeliness and appropriateness of tests and procedures throughout the continuum of care.
- (5) Appropriateness of discharge planning.

Please refer to the Annual Utilization Review Plan

7. QUALITY CONTROL (as mandated)

- (1) Department leaders are accountable and responsible to assure that all quality control functions in their areas of responsibility are monitored consistent with manufacturer's recommendations, policy and procedures, accreditation, certification, and licensure requirements.
- (2) Quality control findings that are found to be outside acceptable parameters (out of control), are addressed, the problem identified and corrected, and documented.

8. INFECTION CONTROL SURVEILLANCE, PREVENTION AND REPORTING (monthly/quarterly)

- (1) MHS has a comprehensive Infection Control Prevention Program with a focus on safety, quality control, risk assessment and risk reduction and performance improvement.
- (2) Healthcare associated infections are monitored and evaluated for clusters or changes in patterns, with a focus on containment and prevention of the spread of infectious organisms; current projects of special concern are the acquisition and transmission of multi-drug resistant organisms (MDRO) and subsequent prevention strategies.
- (3) Antibiograms are created annually, and resistance patterns compared to prior findings to evaluate emergent resistance to antibiotic therapy.

Please refer to the Annual Infection Control Appraisal and Plans

Please refer to the Antibiotic Stewardship Plan

9. RESEARCH (as available)

MHS participates in research activities as pertinent and in compliance with the Internal Review Board's approval. Research publications are utilized to establish evidence-based practice guidelines, identify "gold standards" and benchmarks for comparison data.

10. ORGAN PROCUREMENT (quarterly, as available)

11. TISSUE BANK (STORAGE ONLY) (quarterly)

Tissue freezer temperature monitoring, tissue recalls.

12. QAPI for Transplant and Services and Heart Failure Program

13. Designated Imaging performance measures as defined by The Joint Commission

14. Adequacy of staffing is included when undesirable patterns, trends, or variations in its performance related to safety and quality of care are identified and analyzed as a possible cause.

G. FAILURE MODE AND EFFECTS ANALYSIS

As needed, a failure mode and effects analysis will be conducted for the healthcare system to identify opportunities for improving the systems for patient care delivery and enhance customer safety. A "High Risk Process" which is a process that is not planned or implemented correctly, has a significant potential for impacting the safety of the patient will be the focus.

H. COMMUNICATION OF FINDINGS, CONCLUSIONS, ACTIONS, AND RECOMMENDATIONS

Depending on the scope of service and size of each facility, the flow of communication and the composition of councils and committees may be tailored to meet the facility's unique needs. Please refer to the facility's specific Reporting Calendars. Pertinent Performance Improvement information is reported to the Board of Commissioners.

Existing in each hospital are the following forums for communication of pertinent findings:

- The Performance Improvement Risk Management Committee

- The Quality Care and Patient Safety Committee
- The Medical Executive Committee

I. CONFIDENTIALITY

Reports, drafts, minutes, proceedings, screening information or data, recommendations, correspondence, any work product or communication of hospital or Medical Staff committees established pursuant to the Bylaws, generated by others at the directions of the committee or by the committee itself are considered privileged and confidential information.

V. ONGOING APPRAISAL

The Board of Commissioners evaluates the Memorial Healthcare System Performance Improvement Plan, and the resultant performance improvement activities, quarterly as part of the Memorial Healthcare System's Board Peer Review. Ongoing effectiveness of the program is evaluated based on the comprehensive involvement of all departments or services, on studies which demonstrate improvement in patient care, in the enhancement of patients, employee and environmental safety, in clinical performance, in championship service as measured by customer satisfaction, and the cost-effectiveness of the program.

The Performance Improvement Plan is approved as below. Please refer to meeting minutes for attendees and details.

Name of Hospital	Quality Care and Patient Safety Council Meeting Date	Medical Executive Committee Meeting Date	South Broward Hospital Board of Commissioners Meeting Date
Memorial Regional Hospital/Memorial Regional Hospital South/	March 13, 2024	April 17, 2024	
Joe DiMaggio Children's Hospital	March 8, 2024	April 17, 2024	
Memorial Hospital Pembroke	March 21, 2024	June 13, 2024	
Memorial Hospital West	January 3, 2024	January 8, 2024	
Memorial Hospital Miramar	February 8, 2024	March 13, 2024	

2024 UTILIZATION REVIEW PLAN CHANGES

- PG 1, PARA 3, line 6, date changed from 2023 TO 2024
- PG 14, 3.6.5, changed date from 2023 to 2024 regarding CMS Final Rule
- PG 22, date changed 2023 to 2024 on Physician Attestation Statement Form

MEMORIAL HEALTHCARE SYSTEM
MEMORIAL REGIONAL HOSPITAL MEDICAID PROVIDER # 010020000
MEMORIAL HOSPITAL WEST MEDICAID PROVIDER # 010252100
MEMORIAL HOSPITAL PEMBROKE MEDICAID PROVIDER # 010222900
MEMORIAL HOSPITAL MIRAMAR MEDICAID PROVIDER # 010345400

UTILIZATION REVIEW PLAN

PREAMBLE

Memorial Healthcare System consists of four short-term general acute care hospitals operated and governed by the Board of Commissioners of the South Broward Hospital District (Memorial Healthcare System). The four hospitals are: Memorial Regional Hospital, Memorial Hospital West, Memorial Hospital Pembroke, and Memorial Hospital Miramar. As one means of achieving the goals of the Memorial Healthcare System, the Board of Commissioners has adopted an organized utilization review program. The purpose of this program is to assure the appropriate allocation of each hospital's resources, and to provide quality patient care in a cost efficient manner. To describe the utilization review program and to govern the operation of the program, Memorial Healthcare System has implemented this Utilization Review Plan. The Joe DiMaggio Children's Hospital and Memorial Regional Hospital South, as part of Memorial Regional Hospital, are included in this plan.

The utilization review program has been organized and the plan written so as to assure that each hospital in the Memorial Healthcare System is in compliance with the Social Security Amendments of 1983, Public Law 98-21, as they are implemented by 42 CFR Part 482, Subpart G, Section 482.30 headed "Condition of Participation: Utilization Review". "Section 482.30 provides, among other things, for applicability of utilization review plan requirements under Title XVIII (Medicare) and under Title XIX (Medicaid). The plan includes the additional requirements found in 42 CFR 456.100-456.725, Subpart C and 42 CFR 412.1 to 412.64 which addresses special utilization review requirements for hospitals paid under the prospective payment system

The program and plan also have been organized and written to satisfy the standards of the Joint commission on Accreditation of Health Care Organizations (Joint Commission) for the establishment of an effective utilization review program. In addition to Memorial's Medicare and Medicaid patients, all other patients of the hospital are subject to admission and continued stay review policies. Studies conducted within the utilization review program may be patient population specific, e.g., required review, and/or entire population, etc. This plan, reviewed and revised in 2024, supersedes all previous Utilization Review Plans of any hospital in the Memorial Healthcare System.

Note: Throughout the body of this Utilization Review Plan, the "Hospital" will refer to each hospital in the Memorial Healthcare System: Memorial Regional Hospital, Joe DiMaggio Children's Hospital, Memorial Regional Hospital South, Memorial Hospital West, Memorial Hospital Pembroke, and Memorial Hospital Miramar.

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ARTICLE I - AUTHORITY AND RESPONSIBILITY

- 1.1 The Board of Commissioners of the Memorial Healthcare System delegates the authority for the conduct of the Hospital's utilization program to the Hospital's Administrator and to the Medical Staff through its Executive Committee. In order to facilitate a more comprehensive assessment and implementation of utilization review, the Administrator and in turn, the Executive Committee delegate the authority and functions of utilization review to be incorporated into the Utilization Review Committee. The Utilization Review Committee delegates to the hospital-employed Physician Advisors, coordinators, medical and administrative support personnel and to the Committee's Chairman the authority to take definitive action on a case-specific basis regarding utilization issues.
- 1.2 The commitment of the Board of Commissioners and of the Executive Committee of the Medical Staff to a utilization review program and their delegation of the authority and duties for the program are demonstrated by the approval of this Utilization Review Plan and its annual review by the Board and the Executive Committee.
- 1.3 The Hospital, its governing Board and Medical Staff, in conforming to the requirements of, and in conforming to the various regulatory entities, do hereby define and describe the plan for review of the utilization of the hospital facilities and services and the quality of care. All admission certification, continued stay review, and medical care evaluation studies will be performed in accordance with the Code of Federal Regulations (CFR).
- 1.4 The utilization review activities have been established as an integrated function of the Utilization Review Committee, which is a standing committee of the Hospital's Medical Staff. An administrative staff member, Chief Medical Officer (CMO), members of the Clinical Effectiveness Department, and the Director of Medical Staff Services support the committee in its daily activities.
- 1.5 As certain preferred provider organizations (PPO), health maintenance organizations (HMO), and the like enter into agreements with the Hospital, the sponsoring insurance carriers or plan administrators apply their proprietary utilization review policies and procedures to their subscribers of the hospital services and engage their own personnel to conduct their utilization review program. Moreover, the Hospital's daily utilization review activities will also be applied to this patient population. A liaison will be maintained with these outside utilization review programs and their patient populations will be included in the assessment of the utilization practices at the Hospital.

ARTICLE II – ORGANIZATION

2.1 Utilization Review Committee shall be composed of two or more physicians and other professional personnel. According to the Medical Staff By Laws, the membership shall consist of the following members with voting privileges:

- 1) Chief Medical Officer for each Hospital (Physician) Acts as Physician Advisor as needed
- 2) Medical Director/UM, MHS (Physician)
- 3) Medical Director-Clinical Effectiveness (Primary Physician Advisor if available)
- 4) Additional Physician Advisors for each hospital (when applicable)
- 5) Director/Manager of Clinical Effectiveness (RN) for each Hospital
- 6) Chief Financial Officer for each Hospital
- 7) Director/Manager of Utilization Management, (RN) MHS

Non-voting members of the Utilization Review Committee may include other staff members of the respective facility.

2.2 Responsibilities and Functions

2.2.1 The Utilization Review Committee will carry out the responsibilities and functions as defined in the Utilization Review Plan.

2.2.2 Establish, conduct, coordinate and control an in process utilization review program in compliance with all applicable Federal and State regulations, Joint Commission standards and special utilization review agreements executed by the Hospital, for all patients regardless of payment source.

2.2.3 Determine the type of review and studies to be performed as well as the norms, standards and criteria to be used.

2.2.4 Conduct concurrent review with respect to the medical necessity of the admission, duration of stay, professional services furnished, including drugs and biological, appropriateness of the level of care, as well as the quality of care.

2.2.5 Identify and monitor practitioners who furnish or order services that are not medically necessary, do not meet professionally recognized standards of care, or are not properly documented in the medical record.

2.2.6 Identify utilization problems, implement recommendations for corrective action, and document the impact of corrective action by the concurrent monitoring of the utilization of hospital resources.

2.2.7 The analysis of review activities and the evaluation of data compiled by the utilization review program, and by other hospital wide information systems, are utilized to formulate recommendations for changes in hospital policies and Medical Staff practices.

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- 2.2.8 The Medical Staff Executive Committee receives reports on utilization review findings and other utilization activities from the Utilization Review Committee. The Executive Committee has the exclusive privilege to make recommendations that will result in changes in utilization practices for both the Medical Staff and the Hospital.
- 2.2.9 Maintain close liaison with other Medical Staff and hospital committees to assure that identified utilization concerns are referred to the appropriate committee for resolution.
- 2.2.10 Identify and institute review activities and techniques found to be effective at other hospitals or reported in the literature, and compare the results of these review activities with those of other hospitals.
- 2.2.11 Monitor the effectiveness of the discharge planning process and assure that those patients, as well as the Medical Staff needing discharge planning assistance, receive it.
- 2.2.12 Supervise the review activities of the Utilization Management Specialist, Clinical Effectiveness Specialists, RN Case Managers and of the Physician Advisors.
- 2.2.13 Institute and monitor review activities to coincide with the types of surveillance reviews conducted by or Quality Improvement Organization (QIO) designated for Florida.

2.3 Review Activities

2.3.1 Review activities should include but need not be limited to:

- 1) Provide for pre-admission review for each category of admissions as designated by the UR Committee
- 2) Admission review to determine whether the services are medically necessary and are delivered in the most appropriate setting.
- 3) Continued stay review to promote efficiency of hospital services, decrease length of stay, and assure that discharge needs are met.
- 4) Approved pre-certified inpatient admissions.
- 5) Transfers to the Hospital of high-risk populations from any other facility.
- 6) Invasive procedures where patterns of under or over-utilization have been identified.
- 7) Cases included in focused review.
- 8) Potential outliers.

2.4 Ad Hoc Members and Special Representatives

2.4.1 On his sole authority, the Chairman of the Utilization Review Committee may appoint members of the Medical Staff and of the Hospital's Leadership staff as ad hoc members of the Committee. Ad hoc members serve at the pleasure of the Chairman, are appointed because of a specialized

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knowledge or training they offer the Committee, may participate in all discussions of the Committee but may not vote on motions before the Committee. An ad hoc member, making continuing contributions to the Committee, may be recommended to the President of the Medical Staff or to the Hospital's Administrator for appointment as a regular member of the Committee.

2.4.2 Special representatives from the Medical Staff, the hospital's management or external agencies may be invited to attend Committee meetings by the Chairman. Such special representatives typically will be restricted in their participation to specific subjects with whom they have been invited to assist the Committee, and they shall not vote. Special representatives usually will not be invited to attend Committee meetings on a continuing basis.

2.5 Subcommittees

2.5.1 The Chairman of the Utilization Review Committee at his/her discretion may appoint subcommittees from the membership of the Committee to study and to make recommendations on subjects requiring more time for deliberation and consideration of data than is possible during regular Committee meetings.

2.6 Voting Rights and Obligations

2.6.1 Each member of the Committee shall have the right and obligation to register a vote on motions accepted by the chairman and seconded for voting purposes, except that only physician members of the Committee shall vote on subjects who require the exercise of medical judgment based on medical training and experience.

2.6.2 A member of the Committee shall abstain from voting only on those motions, which represent a conflict of interest as defined in section 2.8. The person must declare the nature of the conflict of interest for the minutes of the meeting.

2.7 Meeting and Minutes

2.7.1 Regular meetings of the Utilization Review Committee shall be held at least quarterly. The time and place of the quarterly meeting shall be decided at the first regularly scheduled meeting of the fiscal year, but shall be subject to change during the course of the year with the concurrence of the membership. An agenda will be issued to members prior to each regular meeting.

2.7.2 Special meetings of the Committee may be called by the Chairman to permit action to be taken on subjects that are deemed, by the Chairman, to require resolution prior to the next regularly scheduled meeting. At least two of the Physician members of the Committee must be in attendance. The minutes shall be prepared in the format adopted by the Medical Staff Executive Committee and may be adapted by the Utilization Review Committee for the purpose of reporting its utilization review deliberations.

2.7.3 A quorum shall consist of voting Medical Staff membership of the committee in attendance at the meeting.

2.7.4 Official minutes of every meeting, regular and special, shall be kept and an official copy shall be retained in the Medical Staff Office with other Medical Staff Committee minutes. Committee minutes shall be submitted to the Chief of the Medical Staff for distribution to and action by the

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Medical Staff Executive Committee. Copies of the minutes also shall be issued to each member of the Committee. The minutes shall be prepared in a format adopted by the Executive Committee, which may be adapted by the Utilization Committee for the purposes of reporting its deliberations.

2.8 Conflict of Interest

2.8.1 To maintain objectivity in the deliberations and review activities, committee members and staff shall be expected to refrain from decision making or voting participation in any patient specific case review in which the member or staff person is the attending or consulting physician; is a legal relative or guardian; is a professional associate of the attending physician or is a professional associate of the patient. If an individual is uncertain whether a conflict of interest exists in a given case, he/she shall seek a ruling from the Utilization Review Committee or from the Chairman if between meetings. The existence of a conflict of interest is not intended to prevent the member or staff person with the conflict from participation in the discussion of a patient specific case. However, such a person should declare the existence of the conflict, and should refrain from voting on or personally deciding the case in which the conflict of interest exists.

2.8.2 As a statement of principle and to satisfy federal rules and regulations according to CFR456.106, participation in reviews conducted or supervised by the UR Committee is prohibited for any individual who has a direct financial interest in any hospital. An EQ Health Solutions Physician Attestation Statement (Code of Federal Regulation Section 456.106(d) is signed attesting that there is no financial interest in any hospital and therefore no conflict of interest is signed by the voting members of the Utilization Review Committee annually.

2.9 Confidentiality

2.9.1 In the conduct of the work of the Committee, members and staff personnel will be exposed to clinical and social information which relate to specifically identified patients. In keeping with Florida State law and with the Hospital's policy that no disclosure of patient specific clinical or social information is made, except with the written consent of the patient or guardian, Utilization Review Committee members and staff are required to maintain Utilization Review Program patient information in the strictest confidence. Access to utilization data, which is controlled, or in the possession of the Committee is limited to Committee members and staff and to other personnel or members of the Medical Staff who must have access for purposed study, assessment and response. PPO's, HMO's insurance program administrators, the Joint Commission, Department of Health and Human Services and the federally designated Utilization and Quality Improvement Organization (QIO) program for the State of Florida may have access to Committee controlled utilization data under varying agreements and understandings with the Hospital. Memorial Healthcare System has developed policies and procedures to address the privacy standards of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 which was effective April 14, 2003.

2.10 Fraud and Abuse

2.10.1 Sections 1128 and 1156 of the Social Security Act, sets forth the obligations for all providers and practitioners who furnish, order, or arrange for health care services for which payment is made under Medicare, Medicaid or Maternal and Child Health Programs (Title XVIII, XIX and V of the Social Security Act).

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- 2.10.2 In the process of ordering or furnishing medical care, the provider will assure that the care meets professionally recognized standards of quality, that the evidence of medical necessity and quality of care will be provided, and, there is reasonable assurance that the care will be provided in the appropriate level.
- 2.11 Review and Appeal Process
- 2.11.1 Through its admission, continued stay review activities and through its assessment of case mix management system data on physician specific practice profiles, the Utilization Review Committee may identify physicians and non-physician professionals who appear to be furnishing or ordering services which are not medically necessary, do not meet professionally recognized standards of care or are not properly documented in the medical record.
- 2.11.2 Whether as a result of individual case finding or an involving practice pattern, the Physician Advisors (PA), the Chief Medical Officers, or the Chairman or the Chief of the Department will personally discuss the findings with the practitioner. The findings will be described and a formal explanation will be requested.
- 2.11.3 If after a practitioner has had an opportunity to respond to a finding by one of the above representatives of the Utilization Review Committee, and there is a lack of agreement about the finding, the case will be placed on the agenda of the Committee for resolution by peers. The decision is final unless the practitioner exercised his/her due process rights to a hearing as provided for in the Medical Staff Bylaws. In the event that the practitioner accepts the finding by the representative of the Committee, that acceptance will be noted in the correspondence regarding the case.
- 2.11.4 During the re-appointment process, documented utilization review deficiencies will be reviewed and recommendations made to improve the utilization practices of the Medical Staff.
- 2.12 Clinical Effectiveness Specialists, RN Case Managers and Utilization Management Specialist (UR Nurses)
- 2.12.1 Clinical Effectiveness Specialists, RN Case Managers and Utilization Management Specialist are registered nurses with substantial inpatient experience who are capable of making competent clinical judgments about the clinical status and needs of the patient based on the contents of the patient's medical record, and discussion with the healthcare providers.
- 2.12.2 Clinical Effectiveness Specialists, RN Case Managers and Utilization Management Specialist are employees of the Hospital. The Clinical Effectiveness Specialist and RN Case Managers report to the Director/Manager of Clinical Effectiveness. The Utilization Management Specialist report to the Director/Manager/Supervisor of Utilization Management. For all guidance in the application of review criteria, the Clinical Effectiveness Specialists, RN Case Managers and Utilization Management Specialist are under the direction of the Physician Advisors and the Chief Medical Officers, or his/her designee, and the Chairman of the Utilization Review Committee.
- 2.12.3 Routine utilization review activities are performed by the Utilization Management Specialist in the Centralized Utilization Review Department and are expected to utilize the approved review criteria as described in section 3.6 Screening Criteria of this UR Plan.

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- 2.12.4 The Clinical Effectiveness Specialist, RN Case Managers and Utilization Management Specialist will apply the appropriate screening criteria to high risk populations as identified by the Utilization Review Committee, for admission, readmission, continued stay review, as well as discharge screens.
- 2.12.5 Whenever the Clinical Effectiveness Specialist, RN Case Managers and Utilization Management Specialist is unable to if determine medical necessity for admission is met; or, if the services are being rendered in the appropriate setting; or, if the patient may be safely discharged; or, if services are medically necessary or appropriate by utilizing the criteria, the case must be referred to a Physician Advisor for a decision.
- 2.12.6 The Clinical Effectiveness Specialists, RN Case Managers and/or Utilization Management Specialist are responsible for the preparation, completion, and maintenance of prescribed documentation (paper or electronic version) for each patient admission as directed in 42 CFR 456.111. The documentation serves as a chronological record of the review decisions being made during the course of the patient's hospitalization and the basis for those decisions.
- 2.12.7 The Director/Manager of Clinical Effectiveness and Director of Utilization Management is responsible for maintenance of statistics and data of review activities. Routine statistical reports including the number of Physician Advisor reviews, hospital issued notices of non-coverage, Condition 44, < 2 Midnight/Part B Reviews, managed care denials, and other such correspondence will be reported as well as retained.
- 2.12.8 The Clinical Effectiveness Specialists, RN Case Managers and Utilization Management Specialist suggest subjects for utilization review studies based on their observations of problems and the outcomes of monitors which contribute to inappropriate utilization and they participate in the conduct of such studies.
- 2.12.9 To prevent unnecessary hospital days, the Clinical Effectiveness Specialist, RN Case Managers, Utilization Management Specialist, and Social Workers maintain a close liaison in their efforts to perform discharge planning activities. To prevent a delay in the discharge planning process, the Clinical Effectiveness Specialist may initiate referrals to the Social Workers.
- 2.13 Physician Advisors
- 2.13.1 Physician Advisors are licensed physicians who have substantial experience in clinical practice of medicine in a hospital setting.
- 2.13.2 Physician Advisors are under contract with the Hospital and are to assume the responsibilities to perform the duties described in the Utilization Review Plan. For guidance in their review of cases referred by the Clinical Effectiveness Specialist, RN Case Managers, and Utilization Management Specialist, the physician advisors work under the direction of the Utilization Review Committee and work cooperatively with the Chief Medical Officers and/or Memorial Healthcare System Chief Medical Officer. A Physician Advisor cannot have any financial interest in any hospital.
- 2.13.3 A principal duty of the physician advisor is to review any cases referred by the Clinical Effectiveness Specialist, RN Case Managers, and Utilization Management Specialist when screening criteria is not met for one or more reasons.

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- 2.13.4 Frequently, it will be necessary for the physician advisor to speak by telephone with the attending physician to obtain information which may not be documented in the patient's chart, before making a decision regarding medical necessity, appropriateness of setting, quality of care and the like.
- 2.13.5 The PA must demonstrate complete objectivity in reaching an adverse decision. There must be a personal communication with the attending physician and the Clinical Effectiveness Specialist, RN Case Manager or Utilization Management Specialist regarding the adverse decision. An attempt should be made to use the experience as a means of improving the attending physician's utilization practices during the encounter.
- 2.13.6 When an attending physician does not agree with an adverse determination made by the PA, the case must be referred for resolution to the Chairman of the Utilization Review Committee, or his/her designee in the absence of the Chairman. The Chairman may involve the Chairman of the appropriate Department or Section in the decision. In this situation, the PA must inform the Chairman or designee of the circumstances of the case, the basis for his adverse determination, and must seek a decision on that same day as adverse determination.
- 2.13.7 The Chief Medical Officer and/or Physician Advisor, as a hospital-based physician and as a member of the Utilization Review Committee serves as a ready source of another opinion for those cases in which the PA is undecided regarding a finding. It remains the responsibility of the PA to communicate a review decision to the attending even though the CMO may contribute to that determination. The PA may also refer cases involving questionable quality of care, inappropriate setting, and medically unnecessary services to the Chief Medical Officer.
- 2.13.8 The physician advisor serves in a consultative role assisting in the review setting and modification of review criteria, in the review of specific cases brought to the Utilization Review Committee and in the identification of utilization problems which may be the subjects of studies undertaken by the Utilization Review Committee.
- 2.13.9 The physician advisor, as a result of his/her working experiences with the Hospital's utilization program and as a result of their interest in the field, is an educational resource for the Medical Staff on utilization practices. They are expected to participate in educational programs on utilization issues. The PAs are encouraged to enhance their knowledge of utilization review matters by active membership in the American Board of Quality Assurance and Utilization Review Physicians (ABQAURP).
- 2.14 Administrative Support of Committee
- 2.14.1 The Administration of the Hospital has been and continues to be committed to providing the personnel, equipment, supplies, data and other resources needed by the Committee to meet its responsibilities and perform its functions.
- 2.15 The Clinical Effectiveness and Centralized Utilization Review Departments
- 2.15.1 The daily utilization review activities of the Committee are delegated to the Centralized Utilization Review Department and are conducted by the Utilization Management Specialists and the Physician Advisors who are assigned to the Centralized UR and Clinical Effectiveness Departments.

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2.15.2 The Clinical Effectiveness Department and Centralized Utilization Review Department maintains files of QIO denials and inquiries, establishes communication with the attending physician regarding requests of additional information on denied cases and referrals for quality of care concerns, and assists the attending physician in all appeal issues.

2.15.3 The Departments have responsibility for:

- 1) Liaison with other departments including Medical Staff, Health Information Management, Admitting and Finance.
- 2) Coordinating Physician Advisor functions.
- 3) Maintaining specified records.

2.15.4 The Clinical Effectiveness Department and Centralized Utilization Review Department maintains records of its activities including:

- 1) Utilization Review worksheets. (paper or electronic version)
- 2) Hospital Issued Notices of Non-Coverage (HINN).
- 3) Letters of adverse findings for services being rendered in an inappropriate setting; for unnecessary admissions; and questionable quality of care.
- 4) IMM (Important Message from Medicare) appeals
- 5) MOON (Medicare Outpatient Observation Notice)

2.16 Integrated Information System Support

The Hospital's computer sub-systems collect clinical, financial, utilization review and demographic data elements in an integrated information system. There are no real limits as to the computer programs, which may be written to produce data, and statistical reports, which can assist the Committee and its staff in analyzing utilization patterns and in detecting inappropriate utilization practices. The analysis of and comparison of physicians' clinical practice patterns, in terms of length of stay and use of ancillary services, for the same diagnoses or diagnosis related groups (DRGs), is a method of detecting questionable utilization practices. The Utilization Review Committee members, with the assistance of the Administrative Staff member, will decide jointly the type and format of computer generated reports it wishes to use in analyzing utilization practices.

2.17 Other Departments Supporting Committee

2.17.1 Medical Staff Services

The Director of Medical Staff Services and his/her associates maintain the minutes and files with all related attachments and correspondence; send meeting notices well in advance of the meeting dates.

2.17.1 Health Information Management

2.17.2.1 The Health Information Management Department (Medical Records) is the source of clinical data abstracting and participates with the attending physician in the assignment of each discharge to a diagnosis-related group (DRG).

2.18 Quality of Care Review

2.18.1 Although a functional component of the Hospital's Administration and the Quality Management Department/Clinical Effectiveness Department, the Director/Manager of Clinical Effectiveness assists the Clinical Effectiveness Specialists, RN Case Managers, Utilization Management Specialist and the physician advisor to view such traditional utilization issues as appropriateness of services and medical necessity in terms of improving the quality of care.

2.19 Social Work, RN Case Manager Clinical Effectiveness Specialist Functions

2.19.1 To meet the objectives of the hospital to provide efficient discharge planning, the following will be utilized:

- 1) An effective identification of patients requiring discharge planning.
- 2) Early initiation for Social Worker/RN Case Manager/Clinical Effectiveness Specialist's evaluation of the patient's need for discharge planning assistance.
- 3) Multi-disciplinary team planning when needed to meet the needs of the patient, his family, or legal representative.
- 4) Ensure that the appropriate level of care can be provided upon discharge.
- 5) Continuing assessment throughout the patient's stay to determine that the discharge plan is still appropriate.
- 6) A written plan and summary, including recommendations for follow-up, will be maintained by the Social Worker/RN Case Manager/Clinical Effectiveness Specialist in the patient's current medical record.

2.19.2 To assist in the identification of patients who are most likely to require assistance with discharge planning, the following screening will be used: Clinical Effectiveness Specialists and RN Case Manager will assess patients with critical discharge planning needs during their chart reviews. Clinical Effectiveness Specialists and RN Case Manager will identify "high risk" patients during their reviews. These are patients who may require further assessment for discharge planning, counseling, and community service or crisis intervention. The Clinical Effectiveness Specialist and RN Case Manager will work closely with the Social Worker in such cases.

2.20 Nursing Service

2.20.1 Staff nurses attending to the daily needs of hospitalized patients may be the first to identify utilization problems associated with their patients. The considerable knowledge which nurses have about the circumstances of their patients' care and about the practice patterns of attending physicians, makes them important sources of information and thus important daily contacts for Clinical Effectiveness Specialists, RN Case Managers and Utilization Management Specialist and Physician Advisors in the course of conducting concurrent reviews.

ARTICLE III - UTILIZATION PROBLEMS - IDENTIFICATION AND RESOLUTION

3.1 The purpose of the Utilization Review Program, as previously stated in this Plan, are ultimately achieved, only through a process of identifying and resolving problems, concerns and issues both about the appropriate utilization of the Hospital and its services by the Medical Staff and about the efficiency and effectiveness with which the Hospital, makes its services available to the Medical Staff and its patients.

3.2 The Utilization Review Committee will identify apparent utilization problems through the observations and findings of its Clinical Effectiveness Specialists, RN Case Manager Utilization Management Specialist and physician advisors while conducting routine review activities and through the assessment of data, statistics, and reports that are periodically submitted.

3.3 The Utilization Review Committee also will promote the monitoring of the appropriateness of care and services and the identification/resolution of utilization problems in all of the Hospital's major clinical departments and ancillary departments. Emphasizing the need for each department to collect and analyze data, statistics and activities indicators, which uniquely describe its work, practices and activities, will do this. The findings of and actions taken by individual departments in monitoring appropriateness will be reviewed for hospital wide applications.

3.4 Ongoing review processes, which are used to varying degrees in the Hospital's Utilization Review Program, are defined as follows:

3.4.1 All review worksheets (paper or electronic) will include at a minimum the following information:

- 1) Identification of the recipient.
- 2) Name of recipient's physician.
- 3) Date of the admission and dates of application for and authorization if medical benefits if application is made after admission.
- 4) Individual written plan of care required under 42 CFR 456.80
- 5) Date of Initial and subsequent continued review dates as described under 42 CFR 456.128 and 456.133.
- 6) Date of operating room reservation if applicable.
- 7) Justification of emergency admission if applicable.
- 8) Reasons and plan for continued stay, if the attending believes continued stay is necessary.
- 9) Additional supportive information.

3.4.2 Review Types

3.4.2.1 Preadmission (Prospective Review):

The assessment of care before it is rendered to determine that the care is medically necessary and is to be provided in the appropriate health care setting. It is usually performed in anticipation of or at the time of a planned inpatient admission.

3.4.2.2 Admission Review:

The assessment of a patient's need for an acute care hospitalization and to determine the stay is medically necessary. The review of the physician's plan of care and an admission note will assist the Clinical Effectiveness Specialists, RN Case Manager and Utilization Management Specialist in the identification of acute care needs. This review normally is completed within one working day of the admission.

3.4.2.3 Continued Stay Review:

The assessment of a patient's need for continued hospitalization. The initial continued stay review should take place on either the next working day identified by the 50th percentile of the DRG geometric mean length of stay or the -4th working day following the admission review. All further continued stay reviews will be done within four (4) working days of the last review date with rehab and NICU cases being reviewed at seven-day intervals through the hospital stay

3.4.2.4 Focused Review:

Focused review occurs in those areas where care is rendered to patients where the greatest potential for utilization problems may exist. Outlier cases are considered to be patients in the hospital greater than 30 days. These cases are reviewed monthly and reported at the Utilization Review Committee. Concurrent focused review permits intervention in a case where necessary to prevent financial loss to the hospital. Retrospective focused review is useful for identification of utilization problems, but is not of value where immediate intervention may be needed.

3.5 Profile Analysis:

The regular review of data reports such as profiles of care for selected patient groups, practitioners or payers of service to identify patterns of care which might not be evident from the review of a single case.

3.6 Screening Criteria

3.6.1 Screening criteria are predetermined elements or values developed by physicians and other health care professionals using objective clinical findings, professional literature available and their medical expertise.

3.6.2 These criteria form an objective base against which specific performance can be measured, to evaluate the quality and appropriateness of the care being rendered, and the medical necessity for further care. The use of such criteria also enables non-physician personnel to screen cases and direct only those requiring peer reviews to a Physician Reviewer.

3.6.3 Screening criteria describe the need for hospitalization in terms of how ill the patient is, what kind of treatment the patient is receiving and whether there are indications that the patient can be safely discharged. Because they are descriptive of the type of treatment the patient should be receiving, screening criteria also are useful in identifying deficiencies in the quality of the care being rendered. The utilization review criteria used by Memorial are adopted by the Utilization Review Committee and approved for use by the Executive Committee of the Medical Staff

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- 3.6.4 The screening criteria used predominately in the Hospital's utilization review processes for the commercial lines of business and the uninsured population is the latest publication of Interqual Intensity of Service, Severity of Illness and Discharge Screening Criteria (ISD Screening Criteria).
- 3.6.5 Memorial will follow CMS' final rule 2024
- 3.6.6 Two Midnight Rule as the guideline for determining admission status for the Medicare
- 3.6.7 FFS and Medicare Advantage plan and will augment with Physician Advisor review and case discussion with attending physicians as necessary.
- 3.6.8 For Medicaid FFS and Medicaid Managed Care populations, Memorial will follow Florida Medicaid's definition of Inpatient Care and augment the 2 midnight rule review criteria with the latest publication of Interqual Intensity of Service, Severity of Illness and Discharge Screening Criteria (ISD Screening Criteria).
- 3.6.9 Criteria are periodically reviewed and evaluated to assure that they continue to meet the needs of the utilization review program. New criteria may be developed or the Committee may revise criteria at any time.
- 3.7 Concurrent Review Process:
- 3.7.1 Concurrent review will be performed utilizing Interqual's Level of Care Criteria.
- 3.7.2 The criteria will be the resource for determining the necessity for the continued admission, as well as the readiness for discharge.
- 3.7.3 Admission Review
- 3.7.3.1 The Utilization Management Specialist initiate the admission review process within the first working day following the patient's admission to an acute care setting.
- 3.7.3.2 During the admission review process, the Utilization Management Specialist will utilize the specific screening criteria per line of business as outlined under section 3.6 of this UR Plan. The criteria utilized is documented in the case notes in the utilization review system. If no criteria are met, the case is referred to a Physician Advisor for a medical determination pertaining to necessity of acute hospitalization.
- 3.7.3.3 All Medicaid and Medicare recipients admitted to the Hospital will be certified at the time of the admission by the attending physician. The Utilization Management Specialist or hospital designee will highlight the electronic medical record for the attending physician's signature. Recertification of the Plan of Care will be made at least every sixty days. In the case of Behavioral Health, recertification of the plan of care for Medicare will be made at 12 days and every 30 days and for Medicaid at admission and every 30 days. For patients who apply for assistance during the hospital stay, the certification must be in place prior to payment authorization per CFR 456.121

If after a consultation with the attending physician (if appropriate), the Utilization Management Specialist is still unable to certify the admission the Physician Advisor will be contacted. It is the

responsibility of the Utilization Management Specialist to contact the Physician Advisor to review an admission that failed admission criteria using the approved screening criteria. The Utilization Management Specialist may not make decisions to deny admission as medically unnecessary or inappropriate.

3.7.3.4 A physician, physician assistant or nurse practitioner acting within the scope of practice, as defined by State Law and under the supervision of a physician, must re-certify for each applicant or recipient the inpatient medical services in a mental hospital are needed. In the case of mental health services, the physician, or the physician assistant or nurse practitioner acting within the scope to practice as defined by State Law, may re-certify the applicant or recipient for inpatient psychiatric services under the supervision of the physician.

At the time Utilization Management Specialist, or Physician Advisor certifies the admission; all pertinent data must be recorded on the review worksheet. This information indicates when the next review should be conducted. The initial continued stay review should take place on either the next working day identified by the 50th percentile of the DRG geometric mean length of stay or the 4th working day following the admission review. All further continued stay reviews will be done within four (4) working days of the last review date unless otherwise indicated. Review of rehabilitation cases and NICU may be conducted at a minimum of seven days intervals.

3.7.3.5 Referral to the Physician Advisor will occur on the same day that the Utilization Management Specialist initiate the admission certification process.

3.7.3.6 If the Physician Advisor has reason to believe the admission is not necessary, he/she must confer with the Attending Physician giving an opportunity for the presentation of clarifying information before a decision is made.

3.7.3.7 If the additional information is sufficient to convince the Physician Advisor that the admission is necessary, the Physician Advisor will instruct the Utilization Management Specialist to certify the admission. This must be documented on the Specialist worksheet. (paper or electronic)

3.7.3.8 If the Attending Physician does not present clarifying information and concurs with the Physician Advisor that acute hospitalization is not indicated, an adverse determination will be rendered.

3.8 Continued Stay Reviews

3.8.1 At the time of the review, the Utilization Management Specialist refer to specific criteria to determine if criteria are still met. If the criteria are met, the Utilization Management Specialist documents the criteria that are satisfied and continues the review process.

3.8.2 The Health Information Management Department (Medical Records) establishes, directs and monitors the procedures that guarantee the Hospital's compliance with Medicare Certification requirements for Day and Cost outliers as stipulated in Section 412.80 of 42 CFR Medicare regulations, Social Security Amendments of 1983 (PL 98-21). All Medicaid and Medicare recipients admitted to the Hospital will be certified at the time of admission by the attending physician. Recertification of the Plan of Care will be made at least every sixty days. Recertification for Medicare Behavioral Health will be made at 12 days and every 30 days and for Medicaid recipients every 30 days.

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- 3.8.3 Non PPS certification of all Medicare Beneficiaries will be established on the 12th day of hospitalization with subsequent re-certification on the 18th day and every 30th day thereafter. Extended stay review for medical necessity is accomplished by the Utilization Management Specialist in a timely manner, most often every fourth working day and not longer than every seventh day in selected cases. Continued stay review for medical necessity is completed by the Utilization Management Specialist in a manner that promotes appropriate utilization of hospital services. This review would be no longer than the fourth working day, except in selected cases where the review would occur not longer than every seventh day.
- 3.8.4 If no criteria are met, the Clinical Effectiveness Specialist, RN Case Manager, and Utilization Management Specialist refer to the discharge screening criteria. If the discharge screens are met, the Clinical Effectiveness Specialist/RN Case Manager /Utilization Management Specialist checks to see if discharge or transfer is planned for the next working day. If discharge or transfer is not planned, the case is referred to a Physician Advisor. If discharge or transfer is planned, the Clinical Effectiveness Specialist/RN Case Manager/ Utilization Management Specialist review the case the following day to assure that the plan has been carried out. If this plan has been carried out, review is complete.
- 3.8.5 If a discharge screen has not been met, or if the plan for discharge or transfer is not carried out, the Clinical Effectiveness Specialist/RN Case Manager/Utilization Management Specialist reviews the record to determine if a new medical problem has occurred. If no new medical problem occurs, the discharge screens are met and there is no intensity of services, the case is referred to the Physician Advisor.
- 3.8.6 If the Utilization Management Specialist is unable to certify the continued stay based on information contained in the medical record, the Utilization Management Specialist must seek consultation with the Attending Physician. If the Utilization Management Specialist is still uncertain of the medical necessity for the continued stay, she/he must refer the case to a Physician Advisor that same day. If the Physician Advisor determines hospital stay is necessary, he/she will direct the Utilization Management Specialist to certify the continued stay. His/her medical determination must appear on the utilization review system.
- 3.8.7 Upon review of the medical record, if the Physician Advisor believes further stay is not medically necessary, he/she must confer with the Attending Physician to afford him/her an opportunity to present clarifying information.
- 3.8.8 If the Attending Physician presents additional information sufficient to satisfy the Physician Advisor of the medical necessity for continued hospital stay, the Physician Advisor will direct the Utilization Management Specialist to certify the continued stay.
- 3.8.9 If the Attending Physician agrees with the Physician Advisor that continued stay is no longer medically necessary and discharges the patient, this does not constitute an adverse determination. In the case of a disagreement between the Attending Physician and the Physician Advisor, the Physician Advisor will call in a Physician Advisor Consultant. If the physician advisor consultant agrees that continued stay is not medically necessary, an adverse determination is made and notification of those parties concerned will take place.

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- 3.8.10 In order to avoid an arbitrary decision in the termination of benefits procedure, two (2) physicians must concur. The two (2) physicians may be the Physician Advisor and the Attending Physician, the Physician Advisor and a second Physician or the Attending Physician and the Chief Medical Officer.
- 3.9 Denial/Termination of Benefits
- 3.9.1 When medical appropriateness can no longer be certified, the Clinical Effectiveness Specialist/RN Case Manager, Utilization Management Specialist will discuss the case to give written notification of non-certification with the Chief Medical Officer, or his/her designee. The notice will be given in accordance with the Federal or State guidelines.
- 3.9.2 An admission letter of adverse determination is required to be given to the patient or the patient's representative when it has been determined the admission lacks medical necessity. The patient or the patient's representative may be notified by telephone, followed by the letter of adverse determination sent certified mail with return receipt requested when the patient is incapacitated and cannot acknowledge the receipt of the letter. With regard to the Medicaid recipient, the adverse determination will be effective at midnight on the day that medical necessity ceases to exist.
- 3.9.3 In case of disagreement between the attending physician and the Physician Advisor, the physician advisor must seek a second opinion from a Physician Advisor Consultant who is simply a second physician advisor. If the second opinion agrees that the admission was not medically necessary, the adverse determination is made and notification of concerned parties will take place. All such discussion and communication shall be conducted within two (2) working days following the patient's admission.
- 3.9.4 When a determination has been made that the patient no longer meets criteria for an inpatient stay, and an adverse determination has been deemed appropriate, the notice will be given in accordance with the Federal or State guidelines.
- 3.9.5 If the committee makes an adverse final decision on a recipient's need for continued stay before the assigned review date, the committee gives notice within two (2) working days after the date of the final decision.
- 3.9.6 Notification of the adverse determination will be forwarded to the following:
- 1) Attending Physician
 - 2) Hospital Administration/Finance
 - 3) Patient (sponsor or next of kin)
 - 4) Fiscal Intermediary (AHCA – First Coast Service Options)
 - 5) QIO (eQHealth for Medicaid or KEPRO for Medicare)
- 3.9.7 This written Notification of Adverse Initial Determination may be preceded by oral communication.

3.9.8 The written Notice of Adverse Determination will contain the following information:

- 1) The reason for the determination
- 2) The date after which the patient's stay in the hospital will not be approved as medically necessary or appropriate in an in-patient hospital level of care.

ARTICLE IV - DISCHARGE PLANNING

4.1 The Director/Manager of Clinical Effectiveness of the Hospital shall be responsible for coordinating the discharge planning function of the hospital. Discharge planning shall have as its objectives:

- 1) Facilitating a safe discharge as soon as an acute level of care is no longer required;
- 2) Encouraging active participation of the patient/family in decisions about discharge planning;
- 3) Assisting the attending physician, the patient and the patient's family to plan for discharge to a setting appropriate to the medical, physical and social needs of the patient;
- 4) Providing current information and expert advice to the attending physician, the patient and the patient's family about alternative facilities for patient placement when the patient cannot be managed in his home environment;
- 5) Providing current information and expert advice to the attending physician, the patient and the patient's family about resources available to assist in the care of the patient in the home environment;
- 6) Assuring that patient's medical information to meet the patient's ongoing care needs is provided to the facility in a timely manner, prior to or at the time of the patient's transfer.
- 7) Developing criteria for initiating discharge planning and applying the criteria to identify patients whose diagnoses, problems, or psychosocial circumstances usually require discharge planning. (Case finding)

4.2 The need for discharge planning for a given patient may be identified by any member of the healthcare team assigned to the patient, or by a Clinical Effectiveness Specialist, RN Case Manager in the course of their review activities. In each case, the need for discharge planning shall be referred directly to the Social Worker or Clinical Effectiveness Specialist.

4.3 The Clinical Effectiveness Specialists and RN Case Managers will identify those patients that represent a high risk for utilization concerns and make the appropriate social service referral as soon as a need is identified, but no later than the second concurrent review.

4.4 The hospital's Social Worker, RN Case Manager and/or Clinical Effectiveness Specialist, in conjunction with the Discharge Coordinators, shall conduct discharge planning preparations.

4.5 The Director/Manager of Clinical Effectiveness, Nursing Service, and the receiving facility, shall develop recommendations regarding the type and nature of the patient's medical information provided to those facilities receiving patients.

ARTICLE V - REVIEW AND EVALUATION OF UTILIZATION REVIEW PLAN

- 5.1 The Utilization Review Plan in its entirety, including its standards, criteria and norms for conducting concurrent review, shall be reviewed and evaluated at least annually and revised as necessary.
- 5.2 Structure: The Plan's contents shall be compared with actual utilization organization at Memorial, with current Joint Commission standards and with applicable Federal and State regulations governing utilization activities in acute care hospitals.
- 5.3 Process: The Plan's contents shall be assessed to determine if it has functional and effective review processes, discharge planning, education programs, data abstracting, a management information system, data retrieval and management information reporting.
- 5.4 Outcome: The effectiveness of a utilization review program can be measured by such key indicators as:
- 1.) Lengths of stay which are low or declining.
 - 2.) Declining or stabilized numbers of referrals to physician advisors.
 - 3.) Denials of benefits prevented by interventions of physician advisors or other staff.
 - 4.) Declining denial rate, number of days and cases denied.
 - 5.) Cases being appropriately referred for Physician Review.
 - 6.) Lengths of stay in keeping with state and local norms.
 - 7.) Limited variations in lengths of stay and charges from physician to physician for the same diagnostic category.
 - 8.) Few differences in mortality rate or severity level between physicians.
 - 9.) The number of utilization problems identified and resolved in the process described above.
- 5.5 After deliberating on the recommendations for Plan revisions, the full Committee shall vote to approve or disapprove the proposed revisions in whole or part and the action of the Committee will be reported to the Medical Staff Executive Committee and to the Board of Commissioners for their approval.
- 5.6 The Director of Medical Staff with the minutes and records of other committee meetings and deliberations shall maintain records and minutes of this review and evaluation process.

ARTICLE VI - QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT

- 6.1 The objectives of the department include the gathering of meaningful and representative information on a concurrent basis. This information then needs to be disseminated to the various committees for evaluation.

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6.2 The Scope of Service is as follows:

- 1) Provide a program of Utilization Review that is in compliance with all State and Federal regulations, as well as the special utilization review requirements executed by third party payers.
- 2) Conduct concurrent reviews to assure the medical necessity of admission and that the professional services rendered meet the standards of appropriateness and quality.
- 3) Identify and monitor those practitioners that do not furnish professionally recognized standards of care.
- 4) Identify utilization problems and implement recommendations for corrective action.
- 5) Analyze the results of external review agencies and formulate policies that will prevent sanction.
- 6) Monitor the effectiveness of the discharge planning process to prevent unnecessary hospital days.
- 7) Provide a mechanism for Peer Review of utilization issues referred by the Clinical Effectiveness Specialists, RN Case Manager and/or Utilization Management Specialist.
- 8) When appropriate, provide an informal education tool for the Medical Staff

6.3 The effectiveness of Utilization Management can be identified by the following issues:

- 1) The recommendation by the Utilization Review Committee for focus studies in those MS-DRG's identified for over-utilization.
- 2) The recommendation of the committee to focus on those practitioners that has been identified to have over-utilization habits.
- 3) The identification of hospital services that need refinement to provide more efficient health care.
- 4) The continued limited exposure to external review.
- 5) The cooperation of the managed care programs to provide concurrent reviews and peer to peer process for denied cases to assist with improved cash flow.

ATTACHMENT A

PLAN OF CARE

Definition: At the time of admission to a hospital, a physician involved in the care of a Medicaid recipient must establish a written plan of care. The Code of Federal Regulations 42 CFR 456.80 Subpart C provides:

"Before admission to a hospital or before authorization for payment, a physician and other personnel involved in the care of an individual must establish a written plan of care for each applicant or recipient."

The plan of care must include:

- 1.) Diagnosis, symptoms, complaints and complications indicating the need for admission,
- 2.) A description of the functional level of the individual,
- 3.) Any orders for medications, treatments, restorative and rehabilitative services, activities, social service, and diet,
- 4.) Plan for continuing care, as appropriate and plans for discharge as appropriate.

Periodic Review: Orders and activities must be developed in accordance with the instructions of the physician. This plan of care must be reviewed and revised as appropriate by all personnel involved in the care of the patient. The physician must review each plan of care at least every 60 days.

Documentation: The information required for the plan of care may be entered in the physician's order sheet, progress notes, and/or history and physical. There is no regulation governing the placement of this information, but it is imperative that it be included in the medical record.

Monitoring by the QIO: The QIO monitors physician compliance to this regulation during the retrospective medical record review. If the QIO identifies any areas of non-compliance, the hospital will be notified.

Department Responsibility: Compliance with the physician's plan of care requirement may be subject to Federal and State review. Those records without a plan of care are subject to Federal disallowance and may result in recoupment of Medicaid payments.

Memorial Healthcare System

Financial Reports for April 2024

June 26, 2024

Board Meeting





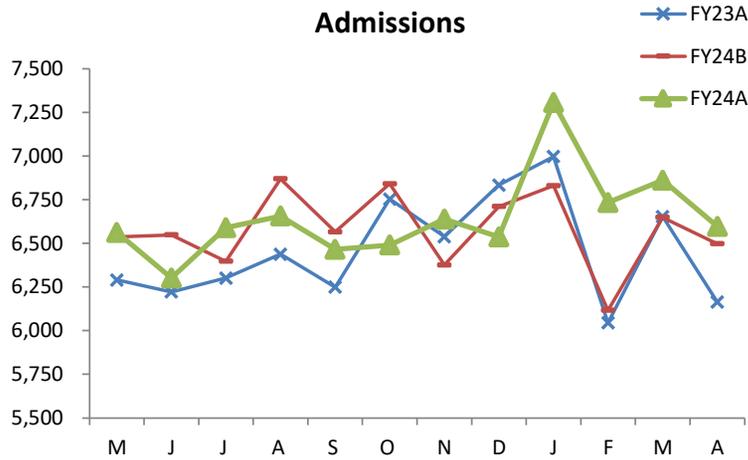
Memorial Healthcare System - Executive Summary - YTD April 2024

- Inpatient Revenue was above budget due to 1.0% higher admissions, and 15.6% higher cardiac surgeries
- Outpatient Revenue was above budget due to 6.3% higher outpatient visits and 5.8% higher observation discharges
- Net Revenue of \$3.3B was above the budget of \$3.1B, and Income from Operations of \$146.8M was higher than the budget of \$26.5M
- Excess of Revenues over Expenses was \$245.9M compared with the budgeted Excess of Revenues over Expenses of \$66.5M



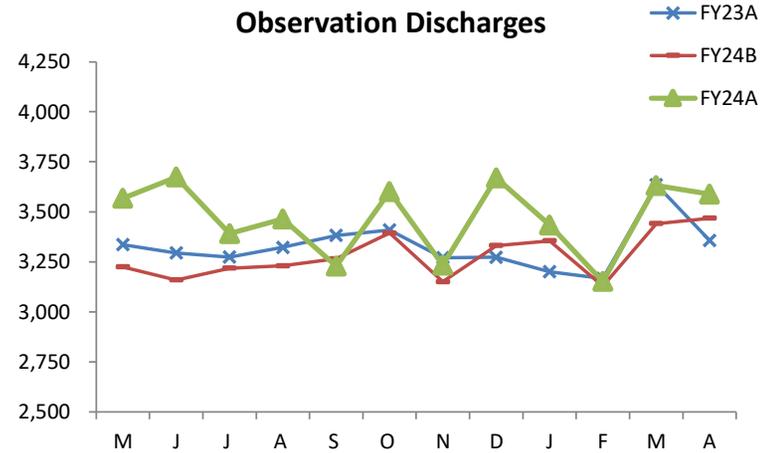
Memorial Healthcare System - Consolidated Volumes and Payor Mix - April 2024

Admissions



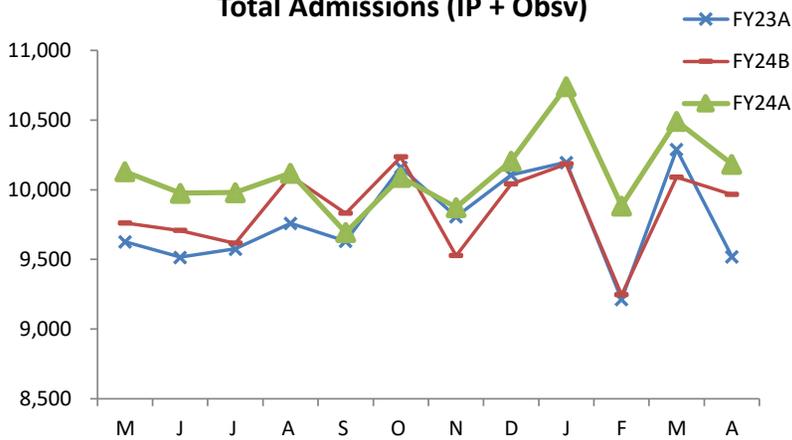
	<u>FY24A</u>	<u>FY24B</u>	<u>FY23A</u>	<u>vs FY24B</u>	<u>vs FY23</u>
MTD:	6,596	6,497	6,163	1.5%	7.0%
YTD:	79,737	78,933	77,482	1.0%	2.9%

Observation Discharges



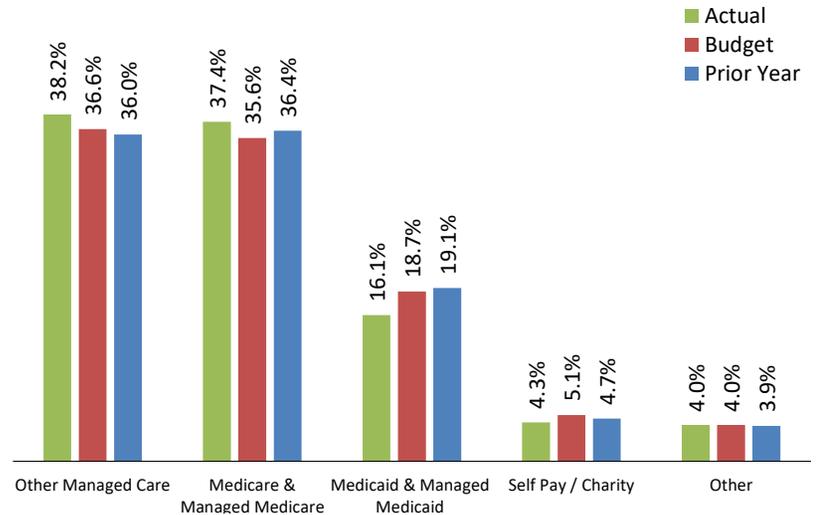
	<u>FY24A</u>	<u>FY24B</u>	<u>FY23A</u>	<u>vs FY24B</u>	<u>vs FY23</u>
MTD:	3,588	3,468	3,356	3.5%	6.9%
YTD:	41,636	39,364	39,920	5.8%	4.3%

Total Admissions (IP + Obsv)



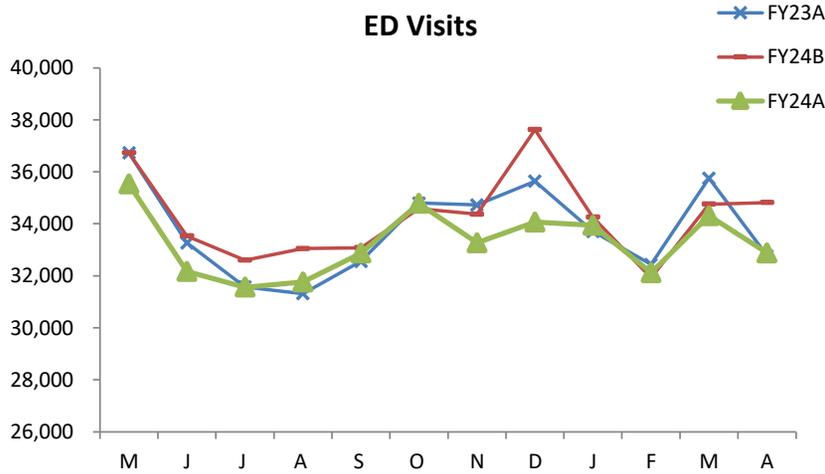
	<u>FY24A</u>	<u>FY24B</u>	<u>FY23A</u>	<u>vs FY24B</u>	<u>vs FY23</u>
MTD:	10,184	9,965	9,519	2.2%	7.0%
YTD:	121,373	118,298	117,402	2.6%	3.4%

Payor Mix (Gross Revenue) - YTD FY2024

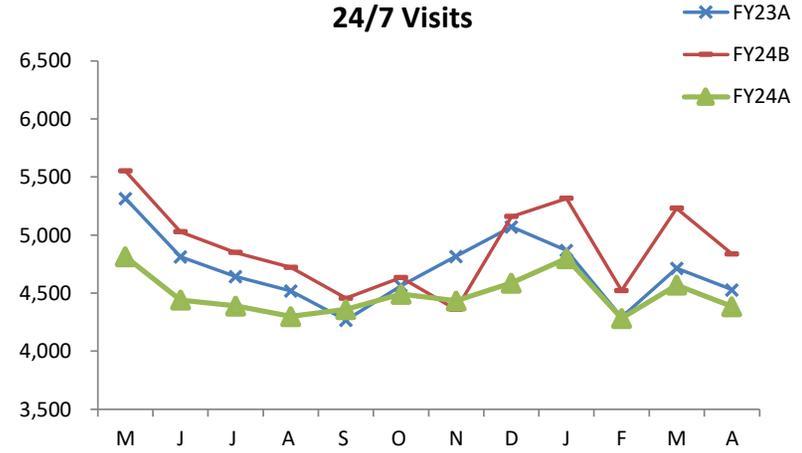




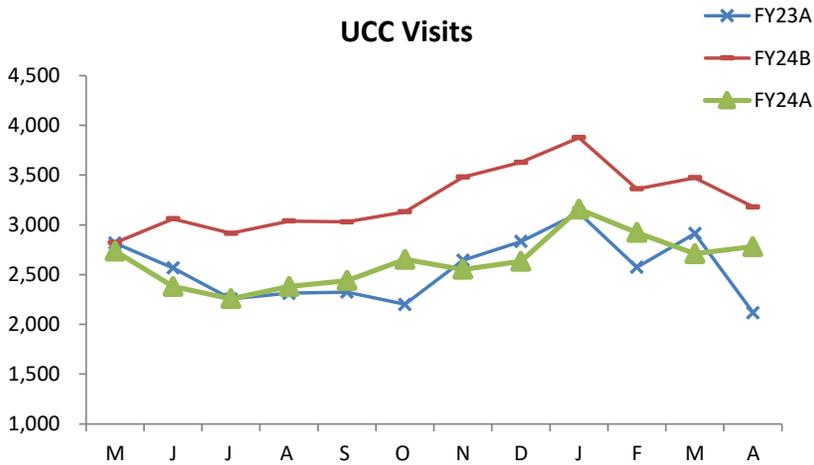
Memorial Healthcare System - Consolidated Volumes - April 2024



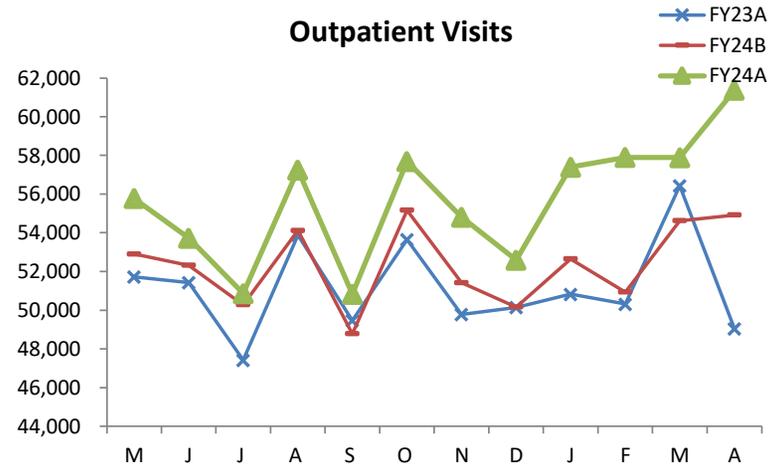
	<u>FY24A</u>	<u>FY24B</u>	<u>FY23A</u>	<u>vs FY24B</u>	<u>vs FY23</u>
MTD:	32,877	34,818	32,764	-5.6%	0.3%
YTD:	399,258	411,288	405,235	-2.9%	-1.5%



	<u>FY24A</u>	<u>FY24B</u>	<u>FY23A</u>	<u>vs FY24B</u>	<u>vs FY23</u>
MTD:	4,385	4,837	4,529	-9.3%	-3.2%
YTD:	53,857	58,659	56,414	-8.2%	-4.5%



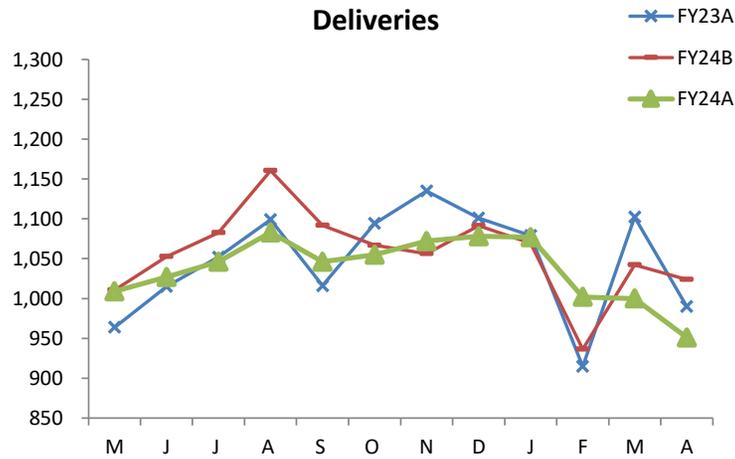
	<u>FY24A</u>	<u>FY24B</u>	<u>FY23A</u>	<u>vs FY24B</u>	<u>vs FY23</u>
MTD:	2,781	3,180	2,118	-12.5%	31.3%
YTD:	31,604	38,990	30,677	-18.9%	3.0%



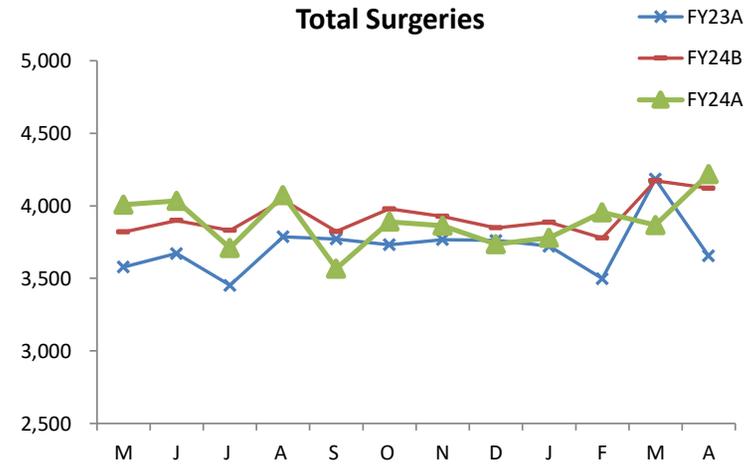
	<u>FY24A</u>	<u>FY24B</u>	<u>FY23A</u>	<u>vs FY24B</u>	<u>vs FY23</u>
MTD:	61,376	54,918	49,045	11.8%	25.1%
YTD:	668,112	628,227	614,106	6.3%	8.8%



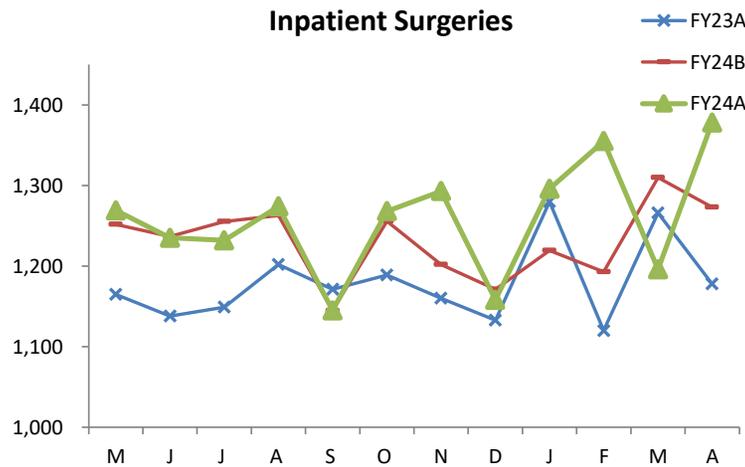
Memorial Healthcare System - Consolidated Volumes - April 2024



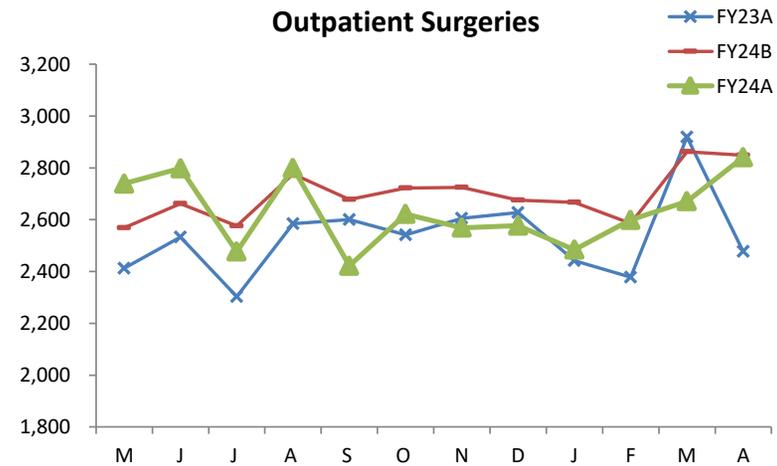
	<u>FY24A</u>	<u>FY24B</u>	<u>FY23A</u>	<u>vs FY24B</u>	<u>vs FY23</u>
MTD:	951	1,024	990	-7.1%	-3.9%
YTD:	12,446	12,684	12,562	-1.9%	-0.9%



	<u>FY24A</u>	<u>FY24B</u>	<u>FY23A</u>	<u>vs FY24B</u>	<u>vs FY23</u>
MTD:	4,219	4,121	3,655	2.4%	15.4%
YTD:	46,697	47,120	44,576	-0.9%	4.8%



	<u>FY24A</u>	<u>FY24B</u>	<u>FY23A</u>	<u>vs FY24B</u>	<u>vs FY23</u>
MTD:	1,378	1,273	1,178	8.2%	17.0%
YTD:	15,099	14,776	14,151	2.2%	6.7%



	<u>FY24A</u>	<u>FY24B</u>	<u>FY23A</u>	<u>vs FY24B</u>	<u>vs FY23</u>
MTD:	2,841	2,848	2,477	-0.3%	14.7%
YTD:	31,598	32,345	30,425	-2.3%	3.9%



Memorial Healthcare System - Operating Statement - April 2024

\$ thousands		Year to Date			Variance	
		Actual	Budget	Prior Year	vs Budget	vs PY
A	Inpatient Revenue	10,375,937	9,941,757	9,018,804	4.4%	15.0%
B	Outpatient Revenue	9,772,843	9,108,394	8,109,055	7.3%	20.5%
C	Total Patient Revenue	20,148,779	19,050,151	17,127,858	5.8%	17.6%
D	Contractual Allowances	16,234,624	15,143,337	13,528,556	7.2%	20.0%
E	Charity Care	765,282	859,902	728,729	(11.0%)	5.0%
F	Provision for Bad Debt	145,100	270,046	188,092	(46.3%)	(22.9%)
G	Total Deductions	17,145,006	16,273,284	14,445,376	5.4%	18.7%
H	Net Patient Revenue	3,003,774	2,776,867	2,682,482	8.2%	12.0%
I	Disproportionate Share Distributions	45,371	62,178	67,539	(27.0%)	(32.8%)
J	Other Operating Revenue	223,076	219,049	180,612	1.8%	23.5%
K	Total Other Operating Revenue	3,003,774	2,776,867	2,682,482	8.2%	12.0%
L	Net Revenue	3,272,220	3,058,094	2,930,634	7.0%	11.7%
M	Salaries & Wages	1,557,795	1,477,221	1,434,958	5.5%	8.6%
N	Employee Benefits	238,238	249,752	177,684	(4.6%)	34.1%
O	Professional Fees	79,081	78,860	66,176	0.3%	19.5%
P	Supplies Expense	664,593	614,267	564,053	8.2%	17.8%
Q	Purchased Services	240,218	291,804	303,357	(17.7%)	(20.8%)
R	Facilities Expense	91,361	88,778	80,174	2.9%	14.0%
S	Depreciation & Amortization	145,170	123,155	109,569	17.9%	32.5%
T	Other Operating Expense	108,999	107,732	108,241	1.2%	0.7%
V	Total Expenses	3,125,455	3,031,569	2,844,212	3.1%	9.9%
W	Income/(Loss) from Operations	146,765	26,525	86,422	>100%	69.8%
X	Tax Revenue	-	-	-	N/A	N/A
Y	Interest Expense	(34,242)	(32,068)	(32,553)	(6.8%)	(5.2%)
Z	Unrealized Gain/(Loss)	10,048	-	6,478	N/A	55.1%
AA	Investment & Other	122,677	75,189	52,314	63.2%	>100%
AB	Total Non Operating Revenue/(Loss)	99,156	39,982	23,415	>100%	>100%
AC	Excess/(Deficit) of Revenues over Expenses	\$245,921	\$66,506	\$109,836	>100%	>100%
AD	EBITDA	\$416,233	\$223,035	\$246,166	86.6%	69.1%
AE	Normalized EBITDA (GASB 96 and GASB 87 Impacts Removed)	\$369,109	\$203,607	\$226,605	81.3%	62.9%



Memorial Healthcare System - Operating Statement - YTD April 2024

\$ thousands	Year to Date		Variance	Variance %	
	Actual	Budget	vs Budget		
A Inpatient Revenue	10,375,937	9,941,757	434,180	4.4%	Higher admissions and inpatient cardiac surgeries
B Outpatient Revenue	9,772,843	9,108,394	664,449	7.3%	Higher outpatient visits and observation discharges
C Total Patient Revenue	20,148,779	19,050,151	1,098,628	5.8%	
D Total Deductions	17,145,006	16,273,284	871,722	5.4%	
E Net Patient Revenue	3,003,774	2,776,867	226,907	8.2%	Higher gross revenue impact from higher volumes, Directed Payment Program revenue, 340B settlement, and payor and cost report settlements
F Total Other Operating Revenue	268,447	281,227	(12,781)	-4.5%	Lower Disproportionate Share revenue, partially offset by higher Medicaid GME
G Net Revenue	3,272,220	3,058,094	214,126	7.0%	
H Salaries & Wages	1,557,795	1,477,221	80,574	5.5%	Higher labor costs from staffing due to higher volumes and shift from purchased outside labor, partially offset by lower incentive pay
I Employee Benefits	238,238	249,752	(11,514)	-4.6%	Lower pension expense due to increase in pension asset value, lower medical claims, and lower workers' compensation claims
J Professional Fees	79,081	78,860	222	0.3%	Higher legal fees, consulting fees, partially offset by lower physician fees
K Supplies Expense	664,593	614,267	50,326	8.2%	Higher drugs, medical and surgical supplies due to volume increases, and higher implants
L Purchased Services	240,218	291,804	(51,586)	-17.7%	Lower purchased outside labor and lower IT and cloud services from GASB 96 adjustments
M Facilities Expense	91,361	88,778	2,583	2.9%	Higher repairs and maintenance expenses, partially offset by lower gas and fuel and telephone
N Depreciation & Amortization	145,170	123,155	22,015	17.9%	GASB 96 adjustment
O Other Operating Expense	109,000	107,733	1,266	1.2%	Higher AHCA fees due to increased revenue, partially offset by lower shared savings distributions
P Total Expenses	3,125,455	3,031,569	93,886	3.1%	
Q Income/(Loss) from Operations	146,765	26,525	120,240	453.3%	
R Operating EBITDA	292,753	150,855	141,898	94.1%	
S Operating EBITDA Margin	8.95%	4.93%			
T Total Non Operating Revenue/(Loss)	99,156	39,982	59,174	148.0%	Higher realized investment gains, FEMA reimbursement, and unrealized investment gains
U Excess/(Deficit) of Revenues over Expenses	245,921	66,506	179,415	269.77%	
V EBITDA	416,233	223,035	193,198	86.62%	
W EBITDA Margin	12.72%	7.29%			



Memorial Healthcare System - Consolidated Balance Sheet and Key Indicators - April 2024

\$ thousands	04/30/2024	03/31/2024	4/30/2023
A CASH AND INVESTMENTS	\$ 2,617,560	\$ 2,644,239	\$ 2,453,740
B PATIENT ACCOUNTS RECEIVABLE (NET)	361,946	401,621	340,203
C RESTRICTED ASSETS AND ASSETS WHOSE USE IS LIMITED	111,156	80,825	108,875
D CAPITAL ASSETS (NET)	1,429,281	1,393,283	1,289,985
E OTHER ASSETS AND DEFERRED OUTFLOWS	486,752	463,353	368,256
F TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 5,006,695	\$ 4,983,321	\$ 4,561,059
G CURRENT LIABILITIES	\$ 657,224	\$ 583,703	\$ 558,217
H LONG TERM DEBT	881,811	881,993	896,929
I ESTIMATED CLAIMS LIABILITY	27,487	30,829	28,486
J OTHER NON-CURRENT LIABILITIES AND DEFERRED INFLOWS	299,286	361,190	213,233
K TOTAL LIABILITIES AND DEFERRED INFLOWS	1,865,808	1,857,715	1,696,865
L NET POSITION	3,140,887	3,125,606	2,864,194
M LIABILITIES, NET POSITION AND DEFERRED INFLOWS	\$ 5,006,695	\$ 4,983,321	\$ 4,561,059
N DAYS CASH ON HAND	323.9	332.2	330.1
O CASH TO DEBT (%)	264.8	265.8	260.4
P NET DAYS IN AR	38.4	44.1	39.5
Q DEBT TO NET POSITION RATIO	0.32	0.32	0.33
R DEBT TO CAPITALIZATION	0.24	0.24	0.25
S DEBT TO CASH FLOW	2.47	2.35	4.00
T MADS* COVERAGE	5.09	5.37	4.22

* MAXIMUM ANNUAL DEBT SERVICE



CO040 Memorial Regional Hospital - Operating Statement - April 2024

\$ thousands		Year to Date			Variance	
		Actual	Budget	Prior Year	vs Budget	vs PY
A	Inpatient Revenue	4,095,850	3,842,070	3,525,566	6.6%	16.2%
B	Outpatient Revenue	3,036,194	2,759,712	2,467,351	10.0%	23.1%
C	Total Patient Revenue	7,132,044	6,601,782	5,992,917	8.0%	19.0%
D	Contractual Allowances	5,768,837	5,216,456	4,706,872	10.6%	22.6%
E	Charity Care	315,500	387,978	325,010	(18.7%)	(2.9%)
F	Provision for Bad Debt	45,029	91,808	67,767	(51.0%)	(33.6%)
G	Total Deductions	6,129,366	5,696,242	5,099,648	7.6%	20.2%
H	Net Patient Revenue	1,002,678	905,540	893,268	10.7%	12.2%
I	Disproportionate Share Distributions	21,249	26,644	32,709	(20.2%)	(35.0%)
J	Other Operating Revenue	20,321	22,773	11,842	(10.8%)	71.6%
K	Total Other Operating Revenue	41,570	49,417	44,552	(15.9%)	(6.7%)
L	Net Revenue	1,044,248	954,958	937,820	9.4%	11.3%
M	Salaries & Wages	408,350	394,770	388,675	3.4%	5.1%
N	Employee Benefits	62,166	68,633	47,806	(9.4%)	30.0%
O	Professional Fees	14,577	15,961	12,922	(8.7%)	12.8%
P	Supplies Expense	222,271	205,151	191,948	8.3%	15.8%
Q	Purchased Services	45,076	53,269	62,672	(15.4%)	(28.1%)
R	Facilities Expense	26,599	25,756	23,727	3.3%	12.1%
S	Depreciation & Amortization	25,059	24,523	24,527	2.2%	2.2%
T	Other Operating Expense	157,856	149,120	135,447	5.9%	16.5%
V	Total Expenses	961,954	937,183	887,724	2.6%	8.4%
W	Income/(Loss) from Operations	82,294	17,775	50,096	>100%	64.3%
X	Total Non Operating Revenue/(Loss)	4,936	(8,655)	(8,554)	>100%	>100%
Y	Excess/(Deficit) of Revenues over Expenses	\$87,229	\$9,119	\$41,542	>100%	>100%
Z	EBITDA	\$120,977	\$42,315	\$74,940	>100%	61.4%
AA	Normalized EBITDA (GASB 96 and GASB 87 Impacts Removed)	\$118,775	\$40,437	\$72,627	>100%	63.5%



CO046 Joe DiMaggio Children's Hospital - Operating Statement - April 2024

		\$ thousands	Year to Date			Variance	
			Actual	Budget	Prior Year	vs Budget	vs PY
A	Inpatient Revenue		1,340,527	1,255,795	1,152,785	6.7%	16.3%
B	Outpatient Revenue		826,973	793,438	727,439	4.2%	13.7%
C	Total Patient Revenue		2,167,500	2,049,233	1,880,224	5.8%	15.3%
D	Contractual Allowances		1,734,154	1,637,516	1,513,690	5.9%	14.6%
E	Charity Care		28,228	34,806	24,990	(18.9%)	13.0%
F	Provision for Bad Debt		37,064	10,677	8,883	>100%	>100%
G	Total Deductions		1,799,447	1,683,000	1,547,563	6.9%	16.3%
H	Net Patient Revenue		368,053	366,233	332,661	0.5%	10.6%
I	Disproportionate Share Distributions		535	3,611	771	(85.2%)	(30.6%)
J	Other Operating Revenue		4,315	6,760	3,336	(36.2%)	29.3%
K	Total Other Operating Revenue		4,850	10,371	4,106	(53.2%)	18.1%
L	Net Revenue		372,903	376,604	336,767	(1.0%)	10.7%
M	Salaries & Wages		149,266	143,807	134,560	3.8%	10.9%
N	Employee Benefits		23,337	23,636	17,483	(1.3%)	33.5%
O	Professional Fees		7,344	7,098	6,037	3.5%	21.6%
P	Supplies Expense		53,610	47,334	45,099	13.3%	18.9%
Q	Purchased Services		20,742	27,590	34,097	(24.8%)	(39.2%)
R	Facilities Expense		9,890	8,824	8,819	12.1%	12.1%
S	Depreciation & Amortization		18,034	16,188	12,078	11.4%	49.3%
T	Other Operating Expense		52,796	51,336	44,859	2.8%	17.7%
V	Total Expenses		335,019	325,813	303,032	2.8%	10.6%
W	Income/(Loss) from Operations		37,884	50,791	33,735	(25.4%)	12.3%
X	Total Non Operating Revenue/(Loss)		(3,429)	(4,768)	(4,375)	28.1%	21.6%
Y	Excess/(Deficit) of Revenues over Expenses		\$34,454	\$46,023	\$29,360	(25.1%)	17.4%
Z	EBITDA		\$56,594	\$66,997	\$45,822	(15.5%)	23.5%
AA	Normalized EBITDA (GASB 96 and GASB 87 Impacts Removed)		\$56,093	\$66,594	\$45,408	(15.8%)	23.5%



CO041 Memorial Regional South - Operating Statement - April 2024

\$ thousands		Year to Date			Variance	
		Actual	Budget	Prior Year	vs Budget	vs PY
A	Inpatient Revenue	310,728	345,510	310,563	(10.1%)	0.1%
B	Outpatient Revenue	558,459	515,468	458,630	8.3%	21.8%
C	Total Patient Revenue	869,187	860,978	769,193	1.0%	13.0%
D	Contractual Allowances	680,911	664,407	591,778	2.5%	15.1%
E	Charity Care	45,878	57,376	44,945	(20.0%)	2.1%
F	Provision for Bad Debt	7,123	12,499	9,967	(43.0%)	(28.5%)
G	Total Deductions	733,912	734,282	646,691	(0.1%)	13.5%
H	Net Patient Revenue	135,275	126,696	122,502	6.8%	10.4%
I	Disproportionate Share Distributions	2,973	2,203	4,160	35.0%	(28.5%)
J	Other Operating Revenue	2,250	5,578	1,798	(59.7%)	25.1%
K	Total Other Operating Revenue	5,223	7,781	5,957	(32.9%)	(12.3%)
L	Net Revenue	140,498	134,477	128,460	4.5%	9.4%
M	Salaries & Wages	66,082	66,202	65,962	(0.2%)	0.2%
N	Employee Benefits	11,577	12,443	9,000	(7.0%)	28.6%
O	Professional Fees	1,342	1,350	1,117	(0.6%)	20.1%
P	Supplies Expense	21,467	25,675	21,039	(16.4%)	2.0%
Q	Purchased Services	9,859	6,466	6,900	52.5%	42.9%
R	Facilities Expense	6,700	4,639	5,071	44.4%	32.1%
S	Depreciation & Amortization	5,422	6,101	5,006	(11.1%)	8.3%
T	Other Operating Expense	22,999	21,332	19,633	7.8%	17.1%
V	Total Expenses	145,448	144,208	133,728	0.9%	8.8%
W	Income/(Loss) from Operations	(4,950)	(9,731)	(5,268)	49.1%	6.0%
X	Total Non Operating Revenue/(Loss)	(68)	(616)	(692)	89.0%	90.2%
Y	Excess/(Deficit) of Revenues over Expenses	(\$5,018)	(\$10,347)	(\$5,961)	51.5%	15.8%
Z	EBITDA	\$1,171	(\$3,538)	(\$217)	>100%	>100%
AA	Normalized EBITDA (GASB 96 and GASB 87 Impacts Removed)	\$160	(\$4,916)	(\$1,251)	>100%	>100%



CO044 Memorial Hospital Pembroke - Operating Statement - April 2024

\$ thousands		Year to Date			Variance	
		Actual	Budget	Prior Year	vs Budget	vs PY
A	Inpatient Revenue	710,720	643,834	619,954	10.4%	14.6%
B	Outpatient Revenue	779,017	797,814	703,420	(2.4%)	10.7%
C	Total Patient Revenue	1,489,736	1,441,649	1,323,374	3.3%	12.6%
D	Contractual Allowances	1,167,811	1,119,906	1,018,370	4.3%	14.7%
E	Charity Care	98,030	101,716	90,241	(3.6%)	8.6%
F	Provision for Bad Debt	14,113	29,300	20,887	(51.8%)	(32.4%)
G	Total Deductions	1,279,954	1,250,922	1,129,499	2.3%	13.3%
H	Net Patient Revenue	209,783	190,726	193,875	10.0%	8.2%
I	Disproportionate Share Distributions	7,842	9,160	8,199	(14.4%)	(4.4%)
J	Other Operating Revenue	1,036	4,693	1,092	(77.9%)	(5.1%)
K	Total Other Operating Revenue	8,879	13,853	9,291	(35.9%)	(4.4%)
L	Net Revenue	218,661	204,579	203,166	6.9%	7.6%
M	Salaries & Wages	86,610	80,102	83,590	8.1%	3.6%
N	Employee Benefits	13,231	13,771	10,605	(3.9%)	24.8%
O	Professional Fees	5,003	5,316	4,917	(5.9%)	1.7%
P	Supplies Expense	28,102	28,604	26,265	(1.8%)	7.0%
Q	Purchased Services	15,130	21,594	22,604	(29.9%)	(33.1%)
R	Facilities Expense	6,264	5,684	5,645	10.2%	11.0%
S	Depreciation & Amortization	11,264	11,448	11,037	(1.6%)	2.1%
T	Other Operating Expense	34,232	32,843	33,740	4.2%	1.5%
V	Total Expenses	199,836	199,362	198,403	0.2%	0.7%
W	Income/(Loss) from Operations	18,825	5,217	4,763	>100%	>100%
X	Total Non Operating Revenue/(Loss)	4,813	(609)	(805)	>100%	>100%
Y	Excess/(Deficit) of Revenues over Expenses	\$23,639	\$4,609	\$3,958	>100%	>100%
Z	EBITDA	\$35,649	\$16,693	\$15,813	>100%	>100%
AA	Normalized EBITDA (GASB 96 and GASB 87 Impacts Removed)	\$29,639	\$10,693	\$9,656	>100%	>100%



CO043 Memorial Hospital West - Operating Statement - April 2024

\$ thousands		Year to Date			Variance	
		Actual	Budget	Prior Year	vs Budget	vs PY
A	Inpatient Revenue	3,088,946	3,016,735	2,641,487	2.4%	16.9%
B	Outpatient Revenue	3,046,738	2,765,839	2,474,801	10.2%	23.1%
C	Total Patient Revenue	6,135,684	5,782,574	5,116,288	6.1%	19.9%
D	Contractual Allowances	5,077,515	4,745,823	4,157,446	7.0%	22.1%
E	Charity Care	190,684	187,193	163,470	1.9%	16.6%
F	Provision for Bad Debt	23,844	82,215	54,348	(71.0%)	(56.1%)
G	Total Deductions	5,292,043	5,015,231	4,375,265	5.5%	21.0%
H	Net Patient Revenue	843,641	767,344	741,023	9.9%	13.8%
I	Disproportionate Share Distributions	11,094	15,057	16,313	(26.3%)	(32.0%)
J	Other Operating Revenue	20,014	17,742	7,115	12.8%	>100%
K	Total Other Operating Revenue	31,108	32,798	23,427	(5.2%)	32.8%
L	Net Revenue	874,749	800,142	764,450	9.3%	14.4%
M	Salaries & Wages	294,066	281,568	278,394	4.4%	5.6%
N	Employee Benefits	47,041	49,919	35,153	(5.8%)	33.8%
O	Professional Fees	21,155	20,332	18,231	4.0%	16.0%
P	Supplies Expense	171,118	162,186	144,454	5.5%	18.5%
Q	Purchased Services	50,559	61,580	63,761	(17.9%)	(20.7%)
R	Facilities Expense	17,396	16,887	15,605	3.0%	11.5%
S	Depreciation & Amortization	21,859	23,797	21,553	(8.1%)	1.4%
T	Other Operating Expense	130,644	120,959	109,954	8.0%	18.8%
V	Total Expenses	753,838	737,228	687,105	2.3%	9.7%
W	Income/(Loss) from Operations	120,911	62,914	77,345	92.2%	56.3%
X	Total Non Operating Revenue/(Loss)	1,228	(10,010)	(10,021)	>100%	>100%
Y	Excess/(Deficit) of Revenues over Expenses	\$122,140	\$52,904	\$67,324	>100%	81.4%
Z	EBITDA	\$155,040	\$87,724	\$99,823	76.7%	55.3%
AA	Normalized EBITDA (GASB 96 and GASB 87 Impacts Removed)	\$153,520	\$86,449	\$98,519	77.6%	55.8%



CO045 Memorial Hospital Miramar - Operating Statement - April 2024

\$ thousands		Year to Date			Variance	
		Actual	Budget	Prior Year	vs Budget	vs PY
A	Inpatient Revenue	795,043	805,114	736,966	(1.3%)	7.9%
B	Outpatient Revenue	1,023,019	979,372	847,942	4.5%	20.6%
C	Total Patient Revenue	1,818,062	1,784,486	1,584,908	1.9%	14.7%
D	Contractual Allowances	1,441,974	1,406,573	1,240,709	2.5%	16.2%
E	Charity Care	62,939	62,737	54,286	0.3%	15.9%
F	Provision for Bad Debt	9,794	38,937	21,983	(74.8%)	(55.4%)
G	Total Deductions	1,514,707	1,508,246	1,316,978	0.4%	15.0%
H	Net Patient Revenue	303,356	276,240	267,930	9.8%	13.2%
I	Disproportionate Share Distributions	1,678	5,503	5,388	(69.5%)	(68.9%)
J	Other Operating Revenue	1,308	4,821	1,222	(72.9%)	7.0%
K	Total Other Operating Revenue	2,986	10,323	6,610	(71.1%)	(54.8%)
L	Net Revenue	306,341	286,563	274,540	6.9%	11.6%
M	Salaries & Wages	102,009	101,639	99,163	0.4%	2.9%
N	Employee Benefits	16,981	18,046	12,876	(5.9%)	31.9%
O	Professional Fees	4,945	6,690	5,589	(26.1%)	(11.5%)
P	Supplies Expense	32,343	33,946	29,798	(4.7%)	8.5%
Q	Purchased Services	21,289	24,816	27,030	(14.2%)	(21.2%)
R	Facilities Expense	9,154	9,602	7,441	(4.7%)	23.0%
S	Depreciation & Amortization	8,097	8,845	7,845	(8.5%)	3.2%
T	Other Operating Expense	41,519	39,102	35,925	6.2%	15.6%
V	Total Expenses	236,337	242,686	225,667	(2.6%)	4.7%
W	Income/(Loss) from Operations	70,004	43,877	48,873	59.5%	43.2%
X	Total Non Operating Revenue/(Loss)	1,487	(3,002)	(3,106)	>100%	>100%
Y	Excess/(Deficit) of Revenues over Expenses	\$71,492	\$40,876	\$45,767	74.9%	56.2%
Z	EBITDA	\$82,636	\$52,732	\$56,723	56.7%	45.7%
AA	Normalized EBITDA (GASB 96 and GASB 87 Impacts Removed)	\$81,858	\$51,973	\$55,935	57.5%	46.3%



Other Entities - Operating Statement - April 2024

\$ thousands		Year to Date			Variance	
		Actual	Budget	Prior Year	vs Budget	vs PY
A	Inpatient Revenue	34,123	32,698	31,484	4.4%	8.4%
B	Outpatient Revenue	502,444	496,751	429,471	1.1%	17.0%
C	Total Patient Revenue	536,567	529,450	460,955	1.3%	16.4%
D	Contractual Allowances	363,423	352,656	299,691	3.1%	21.3%
E	Charity Care	24,022	28,096	25,786	(14.5%)	(6.8%)
F	Provision for Bad Debt	8,133	4,610	4,256	76.4%	91.1%
G	Total Deductions	395,578	385,362	329,732	2.7%	20.0%
H	Net Patient Revenue	140,988	144,088	131,223	(2.2%)	7.4%
I	Disproportionate Share Distributions	-	-	-	N/A	N/A
J	Other Operating Revenue	173,831	156,684	154,208	10.9%	12.7%
K	Total Other Operating Revenue	173,831	156,684	154,208	10.9%	12.7%
L	Net Revenue	314,819	300,772	285,430	4.7%	10.3%
M	Salaries & Wages	451,412	409,133	384,615	10.3%	17.4%
N	Employee Benefits	63,905	63,304	44,761	0.9%	42.8%
O	Professional Fees	24,715	22,112	17,364	11.8%	42.3%
P	Supplies Expense	135,682	111,371	105,451	21.8%	28.7%
Q	Purchased Services	77,562	96,489	86,292	(19.6%)	(10.1%)
R	Facilities Expense	15,359	17,386	13,867	(11.7%)	10.8%
S	Depreciation & Amortization	55,434	32,254	27,524	71.9%	>100%
T	Other Operating Expense	(331,046)	(306,958)	(271,322)	(7.8%)	(22.0%)
V	Total Expenses	493,023	445,091	408,552	10.8%	20.7%
W	Income/(Loss) from Operations	(178,204)	(144,319)	(123,122)	(23.5%)	(44.7%)
X	Total Non Operating Revenue/(Loss)	90,188	67,641	50,969	33.3%	76.9%
Y	Excess/(Deficit) of Revenues over Expenses	(\$88,015)	(\$76,679)	(\$72,153)	(14.8%)	(22.0%)
Z	EBITDA	(\$35,834)	(\$39,889)	(\$46,739)	10.2%	23.3%
AA	Normalized EBITDA (GASB 96 and GASB 87 Impacts Removed)	(\$70,936)	(\$47,623)	(\$54,288)	(49.0%)	(30.7%)

Memorial Healthcare System

Financial Reports for May 2024

June 26, 2024
Board Meeting





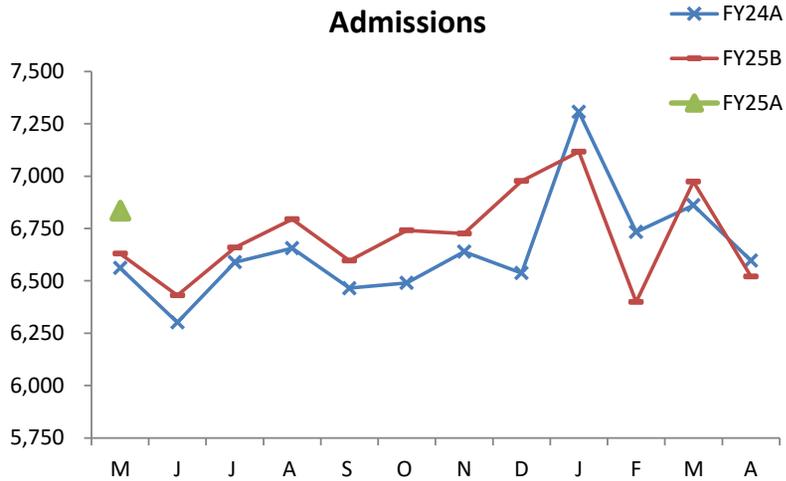
Memorial Healthcare System - Executive Summary - MTD May 2024

- Inpatient Revenue was above budget due to 3.1% higher admissions, 3.0% higher patient days, and 1.9% higher inpatient surgeries
- Outpatient Revenue was above budget due to 6.3% higher outpatient visits and 6.0% higher observation discharges
- Net Revenue of \$281.8M was above the budget of \$276.3M, and Income from Operations of \$11.5M was higher than the budget of \$6.7M
- Excess of Revenues over Expenses was \$77.9M compared with the budgeted Excess of Revenues over Expenses of \$10.9M



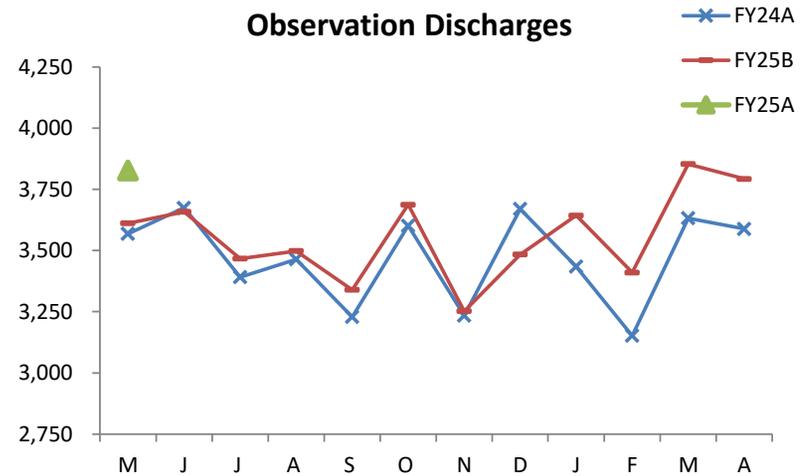
Memorial Healthcare System - Consolidated Volumes and Payor Mix - May 2024

Admissions



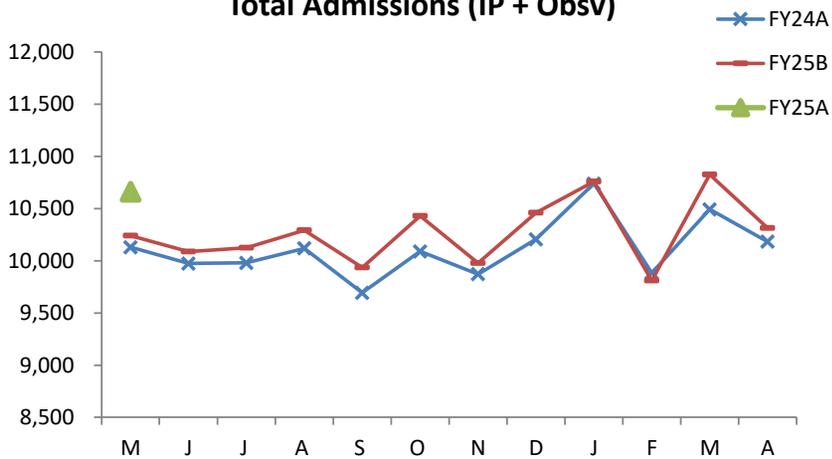
	<u>FY25A</u>	<u>FY25B</u>	<u>FY24A</u>	<u>vs FY25B</u>	<u>vs FY24</u>
MTD:	6,835	6,630	6,562	3.1%	4.2%

Observation Discharges



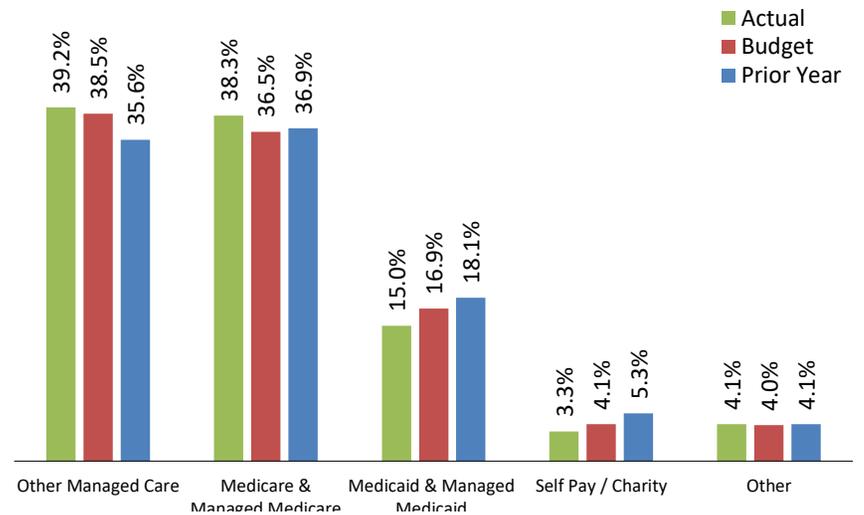
	<u>FY25A</u>	<u>FY25B</u>	<u>FY24A</u>	<u>vs FY25B</u>	<u>vs FY24</u>
MTD:	3,827	3,611	3,568	6.0%	7.3%

Total Admissions (IP + Obsv)



	<u>FY25A</u>	<u>FY25B</u>	<u>FY24A</u>	<u>vs FY25B</u>	<u>vs FY24</u>
MTD:	10,662	10,240	10,130	4.1%	5.3%

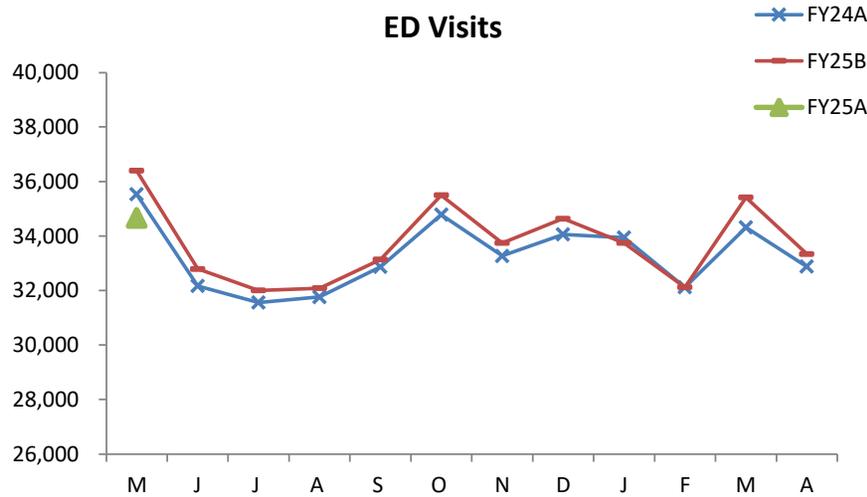
Payor Mix (Gross Revenue) - YTD FY2025





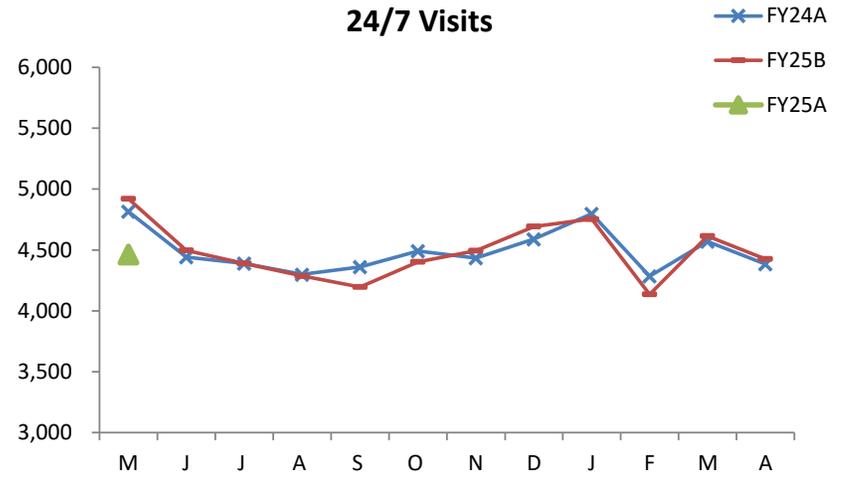
Memorial Healthcare System - Consolidated Volumes - May 2024

ED Visits



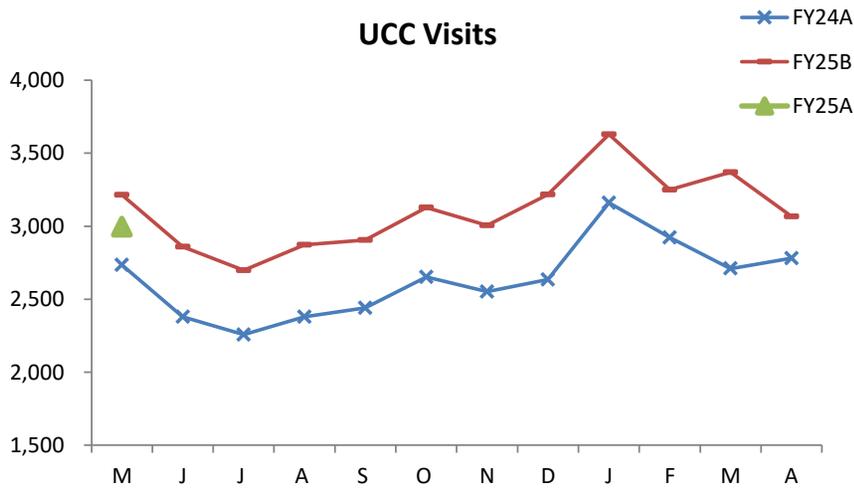
	<u>FY25A</u>	<u>FY25B</u>	<u>FY24A</u>	<u>vs FY25B</u>	<u>vs FY24</u>
MTD:	34,667	36,395	35,534	-4.7%	-2.4%

24/7 Visits



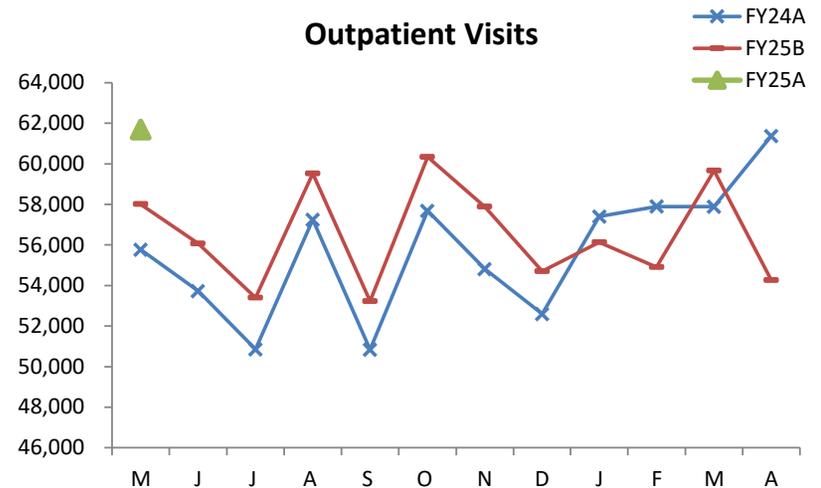
	<u>FY25A</u>	<u>FY25B</u>	<u>FY24A</u>	<u>vs FY25B</u>	<u>vs FY24</u>
MTD:	4,463	4,920	4,815	-9.3%	-7.3%

UCC Visits



	<u>FY25A</u>	<u>FY25B</u>	<u>FY24A</u>	<u>vs FY25B</u>	<u>vs FY24</u>
MTD:	2,997	3,214	2,735	-6.8%	9.6%

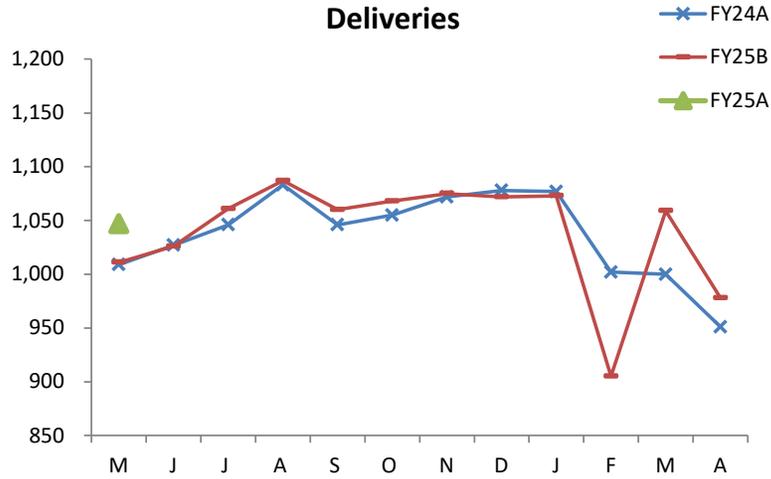
Outpatient Visits



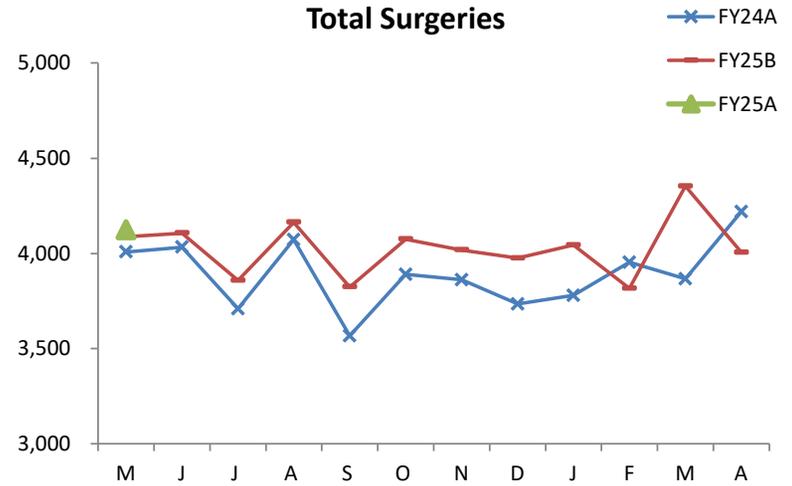
	<u>FY25A</u>	<u>FY25B</u>	<u>FY24A</u>	<u>vs FY25B</u>	<u>vs FY24</u>
MTD:	61,682	58,008	55,775	6.3%	10.6%



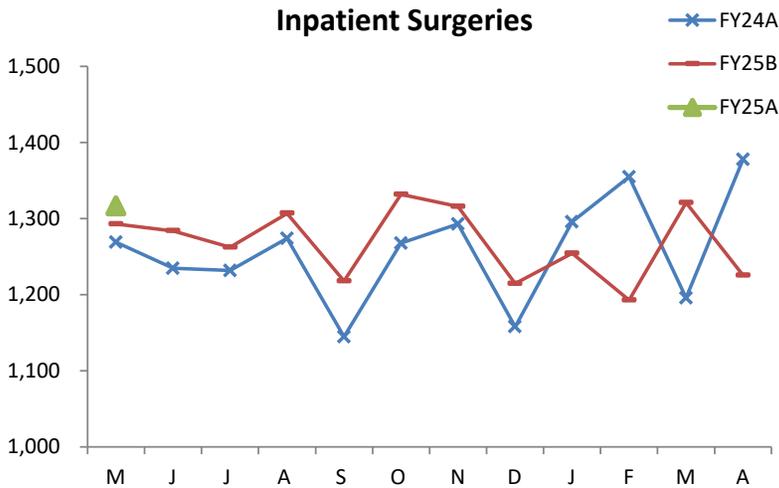
Memorial Healthcare System - Consolidated Volumes - May 2024



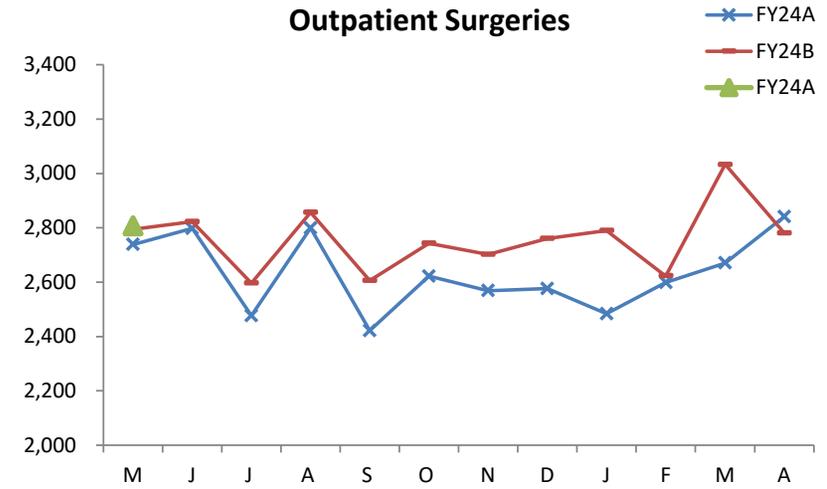
	<u>FY25A</u>	<u>FY25B</u>	<u>FY24A</u>	<u>vs FY25B</u>	<u>vs FY24</u>
MTD:	1,047	1,011	1,009	3.6%	3.8%



	<u>FY25A</u>	<u>FY25B</u>	<u>FY24A</u>	<u>vs FY25B</u>	<u>vs FY24</u>
MTD:	4,124	4,088	4,008	0.9%	2.9%



	<u>FY25A</u>	<u>FY25B</u>	<u>FY24A</u>	<u>vs FY25B</u>	<u>vs FY24</u>
MTD:	1,317	1,293	1,269	1.9%	3.8%



	<u>FY25A</u>	<u>FY25B</u>	<u>FY24A</u>	<u>vs FY25B</u>	<u>vs FY24</u>
MTD:	2,807	2,795	2,739	0.4%	2.5%



Memorial Healthcare System - Operating Statement - May 2024

	Variance		Month to Date			\$ thousands	Year to Date			Variance	
	vs PY	vs Budget	Prior Year	Budget	Actual		Actual	Budget	Prior Year	vs Budget	vs PY
A	8.6%	3.2%	879,950	926,001	955,573	Inpatient Revenue	955,573	926,001	879,950	3.2%	8.6%
B	19.9%	3.6%	801,893	927,443	961,100	Outpatient Revenue	961,100	927,443	801,893	3.6%	19.9%
C	14.0%	3.4%	1,681,844	1,853,444	1,916,673	Total Patient Revenue	1,916,673	1,853,444	1,681,844	3.4%	14.0%
D	13.9%	2.6%	1,381,064	1,533,912	1,573,201	Contractual Allowances	1,573,201	1,533,912	1,381,064	2.6%	13.9%
E	15.1%	14.5%	57,605	57,942	66,330	Charity Care	66,330	57,942	57,605	14.5%	15.1%
F	39.8%	>100%	12,807	7,823	17,901	Provision for Bad Debt	17,901	7,823	12,807	>100%	39.8%
G	14.2%	3.6%	1,451,476	1,599,677	1,657,433	Total Deductions	1,657,433	1,599,677	1,451,476	3.6%	14.2%
H	12.5%	2.2%	230,367	253,767	259,240	Net Patient Revenue	259,240	253,767	230,367	2.2%	12.5%
I	(85.0%)	(85.6%)	4,653	4,857	697	Disproportionate Share Distributions	697	4,857	4,653	(85.6%)	(85.0%)
J	31.2%	23.5%	16,657	17,688	21,847	Other Operating Revenue	21,847	17,688	16,657	23.5%	31.2%
K	5.8%	0.0%	21,309	22,545	22,544	Total Other Operating Revenue	22,544	22,545	21,309	0.0%	5.8%
L	12.0%	2.0%	251,677	276,313	281,784	Net Revenue	281,784	276,313	251,677	2.0%	12.0%
M	11.4%	2.2%	120,986	131,876	134,818	Salaries & Wages	134,818	131,876	120,986	2.2%	11.4%
N	17.5%	(5.7%)	19,737	24,601	23,193	Employee Benefits	23,193	24,601	19,737	(5.7%)	17.5%
O	19.6%	(3.4%)	6,128	7,585	7,327	Professional Fees	7,327	7,585	6,128	(3.4%)	19.6%
P	6.1%	3.4%	53,697	55,095	56,953	Supplies Expense	56,953	55,095	53,697	3.4%	6.1%
Q	(18.4%)	1.1%	23,541	19,007	19,210	Purchased Services	19,210	19,007	23,541	1.1%	(18.4%)
R	4.2%	(23.6%)	6,535	8,918	6,812	Facilities Expense	6,812	8,918	6,535	(23.6%)	4.2%
S	32.9%	(1.4%)	9,644	12,997	12,814	Depreciation & Amortization	12,814	12,997	9,644	(1.4%)	32.9%
T	15.2%	(4.0%)	7,978	9,573	9,189	Other Operating Expense	9,189	9,573	7,978	(4.0%)	15.2%
V	8.9%	0.2%	248,246	269,652	270,316	Total Expenses	270,316	269,652	248,246	0.2%	8.9%
W	>100%	72.2%	3,431	6,661	11,468	Income/(Loss) from Operations	11,468	6,661	3,431	72.2%	>100%
X	(100.0%)	N/A	4	-	-	Tax Revenue	-	-	4	N/A	(100.0%)
Y	(4.9%)	3.2%	(2,627)	(2,846)	(2,755)	Interest Expense	(2,755)	(2,846)	(2,627)	3.2%	(4.9%)
Z	>100%	N/A	(29,182)	-	25,958	Unrealized Gain/(Loss)	25,958	-	(29,182)	N/A	>100%
AA	>100%	>100%	8,112	7,073	43,122	Investment & Other	43,122	7,073	8,112	>100%	>100%
AB	>100%	>100%	(23,905)	4,284	66,385	Total Non Operating Revenue/(Loss)	66,385	4,284	(23,905)	>100%	>100%
AC	>100%	>100%	(\$20,474)	\$10,945	\$77,853	Excess/(Deficit) of Revenues over Expenses	\$77,853	\$10,945	(\$20,474)	>100%	>100%
AD	>100%	>100%	\$20,990	\$26,855	\$67,474	EBITDA	\$67,474	\$26,855	\$20,990	>100%	>100%
AE	>100%	>100%	\$19,364	\$22,666	\$62,987	Normalized EBITDA (GASB 96 and GASB 87 Impacts Removed)	\$62,987	\$22,666	\$19,364	>100%	>100%



Memorial Healthcare System - Operating Statement - MTD May 2024

\$ thousands	Month to Date		Variance	Variance %	
	Actual	Budget	vs Budget		
A Inpatient Revenue	955,573	926,001	29,572	3.2%	Higher admissions, patient days, and inpatient surgeries
B Outpatient Revenue	961,100	927,443	33,657	3.6%	Higher outpatient visits and observation discharges
C Total Patient Revenue	1,916,673	1,853,444	63,229	3.4%	
D Total Deductions	1,657,433	1,599,677	57,756	3.6%	
E Net Patient Revenue	259,240	253,767	5,473	2.2%	Higher gross revenue impact from higher volumes
F Total Other Operating Revenue	22,544	22,545	(2)	0.0%	
G Net Revenue	281,784	276,313	5,471	2.0%	
H Salaries and Wages	134,818	131,876	2,941	2.2%	Higher labor costs from staffing to higher volumes
I Employee Benefits	23,193	24,601	(1,408)	-5.7%	Lower FICA and lower pension expense due to increase in pension asset value
J Professional Fees	7,327	7,585	(258)	-3.4%	Lower physician fees
K Supplies Expense	56,953	55,095	1,858	3.4%	Higher drugs and organ acquisition expenses
L Purchased Services	19,210	19,007	202	1.1%	Higher purchased outside labor
M Facilities Expense	6,812	8,918	(2,106)	-23.6%	Lower repairs and maintenance expenses, and lower electricity
N Depreciation and Amortization	12,814	12,997	(183)	-1.4%	
O Other Operating Expense	9,191	9,573	(382)	-4.0%	Lower shared savings distributions and lower corporate partnership expenses
P Total Expenses	270,316	269,652	664	0.2%	
Q Income/(Loss) from Operations	11,468	6,661	4,807	72.2%	
R Operating EBITDA	24,281	19,725	4,557	23.1%	
S Operating EBITDA Margin	8.62%	7.14%			
T Non Operating Revenue/Expense	66,385	4,284	62,101	1449.5%	FEMA reimbursement and unrealized investment gains
U Excess/(Deficit) of Revenues over Expenses	77,853	10,945	66,908	611.30%	
V EBITDA	67,474	26,866	40,608	151.15%	
W EBITDA Margin	23.95%	9.72%			



Memorial Healthcare System - Consolidated Balance Sheet and Key Indicators - May 2024

\$ thousands	05/31/2024	04/30/2024
A CASH AND INVESTMENTS	\$ 2,623,474	\$ 2,617,560
B PATIENT ACCOUNTS RECEIVABLE (NET)	385,132	361,946
C RESTRICTED ASSETS AND ASSETS WHOSE USE IS LIMITED	83,309	111,156
D CAPITAL ASSETS (NET)	1,411,625	1,429,281
E OTHER ASSETS AND DEFERRED OUTFLOWS	589,767	486,752
F TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 5,093,307	\$ 5,006,695
G CURRENT LIABILITIES	\$ 632,085	\$ 657,224
H LONG TERM DEBT	863,349	881,811
I ESTIMATED CLAIMS LIABILITY	27,767	27,487
J OTHER NON-CURRENT LIABILITIES AND DEFERRED INFLOWS	351,366	299,286
K TOTAL LIABILITIES AND DEFERRED INFLOWS	1,874,567	1,865,808
L NET POSITION	3,218,740	3,140,887
M LIABILITIES, NET POSITION AND DEFERRED INFLOWS	\$ 5,093,307	\$ 5,006,695
N DAYS CASH ON HAND	322.6	323.9
O CASH TO DEBT (%)	270.5	264.8
P NET DAYS IN AR	43.2	38.4
Q DEBT TO NET POSITION RATIO	0.30	0.32
R DEBT TO CAPITALIZATION	0.23	0.24
S DEBT TO CASH FLOW	2.18	2.47
T MADS* COVERAGE	5.64	5.09

* MAXIMUM ANNUAL DEBT SERVICE

RESOLUTION NO. 500

A RESOLUTION OF THE BOARD OF COMMISSIONERS, SOUTH BROWARD HOSPITAL DISTRICT, ADOPTING AN AMENDED BUDGET FOR THE FISCAL YEAR COMMENCING ON MAY 1, 2023 AND ENDING ON APRIL 30, 2024.

As a preamble to this Resolution, the following RECITALS are stated to show the facts and circumstances that have been considered by the Board of Commissioners, South Broward Hospital District, with respect to the adoption of this Resolution; and

WHEREAS, the Board of Commissioners of the South Broward Hospital District adopted an annual budget on November 15, 2023 for Fiscal Year 2023–24, memorialized in Resolution No. 497; and

WHEREAS, during Fiscal Year 2023–24, the South Broward Hospital District’s revenues and expenses exceeded budgeted amounts; and

WHEREAS, pursuant to Section 189.016 (6) of the Florida Statutes, the Board of Commissioners must adopt a resolution approving an amended budget within sixty (60) days following the end of a fiscal year during which actual appropriations exceed the annual budget;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COMMISSIONERS OF THE SOUTH BROWARD HOSPITAL DISTRICT THAT:

1. The total revenues in the Fiscal Year 2023–24 budget, as hereby amended and adopted (“Amended Budget”), shall be **\$3,413,062,000** including tax revenues of **\$7,445,000** and other non-ad valorem operating revenues of **\$3,405,617,000**.
2. The total operating expenditures for Fiscal Year 2023-24 Amended Budget are hereby amended and adopted to be **\$3,167,141,000**.
3. The Amended Budget attached hereto as Exhibit “A” is hereby adopted.
4. Funds of the 2023–24 Amended Budget not expended during Fiscal Year 2023–24 may be used and expended during subsequent fiscal years.

PASSED and ADOPTED on this 26th day of June 2024.

Elizabeth Justen, Chairwoman

Attest:

Douglas A. Harrison, Secretary

(Seal)

Exhibit "A"

**BUDGET SUMMARY
SOUTH BROWARD HOSPITAL DISTRICT
FISCAL YEAR 2023 - 2024**

**THE BUDGETED OPERATING EXPENDITURES OF THE
SOUTH BROWARD HOSPITAL DISTRICT
ARE 14.0% MORE THAN LAST YEAR'S TOTAL OPERATING EXPENDITURES**

Proposed Millage per \$1,000 = 0.0937

	TAX FUND	GENERAL FUND	TOTAL
REVENUES:			
Taxes:			
Ad Valorem Taxes (Millage 0.0937)	\$ 7,842,000		\$ 7,842,000
Less Discount on Taxes	(278,000)		(278,000)
Patient Charges		\$ 20,148,779,000	20,148,779,000
Less Deductions from Revenue:			
Contractual Allowances		(16,234,624,000)	(16,234,624,000)
Charity Care		(765,282,000)	(765,282,000)
Provision for Uncollectible Accounts	(119,000)	(145,100,000)	(145,219,000)
Other Operating Revenues		268,447,000	268,447,000
Investment Income		90,964,000	90,964,000
Other Non-Operating Revenue		42,433,000	42,433,000
TOTAL ESTIMATED REVENUES	\$ 7,445,000	\$ 3,405,617,000	\$ 3,413,062,000
ESTIMATED EXPENDITURES:			
Salaries and Wages		\$ 1,557,795,000	\$ 1,557,795,000
Employee Benefits		238,238,000	238,238,000
Supplies and Services		983,892,000	983,892,000
Depreciation & Amortization		145,170,000	145,170,000
Interest		34,242,000	34,242,000
Other Operating Expenses	\$ 7,445,000	200,359,000	207,804,000
TOTAL ESTIMATED OPERATING EXPENSES	\$ 7,445,000	\$ 3,159,696,000	\$ 3,167,141,000
Contributions to Fund Balance and Reserves		245,921,000	245,921,000
TOTAL ESTIMATED EXPENSES AND CONTRIBUTIONS TO FUND BALANCE	\$ 7,445,000	\$ 3,405,617,000	\$ 3,413,062,000

THE TENTATIVE, ADOPTED, AMENDED, AND/OR FINAL BUDGETS ARE ON FILE IN THE OFFICE
OF THE ABOVE MENTIONED TAXING AUTHORITY AS A PUBLIC RECORD.

**BUDGET SUMMARY
SOUTH BROWARD HOSPITAL DISTRICT
FISCAL YEAR 2023 - 2024**

**THE BUDGETED OPERATING EXPENDITURES OF THE
SOUTH BROWARD HOSPITAL DISTRICT
ARE 14.0% MORE THAN LAST YEAR'S TOTAL OPERATING EXPENDITURES**

Proposed Millage per \$1,000 = 0.0937

	TAX FUND	GENERAL FUND	TOTAL
REVENUES:			
Taxes:			
Ad Valorem Taxes (Millage 0.0937)	\$ 7,842,000		\$ 7,842,000
Less Discount on Taxes	(278,000)		(278,000)
Patient Charges		\$ 20,148,779,000	20,148,779,000
Less Deductions from Revenue:			
Contractual Allowances		(16,234,624,000)	(16,234,624,000)
Charity Care		(765,282,000)	(765,282,000)
Provision for Uncollectible Accounts	(119,000)	(145,100,000)	(145,219,000)
Other Operating Revenues		268,447,000	268,447,000
Investment Income		90,964,000	90,964,000
Other Non-Operating Revenue		42,433,000	42,433,000
TOTAL ESTIMATED REVENUES	\$ 7,445,000	\$ 3,405,617,000	\$ 3,413,062,000
ESTIMATED EXPENDITURES:			
Salaries and Wages		\$ 1,557,795,000	\$ 1,557,795,000
Employee Benefits		238,238,000	238,238,000
Supplies and Services		983,892,000	983,892,000
Depreciation & Amortization		145,170,000	145,170,000
Interest		34,242,000	34,242,000
Other Operating Expenses	\$ 7,445,000	200,359,000	207,804,000
TOTAL ESTIMATED OPERATING EXPENSES	\$ 7,445,000	\$ 3,159,696,000	\$ 3,167,141,000
Contributions to Fund Balance and Reserves		245,921,000	245,921,000
TOTAL ESTIMATED EXPENSES AND CONTRIBUTIONS TO FUND BALANCE	\$ 7,445,000	\$ 3,405,617,000	\$ 3,413,062,000

THE TENTATIVE, ADOPTED, AMENDED, AND/OR FINAL BUDGETS ARE ON FILE IN THE OFFICE
OF THE ABOVE MENTIONED TAXING AUTHORITY AS A PUBLIC RECORD.

**BUDGET SUMMARY
SOUTH BROWARD HOSPITAL DISTRICT
FISCAL YEAR 2023 - 2024**

**THE BUDGETED OPERATING EXPENDITURES OF THE
SOUTH BROWARD HOSPITAL DISTRICT
ARE 14.0% MORE THAN LAST YEAR'S TOTAL OPERATING EXPENDITURES**

Proposed Millage per \$1,000 = 0.0937

	ADOPTED BUDGET			AMENDED BUDGET		
	TAX FUND	GENERAL FUND	TOTAL	TAX FUND	GENERAL FUND	TOTAL
REVENUES:						
Taxes:						
Ad Valorem Taxes (Millage 0.0937)	\$7,830,000		\$7,830,000	\$7,842,000		\$7,842,000
Less Discount on Taxes	(65,000)		(65,000)	(278,000)		(278,000)
Patient Charges		\$19,050,151,000	19,050,151,000		\$20,148,779,000	20,148,779,000
Less Deductions from Revenue:						
Contractual Allowances		(15,143,337,000)	(15,143,337,000)		(16,234,624,000)	(16,234,624,000)
Charity Care		(859,902,000)	(859,902,000)		(765,282,000)	(765,282,000)
Provision for Uncollectible Accounts	(1,000)	(270,046,000)	(270,047,000)	(119,000)	(145,100,000)	(145,219,000)
Other Operating Revenues		281,258,000	281,258,000		268,447,000	268,447,000
Investment Income		65,853,000	65,853,000		90,964,000	90,964,000
Other Non-Operating Revenue		-	-		42,433,000	42,433,000
TOTAL ESTIMATED REVENUES	<u>\$7,764,000</u>	<u>\$3,123,977,000</u>	<u>\$3,131,741,000</u>	<u>\$7,445,000</u>	<u>\$3,405,617,000</u>	<u>\$3,413,062,000</u>
ESTIMATED EXPENDITURES:						
Salaries and Wages		\$1,477,221,000	\$1,477,221,000		\$1,557,795,000	\$1,557,795,000
Employee Benefits		249,752,000	249,752,000		238,238,000	238,238,000
Supplies and Services		984,931,000	984,931,000		983,892,000	983,892,000
Depreciation & Amortization		123,155,000	123,155,000		145,170,000	145,170,000
Interest		32,068,000	32,068,000		34,242,000	34,242,000
Other Operating Expenses	\$7,764,000	190,344,000	198,108,000	\$7,445,000	200,359,000	207,804,000
TOTAL ESTIMATED OPERATING EXPENSES	<u>\$7,764,000</u>	<u>\$3,057,471,000</u>	<u>\$3,065,235,000</u>	<u>\$7,445,000</u>	<u>\$3,159,696,000</u>	<u>\$3,167,141,000</u>
Contributions to Fund Balance and Reserves		66,506,000	66,506,000		245,921,000	245,921,000
TOTAL ESTIMATED EXPENSES AND CONTRIBUTIONS TO FUND BALANCE	<u>\$7,764,000</u>	<u>\$3,123,977,000</u>	<u>\$3,131,741,000</u>	<u>\$7,445,000</u>	<u>\$3,405,617,000</u>	<u>\$3,413,062,000</u>

South Broward Hospital District

BOARD OF COMMISSIONERS

Elizabeth Justen, *Chairwoman* • Steven Harvey, *Vice Chairman* • Douglas A. Harrison, *Secretary Treasurer*
Jose Basulto • Brad Friedman • Dr. Luis E. Orta • Laura Raybin Miller

K. Scott Wester, *President and Chief Executive Officer* • Frank P. Rainer, *Senior Vice President and General Counsel*

Group: S.B.H.D. Contracts Committee **Date:** June 18, 2024
Chairman: Mr. Steven Harvey **Time:** 4:30 p.m.
Vice Chairman: Dr. Luis E. Orta
Location: Executive Conference Room, 3111 Stirling Road, Hollywood, Florida, 33312

In Attendance: Mr. Steven Harvey, Dr. Luis E. Orta (via WebEx), Ms. Elizabeth Justen, Mr. Scott Wester, Mr. David Smith, Aharon Sareli, M.D., Mr. Frank Rainer, Ms. Esther Surujon, and Ms. Kim Kulhanjian

The Contracts Committee meeting convened at 4:33 p.m. on June 18, 2024.

1) CALL TO ORDER / PUBLIC MEETING NOTICE CERTIFICATION

The meeting was called to order and legal certification of compliance with Florida's Public Meetings Law was given by Mr. Frank Rainer, General Counsel. The meeting materials were not posted based on assertion of confidentiality.

2) BOARD APPROVAL CONTRACTS

The following agenda items were discussed:

a) Renewal Physician Employment Agreement between Robin Nemery, M.D., - Chief, Pediatric Endocrinology Services, and South Broward Hospital District

The Committee reviewed the Renewal Physician Employment Agreement between the South Broward Hospital District and Robin Nemery, M.D., for Chief, Pediatric Endocrinology Services.

Dr. Nemery received a B.A. Degree in 1976 from the Lehigh University, Bethlehem, PA, and her M.D. Degree in 1980 from the State University of New York, Syracuse, NY. At the Children's Memorial Hospital, Northwestern University Medical Center, Chicago, IL, she completed a Pediatric Residency in 1983. At the New York Hospital, Cornell University, New York, NY, Dr. Nemery served as Research Fellow in the Division of Pediatric Endocrinology and Metabolism from 1983–1985, then, as Instructor in Pediatric Endocrinology, Supervisor of Pediatric Metabolic Unit, and Co-Director of the hospital's Diabetes Clinic, from 1986–1987. Dr. Nemery had a private Pediatric Endocrinology practice in Coral Springs, FL, from 1987–1990. She has been employed at Joe DiMaggio Children's Hospital as a Pediatric Endocrinologist since 1990. Dr. Nemery is Board-certified in Pediatrics and Pediatric Endocrinology.

Dr. Nemery will be responsible for providing Pediatric Endocrinology Services consistent with the clinical scope of her privileges. She will provide medical care and treatment to all patients who require the services of a Pediatric Endocrinologist. She shall provide such services assuring that patient care is delivered in a manner which results in safe, high-quality care, as measured by clinical outcomes and patient satisfaction. Dr. Nemery may also be required to perform other medical administrative services. Under this employment agreement, she will be required to perform such services at Hospital District locations.

MEMORIAL HEALTHCARE SYSTEM

MEMORIAL REGIONAL HOSPITAL • MEMORIAL REGIONAL HOSPITAL SOUTH • JOE DIMAGGIO CHILDREN'S HOSPITAL
MEMORIAL HOSPITAL WEST • MEMORIAL HOSPITAL MIRAMAR • MEMORIAL HOSPITAL PEMBROKE • MEMORIAL MANOR

The details of Dr. Nemery's compensation package were discussed. The Committee noted that Dr. Nemery's salary was evaluated based upon the 2023–2024 Physician Salary Matrix for Chief Pediatric Endocrinology.

The Employment Agreement shall be effective August 1, 2024, and shall remain in effect for five (5) years. The Employment Agreement may be terminated for cause as stipulated in the agreement or by either party, without cause, by giving the other party at least 90 days prior written notice.

During the Term of the Agreement and for a period of two (2) years following the Term, physician shall not, without the prior written consent of the Hospital District, provide services within the geographic boundaries of the Restricted Area of Broward County plus five (5) miles.

Following further discussion:

The Contracts Committee recommends to the Board of Commissioners approval of the Renewal Physician Employment Agreement between the South Broward Hospital District and Robin Nemery, M.D., for Chief, Pediatric Endocrinology Services

b) Renewal Physician Employment Agreement between Tamar Levene, M.D., - Medical Director, Pediatric General Surgery, and Associate Program Director, General Surgery Residency Services, and South Broward Hospital District

The Committee reviewed the Renewal Physician Employment Agreement between the South Broward Hospital District and Tamar Levene, M.D., for Medical Director, Pediatric General Surgery, and Associate Program Director, General Surgery Residency Services.

At the University of Pennsylvania, Philadelphia, PA, Dr. Levene received a B.S.E. Degree in 2001 and her M.D. Degree in 2005. She completed a General Surgery Residency (2005–2012) at Yale-New Haven Hospital, New Haven, CT, and a Fellowship in Pediatric Surgery (2012–2014) at St. Louis Children's Hospital, St. Louis, MO. Since 2014, Dr. Levene has served as Chief of Pediatric Surgery and Assistant Professor of Pediatric Surgery and Pediatrics at Mount Sinai School of Medicine, New York, NY. She is Board-certified in General Surgery and Pediatric Surgery. She has been employed by MHS since 2016.

Dr. Levene will be responsible for providing Pediatric General Surgery Services consistent with the clinical scope of her privileges. She will provide medical care and treatment to all patients who require the services of a Pediatric General Surgeon. She shall provide such services assuring that patient care is delivered in a manner which results in safe, high-quality care, as measured by clinical outcomes and patient satisfaction. Dr. Levene may also be required to perform other surgical or medical administrative services. Under this employment agreement, she will be required to perform such services at any Hospital District location.

The details of Dr. Levene's compensation package were discussed. The Committee noted that Dr. Levene's salary was evaluated based upon the 2023–2024 Physician Salary Matrix for Medical Director, Pediatric General Surgery.

The Employment Agreement shall be effective July 18, 2024, and shall remain in effect for five (5) years. The Employment Agreement may be terminated for cause as stipulated in the agreement or by either party, without cause, by giving the other party at least 90 days prior written notice.

During the Term of the Agreement and for a period of one (1) year following the Term, physician shall not, without the prior written consent of the Hospital District, provide services within the geographic boundaries of the Restricted Area of Broward County plus five (5) miles.

Following further discussion:

The Contracts Committee recommends to the Board of Commissioners approval of the Renewal Physician Employment Agreement between the South Broward Hospital District and Tamar Levene, M.D., for Medical Director, Pediatric General Surgery, and Associate Program Director, General Surgery Residency Services

c) Renewal Physician Employment Agreement between Blane Shatkin, M.D., - Medical Director, Wound Care and Hyperbaric Medicine Services, and South Broward Hospital District

The Committee reviewed the Renewal Physician Employment Agreement between the South Broward Hospital District and Blane Shatkin, M.D., for Medical Director, Wound Care and Hyperbaric Medicine Services.

Dr. Shatkin received a B.S. Degree in 1981 from the University of Florida, Gainesville, FL, and his M.D. Degree in 1986 from the University of South Florida, Tampa, FL. At the State University of New York, Health Science Center, Kings County Hospital, Brooklyn, NY, he completed a General Surgery Residency (1986–1989), General Plastic Surgery Fellowship (1989–1990) and a Plastic Surgery Residency (1990–1992). Since 1995, he has been in private practice as a Cosmetic and Reconstructive Plastic Surgeon in Weston, FL. Dr. Shatkin has practiced in our community since 1992, and has served as Chief of Staff, Memorial Hospital Miramar (2005–2009); Chief of Surgery, Memorial Hospital Pembroke (2009–2013); Co-Chairman of the Credentials Committee, Memorial Healthcare System; and is currently Vice Chief of Staff, Memorial Hospital Pembroke, a position he has held since 2015. Dr. Shatkin has held the position of Medical Director of the Wound Program for Memorial Healthcare System since 1996. Dr. Shatkin has been employed by MHS since 2016. Dr. Shatkin is Board-certified in General Plastic Surgery, as well as the subspecialty of Undersea and Hyperbaric Medicine.

Dr. Shatkin will be responsible for providing Wound Care and Hyperbaric Medicine Services consistent with the clinical scope of his privileges. He will provide medical care and treatment to all patients who require the services of a Wound Care / Hyperbaric Medicine Physician. He shall provide such services assuring that patient care is delivered in a manner which results in safe, high-quality care, as measured by clinical outcomes and patient satisfaction. Dr. Shatkin may also be required to perform other surgical or medical administrative services. Under this employment agreement, he will be required to perform such services at any Hospital District location.

The details of Dr. Shatkin's compensation package were discussed. The Committee noted that Dr. Shatkin's salary was evaluated based upon the 2023–2024 Physician Salary Matrix for Chief, Plastic/Reconstructive Surgery.

The Employment Agreement shall be effective August 1, 2024, and shall remain in effect for five (5) years. The Employment Agreement may be terminated for cause as stipulated in the agreement or by either party, without cause, by giving the other party at least 90 days prior written notice.

During the Term of the Agreement and for a period of one (1) year following the Term, physician shall not, without the prior written consent of the Hospital District, provide services within the geographic boundaries of the Restricted Area of Broward County plus five (5) miles. Physician may resume private practice in the specialty within the restricted area.

Following further discussion:

The Contracts Committee recommends to the Board of Commissioners approval of the Renewal Physician Employment Agreement between the South Broward Hospital District and Blane Shatkin, M.D., for Medical Director, Wound Care and Hyperbaric Medicine Services

d) Renewal Physician Employment Agreement between Noureldin Abdelhamid, M.D., - Medical Director, Neurohospitalist, and Medical Stroke Programs Services, and South Broward Hospital District

The Committee reviewed the Renewal Physician Employment Agreement between the South Broward Hospital District and Noureldin Abdelhamid, M.D., for Medical Director, Neurohospitalist, and Medical Stroke Programs Services.

Dr. Abdelhamid received his Doctor of Medicine degree from Ain Shams University, Cairo, Egypt (2006) where he also completed a transitional internship (2005-2006) and a Neuropsychiatry Residency (2007-2008). Additionally, Dr. Abdelhamid completed a preliminary Internal Medicine Internship (2011–2012) and a Neurology Residency (2012-2015) at the State University of New York at Buffalo, Buffalo, NY, and a Vascular Neurology Fellowship at Houston Methodist Hospital, Houston, TX (2021). He is certified by the American Board of Neurology and Psychiatry and has been employed by MHS since 2021.

Dr. Abdelhamid will be responsible for providing Neurohospitalist Services consistent with the clinical scope of his privileges. He will provide medical care and treatment to all patients who require the services of a Neurohospitalist. He shall provide such services assuring that patient care is delivered in a manner which results in safe, high-quality care, as measured by clinical outcomes and patient satisfaction. Dr. Abdelhamid may also be required to perform other medical administrative services. Under this employment agreement, he will be required to perform such services at any Hospital District location.

The details of Dr. Abdelhamid’s compensation package were discussed. The Committee noted that Dr. Abdelhamid’s salary was evaluated based upon the 2023–2024 Physician Salary Matrix for Medical Director, Neurology Services.

The Employment Agreement shall be effective August 1, 2024, and shall remain in effect for five (5) years. The Employment Agreement may be terminated for cause as stipulated in the agreement or by either party, without cause, by giving the other party at least 90 days prior written notice.

During the Term of the Agreement and for a period of one (1) year following the Term, physician shall not, without the prior written consent of the Hospital District, provide services within the geographic boundaries of the Restricted Area of Broward County plus five (5) miles.

Following further discussion:

The Contracts Committee recommends to the Board of Commissioners approval of the Renewal Physician Employment Agreement between the South Broward Hospital District and Noureldin Abdelhamid, M.D., for Medical Director, Neurohospitalist, and Medical Stroke Programs Services

e) Renewal Physician Employment Agreement between Christopher Seaver, M.D., – Adult General Surgery, and Clerkship Director for Undergraduate Medical Education Services, and South Broward Hospital District

The Committee reviewed the Renewal Physician Employment Agreement between the South Broward Hospital District and Christopher Seaver, M.D., for Adult General Surgery, and Clerkship Director for Undergraduate Medical Education Services.

Dr. Seaver received a B.S. Degree in 1996 from Providence College, Providence, RI; an M.S. Degree in 1998 from Georgetown University, Washington, DC; and his M.D. Degree in 2003 from the University of Texas, San Antonio, TX. He completed a General Surgery Residency (2003–2008) at Jackson Memorial Hospital, Miami, FL and a Vascular Surgery Fellowship (2008–2009) at the University of Florida, Gainesville, FL. Dr. Seaver practiced in St. Croix, USVI (2010–2013) and served as Chief, Department of Surgery (2012–2013) and President-Elect of the Medical Staff (2013) at Juan F. Luis Hospital and Medical Center. Dr. Seaver served as Attending General Surgeon at Holy Cross Hospital, Ft. Lauderdale, FL. (2013-2016). He has been employed by MHS since 2016. Dr. Seaver is Board-certified in General Surgery.

Dr. Seaver will be responsible for providing Adult General Surgery Services consistent with the clinical scope of his privileges. He will provide medical care and treatment to all patients who require the services of an adult General Surgeon. He shall provide such services assuring that patient care is delivered in a manner which results in safe, high-quality care, as measured by clinical outcomes and patient satisfaction. Dr. Seaver may also be required to perform other surgical or medical administrative services. Under this employment agreement, he will be required to perform such services at any Hospital District location.

The details of Dr. Seaver’s compensation package were discussed. The Committee noted that Dr. Seaver’s salary was evaluated based upon the 2023–2024 Physician Salary Matrix for Medical Director, General Surgery.

The Employment Agreement shall be effective September 1, 2024, and shall remain in effect for five (5) years. The Employment Agreement may be terminated for cause as stipulated in the agreement or by either party, without cause, by giving the other party at least 90 days prior written notice.

During the Term of the Agreement and for a period of one (1) year following the Term, physician shall not, without the prior written consent of the Hospital District, provide services within the geographic boundaries of the Restricted Area of Broward County plus five (5) miles, with the exception that the Physician shall be able to return to employment at Holy Cross Hospital located at 4725 N. Federal Highway, Ft. Lauderdale, FL 33308.

Following further discussion:

The Contracts Committee recommends to the Board of Commissioners approval of the Renewal Physician Employment Agreement between the South Broward Hospital District and Christopher Seaver, M.D., for Adult General Surgery, and Clerkship Director for Undergraduate Medical Education Services

f) Renewal Physician Employment Agreement between Omair Abbasi, M.D., - Inpatient Psychiatry, and Program Director, Psychiatry Residency Program Services, and South Broward Hospital District

The Committee reviewed the Renewal Physician Employment Agreement between the South Broward Hospital District and Omair Abbasi, M.D., for Inpatient Psychiatry, and Program Director, Psychiatry Residency Program Services.

Dr. Abbasi attended Gulf Medical College, Ajman, United Arab Emirates (2003-2006) and received his Medical Doctor degree from the University of Seychelles American Institute of Medicine, Victoria, Seychelles (2009). He completed a residency in Adult Psychiatry at Creighton University, Omaha, NE (2013), a fellowship in Psychosomatic Medicine (Consultation-Liaison Psychiatry) University of Pennsylvania, Philadelphia PA (2014) and an Adult Psychodynamic Psychotherapy Program at Psychoanalytic Center of Philadelphia (2017). He served as an Associate Staff Psychiatrist, Doctor on Demand (Telehealth), Co-Director, Clinical Skills and Reasoning Course, Co-Director, Diagnostic Medicine Course, Director of Behavioral Health Education and Psychiatry Clerkship Director at the Dr. Kiran C. Patel College of Allopathic Medicine, Fort Lauderdale, FL. He is Board-certified in Psychosomatic Medicine and Psychiatry, and has been employed by MHS since 2021.

Dr. Abbasi will be responsible for providing Inpatient Psychiatry Services consistent with the clinical scope of his privileges. He will provide medical care and treatment to all patients who require the services of an Inpatient Psychiatrist. He shall provide such services assuring that patient care is delivered in a manner which results in safe, high-quality care, as measured by clinical outcomes and patient satisfaction. Dr. Abbasi may also be required to perform other medical administrative services. Under this employment agreement, he will be required to perform such services at any Hospital District location.

The details of Dr. Abbasi's compensation package were discussed. The Committee noted that Dr. Abbasi's salary was evaluated based upon the 2023–2024 Physician Salary Matrix for Medical Director, Inpatient Psychiatry.

The Employment Agreement shall be effective July 1, 2024, and shall remain in effect for five (5) years. The Employment Agreement may be terminated for cause as stipulated in the agreement or by either party, without cause, by giving the other party at least 90 days prior written notice.

During the Term of the Agreement and for a period of one (1) year following the Term, physician shall not, without the prior written consent of the Hospital District, provide services within the geographic boundaries of the Restricted Area of Broward County plus five (5) miles.

Following further discussion:

The Contracts Committee recommends to the Board of Commissioners approval of the Renewal Physician Employment Agreement between the South Broward Hospital District and Omair Abbasi, M.D., for Inpatient Psychiatry, and Program Director, Psychiatry Residency Program Services

g) Renewal Physician Employment Agreement between Laurence Davidson, M.D., - Pediatric Neurosurgery Services, and South Broward Hospital District

The Committee reviewed the Renewal Physician Employment Agreement between the South Broward Hospital District and Laurence Davidson, M.D., for Pediatric Neurosurgery Services.

Laurence Davidson, MD, FAANS, Lieutenant Colonel, Medical Corps, U.S. Army Reserve, received his Bachelor of Science degree in Psychobiology from the College of Letters, Arts and Sciences, University of Southern California, Los Angeles, CA (1999) and his Doctor of Medicine degree from Keck School of Medicine, University of Southern California, Los Angeles, CA (2003). He completed a Neurosurgery Internship at University of Southern California Medical Center (2004), Enfolded Subspecialty Training in Pediatric Neurosurgery at Children's Hospital Los Angeles (2009), Neurosurgery Residency at the University of Southern California Medical Center (2010) and is currently completing a Pediatric Neurosurgery Fellowship at Children's National Medical Center, Washington, DC. Dr. Davidson served as Director, Pediatric Neurosurgery Division of Neurosurgery, Walter Reed Army Medical Center, Washington, DC (2011), Assistant Professor of Pediatrics, Surgery, Neurosurgery (2020), Adjunct

Associate Professor of Surgery and Pediatrics at the Uniformed Services University of the Health Sciences Bethesda, MD (2021), Affiliate Staff Neurosurgeon, Mary Washington Hospital Fredericksburg, VA (2021), and practiced at Children’s National Medical Center, Washington, DC (2021). He is Board-certified in Neurological Surgery. He has been practicing at MHS since 2021.

Dr. Davidson will be responsible for providing Pediatric Neurosurgery Services consistent with the clinical scope of his privileges. He will provide medical care and treatment to all patients who require the services of a Pediatric Neurosurgeon. He shall provide such services assuring that patient care is delivered in a manner which results in safe, high-quality care, as measured by clinical outcomes and patient satisfaction. Dr. Davidson may also be required to perform other medical administrative services. Under this employment agreement, he will be required to perform such services at any Hospital District location.

The details of Dr. Davidson’s compensation package were discussed. The Committee noted that Dr. Davidson’s salary was evaluated based upon the 2023–2024 Physician Salary Matrix for Pediatric Neurosurgery.

The Employment Agreement shall be effective August 1, 2024, and shall remain in effect for five (5) years. The Employment Agreement may be terminated for cause as stipulated in the agreement or by either party, without cause, by giving the other party at least 180 days prior written notice.

During the Term of the Agreement and for a period of two (2) years following the Term, physician shall not, without the prior written consent of the Hospital District, provide services within the geographic boundaries of the Restricted Area of Palm Beach, Broward, and Miami-Dade Counties.

Following further discussion:

The Contracts Committee recommends to the Board of Commissioners approval of the Renewal Physician Employment Agreement between the South Broward Hospital District and Laurence Davidson, M.D., for Pediatric Neurosurgery Services

h) Renewal Physician Employment Agreement between Edward Bove, M.D., - Teaching / Education Mentor Services for the Pediatric Cardiac Program, and South Broward Hospital District

The Committee reviewed the Renewal Physician Employment Agreement between the South Broward Hospital District and Edward Bove, M.D., for Teaching / Education Mentor Services for the Pediatric Cardiac Program.

Dr. Bove received a Bachelor of Arts Degree from Holy Cross College, Worcester, MA in 1968 and a Doctor of Medicine Degree from Albany Medical College, Albany, NY in 1972. At the University of Michigan Hospitals, Ann Arbor, MI, he served as Surgical Resident (1973-1976), in Thoracic Surgery Research (1974-1975), as Chief Surgical Resident (1976-1977) and as Thoracic Surgery Resident (1977-1979). Dr. Bove chairs the Department of Cardiac Surgery at the University of Michigan School of Medicine and is one of the most respected pediatric cardiac surgeons nationally and internationally. He has been employed by Joe DiMaggio Children’s Hospital since 2013. Dr. Bove is Board-certified in Cardiac and Thoracic Surgery, with a sub-specialty certification in Congenital Cardiac Surgery.

Dr. Bove will be responsible for providing approximately 15 hours per month of Teaching / Education mentor Services for the Pediatric Cardiac Program, consistent with the clinical scope of his privileges.

The details of Dr. Bove’s compensation package were discussed. The Committee noted that Dr. Bove’s salary was evaluated based upon the 2023–2024 Physician Salary Matrix for Chief of Pediatric Cardiothoracic Surgery.

This Employment Agreement has an effective date of January 23, 2024, and shall remain in effect for two (2) years. The Employment Agreement may be terminated for cause as stipulated in the agreement or by either party, without cause, giving the other party at least 30 days prior written notice.

Following further discussion:

The Contracts Committee recommends to the Board of Commissioners approval of the Renewal Physician Employment Agreement between the South Broward Hospital District and Edward Bove, M.D., for Teaching / Education Mentor Services for the Pediatric Cardiac Program

i) Renewal Professional Services Agreement between Pediatric Critical Care of South Florida, P.A. - Pediatric Critical and Cardiac Care Professional and Administrative Services, and South Broward Hospital District

The Committee reviewed the Renewal Physician Employment Agreement between the South Broward Hospital District and Pediatric Critical Care of South Florida, P.A. for Pediatric Critical and Cardiac Care Professional and Administrative Services.

The Pediatric Intensivists or Pediatric Cardiac Intensivists will provide medical services primarily at Joe DiMaggio Children's Hospital in the Pediatric Intensive Care Unit (PICU), Pediatric Intermediate Care Unit (PIMCU) and the Pediatric Cardiac Care Unit (PCCU) 24 hours per day / seven days per week.

Cardiac Intensivists are also required to either have obtained Board Certification in the subspecialty of Pediatric Intensive Care, with additional training in Cardiology, or have expertise in the care of cardiac intensive care patients, or have dual Board Certification in the subspecialties of Pediatric Intensive Care and Pediatric Cardiology, or Board Certification in the subspecialty of pediatric cardiology with additional training in pediatric intensive care.

The Professional Association will also provide Medical Administrative Services for the Pediatric Medical / Surgical Intensive Care Unit / Intermediate Care Unit, the Pediatric Cardiac Intensive Care Unit / Cardiac Stepdown Unit, Transport Medicine and Outreach, Quality Improvement and Safety, Complex Chronic Care, Extracorporeal Life Support (ECMO) and Mechanical Circulatory Support Services.

PICU Coverage: Without limitation, not less than two (2) Pediatric Intensivists in-house / onsite for Day Shift and not less than one (1) Pediatric Intensivist in-house / onsite for Night Shift ("Staffing Level") at Joe DiMaggio Children's Hospital to provide services at District Hospitals. This Staffing Level shall be expected seven (7) days per week, three hundred and sixty-five (365) days per year. Additionally, one (1) pediatric intensivist will be available during the daytime to provide moderate sedation services. This staffing level will be provided Monday to Friday.

PCCU Coverage: Without limitation, not less than two (2) Pediatric Cardiac Intensivists in-house / onsite for Day Shift, and not less than one (1) Pediatric Cardiac Intensivist in-house / onsite for Night Shift ("Staffing Level") on-site at Joe DiMaggio Children's Hospital to provide services at District Hospitals.

Appropriate support of Professional Association's APRNs and PAs who specialize in the care of children in each respective care unit (PICU and PCCU) may be utilized as needed for additional coverage needs.

The Staffing Level detailed in section B of this agreement schedule shall be expected seven (7) days per week, three hundred and sixty-five (365) days per year. If the Staffing Level needs to be modified at any time during the Term of the Agreement, the parties will mutually agree upon any modifications required.

The Hospital District shall be responsible for billing and collection of all hospital services regarding pediatric intensive and cardiac care pursuant to this Agreement.

The Hospital District retains the Professional Association on an exclusive basis in order to ensure the consistency, quality and availability of Pediatric Intensivist and Pediatric Cardiac Intensivist Services to Hospital patients.

The Hospital District agrees to compensate the Professional Association for Medical Director Services at a rate of \$165.00 per hour for approximately 35 hours per month for each Medical Director Service, subject to a maximum payment of \$175,000 per year.

Financial Subsidy for Pediatric Cardiac Intensivists' Services: In addition to the Group's collections from billing, the Hospital District shall pay the Professional Association one hundred and sixty-six thousand, six hundred and sixty-six Dollars and 67 Cents (\$166,666.67) per month for a total of two million Dollars (\$2,000,000) per year (the "Total Subsidy Amount") as compensation for the administrative component of the Professional Association's Cardiac Intensivist services and coverage, as listed hereunder on Schedule 2 of this Agreement. This Financial Subsidy shall be subject to annual increases, on the anniversary date of the Effective Date, at the lower of five percent (5%) or the Consumer Price Index US City Average, Medical Care (CPI-U) (issued by the U.S. Department of Labor, Bureau of Labor Statistics).

The renewal agreement shall be effective as of July 1, 2024, and shall remain in effect for a three (3) year term. The Agreement may be terminated as stipulated or, without cause, upon 90 days written notice.

The Professional Association shall not impose restrictions which would be applicable after termination or expiration of this Agreement, which would prevent or limit Pediatric Intensivists, APRNs or PAs from contracting with Hospital District directly or through similar contracts.

Following further discussion:

The Contracts Committee recommends to the Board of Commissioners approval of the Renewal Professional Services Agreement between the South Broward Hospital District and Pediatric Critical Care of South Florida, P.A., for Pediatric Critical and Cardiac Care Professional and Administrative Services

3) FYI CONTRACTS

- a) New Physician Employment Agreement between **Justin Shemesh, D.O., - Family Medicine - Memorial Primary Care Services**, and South Broward Hospital District. The Employment Agreement shall become effective July 1, 2024, and shall remain in effect for three (3) years. The proposed salary, as reflected in the 2023–2024 Physician Salary Matrix for Family Medicine, is within the President and CEO's Board-approved authority.
- b) Renewal Physician Employment Agreement between **Joshua Delaney, M.D., - Inpatient Psychiatry Services**, and South Broward Hospital District. The Employment Agreement shall become effective July 1, 2024, and shall remain in effect for five (5) years. The proposed salary, as reflected in the 2023–2024 Physician Salary Matrix for Inpatient Psychiatry, is within the President and CEO's Board-approved authority.

4) NEW BUSINESS

There was no new business.

5) ADJOURNMENT

There being no further business, the meeting was adjourned at 5:26 pm.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Steven Harvey". The signature is written in a cursive style with a large initial "S" and a long horizontal stroke extending to the right.

Steven Harvey
Chairman
Contracts Committee

South Broward Hospital District

BOARD OF COMMISSIONERS

Elizabeth Justen, *Chairwoman* • Steven Harvey, *Vice Chairman* • Douglas A. Harrison, *Secretary Treasurer*
Jose Basulto • Brad Friedman • Dr. Luis E. Orta • Laura Raybin Miller

K. Scott Wester, *President and Chief Executive Officer* • Frank P. Rainer, *Senior Vice President and General Counsel*

Group: S.B.H.D. Finance Committee **Date:** June 18, 2024
Chairwoman: Ms. Elizabeth Justen **Time:** 3:00 p.m.
Vice Chairman: Mr. Steven Harvey
Location: Executive Conference Room, 3111 Stirling Road, Hollywood, Florida, 33312

In Attendance: Ms. Elizabeth Justen, Mr. Steven Harvey, Mr. Brad Friedman, Mr. Scott Wester, Mr. David Smith, Mr. Frank Rainer, Mr. Irfan Mirza, Mr. Veda Rampat, Mr. Saul Kredi, Mr. Richard Holcomb, Mr. Richard Probert, Mr. John Kulhanjian, Mr. Gary Wyniemko (NEPC), Mr. David Moore (NEPC), and Ms. Deirdre Robert (NEPC)

SUBJECT: Call to Order / Public Meeting Notice Certification

Ms. Justen called the meeting to order at 3:02 p.m., after which Mr. Rainer certified the meeting was properly noticed.

No action is required by the Board of Commissioners.

SUBJECT: Market Update

Mr. Wyniemko provided a market update overview to the Finance Committee for the month of May 2024. May saw the market rebound with all three major indices being up for the month between four to five percentage points. Falling long-term interest rates on weaker inflation data helped support Bond yields.

The market update was presented for informational purposes only.

No action is required by the Board of Commissioners.

SUBJECT: Operating Funds Monthly Flash Report

Mr. Wyniemko reviewed the Monthly Flash Performance Report for the Operating Funds for the month ended May 31, 2024. The portfolio returned 1.3% for the month and for the fiscal year-to-date periods, compared to a Policy benchmark return of 1.2%. The assets in the operating funds totaled \$2.61 billion.

The monthly flash report was presented for informational purposes only.

No action is required by the Board of Commissioners.

SUBJECT: Retirement Plan Monthly Flash Report

Mr. Wyniemko reviewed the Monthly Flash Performance Report for the Retirement Plan for the month ended May 31, 2024. The plan returned 2.9% for the month and fiscal year-to-date periods, versus a Policy benchmark return of 2.8%. Total assets in the Retirement Plan totaled \$1.02 billion.

The monthly flash report was presented for informational purposes only.

MEMORIAL HEALTHCARE SYSTEM

MEMORIAL REGIONAL HOSPITAL • MEMORIAL REGIONAL HOSPITAL SOUTH • JOE DIMAGGIO CHILDREN'S HOSPITAL
MEMORIAL HOSPITAL WEST • MEMORIAL HOSPITAL MIRAMAR • MEMORIAL HOSPITAL PEMBROKE • MEMORIAL MANOR

No action is required by the Board of Commissioners.

SUBJECT: **Defined Contribution Plans Monthly Flash Report**

Ms. Robert reviewed the Monthly Flash Performance Report for Defined Contribution Plans. As of May 31, 2024, plan assets totaled \$1.58 billion, with the largest concentration in JPMorgan blend target date funds at 62.3%. In May, the new JP Morgan Target Dated Fund for 2065 was available to participants and was reflected in the May reporting.

The monthly flash report was presented for informational purposes only.

No action is required by the Board of Commissioners.

SUBJECT: **Investment Workplan**

Ms. Robert reviewed the 2025 Workplan for the Defined Contribution Plans, which will consist of the recurring monthly and quarterly market and regulatory updates, and additional topics to include: Investment Policy review and Plan Fee review (for both record keeper and investment managers).

Mr. Wyniemko next reviewed a similar 2025 Workplan for the Operating Funds and Retirement Plan. Additional topics will develop overtime, but at a minimum the workplan will include: ERM analysis, Asset allocation studies (which may lead to new investment vehicle types), Investment Policy review, and potential investment manager changes.

It was noted that the Workplans are a living calendar and will be updated and tailored based on the specific goals and objectives of the System.

No action is required by the Board of Commissioners.

SUBJECT: **FEMA Update**

Mr. Kulhanjian, Project Manager for MHS, presented an overview to the committee regarding the process and reimbursements from FEMA for COVID-19-related costs. The project commenced in 2021 and has involved a very detailed and rigorous record-keeping process to track COVID-19 related costs across four main categories:

- (i) Purchased Outside Labor
- (ii) MHS Internal Labor
- (iii) Non-Labor
- (iv) Supply Chain Warehouse

Due to the complexity of these claims, FEMA hired RAND, an external consultancy firm, to review claims before awarding settlements, further complicating the review process. Since its inception, the project has obtained \$107 million in awards (FY22 through FY25), of which \$66 million has been received to date, with an additional \$27 million anticipated by July 2024, and the balance is expected to be funded by the end of this current fiscal year. There is also potential for up to an additional \$5 million in awards to cover management costs.

No action is required by the Board of Commissioners.

SUBJECT: **Financial Report**

Mr. Mirza presented an overview of the Financial Results for the fiscal year ended April 30, 2024 and the month ended May 31, 2024. The committee engaged in discussion regarding these operating results. The April and May financial reports will be formally presented to the full Board during its regular meeting on June 26, 2024.

No action is required by the Board of Commissioners.

SUBJECT: **Amendment to Fiscal Year 2024 Operating Budget**

Mr. Smith explained that Florida Statutes require the Board of Commissioners approve an amended budget when actual expenditures exceed the approved budget. An increase in overall activity / volumes necessitated an amended budget for the fiscal year ended April 30, 2024. The Statute allows 60 days after year-end for the approval of an amended budget. The Committee reviewed a draft of the amended budget. Mr. Smith will discuss proposed Board resolution number 500, which requires a roll call vote to approve the amended budget from the full Board at the upcoming Board meeting on June 26, 2024.

Proposed Resolution No. 500 to be discussed and voted on as a separate agenda item at the June Board Meeting

SUBJECT: **New Business**

Mr. Rampat updated the committee on the results of the recent rating agency discussion with Moody's and S&P. Both rating agencies affirmed South Broward Hospital District's existing investment grade ratings and Stable Outlook (S&P = AA/Stable, Moody's = Aa3/Stable).

No action is required by the Board of Commissioners.

SUBJECT: **Adjournment**

There being no further business, the Finance Committee adjourned at 4:40 p.m.

Respectfully submitted,



Elizabeth Justen
Chairwoman
Finance Committee



MAY 2024 UPDATE

MEMORIAL HEALTHCARE SYSTEM

JUNE 2024

Dave Moore, ARM, CEBS, CPCU, Partner

Gary Wyniemko, CFA, Partner

Deirdre Robert, CFA, CAIA, Partner



TABLE OF CONTENTS

- **May Market Update**
- **May Flash Reports**
- **Defined Contribution 2024 Work Plan and Year in Review**
- **Operating and Pension 2024 Work Plan and Year in Review**
- **Appendix**





MAY 31, 2024

THE MONTH IN REVIEW



PROPRIETARY & CONFIDENTIAL

MARKET OUTLOOK



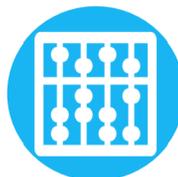
Barring an upside inflation surprise that rattles interest rates, safe-haven fixed income exposure offers reasonable value



Global equity strategies remain a compelling opportunity and we encourage greater usage of active equity approaches



We recommend investors diversify their holdings of U.S. large-cap stocks with quality and value-oriented exposures



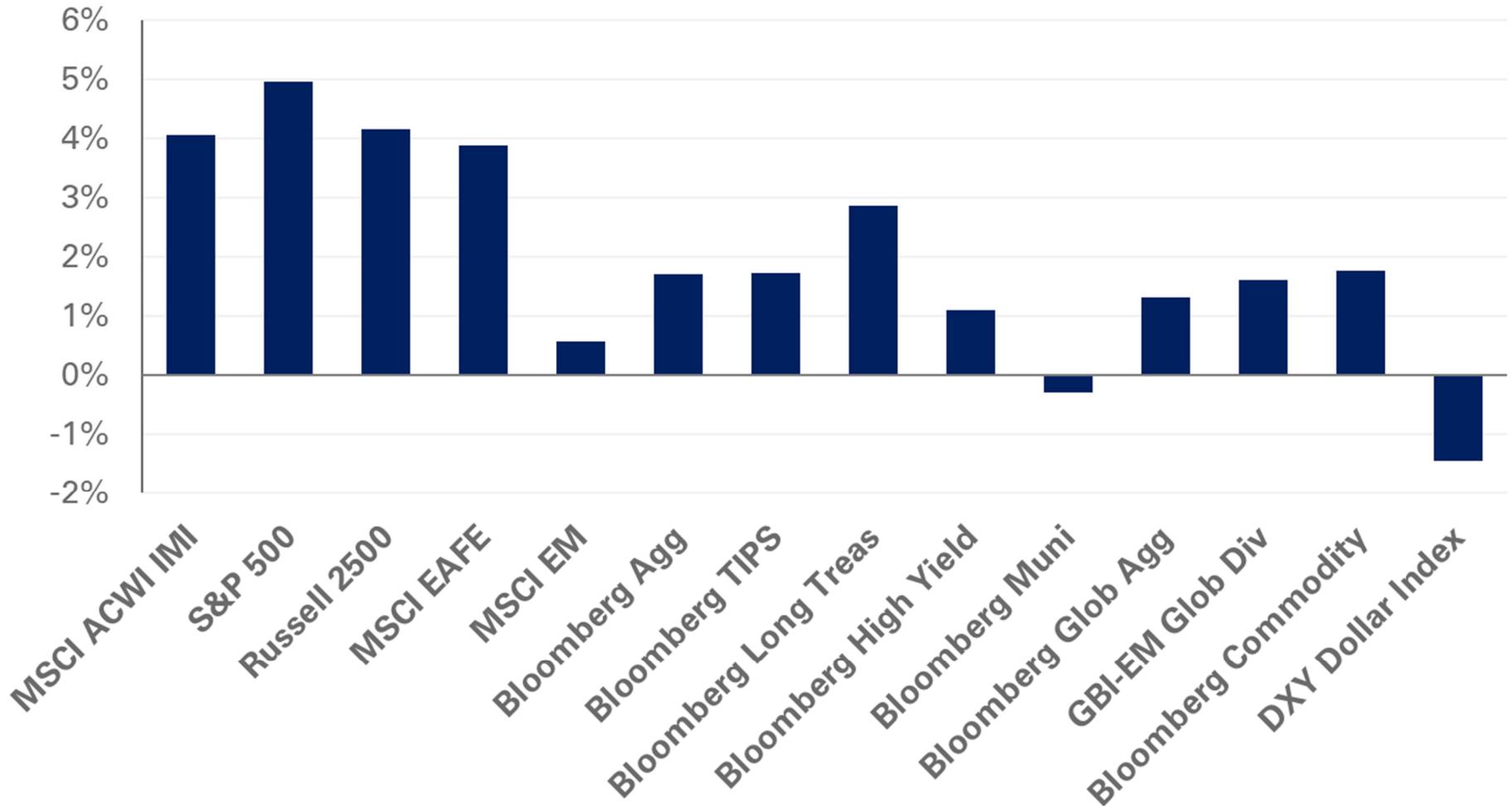
We encourage investors to review duration positioning relative to strategic goals considering elevated interest rates



We recommend investors strategically add U.S. TIPS exposure given higher real rates and the potential for upside inflation

NVIDIA AND S&P 500 LED THE WAY

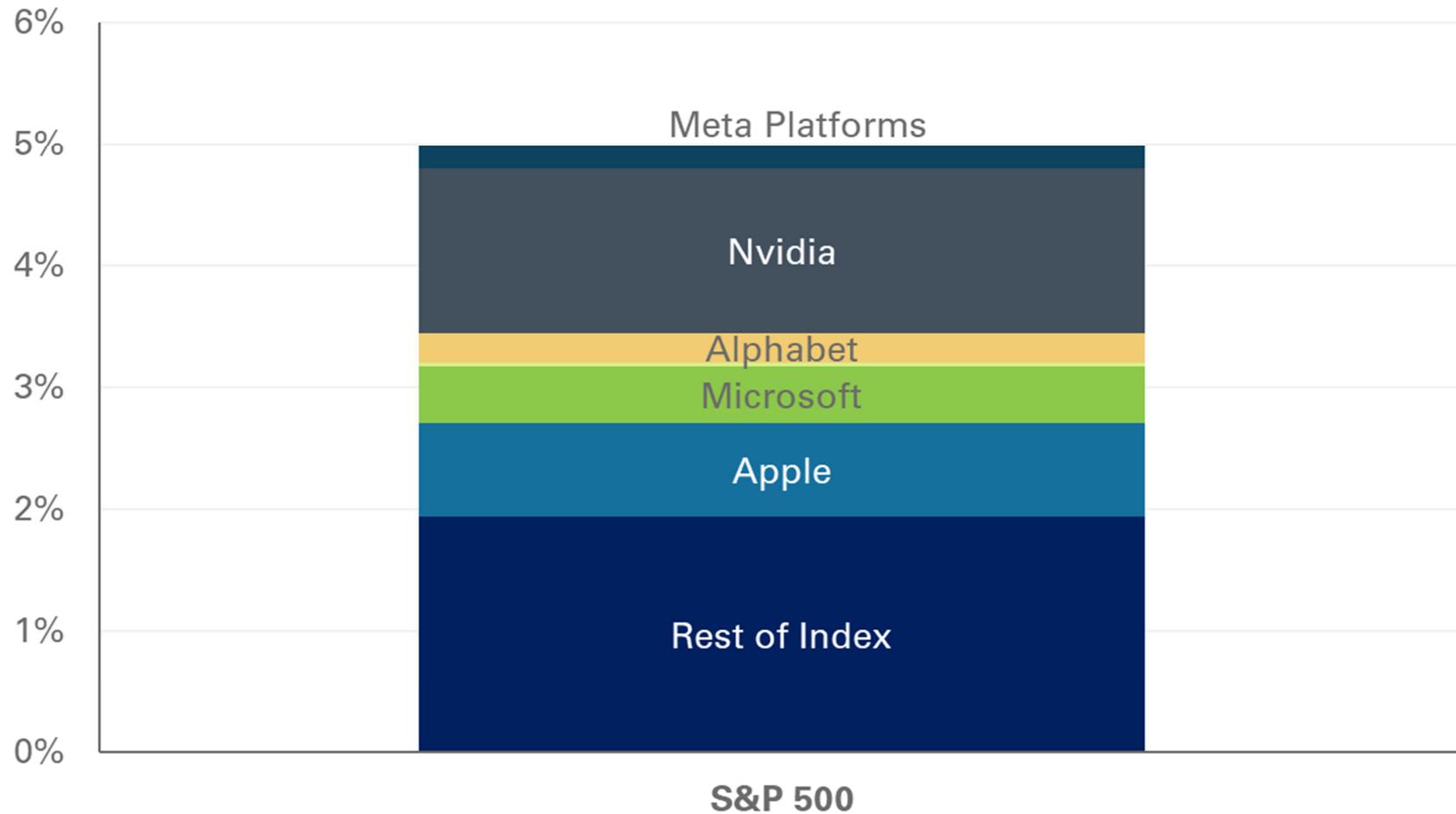
MONTHLY TOTAL RETURNS



Sources: MSCI, S&P, Russell, Bloomberg, JP Morgan, FactSet

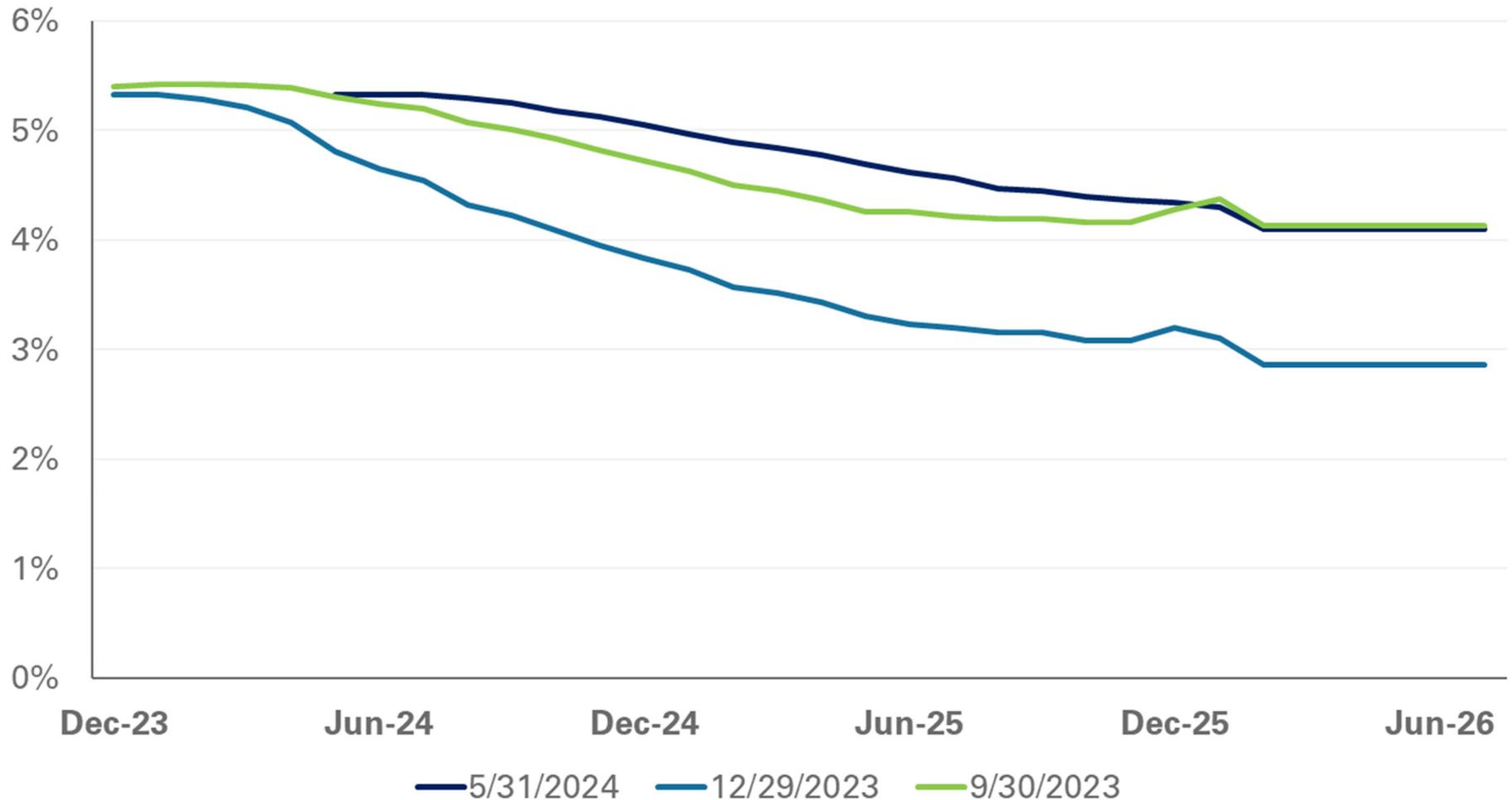
STRONG PERFORMANCE FROM NVIDIA

S&P 500: CONTRIBUTION TO MONTHLY RETURN



FED FUNDS EXPECTATIONS REMAIN ELEVATED

MARKET-IMPLIED FED FUNDS FUTURES EXPECTATIONS



Source: FactSet

SLOWING INFLATION TREND IS YET TO BE EVIDENT

CORE PERSONAL CONSUMPTION EXPENDITURES PRICE INDEX



Sources: U.S. Bureau of Economic Analysis



PERFORMANCE UPDATE

May 31, 2024



PROPRIETARY & CONFIDENTIAL

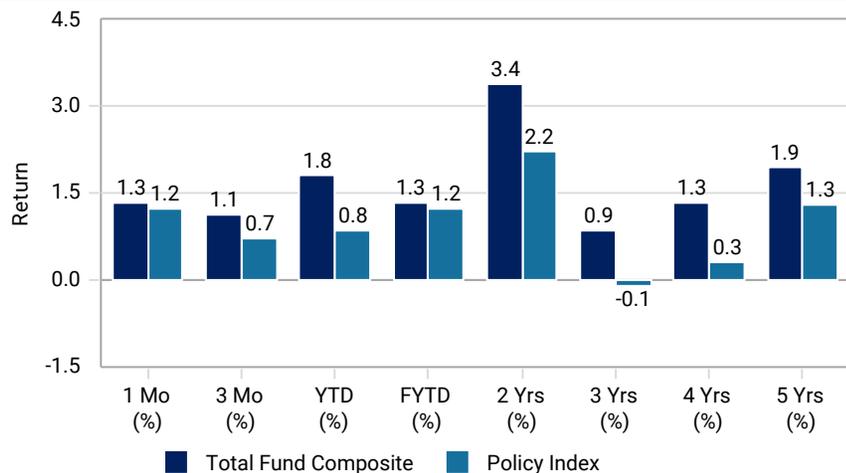
SOUTH BROWARD HOSPITAL DISTRICT – OPERATING FUNDS

May 31, 2024



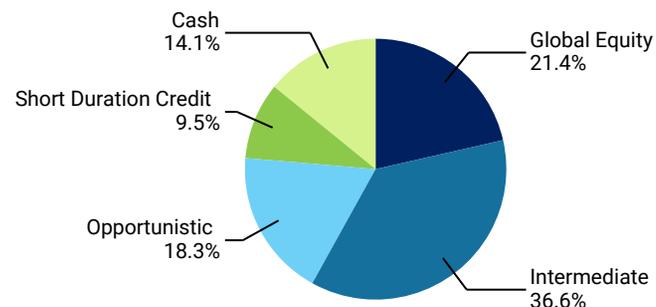
EXECUTIVE SUMMARY

Return Summary Ending May 31, 2024

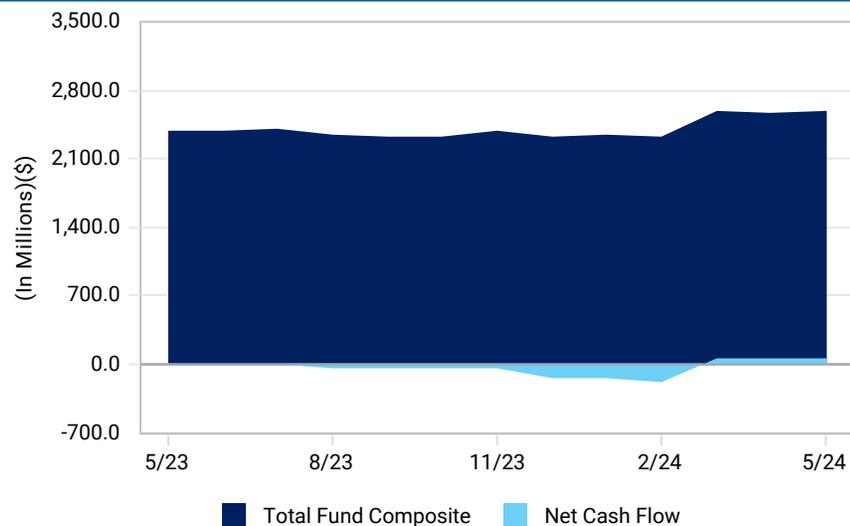


	Current (\$)	Current (%)	Policy (%)	Differences (%)
Global Equity	558,036,106	21.4	20.0	1.4
Intermediate	954,283,880	36.6	35.0	1.6
Opportunistic	477,139,266	18.3	20.0	-1.7
Short Duration Credit	247,980,094	9.5	10.0	-0.5
Cash	367,758,940	14.1	15.0	-0.9
Total	2,605,198,286	100.0	100.0	0.0

Current Allocation



Market Value History 1 Year Ending May 31, 2024



Summary of Cash Flows

	1 Month	FYTD	3 Years
Beginning Market Value	2,571,247,053	2,571,247,053	2,579,723,414
Net Cash Flow			-35,972,194
Net Investment Change	33,951,233	33,951,233	61,447,066
Ending Market Value	2,605,198,286	2,605,198,286	2,605,198,286



ASSET ALLOCATION VS. POLICY

Asset Allocation vs. Target



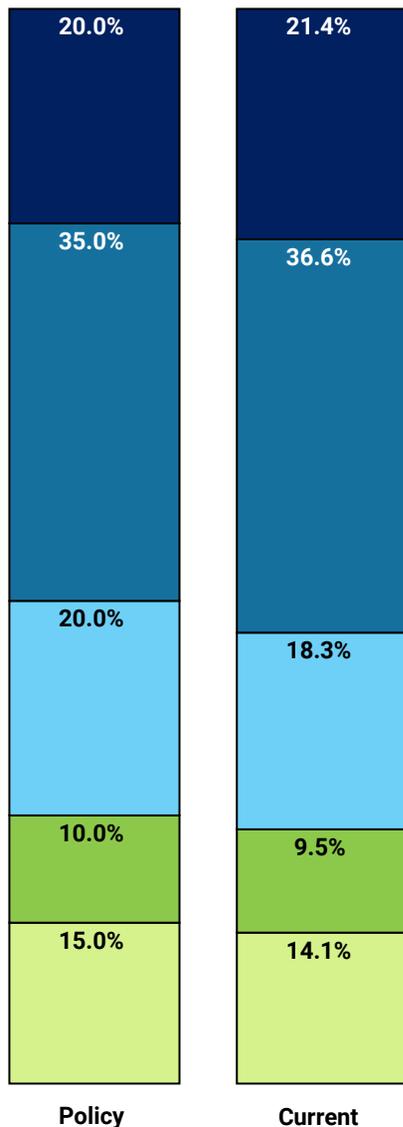
	Current (\$)	Current (%)	Policy (%)	Differences* (%)	Policy Range (%)	Within Range
Short Term Composite	247,980,094	9.5	10.0	-0.5	5.0 - 15.0	Yes
Intermediate Term Composite	954,283,880	36.6	35.0	1.6	30.0 - 40.0	Yes
Opportunistic Composite	477,139,266	18.3	20.0	-1.7	15.0 - 25.0	Yes
Global Equity Composite	558,036,106	21.4	20.0	1.4	15.0 - 25.0	Yes
Cash Composite	367,758,940	14.1	15.0	-0.9	15.0 - 20.0	No
Total Fund Composite	2,605,198,286	100.0	100.0	0.0		

*Difference between Policy and Current Allocation



ASSET ALLOCATION VS. POLICY

Asset Allocation vs. Target



	Current Balance (\$)	Policy (%)	Current Allocation (%)	Differences (%)	Policy Range (%)	Within Range
Global Equity	558,036,106	20.0	21.4	1.4	15.0 - 25.0	Yes
Vanguard Global Minimum Volatility Equity	260,462,824		10.0			
Parametric Global Defensive Equity	297,573,283		11.4			
Intermediate	954,283,880	35.0	36.6	1.6	30.0 - 40.0	Yes
Galliard Intermediate Government	231,110,901		8.9			
Merganser Intermediate Bond	224,993,018		8.6			
Fort Washington Intermediate Bond	192,824,649		7.4			
Lord Abbett Intermediate Bond	221,625,632		8.5			
PFM - Self Insurance Fund	46,378,292		1.8			
PFM - Disability Fund	20,533,966		0.8			
PFM - Workmen's Compensation Fund	11,280,047		0.4			
PFM - Health & Dental Fund	5,537,374		0.2			
Opportunistic	477,139,266	20.0	18.3	-1.7	15.0 - 25.0	Yes
Galliard Opportunistic	146,938,181		5.6			
Merganser Opportunistic	147,573,417		5.7			
Fort Washington Active Fixed Income	182,627,667		7.0			
Short Duration Credit	247,980,094	10.0	9.5	-0.5	5.0 - 15.0	Yes
Lord Abbett Short Duration	124,804,655		4.8			
Loop Capital Asset Management	123,175,438		4.7			
Cash	367,758,940	15.0	14.1	-0.9	15.0 - 20.0	No
PNC Treasury Management	367,754,823		14.1			
U.S. Bank Cash	4,118		0.0			
Total	2,605,198,286	100.0	100.0	0.0		

*Difference between Policy and Current Allocation



TOTAL FUND PERFORMANCE DETAIL

	Allocation		Performance (%)								
	Market Value (\$)	% of Portfolio	1 Mo (%)	3 Mo (%)	YTD (%)	FYTD (%)	1 Yr (%)	2 Yrs (%)	3 Yrs (%)	4 Yrs (%)	5 Yrs (%)
Total Fund Composite	2,605,198,286	100.0	1.3	1.1	1.8	1.3	6.0	3.4	0.9	1.3	1.9
<i>Policy Index</i>			1.2	0.7	0.8	1.2	4.6	2.2	-0.1	0.3	1.3
Fixed Income Composite	1,679,403,239	64.5	1.2	0.7	0.1	1.2	3.3	1.5	-1.0	-0.6	0.7
Short Term Composite	247,980,094	9.5	1.0	0.8	0.7	1.0	3.8	2.0	-0.3	-0.1	0.8
<i>Blmbg. 1-5 Year Gov/Credit</i>			0.9	0.6	0.3	0.9	3.3	1.6	-0.5	-0.1	1.0
Lord Abbett Short Duration	124,804,655	4.8	1.0	0.8	0.6	1.0	3.8	2.0			
<i>Blmbg. 1-5 Year Gov/Credit</i>			0.9	0.6	0.3	0.9	3.3	1.6			
Loop Capital Asset Management	123,175,438	4.7	1.0	0.8	0.8	1.0	3.9	2.0	-0.3	-0.1	0.8
<i>Blmbg. 1-5 Year Gov/Credit</i>			0.9	0.6	0.3	0.9	3.3	1.6	-0.5	-0.1	1.0
Intermediate Term Composite	954,283,880	36.6	1.2	0.7	0.2	1.2	3.4	1.6	-1.1	-0.6	0.7
<i>Blmbg. Intermed. U.S. Government/Credit</i>			1.2	0.5	-0.3	1.2	2.7	1.1	-1.4	-0.9	0.8
Galliard Intermediate Government	231,110,901	8.9	1.3	0.7	0.2	1.3	3.7	1.7	-1.0	-0.5	0.8
<i>Blmbg. Intermed. U.S. Government/Credit</i>			1.2	0.5	-0.3	1.2	2.7	1.1	-1.4	-0.9	0.8
Merganser Intermediate Bond	224,993,018	8.6	1.2	0.8	0.3	1.2	3.4	1.7	-1.0	-0.5	0.6
<i>Blmbg. Intermed. U.S. Government/Credit</i>			1.2	0.5	-0.3	1.2	2.7	1.1	-1.4	-0.9	0.8
Fort Washington Intermediate Bond	192,824,649	7.4	1.3	0.7	0.0	1.3	3.2	1.5			
<i>Blmbg. Intermed. U.S. Government/Credit</i>			1.2	0.5	-0.3	1.2	2.7	1.1			
Lord Abbett Intermediate Bond	221,625,632	8.5	1.3	0.6	0.0	1.3	3.1	1.3			
<i>Blmbg. Intermed. U.S. Government/Credit</i>			1.2	0.5	-0.3	1.2	2.7	1.1			
PFM - Self Insurance Fund	46,378,292	1.8	0.9	0.7	0.5	0.9	3.6	1.8	-0.2	0.0	1.1
<i>ICE BofA 1-5 Yr Treasury & Agency</i>			0.9	0.5	0.1	0.9	2.7	1.2	-0.6	-0.5	0.8
PFM - Disability Fund	20,533,966	0.8	0.9	0.7	0.5	0.9	3.6	1.8	-0.2	0.0	1.1
<i>ICE BofA 1-5 Yr Treasury & Agency</i>			0.9	0.5	0.1	0.9	2.7	1.2	-0.6	-0.5	0.8
PFM - Workmen's Compensation Fund	11,280,047	0.4	0.7	0.9	1.1	0.7	4.2	2.4	0.8	0.7	1.4
<i>ICE BofA U.S. Agencies, 1-3yr</i>			0.7	0.8	1.0	0.7	4.3	2.1	0.4	0.4	1.1
PFM - Health & Dental Fund	5,537,374	0.2	0.7	0.9	1.1	0.7	4.3	2.4	0.8	0.7	1.3
<i>ICE BofA U.S. Agencies, 1-3yr</i>			0.7	0.8	1.0	0.7	4.3	2.1	0.4	0.4	1.1

TOTAL FUND PERFORMANCE DETAIL

	Allocation		Performance (%)								
	Market Value (\$)	% of Portfolio	1 Mo (%)	3 Mo (%)	YTD (%)	FYTD (%)	1 Yr (%)	2 Yrs (%)	3 Yrs (%)	4 Yrs (%)	5 Yrs (%)
Opportunistic Composite	477,139,266	18.3	1.4	0.6	-0.2	1.4	3.0	1.2	-1.4	-0.9	0.7
<i>Blmbg. U.S. Intermediate Aggregate</i>			1.5	0.3	-0.9	1.5	2.0	0.3	-2.1	-1.4	0.2
Galliard Opportunistic	146,938,181	5.6	1.5	0.5	-0.3	1.5	2.8	1.0	-1.6	-1.0	0.7
<i>Blmbg. U.S. Intermediate Aggregate</i>			1.5	0.3	-0.9	1.5	2.0	0.3	-2.1	-1.4	0.2
Merganser Opportunistic	147,573,417	5.7	1.3	0.7	0.0	1.3	3.1	1.3	-1.2	-0.8	0.7
<i>Blmbg. U.S. Intermediate Aggregate</i>			1.5	0.3	-0.9	1.5	2.0	0.3	-2.1	-1.4	0.2
Fort Washington Active Fixed Income	182,627,667	7.0	1.4	0.6	-0.1	1.4	3.2	1.4			
<i>Blmbg. U.S. Intermediate Aggregate</i>			1.5	0.3	-0.9	1.5	2.0	0.3			
Global Equity Composite	558,036,106	21.4	2.1	2.4	7.1	2.1	15.0	8.6	5.7	9.2	6.9
<i>MSCI AC World Minimum Volatility Index (Net)</i>			1.8	1.0	3.8	1.8	10.7	4.6	2.4	6.2	5.3
Vanguard Global Minimum Volatility Equity	260,462,824	10.0	1.6	1.4	7.4	1.6	15.6	7.8	5.5	7.9	5.7
<i>MSCI AC World Minimum Volatility Index (Net)</i>			1.8	1.0	3.8	1.8	10.7	4.6	2.4	6.2	5.3
Parametric Global Defensive Equity	297,573,283	11.4	2.6	3.3	6.7	2.6	14.6	9.5	6.0	10.1	7.4
<i>50% MSCI ACWI / 50% 90 Day T-Bill</i>			2.3	2.6	5.6	2.3	14.5	8.3	4.3	8.0	7.2
Cash Composite	367,758,940	14.1									
<i>90 Day U.S. Treasury Bill</i>			0.5	1.4	2.2	0.5	5.5	4.3	2.9	2.2	2.1
PNC Treasury Management	367,754,823	14.1	0.5	1.3	2.2	0.5	5.4	4.3	2.9	2.2	2.1
<i>90 Day U.S. Treasury Bill</i>			0.5	1.4	2.2	0.5	5.5	4.3	2.9	2.2	2.1
U.S. Bank Cash	4,118	0.0									
<i>90 Day U.S. Treasury Bill</i>			0.5	1.4	2.2	0.5	5.5	4.3	2.9	2.2	2.1

* All data prior to 5/2023 was received from Marquette Associates.

* Policy Index consist of 35% Bloomberg Intermediate U.S. Gov/Credit, 20% Bloomberg U.S. Intermediate Aggregate, 10% Bloomberg 1-5 Year Gov/Credit, 20% MSCI AC World Minimum Volatility Index (Net), and 15% 90 Day U.S. T-Bills.



TOTAL FUND PERFORMANCE DETAIL

	Allocation		Performance (%)								
	Market Value (\$)	% of Portfolio	2023	2022	2021	2020	2019	2018	2017	2016	2015
Total Fund Composite	2,605,198,286	100.0	6.7	-5.9	1.1	3.9	5.3	1.2	1.3	1.1	1.1
<i>Policy Index</i>			5.7	-7.1	1.0	3.9	5.7	1.2	0.8	0.9	0.8
Short Term Composite	247,980,094	9.5	5.1	-5.2	-1.0	3.2	3.5	1.6	0.7	0.8	0.6
<i>Blmbg. 1-5 Year Gov/Credit</i>			4.9	-5.5	-1.0	4.7	5.0	1.4	1.3	1.6	1.0
Lord Abbett Short Duration	124,804,655	4.8	5.1	-4.9							
<i>Blmbg. 1-5 Year Gov/Credit</i>			4.9	-5.5							
Loop Capital Asset Management	123,175,438	4.7	5.1	-5.6	-0.9	3.2	3.5	1.6	0.7	1.0	0.4
<i>Blmbg. 1-5 Year Gov/Credit</i>			4.9	-5.5	-1.0	4.7	5.0	1.4	1.3	1.6	1.0
Intermediate Term Composite	954,283,880	36.6	5.5	-7.5	-1.0	4.8	4.6	1.5	1.3	1.2	1.2
<i>Blmbg. Intermed. U.S. Government/Credit</i>			5.2	-8.2	-1.4	6.4	6.8	0.9	2.1	2.1	1.1
Galliard Intermediate Government	231,110,901	8.9	5.8	-8.1	-0.6	5.1	4.6	1.5	1.4	1.3	1.1
<i>Blmbg. Intermed. U.S. Government/Credit</i>			5.2	-8.2	-1.4	6.4	6.8	0.9	2.1	2.1	1.1
Merganser Intermediate Bond	224,993,018	8.6	5.5	-7.6	-1.0	4.6	4.6	1.5	1.3	1.2	1.0
<i>Blmbg. Intermed. U.S. Government/Credit</i>			5.2	-8.2	-1.4	6.4	6.8	0.9	2.1	2.1	1.1
Fort Washington Intermediate Bond	192,824,649	7.4	5.6	-7.9							
<i>Blmbg. Intermed. U.S. Government/Credit</i>			5.2	-8.2							
Lord Abbett Intermediate Bond	221,625,632	8.5	5.5	-7.7							
<i>Blmbg. Intermed. U.S. Government/Credit</i>			5.2	-8.2							
PFM - Self Insurance Fund	46,378,292	1.8	5.0	-5.0	-0.9	4.6	4.6	1.4	1.1	1.3	1.0
<i>ICE BofA 1-5 Yr Treasury & Agency</i>			4.3	-5.2	-1.1	4.2	4.2	1.5	0.7	1.1	1.0
PFM - Disability Fund	20,533,966	0.8	5.0	-5.1	-0.9	4.6	4.6	1.3	1.1	1.3	1.0
<i>ICE BofA 1-5 Yr Treasury & Agency</i>			4.3	-5.2	-1.1	4.2	4.2	1.5	0.7	1.1	1.0
PFM - Workmen's Compensation Fund	11,280,047	0.4	5.1	-3.0	-0.5	2.8	3.5	1.6	0.7	1.0	0.7
<i>ICE BofA U.S. Agencies, 1-3yr</i>			4.7	-3.7	-0.4	2.7	3.5	1.8	0.7	1.0	0.7
PFM - Health & Dental Fund	5,537,374	0.2	5.0	-3.1	-0.5	2.8	3.5	1.7	0.7	1.0	0.7
<i>ICE BofA U.S. Agencies, 1-3yr</i>			4.7	-3.7	-0.4	2.7	3.5	1.8	0.7	1.0	0.7

TOTAL FUND PERFORMANCE DETAIL

	Allocation		Performance (%)								
	Market Value (\$)	% of Portfolio	2023	2022	2021	2020	2019	2018	2017	2016	2015
Opportunistic Composite	477,139,266	18.3	5.7	-8.5	-1.4	6.3	5.9	1.3	2.0	1.6	1.5
<i>Blmbg. U.S. Intermediate Aggregate</i>			5.2	-9.5	-1.3	5.6	6.7	0.9	2.3	2.0	1.2
Galliard Opportunistic	146,938,181	5.6	5.7	-9.2	-1.1	6.6	5.9	1.3	2.2	1.6	1.4
<i>Blmbg. U.S. Intermediate Aggregate</i>			5.2	-9.5	-1.3	5.6	6.7	0.9	2.3	2.0	1.2
Merganser Opportunistic	147,573,417	5.7	5.6	-8.3	-1.4	5.9	5.8	1.4	1.7	1.6	1.2
<i>Blmbg. U.S. Intermediate Aggregate</i>			5.2	-9.5	-1.3	5.6	6.7	0.9	2.3	2.0	1.2
Fort Washington Active Fixed Income	182,627,667	7.0	5.8	-8.2							
<i>Blmbg. U.S. Intermediate Aggregate</i>			5.2	-9.5							
Global Equity Composite	558,036,106	21.4	11.2	-6.0	12.7	1.4	17.0				
<i>MSCI AC World Minimum Volatility Index (Net)</i>			7.7	-10.3	13.9	2.7	21.1				
Vanguard Global Minimum Volatility Equity	260,462,824	10.0	8.0	-4.5	12.0	-3.9	22.7				
<i>MSCI AC World Minimum Volatility Index (Net)</i>			7.7	-10.3	13.9	2.7	21.1				
Parametric Global Defensive Equity	297,573,283	11.4	14.6	-7.5	13.1	2.6	14.1				
<i>50% MSCI ACWI / 50% 90 Day T-Bill</i>			13.6	-8.5	9.0	9.1	14.1				
Cash Composite	367,758,940	14.1									
PNC Treasury Management	367,754,823	14.1	5.1	1.3	0.1	0.8	2.4	1.9	0.9	0.5	0.2
<i>90 Day U.S. Treasury Bill</i>			5.0	1.5	0.0	0.7	2.3	1.9	0.9	0.3	0.0
U.S. Bank Cash	4,118	0.0									
<i>90 Day U.S. Treasury Bill</i>			5.0	1.5	0.0	0.7	2.3				

* All data prior to 5/2023 was received from Marquette Associates.

* Policy Index consist of 35% Bloomberg Intermediate U.S. Gov/Credit, 20% Bloomberg U.S. Intermediate Aggregate, 10% Bloomberg 1-5 Year Gov/Credit, 20% MSCI AC World Minimum Volatility Index (Net), and 15% 90 Day U.S. T-Bills.

CASH FLOW SUMMARY BY MANAGER

	1 Month Ending May 31, 2024					
	Beginning Market Value	Contributions	Withdrawals	Net Cash Flows	Gain/Loss	Ending Market Value
Lord Abbett Short Duration	\$123,575,373	-	-	-	\$1,229,282	\$124,804,655
Loop Capital Asset Management	\$121,972,203	-	-	-	\$1,203,235	\$123,175,438
Galliard Intermediate Government	\$228,173,186	-	-	-	\$2,937,715	\$231,110,901
Merganser Intermediate Bond	\$222,344,367	-	-	-	\$2,648,651	\$224,993,018
Fort Washington Intermediate Bond	\$190,440,669	-	-	-	\$2,383,980	\$192,824,649
Lord Abbett Intermediate Bond	\$218,796,348	-	-	-	\$2,829,285	\$221,625,632
PFM - Self Insurance Fund	\$45,962,518	-	-	-	\$415,774	\$46,378,292
PFM - Disability Fund	\$20,351,697	-	-	-	\$182,270	\$20,533,966
PFM - Workmen's Compensation Fund	\$11,206,647	-	-	-	\$73,400	\$11,280,047
PFM - Health & Dental Fund	\$5,501,074	-	-	-	\$36,301	\$5,537,374
Galliard Opportunistic	\$144,811,234	-	-	-	\$2,126,947	\$146,938,181
Merganser Opportunistic	\$145,637,682	-	-	-	\$1,935,735	\$147,573,417
Fort Washington Active Fixed Income	\$180,077,673	-	-	-	\$2,549,994	\$182,627,667
Vanguard Global Minimum Volatility Equity	\$256,415,963	-	-	-	\$4,046,860	\$260,462,824
Parametric Global Defensive Equity	\$289,961,131	-	-	-	\$7,612,151	\$297,573,283
PNC Treasury Management	\$366,015,186	-	-	-	\$1,739,636	\$367,754,823
U.S. Bank Cash	\$4,100	-	-	-	\$17	\$4,118
Total	\$2,571,247,053	-	-	-	\$33,951,233	\$2,605,198,286

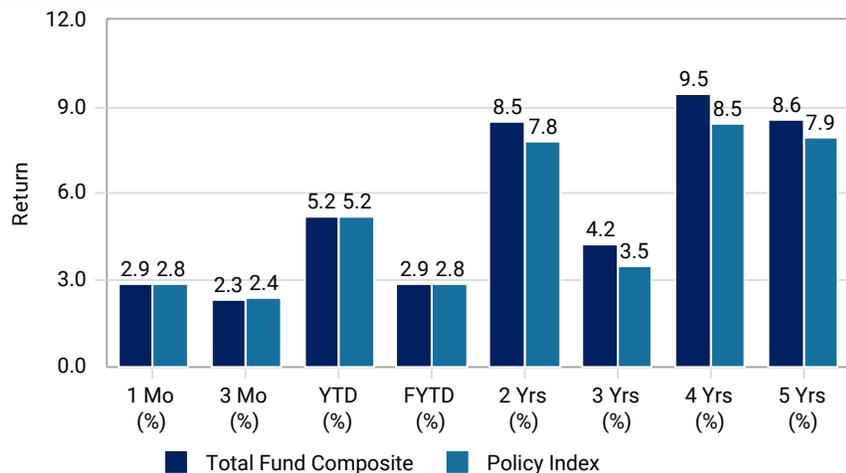
SOUTH BROWARD HOSPITAL DISTRICT – RETIREMENT PLAN

May 31, 2024



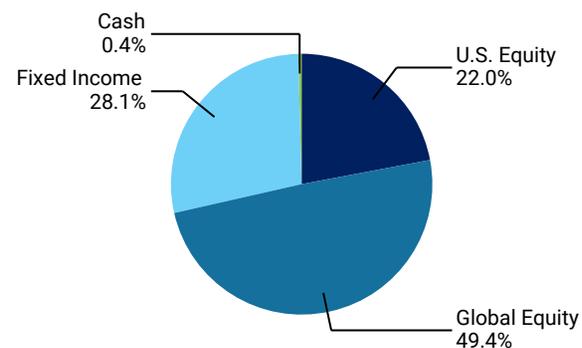
EXECUTIVE SUMMARY

Return Summary Ending May 31, 2024

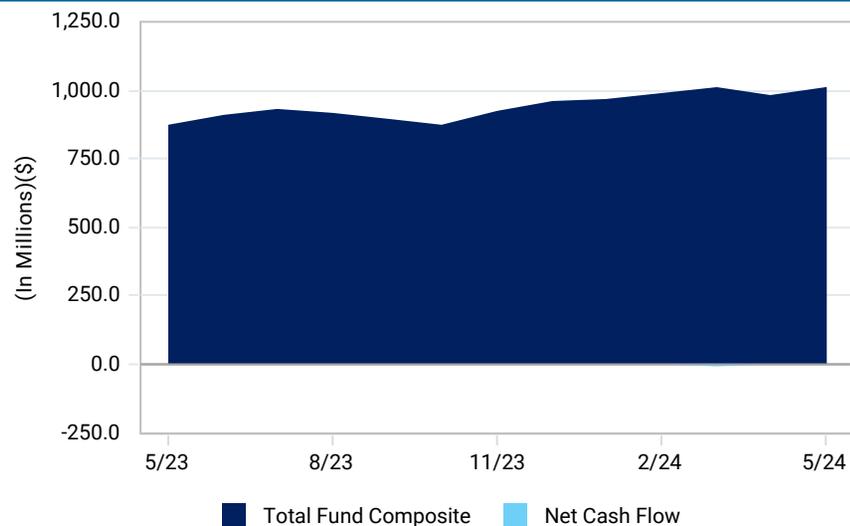


	Current (\$)	Current (%)	Policy (%)	Differences (%)
U.S. Equity	223,782,179	22.0	20.0	2.0
Global Equity	502,349,907	49.4	45.0	4.4
Fixed Income	285,888,328	28.1	35.0	-6.9
Cash	4,237,495	0.4	0.0	0.4
Total	1,016,257,909	100.0	100.0	0.0

Current Allocation



Market Value History 1 Year Ending May 31, 2024



Summary of Cash Flows

	1 Month	FYTD	3 Years
Beginning Market Value	987,737,648	987,737,648	897,424,862
Net Cash Flow	139,345	139,345	-5,009,793
Net Investment Change	28,380,916	28,380,916	123,842,840
Ending Market Value	1,016,257,909	1,016,257,909	1,016,257,909



ASSET ALLOCATION VS. POLICY

Asset Allocation vs. Target



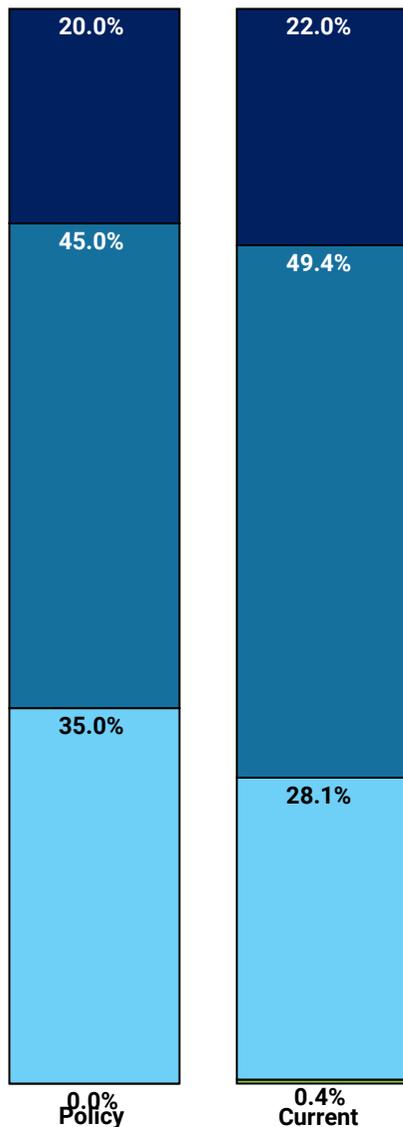
	Current (\$)	Current (%)	Policy (%)	Differences* (%)	Policy Range (%)	Within Range
C.S. McKee Aggregate Fixed Income	185,112,021	18.2	25.0	-6.8	20.0 - 30.0	No
Chartwell High Yield	47,321,674	4.7	5.0	-0.3	2.5 - 7.5	Yes
Aristotle Floating Rate Income	53,440,408	5.3	5.0	0.3	2.5 - 7.5	Yes
Vanguard Total Stock Market Fund	111,426,910	11.0	10.0	1.0	5.0 - 15.0	Yes
Parametric Defensive Equity	112,355,269	11.1	10.0	1.1	5.0 - 15.0	Yes
Dodge & Cox	206,164,435	20.3	17.5	2.8	12.5 - 22.5	Yes
Walter Scott & Partners	243,568,257	24.0	22.5	1.5	17.5 - 27.5	Yes
Vanguard Global Minimum Volatility	52,617,216	5.2	5.0	0.2	2.5 - 7.5	Yes
Total Fund Composite	1,016,257,909	100.0	100.0	0.0		

*Difference between Policy and Current Allocation



ASSET ALLOCATION VS. POLICY

Asset Allocation vs. Target



	Current Balance (\$)	Policy (%)	Current Allocation (%)	Differences (%)	Policy Range (%)	Within Range
U.S. Equity	223,782,179	20.0	22.0	2.0	15.0 - 25.0	Yes
Vanguard Total Stock Market Fund	111,426,910		11.0			
Parametric Defensive Equity	112,355,269		11.1			
Global Equity	502,349,907	45.0	49.4	4.4	40.0 - 50.0	Yes
Dodge & Cox	206,164,435		20.3			
Walter Scott & Partners	243,568,257		24.0			
Vanguard Global Minimum Volatility	52,617,216		5.2			
Fixed Income	285,888,328	35.0	28.1	-6.9	30.0 - 40.0	No
C.S. McKee Aggregate Fixed Income	185,112,021		18.2			
Chartwell High Yield	47,321,674		4.7			
Aristotle Floating Rate Income	53,440,408		5.3			
Wellington LCP Legacy Portfolio	14,226		0.0			
Cash	4,237,495	0.0	0.4	0.4	0.0 - 0.0	No
Money Market	295,365		0.0			
Vanguard Treasury Money Market	3,942,130		0.4			
Total	1,016,257,909	100.0	100.0	0.0		

*Difference between Policy and Current Allocation



TOTAL FUND PERFORMANCE DETAIL

	Allocation		Performance (%)								
	Market Value (\$)	% of Portfolio	1 Mo (%)	3 Mo (%)	YTD (%)	FYTD (%)	1 Yr (%)	2 Yrs (%)	3 Yrs (%)	4 Yrs (%)	5 Yrs (%)
Total Fund Composite	1,016,257,909	100.0	2.9	2.3	5.2	2.9	15.8	8.5	4.2	9.5	8.6
Policy Index			2.8	2.4	5.2	2.8	14.9	7.8	3.5	8.5	7.9
Fixed Income Composite	285,888,328	28.1	1.5	0.7	0.2	1.5	4.9	2.4	-0.6	0.2	1.4
Custom Index			1.5	0.6	-0.3	1.5	4.0	1.8	-0.9	0.0	1.3
C.S. McKee Aggregate Fixed Income	185,112,021	18.2	1.9	0.1	-1.2	1.9	2.1	0.0	-2.9	-2.1	0.0
Blmbg. U.S. Aggregate Index			1.7	0.0	-1.6	1.7	1.3	-0.4	-3.1	-2.4	-0.2
Chartwell High Yield	47,321,674	4.7	0.8	1.4	2.0	0.8	8.1	4.9	2.6	3.8	3.3
ICE BofA U.S. High Yield Cash Pay BB 1-3 Year			0.8	1.5	2.1	0.8	8.3	5.5	3.0	4.6	4.1
Aristotle Floating Rate Income	53,440,408	5.3	0.7	2.1	3.8	0.7	12.5	9.3	6.0	6.7	5.0
Credit Suisse Leveraged Loan Index			0.9	2.4	4.2	0.9	13.2	9.3	6.0	7.6	5.4
Wellington LCP Legacy Portfolio	14,226	0.0									
U.S. Equity Composite	223,782,179	22.0	3.8	3.3	8.6	3.8	21.2	12.4	7.6	13.9	12.3
CRSP U.S. Total Market TR Index			4.7	3.3	10.1	4.7	27.6	14.1	7.7	15.8	14.9
Vanguard Total Stock Market Fund	111,426,910	11.0	4.8	3.5	10.2	4.8	27.6	14.2	7.7	15.8	14.9
CRSP U.S. Total Market TR Index			4.7	3.3	10.1	4.7	27.6	14.1	7.7	15.8	14.9
Parametric Defensive Equity	112,355,269	11.1	2.9	3.2	7.5	2.9	16.1	11.1	7.9	11.7	9.5
50% S&P 500/50% 90 Day T-Bill			2.7	2.7	6.8	2.7	16.6	9.9	6.6	9.5	9.2
Global Equity Composite	502,349,907	49.4	3.3	2.9	6.7	3.3	20.6	10.8	5.8	13.9	11.6
MSCI AC World Index (Net)			4.1	3.8	8.9	4.1	23.6	11.6	5.1	13.3	11.7
Dodge & Cox	206,164,435	20.3	4.1	7.0	7.4	4.1	25.0	9.9	6.6	18.2	12.7
MSCI AC World Index Value (Net)			3.0	4.2	6.7	3.0	21.0	7.3	4.5	12.8	8.4
Walter Scott & Partners	243,568,257	24.0	3.0	-0.1	6.0	3.0	18.1	12.2	5.2	11.7	11.5
MSCI World Growth (Net)			5.7	3.3	11.8	5.7	27.9	18.1	7.3	14.6	15.7
Vanguard Global Minimum Volatility	52,617,216	5.2	1.6	1.4	7.4	1.6	15.6	7.8	5.4	7.9	5.7
MSCI AC World Minimum Volatility Index (Net)			1.8	1.0	3.8	1.8	10.7	4.6	2.4	6.2	5.3
Cash Composite	4,237,495	0.4	0.4	0.7	2.0	0.4	5.1	3.4	2.3	1.7	1.6
90 Day U.S. Treasury Bill			0.5	1.4	2.2	0.5	5.5	4.3	2.9	2.2	2.1

* All data is preliminary. Memorial Health Systems' Fiscal Year ends in April.

* All data prior to 5/2023 was received from Marquette Associates.

* Policy Index consist of 40% MSCI ACWI, 5% MSCI ACWI Minimum Volatility, 25% Bloomberg U.S. Aggregate, 10% CRSP US Total Market Index, 10% CBOE Put Write Index, Index, 5% BofAML 1-3 Year High Yield BB, and 5% Credit Suisse Leveraged Loan Index.

* Custom Index consist of 71.4% Bloomberg U.S. Aggregate, 14.3% BofA Merrill Lynch 1-3 Yrs High Yield BB, and 14.3% Credit Suisse Leveraged Loan Index.



TOTAL FUND PERFORMANCE DETAIL

	Allocation		Performance (%)				
	Market Value (\$)	% of Portfolio	2023	2022	2021	2020	2019
Total Fund Composite	1,016,257,909	100.0	16.3	-11.9	13.4	11.0	19.5
<i>Policy Index</i>			15.7	-13.9	12.6	11.7	19.6
Fixed Income Composite	285,888,328	28.1	7.5	-9.5	-0.2	6.3	8.6
<i>Custom Index</i>			7.1	-10.0	0.1	6.7	8.7
C.S. McKee Aggregate Fixed Income	185,112,021	18.2	5.9	-12.9	-1.8	7.6	8.9
<i>Blmbg. U.S. Aggregate Index</i>			5.5	-13.0	-1.5	7.5	8.7
Chartwell High Yield	47,321,674	4.7	8.1	-3.0	2.3	4.2	7.0
<i>ICE BofA U.S. High Yield Cash Pay BB 1-3 Year</i>			8.9	-3.1	3.2	5.4	8.7
Aristotle Floating Rate Income	53,440,408	5.3	13.4	-0.8	4.6	1.6	8.3
<i>Credit Suisse Leveraged Loan Index</i>			13.0	-1.1	5.4	2.8	8.2
Wellington LCP Legacy Portfolio	14,226	0.0					
U.S. Equity Composite	223,782,179	22.0	21.0	-13.8	21.8	13.6	23.5
<i>CRSP U.S. Total Market TR Index</i>			26.0	-19.5	25.7	21.0	30.8
Vanguard Total Stock Market Fund	111,426,910	11.0	26.0	-19.5	25.7	21.0	30.7
<i>CRSP U.S. Total Market TR Index</i>			26.0	-19.5	25.7	21.0	30.8
Parametric Defensive Equity	112,355,269	11.1	16.9	-7.7	17.2	5.0	16.0
<i>50% S&P 500/50% 90 Day T-Bill</i>			15.5	-8.2	13.7	10.1	16.3
Global Equity Composite	502,349,907	49.4	20.2	-12.8	19.0	12.4	27.1
<i>MSCI AC World Index (Net)</i>			22.2	-18.4	18.5	16.3	26.6
Dodge & Cox	206,164,435	20.3	20.3	-5.8	20.8	6.0	23.8
<i>MSCI AC World Index Value (Net)</i>			11.8	-7.5	19.6	-0.3	20.6
Walter Scott & Partners	243,568,257	24.0	23.1	-19.6	18.7	18.9	30.5
<i>MSCI World Growth (Net)</i>			37.0	-29.2	21.2	33.8	33.7
Vanguard Global Minimum Volatility	52,617,216	5.2	8.0	-4.5	12.0	-3.9	22.7
<i>MSCI AC World Minimum Volatility Index (Net)</i>			7.7	-10.3	13.9	2.7	21.1
Cash Composite	4,237,495	0.4	4.2	0.7	0.0	0.4	2.0
<i>90 Day U.S. Treasury Bill</i>			5.0	1.5	0.0	0.7	2.3

* All data is preliminary. Memorial Health Systems' Fiscal Year ends in April.

* All data prior to 5/2023 was received from Marquette Associates.

* Policy Index consist of 40% MSCI ACWI, 5% MSCI ACWI Minimum Volatility, 25% Bloomberg U.S. Aggregate, 10% CRSP US Total Market Index, 10% CBOE Put Write Index, 5% BofAML 1-3 Year High Yield BB, and 5% Credit Suisse Leveraged Loan Index.

* Custom Index consist of 71.4% Bloomberg U.S. Aggregate, 14.3% BofA Merrill Lynch 1-3 Yrs High Yield BB, and 14.3% Credit Suisse Leveraged Loan Index.



CASH FLOW SUMMARY BY MANAGER

	1 Month Ending May 31, 2024					
	Beginning Market Value	Contributions	Withdrawals	Net Cash Flows	Gain/Loss	Ending Market Value
C.S. McKee Aggregate Fixed Income	\$181,633,652	-	-	-	\$3,478,369	\$185,112,021
Chartwell High Yield	\$46,936,262	-	-	-	\$385,413	\$47,321,674
Aristotle Floating Rate Income	\$53,035,568	-	-\$8,340	-\$8,340	\$413,179	\$53,440,408
Wellington LCP Legacy Portfolio	\$14,131	-	-	-	\$95	\$14,226
Vanguard Total Stock Market Fund	\$106,365,551	-	-	-	\$5,061,359	\$111,426,910
Parametric Defensive Equity	\$109,241,678	-	-	-	\$3,113,591	\$112,355,269
Dodge & Cox	\$198,061,903	-	-	-	\$8,102,532	\$206,164,435
Walter Scott & Partners	\$236,561,682	-	-	-	\$7,006,575	\$243,568,257
Vanguard Global Minimum Volatility	\$51,799,692	-	-	-	\$817,524	\$52,617,216
Money Market	\$288,098	\$15,409	-\$9,379	\$6,030	\$1,237	\$295,365
Vanguard Treasury Money Market	\$3,799,433	\$3,905,801	-\$3,764,145	\$141,656	\$1,041	\$3,942,130
Total	\$987,737,648	\$3,921,210	-\$3,781,865	\$139,345	\$28,380,916	\$1,016,257,909



MEMORIAL HEALTHCARE SYSTEM DEFINED CONTRIBUTION PLANS

May 31, 2024



ASSET ALLOCATION VS. POLICY

Current Allocation		Current (\$)	Current (%)
	JPMorgan Target Date Funds	985,113,803	62.3
	Transamerica Stable Value	780,085	0.0
	Transamerica Guaranteed Investment Option	141,454,530	8.9
	Dodge & Cox Income X (DOXIX)	28,376,789	1.8
	Fidelity US Bond Index (FXNAX)	6,752,792	0.4
	Fidelity Inflation Protected Bond Index (FIPDX)	16,514,410	1.0
	American Beacon Large Cap Value Fund (AALRX)	24,549,804	1.6
	Fidelity Spartan 500 Index (FXAIX)	121,096,433	7.7
	Fidelity Large Cap Growth Index (FSPGX)	82,533,484	5.2
	Fidelity Extended Market Index (FSMAX)	40,752,405	2.6
	Dimensional US Targeted Value Strategy (DFFVX)	23,414,500	1.5
	T. Rowe Price New Horizons (PRJIX)	36,545,331	2.3
	Vanguard International-Growth (VWILX)	44,894,688	2.8
	Fidelity Global ex US Index (FSGGX)	8,878,411	0.6
	Charles Schwab Personal Choice	20,679,741	1.3
Total Fund Composite	1,582,337,207	100.0	

Current



MULTI PERIOD ASSET ALLOCATION

	<i>Total Fund</i>	
	\$	%
Total Fund Composite	1,322,103,251	100.0
JP Morgan Target Date Funds	812,773,278	61.5
JPMorgan SmartRetirement Blend Income (JIYBX)	40,389,869	3.1
JPMorgan SmartRetirement Blend 2020 (JSYRX)	67,517,240	5.1
JPMorgan SmartRetirement Blend 2025 (JBYSX)	129,059,353	9.8
JPMorgan SmartRetirement Blend 2030 (JRBYX)	140,509,022	10.6
JPMorgan SmartRetirement Blend 2035 (JPYRX)	120,797,456	9.1
JPMorgan SmartRetirement Blend 2040 (JOBYX)	94,089,858	7.1
JPMorgan SmartRetirement Blend 2045 (JMYAX)	83,073,702	6.3
JPMorgan SmartRetirement Blend 2050 (JNYAX)	75,328,439	5.7
JPMorgan SmartRetirement Blend 2055 (JTYBX)	39,308,305	3.0
JPMorgan SmartRetirement Blend 2060 (JAAYX)	20,147,793	1.5
JPMorgan SmartRetirement Blend 2065 (JSBYX)	2,552,241	0.2
Core Funds	491,805,605	37.2
Transamerica Stable Value	650,381	0.0
Transamerica Guaranteed Investment Option	130,081,178	9.8
Dodge & Cox Income X (DOXIX)	23,471,628	1.8
Fidelity US Bond Index (FXNAX)	5,677,388	0.4
Fidelity Inflation Protected Bond Index (FIPDX)	13,696,395	1.0
American Beacon Large Cap Value Fund (AALRX)	21,440,375	1.6
Fidelity Spartan 500 Index (FXAIX)	99,216,645	7.5
Fidelity Large Cap Growth Index (FSPGX)	66,596,982	5.0
Fidelity Extended Market Index (FSMAX)	34,262,942	2.6
Dimensional US Targeted Value Strategy (DFFVX)	20,107,097	1.5
T. Rowe Price New Horizons (PRJIX)	30,799,192	2.3
Vanguard International-Growth (VWILX)	37,979,386	2.9
Fidelity Global ex US Index (FSGGX)	7,826,018	0.6
Brokerage	17,524,368	1.3
Charles Schwab Personal Choice	17,524,368	1.3



MULTI PERIOD ASSET ALLOCATION

	<i>Total Fund</i>	
	\$	%
Total Fund Composite	103,855,348	100.0
JPMorgan Target Date Funds	87,904,283	84.6
JPMorgan SmartRetirement Blend Income (JIYBX)	1,120,180	1.1
JPMorgan SmartRetirement Blend 2020 (JSYRX)	2,450,567	2.4
JPMorgan SmartRetirement Blend 2025 (JBYSX)	6,211,198	6.0
JPMorgan SmartRetirement Blend 2030 (JRBYX)	8,380,372	8.1
JPMorgan SmartRetirement Blend 2035 (JPYRX)	11,179,451	10.8
JPMorgan SmartRetirement Blend 2040 (JOBYX)	11,593,247	11.2
JPMorgan SmartRetirement Blend 2045 (JMYAX)	14,301,470	13.8
JPMorgan SmartRetirement Blend 2050 (JNYAX)	15,463,877	14.9
JPMorgan SmartRetirement Blend 2055 (JTYBX)	11,241,280	10.8
JPMorgan SmartRetirement Blend 2060 (JAAYX)	5,279,718	5.1
JPMorgan SmartRetirement Blend 2065 (JSBYX)	682,924	0.7
Core Funds	15,951,066	15.4
Transamerica Stable Value	39,585	0.0
Transamerica Guaranteed Investment Option	1,253,580	1.2
Dodge & Cox Income X (DOXIX)	358,081	0.3
Fidelity US Bond Index (FXNAX)	455,883	0.4
Fidelity Inflation Protected Bond Index (FIPDX)	559,365	0.5
American Beacon Large Cap Value Fund (AALRX)	822,505	0.8
Fidelity Spartan 500 Index (FXAIX)	4,203,638	4.0
Fidelity Large Cap Growth Index (FSPGX)	2,886,877	2.8
Fidelity Extended Market Index (FSMAX)	950,441	0.9
Dimensional US Targeted Value Strategy (DFFVX)	978,089	0.9
T. Rowe Price New Horizons (PRJIX)	887,468	0.9
Vanguard International-Growth (VWILX)	1,564,080	1.5
Fidelity Global ex US Index (FSGGX)	991,473	1.0
Brokerage		0.0
Charles Schwab Personal Choice		0.0

MULTI PERIOD ASSET ALLOCATION

	<i>Total Fund</i>	
	\$	%
Total Fund Composite	136,816,907	100.0
JPMorgan Target Date Funds	67,326,674	49.2
JPMorgan SmartRetirement Blend Income (JIYBX)	3,865,093	2.8
JPMorgan SmartRetirement Blend 2020 (JSYRX)	5,051,998	3.7
JPMorgan SmartRetirement Blend 2025 (JBYSX)	11,776,155	8.6
JPMorgan SmartRetirement Blend 2030 (JRBYX)	12,039,566	8.8
JPMorgan SmartRetirement Blend 2035 (JPYRX)	10,339,018	7.6
JPMorgan SmartRetirement Blend 2040 (JOBYX)	7,848,158	5.7
JPMorgan SmartRetirement Blend 2045 (JMYAX)	7,969,747	5.8
JPMorgan SmartRetirement Blend 2050 (JNYAX)	5,904,167	4.3
JPMorgan SmartRetirement Blend 2055 (JTYBX)	1,846,293	1.3
JPMorgan SmartRetirement Blend 2060 (JAAYX)	677,886	0.5
JPMorgan SmartRetirement Blend 2065 (JSBYX)	8,593	0.0
Core Funds	66,334,860	48.5
Transamerica Stable Value	2,270	0.0
Transamerica Guaranteed Investment Option	9,957,178	7.3
Dodge & Cox Income X (DOXIX)	23,471,628	17.2
Fidelity US Bond Index (FXNAX)	5,677,388	4.1
Fidelity Inflation Protected Bond Index (FIPDX)	1,979,603	1.4
American Beacon Large Cap Value Fund (AALRX)	2,236,784	1.6
Fidelity Spartan 500 Index (FXAIX)	16,503,361	12.1
Fidelity Large Cap Growth Index (FSPGX)	12,737,098	9.3
Fidelity Extended Market Index (FSMAX)	5,450,401	4.0
Dimensional US Targeted Value Strategy (DFFVX)	2,329,315	1.7
T. Rowe Price New Horizons (PRJIX)	4,685,742	3.4
Vanguard International-Growth (VWILX)	5,304,171	3.9
Fidelity Global ex US Index (FSGGX)	60,920	0.0
Brokerage	3,155,373	2.3
Charles Schwab Personal Choice	3,155,373	2.3



MULTI PERIOD ASSET ALLOCATION

	<i>Total Fund</i>	
	\$	%
Total Fund Composite	19,561,701	100.0
JPMorgan Target Date Funds	17,109,569	87.5
JPMorgan SmartRetirement Blend Income (JIYBX)	212,018	1.1
JPMorgan SmartRetirement Blend 2020 (JSYRX)	8,277	0.0
JPMorgan SmartRetirement Blend 2025 (JBYSX)	5,804,287	29.7
JPMorgan SmartRetirement Blend 2030 (JRBYX)	5,495,662	28.1
JPMorgan SmartRetirement Blend 2035 (JPYRX)	3,298,074	16.9
JPMorgan SmartRetirement Blend 2040 (JOBYX)	1,433,124	7.3
JPMorgan SmartRetirement Blend 2045 (JMYAX)	858,127	4.4
JPMorgan SmartRetirement Blend 2050 (JNYAX)		0.0
JPMorgan SmartRetirement Blend 2055 (JTYBX)		0.0
JPMorgan SmartRetirement Blend 2060 (JAAYX)		0.0
JPMorgan SmartRetirement Blend 2065 (JSBYX)		0.0
Core Funds	2,452,133	12.5
Transamerica Stable Value	87,850	0.4
Transamerica Guaranteed Investment Option	162,594	0.8
Dodge & Cox Income X (DOXIX)	78,584	0.4
Fidelity US Bond Index (FXNAX)		0.0
Fidelity Inflation Protected Bond Index (FIPDX)	279,047	1.4
American Beacon Large Cap Value Fund (AALRX)	50,140	0.3
Fidelity Spartan 500 Index (FXAIX)	1,172,789	6.0
Fidelity Large Cap Growth Index (FSPGX)	312,526	1.6
Fidelity Extended Market Index (FSMAX)	88,621	0.5
Dimensional US Targeted Value Strategy (DFFVX)		0.0
T. Rowe Price New Horizons (PRJIX)	172,930	0.9
Vanguard International-Growth (VWILX)	47,051	0.2
Fidelity Global ex US Index (FSGGX)		0.0
Brokerage		0.0
Charles Schwab Personal Choice		0.0



PERFORMANCE DETAIL

	Allocation		Performance (%)							
	Market Value (\$)	% of Portfolio	1 Mo (%)	3 Mo (%)	YTD (%)	1 Yr (%)	3 Yrs (%)	5 Yrs (%)	7 Yrs (%)	10 Yrs (%)
Total Fund Composite	1,582,337,207	100.0								
JPMorgan Target Date Funds	985,113,803	62.3								
JPMorgan SmartRetirement Blend Income (JIYBX)	45,587,160	2.9	2.8	1.9	3.2	10.6	0.7	4.5	4.3	4.1
<i>S&P Target Date Retirement Income Index</i>			2.3	1.6	2.4	9.0	1.0	4.3	4.1	3.9
JPMorgan SmartRetirement Blend 2020 (JSYRX)	75,028,082	4.7	2.7	1.9	3.2	10.8	0.8	4.8	4.7	4.7
<i>S&P Target Date 2020 Index</i>			2.6	2.0	3.3	11.3	1.7	5.8	5.4	5.2
JPMorgan SmartRetirement Blend 2025 (JBYSX)	152,850,992	9.7	3.0	2.1	3.6	12.1	1.0	5.8	5.5	5.5
<i>S&P Target Date 2025 Index</i>			2.7	2.1	3.6	12.0	2.0	6.7	6.1	5.8
JPMorgan SmartRetirement Blend 2030 (JRBYX)	166,424,621	10.5	3.4	2.5	4.6	14.5	1.8	7.1	6.4	6.2
<i>S&P Target Date 2030 Index</i>			3.1	2.4	4.5	14.2	2.6	7.8	6.9	6.5
JPMorgan SmartRetirement Blend 2035 (JPYRX)	145,613,999	9.2	3.7	2.8	5.7	16.9	2.7	8.4	7.4	7.0
<i>S&P Target Date 2035 Index</i>			3.4	2.8	5.5	16.7	3.3	8.9	7.8	7.2
JPMorgan SmartRetirement Blend 2040 (JOBYX)	114,964,386	7.3	4.0	3.1	6.6	18.9	3.3	9.3	8.1	7.6
<i>S&P Target Date 2040 Index</i>			3.7	3.1	6.5	18.9	4.0	9.8	8.5	7.7
JPMorgan SmartRetirement Blend 2045 (JMYAX)	106,203,046	6.7	4.2	3.3	7.2	20.4	3.8	10.0	8.6	7.9
<i>S&P Target Date 2045 Index</i>			3.8	3.3	7.1	20.3	4.4	10.4	8.9	8.1
JPMorgan SmartRetirement Blend 2050 (JNYAX)	96,696,483	6.1	4.4	3.5	7.5	21.0	4.0	10.2	8.7	8.0
<i>S&P Target Date 2050 Index</i>			3.9	3.5	7.4	21.0	4.6	10.7	9.1	8.3
JPMorgan SmartRetirement Blend 2055 (JTYBX)	52,395,878	3.3	4.3	3.5	7.6	21.1	4.0	10.2	8.7	8.0
<i>S&P Target Date 2055 Index</i>			3.9	3.5	7.4	21.1	4.6	10.7	9.1	8.3
JPMorgan SmartRetirement Blend 2060 (JAAYX)	26,105,397	1.6	4.4	3.5	7.6	21.0	4.1			
<i>S&P Target Date 2060 Index</i>			3.9	3.5	7.4	21.1	4.6			
JPMorgan SmartRetirement Blend 2065 (JSBYX)	3,243,759	0.2	4.3	3.5	7.7	21.0				
<i>S&P Target Date 2065+ Index</i>			4.0	3.5	7.6	21.5				



PERFORMANCE DETAIL

	Allocation		Performance (%)							
	Market Value (\$)	% of Portfolio	1 Mo (%)	3 Mo (%)	YTD (%)	1 Yr (%)	3 Yrs (%)	5 Yrs (%)	7 Yrs (%)	10 Yrs (%)
Core Funds	567,665,252	35.9								
Transamerica Stable Value	780,085	0.0	0.2	0.6	1.1	2.6	1.9	1.7	1.6	1.4
<i>90 Day U.S. Treasury Bill</i>			0.5	1.4	2.2	5.5	2.9	2.1	2.0	1.5
Transamerica Guaranteed Investment Option	141,454,530	8.9	0.2	0.6	1.1	2.6	2.4	2.1	1.9	1.6
<i>90 Day U.S. Treasury Bill</i>			0.5	1.4	2.2	5.5	2.9	2.1	2.0	1.5
Dodge & Cox Income X (DOXIX)	28,376,789	1.8	2.0	0.5	-0.9	3.8	-1.4	1.6	2.0	2.3
<i>Blmbg. U.S. Aggregate Index</i>			1.7	0.0	-1.6	1.3	-3.1	-0.2	0.7	1.3
Fidelity US Bond Index (FXNAX)	6,752,792	0.4	1.6	0.0	-1.6	1.2	-3.1	-0.2	0.7	1.2
<i>Blmbg. U.S. Aggregate Index</i>			1.7	0.0	-1.6	1.3	-3.1	-0.2	0.7	1.3
Fidelity Inflation Protected Bond Index (FIPDX)	16,514,410	1.0	1.7	0.8	0.2	1.6	-1.4	2.0	2.2	1.8
<i>Blmbg. U.S. TIPS</i>			1.7	0.8	-0.1	1.6	-1.4	2.1	2.2	1.9
American Beacon Large Cap Value Fund (AALRX)	24,549,804	1.6	3.5	4.8	9.1	26.5	7.1	12.8	10.3	9.0
<i>Russell 1000 Value Index</i>			3.2	3.7	7.6	21.7	5.5	10.7	9.0	8.6
Fidelity Spartan 500 Index (FXAIX)	121,096,433	7.7	5.0	3.9	11.3	28.2	9.6	15.8	13.8	12.7
<i>S&P 500 Index</i>			5.0	3.9	11.3	28.2	9.6	15.8	13.8	12.7
Fidelity Large Cap Growth Index (FSPGX)	82,533,484	5.2	6.0	3.3	13.1	33.6	11.1	19.3	17.5	
<i>Russell 1000 Growth Index</i>			6.0	3.3	13.1	33.6	11.1	19.4	17.5	
Fidelity Extended Market Index (FSMAX)	40,752,405	2.6	3.4	-0.1	3.4	24.6	-1.3	10.2	9.2	8.7
<i>Dow Jones U.S. Completion Total Stock Market Indx</i>			3.4	-0.1	3.4	24.3	-1.5	10.0	9.1	8.6
Dimensional US Targeted Value Strategy (DFFVX)	23,414,500	1.5	5.3	4.1	3.5	28.9	6.9	14.5	10.2	8.7
<i>Russell 2000 Value Index</i>			4.7	2.3	0.8	21.8	-0.2	8.8	6.7	6.9
T. Rowe Price New Horizons (PRJIX)	36,545,331	2.3	-0.3	-7.5	-3.4	8.8	-7.3	7.7	11.1	11.6
<i>Russell 2000 Growth Index</i>			5.4	0.0	4.6	18.4	-3.3	7.8	7.8	8.1
Vanguard International-Growth (VWILX)	44,894,688	2.8	6.6	5.0	8.8	14.5	-5.8	10.5	9.0	7.9
<i>MSCI AC World ex USA (Net)</i>			2.9	4.2	5.8	16.7	0.3	6.8	5.2	4.0
Fidelity Global ex US Index (FSGGX)	8,878,411	0.6	4.0	4.8	6.4	17.0	0.5	7.0	5.4	4.1
<i>MSCI AC World ex USA (Net)</i>			2.9	4.2	5.8	16.7	0.3	6.8	5.2	4.0
Brokerage	20,679,741	1.3								
Charles Schwab Personal Choice	20,679,741	1.3								

- All data prior to 5/2023 was received from Marquette Associates

- Transamerica Stable Value Fund is not an open option for plan participants

- Assets include: Memorial Healthcare System RSP Gold 403(b) Plan, Memorial Healthcare System 401(a) Plan, Memorial Healthcare System 457(b) Plan, Memorial Healthcare System SERP 457(f) Plan

- Performance is net of fees and is annualized for periods longer than one year. Performance is ranked within PARis's style-specific universes, where "1" refers to the top percentile and "100" th bottom percentile.



TOTAL FUND PERFORMANCE DETAIL

	Allocation		Performance (%)								
	Market Value (\$)	% of Portfolio	2023	2022	2021	2020	2019	2018	2017	2016	2015
Total Fund Composite	1,582,337,207										
JPMorgan SmartRetirement Blend Income (JIYBX)	45,587,160		11.8	-13.7	6.3	9.6	14.1	-3.8	10.7	5.8	-0.7
<i>S&P Target Date Retirement Income Index</i>			10.3	-11.2	5.1	8.8	13.3	-2.5	8.5	5.0	-0.2
JPMorgan SmartRetirement Blend 2020 (JSYRX)	75,028,082		12.0	-13.7	6.4	10.1	15.5	-4.5	13.4	6.8	-0.7
<i>S&P Target Date 2020 Index</i>			12.3	-12.8	8.8	10.2	16.5	-4.2	12.8	7.2	-0.2
JPMorgan SmartRetirement Blend 2025 (JBYSX)	152,850,992		13.4	-15.2	9.1	11.3	18.3	-5.7	15.6	7.2	-0.7
<i>S&P Target Date 2025 Index</i>			13.0	-13.1	10.7	11.2	18.4	-5.0	14.6	7.8	-0.3
JPMorgan SmartRetirement Blend 2030 (JRBYX)	166,424,621		15.3	-16.1	11.3	12.2	20.4	-6.6	17.4	7.9	-0.8
<i>S&P Target Date 2030 Index</i>			14.8	-14.0	12.6	11.9	20.4	-6.0	16.2	8.3	-0.3
JPMorgan SmartRetirement Blend 2035 (JPYRX)	145,613,999		17.1	-16.7	14.1	12.6	22.3	-7.4	18.9	8.3	-1.0
<i>S&P Target Date 2035 Index</i>			16.6	-15.0	14.9	12.8	22.2	-6.9	17.8	8.9	-0.3
JPMorgan SmartRetirement Blend 2040 (JOBXX)	114,964,386		18.4	-17.2	15.9	13.0	23.8	-8.0	20.3	8.8	-1.1
<i>S&P Target Date 2040 Index</i>			18.2	-15.6	16.5	13.4	23.4	-7.4	18.9	9.2	-0.4
JPMorgan SmartRetirement Blend 2045 (JMYAX)	106,203,046		19.5	-17.6	17.7	13.1	24.6	-8.3	20.5	8.8	-1.0
<i>S&P Target Date 2045 Index</i>			19.1	-15.8	17.5	13.7	24.0	-7.7	19.6	9.5	-0.5
JPMorgan SmartRetirement Blend 2050 (JNYAX)	96,696,483		19.8	-17.6	17.8	13.4	24.6	-8.3	20.5	8.8	-1.1
<i>S&P Target Date 2050 Index</i>			19.6	-16.0	18.0	13.9	24.4	-7.9	20.2	9.7	-0.5
JPMorgan SmartRetirement Blend 2055 (JTYBX)	52,395,878		19.7	-17.6	17.8	13.2	24.7	-8.4	20.4	8.8	-1.0
<i>S&P Target Date 2055 Index</i>			19.6	-16.0	18.2	13.9	24.5	-8.0	20.5	9.9	-0.5
JPMorgan SmartRetirement Blend 2060 (JAAYX)	26,105,397		19.7	-17.4	17.8						
<i>S&P Target Date 2060 Index</i>			19.7	-16.0	18.0						
JPMorgan SmartRetirement Blend 2065 (JSBYX)	3,243,759		19.1								
<i>S&P Target Date 2065+ Index</i>			19.8								
Transamerica Stable Value	780,085		2.5	1.6	1.0	1.2	1.8	1.3	1.0	1.0	1.0
<i>90 Day U.S. Treasury Bill</i>			5.0	1.5	0.0	0.7	2.3	1.9	0.9	0.3	0.0
Transamerica Guaranteed Investment Option	141,454,530		2.5	2.2	2.3	1.6	1.8	1.3	1.0	1.0	1.0
<i>90 Day U.S. Treasury Bill</i>			5.0	1.5	0.0	0.7	2.3	1.9	0.9	0.3	0.0



TOTAL FUND PERFORMANCE DETAIL

	Allocation		Performance (%)								
	Market Value (\$)	% of Portfolio	2023	2022	2021	2020	2019	2018	2017	2016	2015
Dodge & Cox Income X (DOXIX)	28,376,789		7.8	-10.8	-0.9	9.5	9.7	-0.3	4.4	5.6	-0.6
<i>Blmbg. U.S. Aggregate Index</i>			5.5	-13.0	-1.5	7.5	8.7	0.0	3.5	2.6	0.5
Fidelity US Bond Index (FXNAX)	6,752,792		5.6	-13.0	-1.8	7.8	8.5	0.0	3.5	2.5	0.6
<i>Blmbg. U.S. Aggregate Index</i>			5.5	-13.0	-1.5	7.5	8.7	0.0	3.5	2.6	0.5
Fidelity Inflation Protected Bond Index (FIPDX)	16,514,410		3.8	-12.0	5.9	10.9	8.3	-1.4	3.0	4.9	-1.7
<i>Blmbg. U.S. TIPS</i>			3.9	-11.8	6.0	11.0	8.4	-1.3	3.0	4.7	-1.4
American Beacon Large Cap Value Fund (AALRX)	24,549,804		13.5	-5.2	28.0	3.4	29.7	-12.0	17.1	16.0	-6.1
<i>Russell 1000 Value Index</i>			11.5	-7.5	25.2	2.8	26.5	-8.3	13.7	17.3	-3.8
Fidelity Spartan 500 Index (FXAIX)	121,096,433		26.3	-18.1	28.7	18.4	31.5	-4.4	21.8	12.0	1.4
<i>S&P 500 Index</i>			26.3	-18.1	28.7	18.4	31.5	-4.4	21.8	12.0	1.4
Fidelity Large Cap Growth Index (FSPGX)	82,533,484		42.8	-29.2	27.6	38.4	36.4	-1.6	30.1		
<i>Russell 1000 Growth Index</i>			42.7	-29.1	27.6	38.5	36.4	-1.5	30.2		
Fidelity Extended Market Index (FSMAX)	40,752,405		25.4	-26.4	12.4	32.2	28.0	-9.4	18.2	16.1	-3.3
<i>Dow Jones U.S. Completion Total Stock Market Indx</i>			25.0	-26.5	12.4	32.2	27.9	-9.6	18.1	15.7	-3.4
Dimensional US Targeted Value Strategy (DFFVX)	23,414,500		19.3	-4.6	38.8	3.8	21.5	-15.8	9.6	26.9	-5.7
<i>Russell 2000 Value Index</i>			14.6	-14.5	28.3	4.6	22.4	-12.9	7.8	31.7	-7.5
T. Rowe Price New Horizons (PRJIX)	36,545,331		21.5	-36.9	9.8	57.9	37.8	4.2	31.7	7.9	4.5
<i>Russell 2000 Growth Index</i>			18.7	-26.4	2.8	34.6	28.5	-9.3	22.2	11.3	-1.4
Vanguard International-Growth (VWILX)	44,894,688		14.8	-30.8	-0.7	59.7	31.5	-12.6	43.2	1.8	-0.5
<i>MSCI AC World ex USA (Net)</i>			15.6	-16.0	7.8	10.7	21.5	-14.2	27.2	4.5	-5.7
Fidelity Global ex US Index (FSGGX)	8,878,411		15.6	-15.7	7.8	10.7	21.3	-13.9	27.4	4.6	-5.6
<i>MSCI AC World ex USA (Net)</i>			15.6	-16.0	7.8	10.7	21.5	-14.2	27.2	4.5	-5.7
Charles Schwab Personal Choice	20,679,741										

- All data prior to 5/2023 was received from Marquette Associates
 - Transamerica Stable Value Fund is not an open option for plan participants
 - Assets include: Memorial Healthcare System RSP Gold 403(b) Plan, Memorial Healthcare System 401(a) Plan, Memorial Healthcare System 457(b) Plan, Memorial Healthcare System SERP 457(f) Plan
 - Performance is net of fees and is annualized for periods longer than one year. Performance is ranked within PARis's style-specific universes, where "1" refers to the top percentile and "100" th bottom percentile.



DEFINED CONTRIBUTION 2024 WORK PLAN & YEAR IN REVIEW



PROPRIETARY & CONFIDENTIAL

YEAR IN REVIEW- DEFINED CONTRIBUTION PLANS

❑ **Effective April 5, 2024, the following investment changes went into effect within the MHS DC Plans:**

❑ **Fidelity replaced Vanguard for several index mutual funds:**

❑ US Core Bond, TIPS, US Large Cap Equity, US Large Cap Growth, US SMID Cap Equity, International Equity

❑ **Replaced Metropolitan West Total Return with Dodge & Cox Income Fund**

❑ **Removed the Neuberger Berman ESG fund and mapped assets to the age-appropriate target date fund**

❑ **Consolidated international investment options by retaining Vanguard International-Growth and removing Dodge & Cox International**

❑ **Effective May 1, 2024, the following investment change went into effect within the MHS DC Plans:**

❑ **JPMorgan Target Date 2065 Fund was added to the Plans.**



ANNUAL WORK PLAN

MEMORIAL HEALTH SYSTEM DEFINED CONTRIBUTION PLANS

	July	August	September	October	November	December
Standard Monthly	Capital Markets Update and Performance Review	Capital Markets Update and Performance Review	Capital Markets Update and Performance Review	Capital Markets Update and Performance Review	Capital Markets Update and Performance Review	Capital Markets Update and Performance Review
Quarterly		Quarterly Performance, Legal & Regulatory Update, and Due Diligence			Quarterly Performance, Legal & Regulatory Update, and Due Diligence	
Additional Topics		IPS Review			Plan Fee Review	
Votes / Approvals		IPS Changes			As Needed	

The Work Plan can be thought of as a living calendar and will get updated and tailored to MHS annually based on the goals and objectives of the system.



OPERATING AND PENSION 2024 WORK PLAN & YEAR IN REVIEW



PROPRIETARY & CONFIDENTIAL

YEAR IN REVIEW- OPERATING AND PENSION PLANS

- Completed onboarding and performance setup
- Presentation of initial asset allocation thoughts
 - Move to a passive MSCI ACWI product versus Vanguard Defensive Equity as the return potential for the passive strategy is greater and fees are lower
 - Add high yield fixed income to the Operating Portfolio
 - Replace high yield manager (Chartwell) in the Pension Portfolio
- Initial Enterprise Risk discussions based on estimates with MHS staff
- Discussed investment guidelines with all fixed income managers to assess ability to further increase yield
- Provided initial Investment Policy Statement review
 - Changes were proposed to allow for commingled funds and new asset classes



ANNUAL WORK PLAN

MEMORIAL HEALTH SYSTEM OPERATING AND PENSION PLANS

	July	August	Sept	October	November	December
Standard Monthly	Capital Markets Update and Performance Review					
Quarterly		Quarterly Performance and Due Diligence			Quarterly Performance and Due Diligence	
Additional Topics	ERM Analysis	IPS Review	Fee Review			
	Asset Allocation Review	Potential Manager Review(s)				
	Review Fixed Income Guidelines					
	Duration Review					
Votes / Approvals		Asset Allocation				
		IPS Changes				
		Potential Manager Approvals(s)				

The Work Plan can be thought of as a living calendar and will get updated and tailored to MHS annually based on the goals and objectives of the system.





APPENDIX



GLOSSARY OF TERMS

Alpha - Measures the relationship between the fund performance and the performance of another fund or benchmark index and equals the excess return while the other fund or benchmark index is zero.

Alpha Jensen - The average return on a portfolio over and above that predicted by the capital asset pricing model (CAPM), given the portfolio's beta and the average market return. Also known as the abnormal return or the risk adjusted excess return.

Annualized Excess Return over Benchmark - Annualized fund return minus the annualized benchmark return for the calculated return.

Annualized Return - A statistical technique whereby returns covering periods greater than one year are converted to cover a 12 month time span.

Beta - Measures the volatility or systematic risk and is equal to the change in the fund's performance in relation to the change in the assigned index's performance.

Information Ratio - A measure of the risk adjusted return of a financial security, asset, or portfolio.

Formula:

(Annualized Return of Portfolio - Annualized Return of Benchmark)/Annualized Standard Deviation(Period Portfolio Return - Period Benchmark Return). To annualize standard deviation, multiply the deviation by the square root of the number of periods per year where monthly returns per year equals 12 and quarterly returns is four periods per year.

R-Squared - Represents the percentage of a fund's movements that can be explained by movements in an index. R-Squared values range from 0 to 100. An R-Squared of 100 denotes that all movements of a fund are completely explained by movements in the index.

Sharpe Ratio - A measure of the excess return or risk premium per unit of risk in an investment asset or trading strategy.

Sortino Ratio - A method to differentiate between good and bad volatility in the Sharpe Ratio. The differentiation of up and down volatility allows the calculation to provide a risk adjusted measure of a security or fund's performance without upward price change penalties.

Formula:

*Calculation Average (X-Y)/Downside Deviation (X-Y) * 2
Where X=Return Series Y = Return Series Y which is the risk free return (91 day T-bills)*

Standard Deviation - The standard deviation is a statistical term that describes the distribution of results. It is a commonly used measure of volatility of returns of a portfolio, asset class, or security. The higher the standard deviation the more volatile the returns are.

Formula:

(Annualized Return of Portfolio - Annualized Return of Risk Free) / Annualized Standard Deviation (Portfolio Returns)

Tracking Error - Tracking error, also known as residual risk, is a measure of the degree to which a portfolio tracks its benchmark. It is also a measure of consistency of excess returns. Tracking error is computed as the annualized standard deviation of the difference between a portfolio's return and that of its benchmark.

Formula:

*Tracking Error = Standard Deviation (X-Y) * $\sqrt{(\# \text{ of periods per year})}$
Where X = periods portfolio return and Y = the period's benchmark return
For monthly returns, the periods per year = 12
For quarterly returns, the periods per year = 4*

Treynor Ratio - A risk-adjusted measure of return based on systematic risk. Similar to the Sharpe ratio with the difference being the Treynor ratio uses beta as the measurement of volatility.

Formula:

(Portfolio Average Return - Average Return of Risk-Free Rate)/Portfolio Beta

Up/Down Capture Ratio - A measure of what percentage of a market's returns is "captured" by a portfolio. For example, if the market declines 10% over some period, and the manager declines only 9%, then his or her capture ratio is 90%. In down markets, it is advantageous for a manager to have as low a capture ratio as possible. For up markets, the higher the capture ratio the better. Looking at capture ratios can provide insight into how a manager achieves excess returns. A value manager might typically have a lower capture ratio in both up and down markets, achieving excess returns by protecting on the downside, whereas a growth manager might fall more than the overall market in down markets, but achieve above-market returns in a rising market.

UpsideCapture = TotalReturn(FundReturns)/TotalReturns(BMReturn) when Period Benchmark Return is > = 0

DownsideCapture = TotalReturn(FundReturns)/TotalReturns(BMReturn) when Benchmark < 0



INFORMATION DISCLAIMER

Past performance is no guarantee of future results.

The goal of this report is to provide a basis for monitoring financial markets. The opinions presented herein represent the good faith views of NEPC as of the date of this report and are subject to change at any time.

Information on market indices was provided by sources external to NEPC. While NEPC has exercised reasonable professional care in preparing this report, we cannot guarantee the accuracy of all source information contained within.

All investments carry some level of risk. Diversification and other asset allocation techniques do not ensure profit or protect against losses.

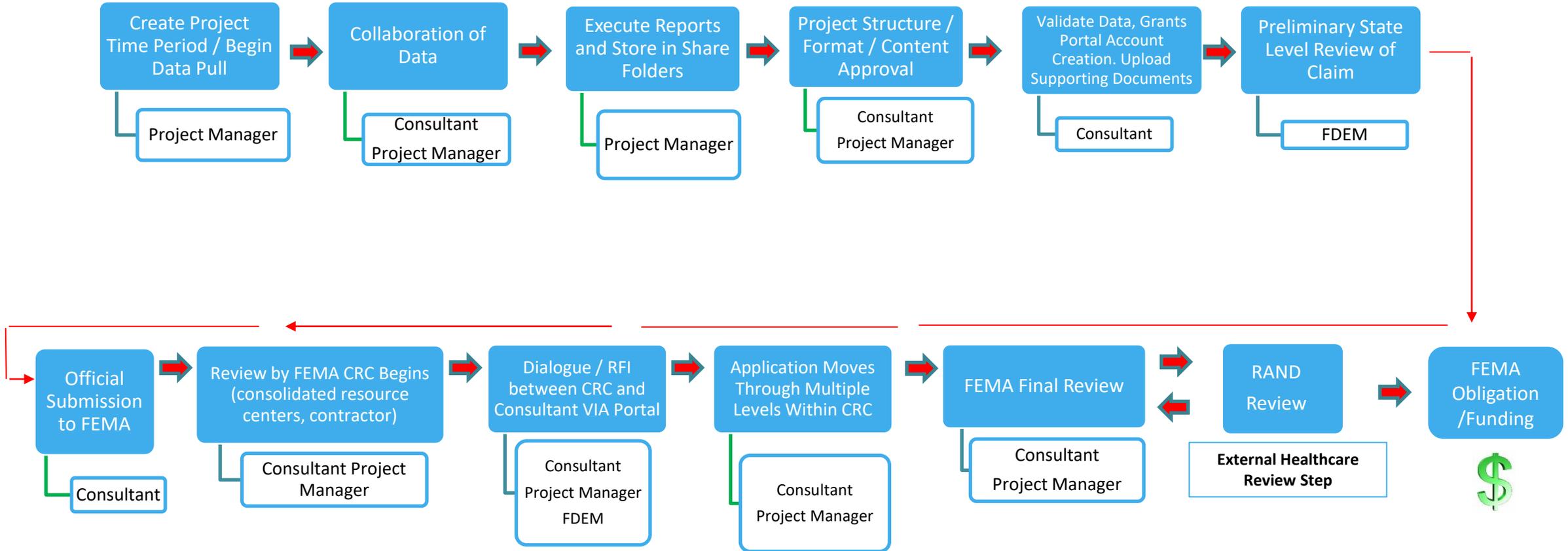


FEMA Reimbursement Update, Covid-19 Projects

June 18, 2024



FEMA Covid-19 Project Reimbursement Steps



Covid-19 FEMA Reimbursement Financial Update



Obligated/Awarded

- FY22 - \$7.5M
- FY23 - \$529K
- FY24 - \$22.4M
- FY25 - \$76.2M
- Total - \$106.6M



Funded

- FY22 - \$7.5M
- FY23 - \$529K
- FY24 - \$22.4M
- FY25 - \$35.7M
(*additional \$26.5M expected end of July)
- Total - \$66M



Other Considerations

- *Total potential FEMA reimbursement:
\$109M
- *Total potential management costs
recovery: up to an additional **\$5M**





Appendix

RAND Report 4/1/24

FEMA Ref. Project #	Title (color coded, similar type projects)	FEMA Process Step	Original Cost Submitted or To Be Submitted to FEMA	Date Project Submitted to FEMA	Final Cost Obligated by FEMA	Date Project Funded by FEMA	Original Claim Amount	RAND Reductions	%	Totals to be Paid
180783	Purchased Outside Labor Period 1 - 3/1/20-9/30/20	Obligated	\$ 7,479,106	9/14/2021	\$ 7,479,106	4/7/2022	\$ 7,479,106	\$ -	0%	\$ 7,479,106
333474	Labor Period 1 - 03/01/20-09/30/20	Pending Final FEMA Review	\$ 1,822,359	10/12/2021	\$ -		\$ 1,822,359	\$ -	0%	\$ 1,822,359
334434	Non-Labor Period 1 - 03/01/20-09/30/20	Pending CRC Project Development	\$ 5,996,085	2/28/2023	\$ 5,914,588		\$ 5,996,085	\$ 81,497	1%	\$ 5,914,588
542701	Purchased Outside Labor Period 2 - 10/01/20-12/31/20	Pending PDMG Project Re	\$ 3,908,067	12/21/2021	\$ 3,519,597	5/31/2024	\$ 3,908,067	\$ -	0%	\$ 3,519,597
546114	Labor Period 2 - 10/1/20-12/31/20	Obligated	\$ 529,224	5/5/2022	\$ 529,224	7/5/2022	\$ 529,224	\$ -	0%	\$ 529,224
546341	Purchased Outside Labor Period 3 - 01/01/21-05/31/21	Pending Final FEMA Review	\$ 16,196,434	2/8/2022	\$ 16,196,434	6/11/2024	\$ 16,196,434	\$ -	0%	\$ 16,196,434
546480	Purchased Outside Labor Period 4 - 06/01/21-08/31/21	Pending Final FEMA Review	\$ 14,354,229	1/20/2022	\$ 14,354,229	6/7/2024	\$ 14,354,229	\$ -	0%	\$ 14,354,229
547254	Labor Period 3 - 01/01/21-05/31/21	Pending Final FEMA Review	\$ 526,219	4/1/2022	\$ 526,219	5/1/2024	\$ 526,219	\$ -	0%	\$ 526,219
548169	Labor Period 4 - 06/01/21-08/31/21	Pending Final FEMA Review	\$ 273,427	5/24/2022	\$ 270,796	5/1/2024	\$ 273,427	\$ 2,631	1%	\$ 270,796
678996	Labor Period 5 - 09/01/21-12/31/21	Pending Final FEMA Review	\$ 210,863	11/22/2022	\$ 210,863	4/15/2024	\$ 210,863	\$ -	0%	\$ 210,863
682151	Purchased Outside Labor Period 6 - 1/1/22-6/30/22	Pending Final FEMA Review	\$ 26,503,402	12/22/2022	\$ 26,503,402	6/7/2024	\$ 26,503,402	\$ -	0%	\$ 26,503,402
686733	SCM Warehouse Periods 1-6 - 3/6/20-6/30/22	Obligated	\$ 21,495,360	12/6/2022	\$ 21,244,000	1/5/2024	\$ 21,495,360	\$ 251,360	1%	\$ 21,244,000
687870	Labor Period 6 - 01/01/22-06/30/22	Pending Final FEMA Review	\$ 177,341	12/16/2022	\$ 177,347	4/15/2024	\$ 177,341	\$ -	0%	\$ 177,341
698388	Non-Labor Period 2 - 10/01/20-12/31/20	Pending PDMG Project Re	\$ 3,088,908	2/28/2023	\$ 3,088,908	6/7/2024	\$ 3,088,908	\$ -	0%	\$ 3,088,908
698389	Non-Labor Period 3 - 01/01/21-05/31/21	Pending Peer Review	\$ 3,753,018	2/28/2023	\$ 2,857,484		\$ 3,753,018	\$ 926,505	25%	\$ 2,826,513
698393	Non-Labor Period 4 - 06/01/21-08/31/21	Pending PDMG Project Re	\$ 1,375,381	2/28/2023	\$ -		\$ 1,375,381	\$ 620,496	45%	\$ 754,885
698394	Non-Labor Period 5 - 09/01/21-12/31/21	Pending PDMG Project Re	\$ 2,670,120	2/28/2023	\$ 1,851,642		\$ 2,670,120	\$ 818,478	31%	\$ 1,851,642
698395	Non-Labor Period 6 - 01/01/22-06/30/22	Pending PDMG Project Re	\$ 3,040,684	2/28/2023	\$ 1,982,084		\$ 3,040,684	\$ 1,054,570	35%	\$ 1,986,114
Payments										
					FY22 Totals: \$ 7,479,106		\$ 113,400,227	\$ 3,755,537		\$ 109,256,220
					FY23 Totals: \$ 529,224					
					FY24 Totals: \$ 22,429,225					
					FY25 Totals: \$ 76,268,368					
										Obligated or Paid: \$ 106,678,976
										Balance: \$ 2,577,244



Thank You



Questions