

## MIAMI-DADE COUNTY

### HOSPITAL GOVERNANCE TASKFORCE (HGT)

#### LIST OF CRITERION / PRINCIPLES

To be ranked in order of priority

#### **A. Governing Board and Organizational Characteristics**

1. Who is to appoint the governing board? What is or is not the role of Miami-Dade County Board of County Commissioners (BCC)? Will it be self sustaining, appointing new members without BCC being involved?
2. An organization and governance structure that provides independence, flexibility, and nimbleness for the organization
3. Sets forth a clearly stated mission statement / vision for the health system
4. A governance model that provides clear lines of accountability for the governing body to the County government and the public / Strong ethical and conflict of interest component
5. The ability to be self sufficient and maintain a sustainable business model
6. Modification to Sunshine Laws (applicable to public hospitals/healthcare)
7. An organizational structure that provides health care funding based on a defined criteria, a process for determining the amount and for define purposes for the funding ( e.g inpatient, outpatient care, emergency care, mental health care, primary care etc)
8. Reaffirm Jackson – role as Teaching and/Safety Net Hospital/Health System/ Academic Relationships
9. Self perpetuating board with designated seats for affiliated institutions
10. Limited Board size / Mix of board members and expected qualifications / Defines how governing body members are selected and replaced, and by whom
11. Having the ability to adapt to known and unknown future changes in health care delivery and financing, such as the American Healthcare Affordable Act
12. Independent personnel, union contracting and service and purchasing contracting authority / Ability to negotiate union contracts / control of contracts / contracting rules
13. Process of Transformation/Mode for model change (sale, merger, management contract, joint venture, affiliations)

#### **B. Relationship between the Governing Board and County Government**

1. Should the Board be TOTALLY independent and have NO governance relationship to BCC, i.e. BCC would not make decisions nor appointments of the members of the Board.

2. A well developed and defined relationship between county government and the hospital governing board
3. Determination of whether the hospital has taxing authority or not
4. Governance structure to be set up as public entity with exceptions to some Sunshine laws

**C. Financial Issues**

- 1 Clarity on funding financing (capital) and what entity owns the capital assets (can buy, modify or sale) / Eligibility for county, state and federal funding
- 2 Financial – Sovereign Immunity/Public funding whether ad valorem , ½ penny, MOE
5. Access to capital (public / private);
6. Access to other sources funding, for example grants, private donations, etc / Fundraising

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