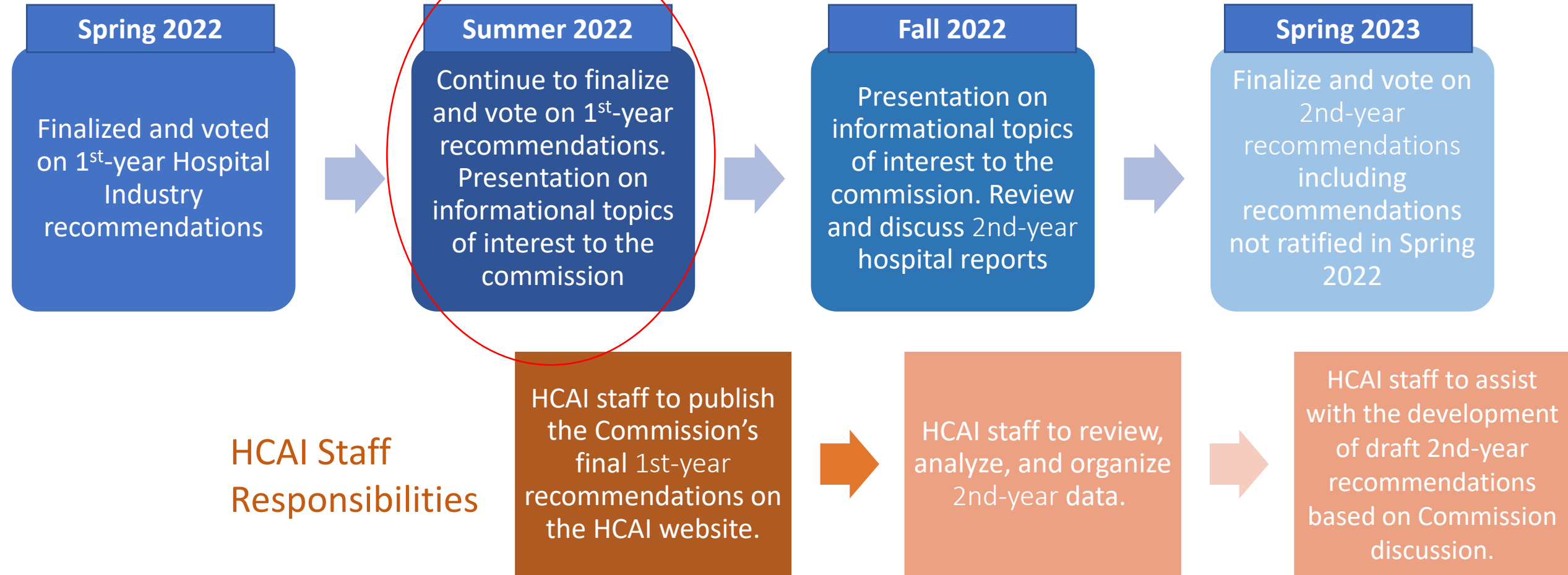


# Recommendations Development Process

# Next Steps for the Recommendations

## Meeting Timeline & Topics



# Finalizing Recommendations

## Progress To Date:

- HCAI staff were delegated by the commission to draft proposed recommendation language on the commission's behalf.
- HCAI Staff then reviewed the commission's notes and issues raised and worked with the Chair to craft those notes and issues into proposed draft recommendations.
- Staff shared the drafted recommendations with commissioners for their initial review and any suggested amendments.
  - Recommendations that were reviewed by commissioners and either had suggested amendments or required further discussion will be deliberated and voted on today.
- Commissioners voted on recommendations, R1-R9 and R19, for the Hospital Industry at the May 3 HSDC meeting.

# Finalizing Recommendations

## at today's Commission meeting

- The Commission will discuss recommendations R10-R18 with associated amendments suggested by members.
- Each recommendation and associated amendments will be individually reviewed and discussed.
- There will be an opportunity for public comment prior to the vote of each recommendation.
- Robert's Rules will be used as the primary voting process to approve each recommendation.

# Categories for Commission Recommendations

## Bucket 1: Hospitals

Recommendations for hospitals.

## Bucket 2: HCAI Director

Recommendations for types of data HCAI collects and makes available to meet the requirements of the statute.

## Bucket 3: Other

- Recommendations for diverse suppliers, supplier councils, and associations.
- Recommendations for broader policies, outside the scope of the statute.

# Guiding Principles for Finalizing Recommendations

- Meets statutory intent.
  - Hospitals are uniquely positioned to build relationships within the communities they serve through the development, inclusion, and utilization of certified minority, women, lesbian, gay, bisexual, transgender (LGBT), and disabled veteran business enterprises whenever possible.
- Promotes existing best practices while also encouraging hospitals to expand their outreach and contracting efforts.
- May be applicable to other health systems.

# Voting Process

## Robert's Rules:

- Ask for a motion to approve recommendation.
- Once a motion is made, ask that the motion be seconded.
- Commissioners may discuss the recommendation and receive input from the public.
- If the recommendation is amended there will need to be a new motion and the process will be repeated.
- Vote on the recommendation as finalized or amended by taking roll call of all members.

# Reaching Consensus:

## *Summary of the May 3 Meeting*

- Commissioners were able to reach consensus on the following edits:
  - Include actionable language (e.g., require, own, develop, fund, etc.).
  - Identify and include language outlining who the target audience is of each recommendation (e.g., executive leadership).
  - Removal of the term “small” when referring to diverse suppliers as it is not outlined in statute.
- These edits were included across all recommendations voted on and approved at the May 3 meeting.



# Recommendations voted on and approved for the Hospital Industry:

Identifier	Recommendation
R1	Create a supplier diversity policy statement that promotes the use of diverse suppliers.
R2	Executive leadership to develop and implement outreach and reporting metrics that support contracting with diverse suppliers.
R3	Develop and implement hospital supplier diversity procurement metrics that are owned by executive leadership.
R4	Executive leadership to develop, implement, and fund an internal hospital accountability system to meet specified metrics related to outreach, diverse business usage and provision of technical support for implementation.
R5	Executive leadership to develop and implement an inclusion policy for hospitals to identify and track spend with diverse business enterprises (E.g., MBE, WBE, DVBE, LGBTQBE).

# Recommendations voted on and approved for the Hospital Industry:

Identifier	Recommendation
<b>R6</b>	Executive leadership to develop and implement procurement processes and policies to document and mitigate internal criteria that may limit or impede diverse suppliers' ability to competitively respond to bids.
<b>R7</b>	Executive leadership to develop and implement a supplier diversity webpage to inform diverse suppliers on the hospital's procurement process including the contact information of a diverse business outreach liaison.
<b>R8</b>	Require prime suppliers to measure and report on spend with diverse suppliers.
<b>R9</b>	Executive leadership to require the review of contract language with prime suppliers to require supplier diversity metrics for any relevant sub-contracts.

# Recommendations voted on and approved for Other:

Identifier	Recommendations for small and diverse suppliers and community organizations
R19	<b>For Associations and/or Chambers:</b> Identify and document the barriers and impediments to accessing procurement opportunities and including diverse suppliers in health care spend.