# Welcome to Vendor Orientation



### **About Broward Health**



#### Main Hospitals

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

#### **Offsite Facilities**

Annie L. Weaver Health Center Bernard P. Alicki Health Center Children's Diagnostic & Treatment Center Clinica de las Americas Comprehensive Care Center

#### **Urgent Care**

Broward Health Weston Sunrise and Lighthouse Point - Coming Soon Lauderdale Lakes Health Center Margate Health Center Pompano Pediatric Primary Care Center Pompano Prenatal Care Center Cora E. Braynon Family Health Center

#### **Physician Practices**

50 locations with over 130 Physicians



### **Topics**

- ✓ Vendor Registration / Vendor Relations
- ✓ Supply Chain / Purchasing
- $\checkmark$  The Bidding Process
- ✓ Value Analysis
- ✓ Economic and Small Business Development



# Vendor Registration & Vendor Relations

Diana Gomez, Manager Cheray Scott, Coordinator Leetasha Maraj, Specialist Indorrelations @ Broward Health.org 954-473-7289





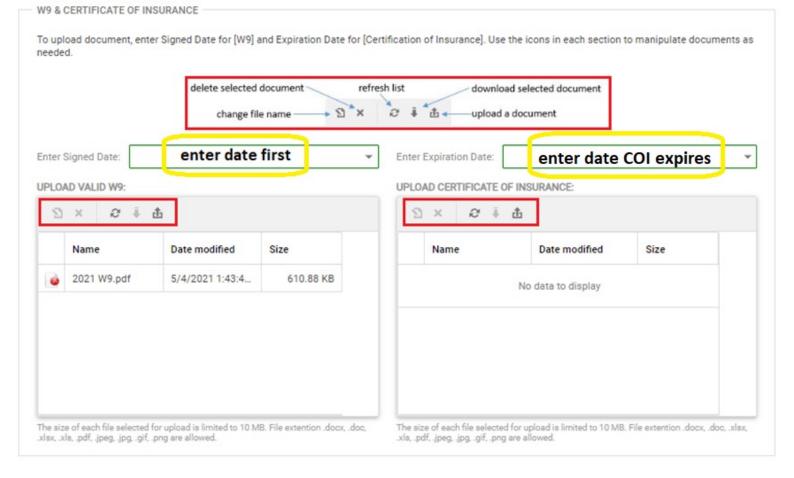
LOGIN	
Please enter your vendor id [tax id /ssn / ein] and password	
Vendor ID (Tax ID / SSN / EIN):	
(no hyphens, no spaces)	
Password:	
LOG IN	$\leq =$
REGISTER	
Register if you don't have an account Your registration is NOT complete until you return to your company profile, complete all tabs, and upload your current signed W9 form.	
CREATE ACCOUNT	
FORGOT PASSWORD	
Vendor ID (Tax ID / SSN / EIN):	
(no hyphens, no spaces)	



954-473-7289 vendorrelation

vendorrelations@browardhealth.org

	Name of Company:*	
	<u> </u>	
	Tax ID / SSN / EIN:*	Enter one of following number to represent your business
INERSHIP & AFFILIATION	Select ID Type:* O TaxID	SSN O EIN O Other Select a type that represent your business number
RODUCTS & SERVICES	Subaidian (DPA):	
SMALL BUSINESS	Subsidiary (DBA):	lave [Doing Business As] name
QUOTATION LIST	Website URL:	
SUMMARY	ADDRESS INFORMATION:	
	Street Address:*	
HANGE PASSWORD	Additional Info:	
	City:*	
etween 6 to 20 characters hich contain at least one umeric digit, one uppercase nd one lowercase letter	State:*	Zip Code:*
	CONTACT INFORMATION:	
onfirm New Password:	First Name:*	Last Name:*
	Contact Title:	
CHANGE PASSWORD	Phone No.:*	Extension:
DMIN ONLY	Alternate Phone No.:	Extension:
pdate Vendor ID:	Fax No.:	
	Contact Email Address:*	
etween 9 to 15 digits numeric nly	Primary busi	ness email address (should be an account that is monitored regularly)
CHANGE VENDOR ID	Alternate Email Address: Additional en	



# AUTHORIZATION: I confirm the above information is correct. I will continue with the registration process. Authorized By:\* Your Name Here Initial Authorization Date:\* Title:\* This field will be populated automatically when authorized SAVE VENDOR INFORMATION



â	DISCLOSURE FORM FOR CONFLICT OF INTEREST, PHYSICIAN OWNERSHIP & FINANCIAL ARRANGEMENTS Scroll down & comple	te al	l au	esti
VENDOR INFORMATION	1. *To the best of your knowledge, does any Key Personnel have a direct or indirect ownership or investment interest in an entity that provides		0	NO
WNERSHIP & AFFILIATION	2. *To the best of your knowledge, is an immediate family member of key personnel employed by, contracted with or does business with or provides services at Broward Health?	YES	0	NO
PRODUCTS & SERVICES	3. *To the best of your knowledge, are any Key Personnel in any capacity affiliated with a company owned in whole or in part by a physician (or an immediate family member of a physician) who may refer patients or treat patients at a Broward Health Region/Facility or Affiliate?	YES (	0	NO
SMALL BUSINESS	4. •To the best of your knowledge, are any Key Personnel in any capacity affiliated with a company owned in whole or in part by any person (other than a physician or an immediate family member of a physician) who may refer patients to a Broward Health Region/Facility or Affiliate?	YES	0	NO
QUUTATION LIST	5. *To the best of your knowledge, are any Key Personnel in any capacity affiliated with a company that employs or contracts with a physician (or an immediate family member of a physician) who may refer patients or treat patients at a Broward Health Region/Facility or Affiliate?	YES (	0	NO
SUMMARY	6. •To the best of your knowledge, does any Key Personnel serve on the board of directors or board of trustees of or serving as a medical staff officer at a non-North Broward Hospital District hospital, medical center, or other health care facility offering the same services of the Broward Health, or an independent contractor physician of the Broward Health that practices in a group practice arrangement?	YES (	0	NO
	7. *To the best of your knowledge, does any Key Personnel hold a position as officer, partner, director, proprietor or otherwise, in any business entity (including health care facilities and organizations) which does business directly with, or competes with the Broward Health?	YES	0	NO
	8. *To the best of your knowledge, does any Key Personnel have access to information relating to the Broward Health's business, not available to members of the general public and gained by reason of declarant's affiliation with the Broward Health, for the personal gain or benefit of the declarant.	YES	0	NO
	9. *To the best of your knowledge, is any Key Personnel an employee, independent contractor, or partner of an entity which refers patients to and/or is referred patients from the Broward Health?	YES	0	NO
	10. *To the best of your knowledge, has any Key Personnel offered or accepted anything of value, including a gift, loan, honoraria, reward, promise of future employment, favor, or service under circumstances from which it might be inferred that such action was intended to influence, or possibly would influence, the declarant in the performance of his or her duties?	YES	0	NO
	11. *To the best of your knowledge does any Key Personnel have any compensation relationship (e.g. consulting services, medical directorship, independent contractor agreement), excluding a bona fide employment with Broward Health?	YES	0	NO
		WNLOAI	) FOF	M
	For more information regarding Broward Health's Compliance Program, please visit https://www.browardhealth.org/pages/compliance			
	ACKNOWLEDGEMENT:			
	I acknowledge that the answers provided herein are truthful and accurate as of date of my signature below. If the above disclosed information to immediately update my information via the Vendor Relations System.	cnange	es i ag	Jree
	Acknowledged By:* your name here Title:* your title here			
	Acknowledged Date:	M		
-	This field will be populated automatically when acknowledged	N		1

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SUMMARY

		ODUCTS & SERVICES: It and click the [select] butto	an or double click the item	
С	Refresh	✓ Select	Search	٩
	Code	Description		SBV
>	Advertis	sing Specialties/Promot	ional Items	
>	Air Con	ditioning, Heating, Venti	lation, Chiller Pl	
Ý	Anesthe	sia		
	12001	Anesthesia Admission	Kit	2D
	12002	Anesthesia Airways		2D
	12003	Anesthesia Equipment	Sales, Rental, Lease	2D
	12004	Anesthesia Equipment	Service	2D
	12005	Anesthesia IV Adm Kit	s	2D
	12006	Anesthesia IV Solution	IS	2D
	12007	Anesthesia Laryngosc	ope Accessories	2D
	12008	Anesthesia Tubing End	lotracheal	2D
>	Audio Visual Equipment, TV/Broadcast and Productio			
>	Bags, Containers, Accessories			
>	Building Materials and Supplies			
>	Cardiolo	gy		
>	Commu	nications and Telecom	munications	
>	Construction			
>	Consult	ing Services		
>	Design	Services		
>	Electric	al		
>	Elevator	's		

#### SELECTED PRODUCTS & SERVICES:

To unselect, highlight the item and click the [unselect] button or double click the item

С	Refresh	× Unselect	Search	٩
	Code	Description		SBV
~	Profess	ional Provider Services		
	40009	Clinical Staffing and Red	ruitiing	31

Click on and select as many goods, products, and/or services your firm provides



& AFFILIATION			
& SERVICES	Small Business Code:* Small Business	Small Business Status: Not a Small Business	
USINESS	To be eligible to participate in BH's Economic and Small B company's Small Business certification document from o	usiness Development Initiative, as a Certified Small Business Vend ne of BH's Approved Certification Partners below:	or, please submit a copy of your
ION LIST	BH Certification Partners:		Ϋ́
IARY	Certification Type:		×
	BH requires your company's Small Business certification (	document to be valid for more than 60 days of expiration.	
	Certification Expiration Date:	*	
1	https://www.browardhealth.org/vendorregistration#divers Should your firm choose <u>NOT</u> to be certified as a Small Bu Business Vendor Affidavit attesting that your company is Certification Partner - upload a copy of the Certification de	isiness with one of BH's Approved Certification Partners, please co certified as a SBE by a Federal, State or Local Governmental Agenc	y, not listed as a BH Approved
		ontact the Office of Economic and Small Business Development (O	ESBD) at (954) 473-7205 or email
	delete selected documer change file name - UPLOAD DOCUMENTS:	and Expiration Date for the Certification should be filled. Use the ico nt refresh list download selected document	
	S× C ↓ C		

(954) 473-7289

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SmallBusiness Contact Information: SmallBusiness@browardhealth.org 954-847-1620

VENDOR INFORMATION	
INERSHIP & AFFILIATIO	N
PRODUCTS & SERVICES	
SMALL BUSINESS	
QUOTATION LIST	
SUMMARY	

✓ View Quot	e Information	C Refresh	C Refresh		Search
Quote ID	Type	Quote Description	Due Date	Quote Uploaded	Status
2023-0001	RFQ	Dental Equipment Provider RFQ	1/19/2023		CLOSED
2020-0054	RFQ	Remote Monitoring ICU Command Center RFQ	1/4/2021		CLOSED
2020-0003	RFP	Stryker Endoscopy Service Agreement RFP	1/22/2020		CLOSED
2019-0081	RFP	Medical Gas Outlet and Equipment Testing, Maintenance & Repair Services RFP	10/4/2019		CLOSED
2019-0060	RFQ	Retinal Optical Coherence Tomography (re-release) RFQ	6/28/2019		CLOSED
2019-0053	RFQ	Medical Equipment for Retinal Surgery & Ophthalmology Practice - RFQ	6/11/2019		CLOSED
2019-0050	RFP	Home and Hospice Infusion Provider Services RFP	5/31/2019		CLOSED
2019-0043	RFP	Tele Cardiopulmonary Monitoring and Software System RFP	4/23/2019		CLOSED
2018-0010	RFP	BHMC Arthroscopic System RFP	2/26/2018		CLOSED
2017-0065	RFQ	Ultrasonic Liposuction System	4/20/2017		CLOSED
2016-0303	INFORMAL	Repair and service Drills and Cordless drivers, Saws	12/27/2016		CLOSED
2016-0011	INFORMAL	Maintenance and repair of ATEC Sapphire s/n 202939	1/25/2016		CLOSED
2016-0001	INFORMAL	One year warranties for Extended Pain Management Generator and Cooled Radio Frequency Peristalic Pump Unit	1/8/2016		CLOSED
2015-0155	INFORMAL	Two (2) year Service Agreement for Neoprobe NC60, Serial # G14030346	12/23/2015		CLOSED

### **Bidding Opportunities Listed Here**



1800 N.W. 49TH STREET FORT LAUDERDALE, FL 33309 (954) 473-7289

### Quick Access to Vendor Registration System (VRS)





### **Vendor Relations**

- Keep contact information up to date (bid notifications)
- <u>Documents to be kept current</u> W9 and SBE Certificate (if applicable); COI (only when contracting)
- **Compliance** Ownership and Affiliation tab is valid for **one year**.
- Select any/all Product Codes applicable to your organization.



### Facility Vendor Tracking / Registration System

- IntelliCentrics "Sec3ure"
- Provides web-based Program that verifies credentialing and tracking of firms while in Broward Health facilities
- All vendor representatives must pre-register and log in at the Sec3ure Kiosk in each facility at the start of every visit.
- Vendors may register at <a href="https://www.sec3ure.com">https://www.sec3ure.com</a>



# **Supply Chain / Purchasing**



### **Purchasing Objectives**

- Compliant & Transparent Procurement Process
- Extensive Contract Review
- Increase Number of Formal Bids (RFQ / RFPs)
- Competitive Pricing, Innovation, Quality Products & Service
- Maximize Potential Savings



### **Purchasing Methods**

- New Item Introduction Regional Supply Chain Managers
- Group Purchasing Organization (GPO) Vizient (may be exempt from competitive bidding)
- Formal/Informal Bids
- A Purchase Order must be issued for all Goods and Services



### **Accounts Payable - Invoices**

Invoices <u>MUST</u> reference a valid Purchase Order number and be sent to the AP email address:

Capital PO invoices only: <u>PPE@browardhealth.org</u> Operational PO invoices only: <u>accountspayable@browardhealth.org</u>

Operational PO inquiries only: <a href="mailto:apinquiries@browardhealth.org">apinquiries@browardhealth.org</a>

Please send vendor statements in Excel format only.

Broward Health Accounts Payable Direct Line: 954-847-4288

All orders MUST be delivered to the appropriate facility's receiving dock, unless otherwise instructed.

Broward Health is a tax-exempt entity.



# The Bidding Process

Diana Gomez, Manager Cheray Scott, Coordinator Leetasha Maraj, Specialist MBrowardHealth.org



### **Informal Bids**

- Smaller purchases.
- Awarded to lowest bidder meeting all pre-established criteria (after Small Business Vendor Enhancements are taken into consideration) exceptions may apply
- Notifications only sent via a VRS email blast (importance of product code and contact information).
- Cone of Silence (Questions regarding scope/submission process: <a href="mailto:bids@browardhealth.org">bids@browardhealth.org</a>)
- Strict submission deadline
- Bids must be submitted as indicated in Bid document (Electronic Copies, Sharefile Link, Redacted Copies)



### Formal Bids – RFQ / RFP

#### **Request for Quote (RFQ)**

• Awarded to lowest bidder meeting all pre-established criteria (after Small Business Vendor Enhancements are taken into consideration.)

#### **Request for Proposal (RFP)**

- Qualitative evaluation performed by Selection Committee based on previously established scoring criteria.
- Part A Written Proposal
- Part B Optional Oral Presentation / Interviews



### Formal Bids – RFQ / RFP

- Notifications VRS email blast, Broward Health Vendor website, Broward County Public website, Sunshine Board, Avisare platform
- Cone of Silence
- Questions regarding scope/submission process: <a href="mailto:bids@browardhealth.org">bids@browardhealth.org</a>
- Bids must be submitted as indicated in Bid document (Electronic Copies, Sharefile Link, Redacted Copies)
- Vendors must submit detailed responses to Response Requirements
- Strict submission deadline
- Public meetings Opening Meeting & Scoring Meetings (held via Microsoft Teams)



### **Bidding Do's & Don'ts**

#### DO

- Read the complete Bid Document
- o Submit your questions to the Bids Team by the Vendor Inquiry Deadline
- Communicate solely with the Broward Health Bids Team regarding ANY bid-related topics
- Follow the Submission Instructions (Sharefile Link, Number/Naming of Files, etc.)
- Include a **redacted** version of your response if applicable (Sunshine Law)

#### DON'T

- Contact a member of Broward Health (outside of Bids) to discuss an ongoing bid (Cone of Silence)
- o Call Vendor Relations for assistance at the last minute

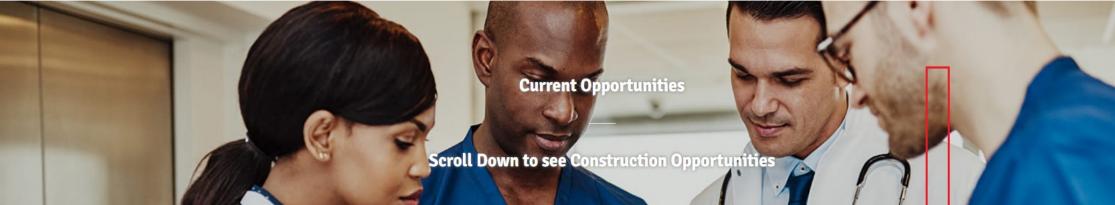


### **Vendor Website**



CURRENT OPPORTUNITIES SPONSORSHIP OPPORTUNITIES REGISTRATION & CERTIFICATION

LOBBYISTS



#### **Public Bid Notices**

#### Formal Bidding Opportunities

1	Surgical Spine Navigation System (Re-Release) - Award Letter	A	$\downarrow$
	Surgical Spine Navigation System (Re-Release) RFQ - Revised Tabulation Sheet	A	<b>1</b>
2	Hospital Food and Nutritional Services, Hospital Environmental Services, and Internal Patient Transport Services RFP - Notification of Intent of RFP Release	Å	$\downarrow$
	Hospital Food and Nutritional Services, Hospital Environmental Services, and Internal Patient Transport Services - Invitation	Å	$\underline{\downarrow}$
	Hospital Food and Nutritional Services, Hospital Environmental Services, and Internal Patient Transport Services - RFP	A	$\underline{\downarrow}$
	Hospital Food and Nutritional Services, Hospital Environmental Services, and Internal Patient Transport Services RFP - Addendum • 1	Å	$\underline{\downarrow}$
	Hospital Food and Nutritional Services, Hospital Environmental Services, and Internal Patient Transport Services RFP - Addendum 2	à	$\downarrow$

### **Vendor Website**





#### Active/Upcoming Bid Opportunities as of 5/1/2024 (subject to change)

#### **General / Clinical Projects**

- Data Archival Solution
- Supplemental Coding Services
- Nurse Call System Replacement
- Media Writer Services
- Lab Distribution
- Valet Services
- Landscaping & Hardscaping Enhancements

#### **Design and Construction Projects**

- General & Trade Contractors
- Resealing of Exterior Windows
- Roofing Replacements
- Elevator Modernization



## Value Analysis



### Value Analysis Mission Statement

The Value Analysis Committee will ensure the preparation of in-depth financial and functional analyses of products used throughout Broward Health entities.

The major emphasis of the Value Analysis Committee is to align products for Patient Care focusing on Quality, Safety, and Financial Responsibility.



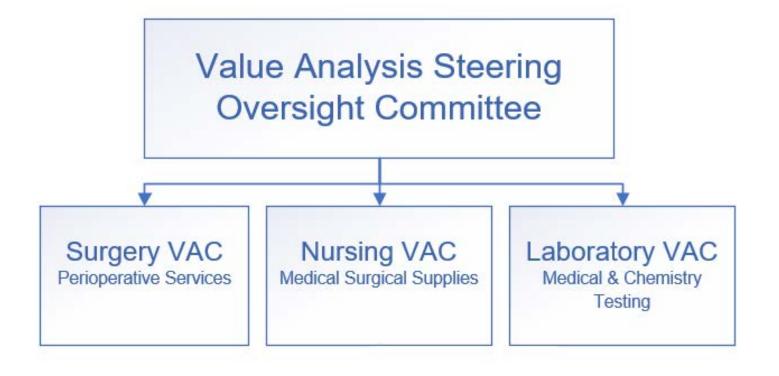
### Value Analysis – Due Diligence

#### **Common Due Diligence Standards:**

- Stakeholder Impact
- Contract Status
- FDA
- Clinical Justification and Validation
- Quality and Clinical Evidence
- Environmental/Sustainability Considerations
- Financial Analysis
- Other organizations' experience with the product



### Value Analysis – Clinical Committee Structure





### Value Analysis – Key Considerations

- New Item requests must be initiated by a Broward Health Department / End user.
- Pricing negotiations on items must include Value Analysis / Supply Chain.



# Office of Economic and Small Business Development

LaRae Floyd, Manager Misha Payne, Specialist SmallBusiness@BrowardHealth.org 954-473-7205



### **Economic and Small Business Development**

#### Mission & Vision

To provide accessibility to all local and small business enterprises seeking inclusion in the procurement opportunities at Broward Health.

To be the leader in bolstering the economic growth and support of local and small businesses.



### **Economic and Small Business Development**

- Ensure accessibility of all "Certified" Small Business Vendors
- Manage Broward Health's Small Business partners
- Monitor & Report Small Business Vendor Procurement activity
- Educate Internal Staff & External Partners on BH's OESBD Initiative
- Ensure Compliance w/ Small Business Enhancements
- Oversight responsibility for Broward Health's Annual Small Business Vendor participation
- Overall management of the OESBD, ensuring the inclusion of local and small business vendors



### **Certification vs. Registration**

Broward Health's **certification** process is a validation process used to determine if your company is eligible to participate in Broward Health's Economic and Small Business Development Initiative, as a Certified Small Business Vendor (CSBV).

•Approved by one of Broward Health's Certification Partners (updated list can be found in VRS or on our Website)

Broward Health's **registration** process is used to establish Broward Health's vendor resources pool.

•Registered Vendors will receive email notification of all procurement opportunities within the selected product/service code(s)



### **Small Business Vendors (SBVs)**

#### Broward Health OFFICE of ECONOMIC and SMALL BUSINESS DEVELOPMENT (OESBD)

Certified Small Business Vendor (CSBV) Registration

To Register as a Certified Small Business Vendor with Broward Health:

1: Go to our on-line Vendor Registration System (VRS): https://vrs.BrowardHealth.org

2: Upload a current copy of your firm's Small Business Certification certificate/document. Broward Health accepts any current certifications from the following agencies based on small business size standards.

#### **BROWARD HEALTH'S APPROVED CERTIFICATION PARTNERS**

- State of Florida Office of Supplier Diversity
- School Board of Broward County Economic Development & Diversity Compliance Department
- Broward County Office of Economic and Small Business Development
- Miami-Dade County Small Business Development Division
- Miami-Dade County Public Schools Office of Economic Opportunity
- Palm Beach County Office of Equal Business Opportunity
- School District of Palm Beach County Office of Diversity in Business Practices
- · U.S. Small Business Administration (including SBA-approved Third-Party Certifiers)
- U.S. Department of Transportation Unified Certification Program



NOTE: You will need your firm's Tax ID & a completed W-9 when registering. To do business with BROWARD HEALTH, All wendors MUST register in VRS. Please scan the QR Code to register.

IF NOT certified as a Small Business with one of Broward Health's partners - go to: https://vendor.BrowardHealth.org/pages/vendor-registration-and-certification to link to a partner and get more information about registering as a "Verified" Small Business Vendor with Broward Health.

#### EQUAL ACCESS PROCURER OF GOODS & SERVICES

For additional inquiries, please contact the OESBD at **954.473.7205** or **smallbusiness@BrowardHealth.org**.





### **Certification vs. Verified**

<u>Certified Small Business Vendors (CSBV)</u> are those vendors approved via Broward Health's certification process. Certified small business vendors are eligible to participate in Broward Health's OESBD initiative. Benefits include:

- Vendor Development Opportunities
- Small Business Enhancements Participation
  - Subcontracting; Scoring & Evaluation Points; Quote Price Tolerance
- Courtesy Procurement Request Notification
- Special Programs & Networking
- Referral to key contacts and Small Business Community Resources
  - Business Councils / SFAA / GPO / etc.

<u>Verified Small Business Vendors (VSBV)</u> are identified via Broward Health's registration process, by self declaring small business vendor status by completing the VSBV affidavit. The verification status is intended to be a "temporary" status, as it is Broward Health's goal to have all small business vendors certified. Verified vendors are <u>NOT</u> eligible to participate in Broward Health's Small Business Enhancements.



### **Small Business Outreach**

Internally hosted by Broward Health:

- Construction Open House for Small Business
- Local & Small Business EXPO
- Small Business Procurement Initiatives & Project Specific Events
- HFSF South Florida Anchor Alliance



# Thank you for joining us!

**Questions?** Please email <u>vendorrelations@browardhealth.org</u>

