

Minutes

**Maricopa County Special Health Care District
Board of Directors Meeting
Virginia G. Piper Charitable Trust Pavilion
2609 East Roosevelt Street, Phoenix, Arizona 85008
3rd Floor, Board Room
February 28, 2024, 1:00 p.m.**

Present: J. Woodfin Thomas, Chairman, District 4
Mark G. Dewane, Vice Chairman, District 2
Mary A. Harden, RN, Director, District 1
Kate Brophy McGee, Director, District 3
Mary Rose Garrido Wilcox, Director, District 5 – *participated remotely*

Others Present: Steve A. Purves, FACHE, President & Chief Executive Officer
Michael D. White, MD, MBA, Executive Vice President, Chief Clinical Officer
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer
Sherry Stotler, RN, MSN, Senior Vice President, Chief Nursing Officer
Mark M. MacElwee, MD, Chief of Staff
Ijana Harris, JD, Senior Vice President, General Counsel

**Guest Presenters/
Speakers:** Crystal Garcia, MBA/HCM, RN, Vice President, Specialty Services, Quality and Patient Safety
Gene Cavallo, MC, LPC, Senior Vice President, Behavioral Health Services
Martha Steiner, MSN-L, RN, Vice President, Behavioral Health Nursing and Clinical Care
Michael Fronske, Legislative and Governmental Affairs Director
William J. Sims, JD, Sims Mackin, Ltd., Board Counsel

Recorded by: Melanie Talbot, Chief Governance Officer; and Clerk of the Board
Cynthia Cornejo, Senior Deputy Clerk of the Board

Call to Order:

Chairman Thomas called the meeting to order at 1:00 p.m.

Roll Call

Ms. Talbot called roll. Following roll call, she noted that four of the five voting members of the Maricopa County Special Health Care District Board of Directors were present, which represented a quorum. Director Brophy McGee arrived shortly after roll call.

For the benefit of all participants, Ms. Talbot announced the Board member participating remotely.

Pledge of Allegiance

Chairman Thomas led the Pledge of Allegiance.

Note: Director Brophy McGee arrived at 1:01 p.m.

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Call to the Public

Chairman Thomas called for public comment. There were no comments.

Mission Statement

Mr. Purves read the mission statement aloud.

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda
 - a. Minutes:
 - i. Approve Maricopa County Special Health Care District Board of Directors meeting minutes dated January 24, 2024
 - b. Contracts:
 - i. Approve amendment #10 to the agreement (C-90-00-31-1-10) between Evernorth Behavioral Health Inc fka Cigna Behavioral Health Inc and Maricopa County Special Health Care District dba Valleywise Health, to allow members to continue to receive behavioral health services through Valleywise Health facilities
 - ii. Approve amendment #3 to the agreement (MCO-20-022-03) between Medica Insurance Company and Maricopa County Special Health Care District dba Valleywise Health, to allow members to continue to receive healthcare services through Valleywise Health facilities
 - iii. Approve amendment #2 to the contract (90-24-004-1-02) between Stericycle Inc and Maricopa County Special Health Care District dba Valleywise Health, to transfer services to the new acute care hospital
 - iv. Approve a new agreement (MCO-24-005-MSA) between CoreCivic of Tennessee LLC and Maricopa County Special Health Care District dba Valleywise Health, to allow incarcerated individuals to receive healthcare services through Valleywise Health facilities and providers
 - v. Approve amendment #3 to the contract (90-22-255-1-03) between Arizona Department of Health Services and Maricopa County Special Health Care District dba Valleywise Health, for the Well Woman Health Check Program grant which provides breast and cervical cancer screenings for uninsured and underinsured
 - vi. Approve a new subcontract agreement (90-24-222-1) between Mercy Care and Maricopa County Special Health Care District dba Valleywise Health, for a mental health block grant for the First Episode Center(s)
 - vii. Approve a new agreement (90-24-210-1) between Mainsail Parent LLC dba Aspirion and Maricopa County Special Health Care District dba Valleywise Health, for select accounts receivable outsourcing to include high balance discretionary denials
 - viii. Approve amendment #3 to the agreement (MCO-20-003-03) between United Behavioral Health Inc and Maricopa County Special Health Care District dba Valleywise Health, to allow members to continue to receive behavioral healthcare services through Valleywise Health facilities

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General Session, Presentation, Discussion and Action, cont.:

1. Approval of Consent Agenda
 - b. Contracts, cont.:
 - ix. Approve amendment #2 to the agreement (90-23-032-1-02) between Mercy Care and Maricopa County Special Health Care District dba Valleywise Health, for additional funding for the subcontract for the Coronavirus Response and Relief Supplemental Appropriations Act Mental Health Block Grant
 - c. Governance:
 - i. Approve affidavit appointing Ryan Mahelona, MD, and Hany Ashamalla, MD, as Deputy Medical Directors in the Department of Psychiatry
 - ii. Approve revisions to policy 20075 MT – FQHC Credentialing and Privileging of Clinical Staff
 - d. Medical Staff:
 - i. Approve Valleywise Health’s Medical Staff credentials for February 2024
 - ii. Approve Valleywise Health’s Advanced Practice Clinician/Allied Health Professional Staff credentials for February 2024
 - iii. Approve revisions to policy 31202 T - Peer Review Policy
 - e. Care Reimagined Capital:
 - i. INTENTIONALLY LEFT BLANK
 - f. Capital
 - i. Approve capital expenditure request (CER #24-703A) for the buildout of the facilities department space at the Roosevelt campus for a cost of \$498,266
 - ii. Approve capital expenditure request (CER #24-439) to replace the roof at Valleywise Behavioral Health Center-Mesa for a cost of \$958,000

MOTION: Director Harden moved to approve the consent agenda. Director Wilcox seconded.

VOTE: 5 Ayes: Chairman Thomas, Vice Chairman Dewane, Director Brophy McGee,
Director Harden, Director Wilcox
0 Nay
Motion passed.

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General Session, Presentation, Discussion and Action, cont.:

2. Discuss and Review the Quarterly Quality Report and Metrics Dashboard including but not limited to Patient Safety and Hospital Consumer Assessment of Healthcare Providers and Systems Results

Ms. Garcia outlined the quality results for the second quarter of fiscal year (FY) 2024, addressing the metrics that did not meet the established benchmark. To improve the hospital-wide inpatient, risk-adjusted mortality index, staff worked with various groups and expected the metric to meet the benchmark by the next quarter. Staff maintained collaboration with all departments to improve the STEMI: door-to-balloon metric.

She reviewed patient safety indicator (PSI) 08, in-hospital fall rate with fracture, noting there were two occurrences for the quarter, with one fall requiring surgical intervention. There were two perioperative hemorrhage or hematoma, PSI-09, for the quarter, causing the metric to miss the benchmark. Each case was reviewed, and no trends were identified.

Staff continued to work with surgeons to improve PSI-13, postoperative sepsis rate, and PSI-14, postoperative wound dehiscence rate. There were three cases of abdominopelvic accidental punctures or lacerations, PSI-15, in October 2023, which was uncommon. All cases were reviewed, and no commonalities were discovered. Monitoring would continue to ensure no trends developed.

She announced that improvements were made in PSI-04, death among surgical patients with serious treatable complications.

Ms. Garcia reviewed the FY 2024 second quarter Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) preliminary results, which declined from the prior quarter. The overall rating fluctuated from month to month. Staff compared Valleywise Health's results against other safety net hospitals and the National Research Corporation (NRC) average.

Director Harden asked if there was any correlation between the results and the average daily census.

Ms. Garcia stated staff compared the results against various factors and there was no correlation between the results and the average daily census. The Patient Experience Improvement Collaborative utilized a priority matrix, and determined the question that had the greatest impact on the overall score was 'got help as soon as wanted.'

The priority matrix was also used to determine the area of focus to improve the Net Promoter Score (NPS) for the specialty clinics and the Federally Qualified Health Centers (FQHCs). Valleywise Comprehensive Health Center-Peoria had exceeded the NPS benchmark, while there were opportunities for improvement at Valleywise Comprehensive Health Center-Phoenix. It was determined that the question related to 'seen in a timely manner' would have the greatest impact for the specialty clinics and 'registration staff helpful' would have the greatest impact at the FQHCs.

Director Harden questioned if the age of a facility influenced the scores.

Ms. Garcia stated that a newer building as well as patient volumes may factor into the results. The combined score for the ambulatory network was better than the benchmark, with 75.1% positive results for December 2023.

She reviewed the action plans in place to improve patient experience results for hospital, specialty clinics, and the FQHCs.

Director Brophy McGee requested additional information on the implementation of touchpoint wait times via Epic, the electronic medical record.

Ms. Garcia explained that staff researched the possibility of monitoring the patient flow electronically and was unsure if that option would work for Valleywise Health.

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General Session, Presentation, Discussion and Action, cont.:

2. Discuss and Review the Quarterly Quality Report and Metrics Dashboard including but not limited to Patient Safety and Hospital Consumer Assessment of Healthcare Providers and Systems Results, cont.

Ms. Garcia mentioned that inpatient behavioral health patient experience scores had performed better than benchmark for the second quarter of FY 2024.

3. Discuss and Review Quarterly Infection Control Metrics Dashboard

Ms. Garcia reviewed the infection control quality metrics for the second quarter of FY 2024, stating one metric did not meet the benchmark. The surgical site infection – colon surgery metric was reported semi-annually, with three cases occurring in the current reporting period. All cases were thoroughly reviewed, and no trends were identified.

She highlighted the sustained improvement related to Methicillin-resistant Staphylococcus aureus (MRSA) bacteremia infections. While the rate increased slightly in December, the metric was within the benchmark. The actions to screen all patients and decolonize as needed were a great benefit to patients and the organization.

Director Wilcox applauded staff on the results of their efforts. She asked if there was information available for patients on how to access the patient portal, MyChart.

Dr. White said there was information included on the after-visit summary and, staff would be able to assist patients, as needed.

4. Update on Behavioral Health Programs and Services at Valleywise Health

Mr. Cavallo provided an update on behavioral health services throughout Valleywise Health, announcing the opening of an additional unit at partial capacity at Valleywise Behavioral Health Center-Maryvale. Sixteen of the 18 inpatient behavioral health units were in operation, or 344 of the 411 licensed beds.

Ms. Steiner expressed the importance of capacity management, as flu and COVID cases required units to be quarantined. There was continual monitoring of discharges, beds available, and the number of pending admissions to operate efficiently and better serve the needs of the community.

Mr. Cavallo reviewed a three-year comparison of behavioral health inpatient admissions, average daily census, staffed units, and occupancy rate. In December 2021, 17 units were open with the average daily census of 293 and in January 2024, 15 units were open with the average daily census of 295.

Ms. Steiner discussed the efforts to retain and recruit behavioral health clinical staff. Between July 2023 and September 2023, 131 employees were onboarded, however, there were also 71 total employment separations, resulting in a net positive 60 employees. Between October 2023 and December 2023, 89 employees were onboarded, with 58 total employment separations, resulting in a net positive 31 employees.

Director Harden referenced the employment separations and noted many quit without notice. She asked for additional information. There were also many probationary releases and she asked if the interview questions or onboard process needed to be reviewed.

Ms. Steiner stated that individuals quit without notice for a variety of reasons, in a variety of ways. To improve the number of probationary releases, staff worked with human resources to standardize the interview questions and soon, hiring managers would receive training to assist with the interview process.

Chairman Thomas clarified that the total number of separations was specific to the timeframe, not to the number of employees onboarded during that timeframe.

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General Session, Presentation, Discussion and Action, cont.:

4. Update on Behavioral Health Programs and Services at Valleywise Health, cont.

Mr. Cavallo explained that due to the high number of vacancies and the reduced number of applicants, there were instances that individuals with less experience were given the opportunity to be successful with on-the-job-training in the various positions within the behavioral health department.

Ms. Steiner stated that recruiting and retaining behavioral health technicians (BHTs) was a focus, since the number of vacancies was increasing, and staff began utilizing contract labor to fill the gaps in staffing. While contract labor BHTs were experienced and allowed the organization to open the additional unit at partial capacity, it was a temporary fix.

She outlined the retention action plans, including restarting the Shared Governance Council and inviting BHTs to participate. The Council provided a space for staff to provide input on patient satisfaction, policies, and other operational topics. There were also efforts to embrace and celebrate the diverse workforce. The BHT clinical ladder had been expanded, with the addition of an entry level position, and updating the job descriptions and pay ranges. Current employees were then promoted to a higher level.

She outlined improvements made to fill the registered nurse (RN) vacancies within the behavioral health department. There was also less reliance on contract labor for RNs. That success was attributed to the SOAR (Sign On and Retention) and Grow Your Own programs.

Ms. Steiner provided an overview of ongoing challenges, including the concentrated acuity of patients treated, often requiring one-on-one staffing. When needed, admissions were held due to critical staffing shortages.

Mr. Cavallo reviewed the three-year employee retention and turnover rates, noting the year-over-year improvements in overall voluntary and BHT voluntary turnover rates. Significant improvements were made in RN voluntary and first year RN turnover rates.

Director Wilcox commended staff for opening additional beds. She asked if staff considered offering tours to members of the legislature, to provide education to those that were proposing bills that impacted operations. She suggested that the tours could also demonstrate how funds received from the Governor's office were benefiting the organization and the community.

Mr. Cavallo stated that he was always willing to provide tours and to inform elected officials about behavioral health services provided at Valleywise Health.

He provided an update on the outpatient behavioral health programs, including the Assertive Community Treatment (ACT) program. He announced that the program would soon relocate from within the Valleywise Behavioral Health Center-Mesa to a newly constructed building located on the same campus.

The First Episode Center located within Valleywise Community Health Center-Avondale was near capacity, at 88 members, while the First Episode Center based in Mesa, Arizona was at half capacity after seven months of operation. He explained most referrals to the First Episode Centers originated from the inpatient setting, after individuals had been petitioned for a court-ordered evaluation.

The Mesa Behavioral Health Specialty Clinic would also relocate to the new building on the Valleywise Behavioral Health Center-Mesa campus, with the ACT program. The First Episode Center based in Mesa would then be located within Valleywise Community Health Center-Mesa.

The Integrated Behavioral Health (IBH) program continued to expand and there were now over 45 team members, and services were available at all FQHCs and the two Comprehensive Health Centers.

He highlighted the new medication assisted treatment (MAT) program for opioid dependence which had expanded to six FQHCs.

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General Session, Presentation, Discussion and Action, cont.:

4. Update on Behavioral Health Programs and Services at Valleywise Health, cont.

Director Brophy McGee noted the philosophical divide within the behavioral health community in relation to MAT.

Dr. White stated that an internal medicine physician, working with the behavioral health clinics for an addiction medicine fellowship, was providing guidance. There was good evidence of the effectiveness of MAT for the specific Valleywise Health patient population, however, non-medical assisted treatment, such as counseling, would be available for patients, as well.

Mr. Cavallo reviewed future behavioral health projects, including the timeline for the completion of the construction at Valleywise Behavioral Health Centers-Mesa and Maryvale. Construction of the new building at Valleywise Behavioral Health Center-Mesa was scheduled to be completed by the end of May 2024, with services beginning by September 2024. Renovations at Valleywise Behavioral Health Center-Maryvale were scheduled to be completed by mid-March 2024. He was working with the appropriate staff to coordinate grand opening ceremonies to celebrate the expansion of services.

5. Discussion and Possible Action on Valleywise Health's 2024 Legislative Agenda and/or the Maricopa County Special Health Care District's position regarding proposed State and Federal legislative items

Mr. Fronske reviewed the statistics of the current legislative session, which had been in session for 52 days, 1,629 bills had been introduced, and one bill had passed and was signed by the Governor. There had been no change to the budget process or proposed budgets.

Sixty-two bills had been sent to staff for comment, with 40 of those bills continuing through the process. There were an additional 50 bills that were being monitored. Mr. Fronske provided a status update for the bills the Board authorized staff to support. House Bill (HB) 2290, certificates of operations, interfacility transfers, and HB 2078, advisory committee, subcommittee; exemption, did not make it out of committee. HB 2035, insurance; claims; appeals; provider credentialing, had made it out of the House and was awaiting a hearing in the Senate.

He informed the Board that House Concurrent Resolution (HCR) 2060; lawful presence, e-verification program, had been introduced, noting that it would not impact the organization's ability to treat individuals in the hospital, but could have a negative impact within the community. The resolution could not be vetoed by the Governor and did not require a signature.

Mr. Fronske requested the ability to oppose three bills related to behavioral health. The first, HB 2744, involuntary treatment, guardians, agents, rights, which would allow for direct petitions by guardians and family members for court ordered evaluations, bypassing the current screening process. The second bill, Senate Bill (SB) 1578, involuntary treatment, substance abuse, would create a new category for court ordered treatment for individuals suffering from a substance abuse issue. The third bill, SB 1609, was a striker and would require inpatient psychiatric hospitals to discharge patients with a 30-day supply of all medications upon discharge. Staff was concerned that the bills would have a negative impact on the current processes and systems, and unfortunately, there had been no stakeholder meetings to outline those concerns and work toward solutions. However, staff would continue their attempts to reach out to the bill sponsors and provide education to others and propose amendment language.

Director Brophy McGee questioned the source of the bills and their reluctance to discuss the issues with staff.

Mr. Fronske said there were two groups advocating for the bills; Mad Moms and attorneys that were involved with the treatment of individuals within mental health institutions. He was unsure of the exact reasons why there was resistance in discussing the matters with key stakeholders.

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General Session, Presentation, Discussion and Action, cont.:

5. Discussion and Possible Action on Valleywise Health's 2024 Legislative Agenda and/or the Maricopa County Special Health Care District's position regarding proposed State and Federal legislative items, cont.

Director Brophy McGee stated it was her understanding that staff's main concerns were that the bills would have unintended consequences and would disrupt the current petitioning process without proper structure and guidelines.

Mr. Fronske agreed and stated that the current system was not equipped to manage direct petitioning of individuals.

Director Harden was dismayed that the bills did not appear to advocate for the patients and asked if the Governor would be supportive, should the bills be passed.

Mr. Fronske said that staff's concerns with the bills had been relayed to the Governor's Office and there was a willingness to gain more information about those concerns. He was hopeful staff would have the opportunity to address specific provisions within each bill, as there were some components that the organization was neutral on.

Director Harden requested the status of HB 2686, health profession regulatory boards.

Mr. Fronske said that he was unsure of that specific bill but would gather information and send an update to the Board.

MOTION: Director Wilcox moved to authorize staff to oppose bills House Bill 2744, Senate Bill 1578, and Senate Bill 1609. Vice Chairman Dewane seconded.

Vice Chairman Dewane reiterated the questions around the motivation with the bills and the hesitancy with speaking to stakeholders.

Mr. Fronske stated that parents were sharing personal experiences with the behavioral health systems and processes, along with solutions they believed would improve that system. Unfortunately, those suggested solutions were not discussed with stakeholders to determine how the changes would impact the current system. Staff would continue efforts to provide education to legislators.

VOTE: 5 Ayes: Chairman Thomas, Vice Chairman Dewane, Director Brophy McGee,
Director Harden, Director Wilcox
0 Nay
Motion passed.

Director Wilcox requested the status of HB 2042, food preparation; sale; cottage food.

Mr. Fronske said that he would gather information and send an update to the Board.

He provided an overview of the federal issues that staff was focused on, noting there was now legislation at the federal level, H.R. 7397; Reinforcing Essential Health Systems for Communities Act, would allow for funding to be quickly distributed to essential hospitals in times of crisis. He noted there was no funding currently attached to the designation, however, staff would continue to advocate for the passage. There would also be ongoing advocacy for 340B funding and protecting hospitals from site-neutral payment cut proposals.

Break from 2:26 p.m. to 2:35 p.m.

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General Session, Presentation, Discussion and Action, cont.:

6. Discuss and Review Valleywise Health's January 2024 Financials and Statistical Information

Ms. Agnew reviewed statistical information for January 2024, noting total admissions were 5.3% better than budget, with 8.3% more acute admissions than budgeted, and behavioral health admissions missing budget by 3.3%, or 13 admissions. Emergency department visits were 16.5% better than budget and ambulatory visits better than budget by less than one percent, or 218 more visits than budgeted. She mentioned Valleywise Comprehensive Health Center-Phoenix and the Community Health Centers missed budget due to providers utilizing paid time off (PTO), Family Medical Leave Act (FMLA) time, and sick time.

Director Harden asked if a provider called out sick, where patients rescheduled with another provider, or was the appointment cancelled.

Dr. White said that all efforts were made to reschedule the patient with another provider for the same day.

Ms. Agnew reviewed the year-to-date statistical information. Total admissions, emergency department visits and ambulatory visits were performing better than budget.

She discussed the payer mix for January 2024, stating the higher number of emergency department visits led to a higher percentage in the uninsured category.

She then reviewed the financial statements for January 2024, stating that the increased volumes throughout the organization resulted in a positive 6.3% variance for net patient revenue. Other revenue had a positive 13.7% variance due to the 340B program, retail pharmacy, and the Health II payment.

Ms. Agnew explained that when the budget was prepared, staff was operating under the assumption that the new acute hospital would have opened in late January or early February 2024.

She reviewed total operating expenses, noting salaries and wages and contract labor expenses were better than budget by 3.7% and 11.7%, respectively. She attributed the reduction in contract labor utilization to the SOAR program. There were negative variances in employee benefits, supplies and purchased services, attributing to the overall 3.5% negative variance.

Net assets, after factoring in non-operating revenue and expenses, and removing bond related activity, decreased by \$12,683,384, compared to a budgeted decrease of \$13,557,985, resulting in a positive \$874,602 variance.

On a year-to-date basis, she highlighted the \$7,687,715 reduction in contract labor expenses, a significant improvement year over year. Net assets, normalized, decreased by \$55,624,955, compared for a budgeted decrease of \$53,802,012, for a negative \$1,822,942 variance. There were 66.6 days of cash on hand and 75.2 days in accounts receivable.

Chairman Thomas asked if the graduate medical education (GME) funding had been received.

Ms. Agnew said that the funds had not yet been received, however, the receipt was anticipated soon.

7. Update on Care Reimagined Projects

Ms. Christiansen provided an update on the Care Reimagined projects, highlighting the opening of the new acute care hospital was 42 days away. To date, approximately 14,323,446 manhours had been accumulated throughout the various projects. There were no changes to the program dashboard, which provided an overview of concerns.

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General Session, Presentation, Discussion and Action, cont.:

7. Update on Care Reimagined Projects, cont.

Ms. Christiansen reviewed the construction progress of the new acute care hospital, noting that the focus was on completing the punch list and beginning the activation and planning work. She announced that the laboratory automation was complete, the department had migrated to the new building, and was testing the new equipment. The medical gas testing and certification was scheduled for completion by the end of the week. The pharmacy, central sterile and surgery departments would also begin transitioning to the new hospital. She shared photos of the progress made within the new hospital.

Director Harden asked what type of seating would be installed in the hospital chapel.

Ms. Christiansen said that the chapel would have flexible seating and photos would be provided to the Board.

She outlined the patient move schedule, which would begin with operationalizing the new emergency department at 3:00 a.m. on April 11, 2024. The subsequent inpatient departments would relocate throughout the day.

Director Harden asked what time Valleywise Health would divert ambulances and trauma cases to other hospitals.

Dr. White stated that staff would work with emergency medical services (EMS) partners to determine the timeline to complete the transition efficiently.

Chairman Thomas asked if there were advantages to scheduling the move during the week, as opposed to the weekend.

Ms. Christiansen stated there were advantages for the planned move date. She outlined the opening day assumptions, including reducing surgical cases and pausing elective inductions the week of the move.

She provided an overview of the Day in the Life (DIL) activities that occurred. In the first DIL, 21 scenarios were worked through and over 200 employees participated in the eight-hour event. The purpose of the exercise was to uncover areas for improvement. As anticipated, staff identified 319 action items that were categorized, and would be tracked and monitored. She provided examples of the action items. Staff also conducted a Mock Move exercise, moving 30 patients over seven hours. There were 95 action items identified during the exercise.

Director Brophy McGee requested the list of action items identified during the DIL and Mock Move, and how those items related to late change orders.

Director Harden asked what time the move of all patients would be completed.

Ms. Christiansen estimated that it would take approximately 13 hours to move all the patients to the new hospital, which would conclude in the late afternoon or early evening.

Over the next couple of months, staff would conduct packing and tagging seminars and provide departments with relocation guides. New equipment would be deployed to the final locations and additional DIL and Mock Move events were scheduled.

Ms. Christiansen provided an update on the Piper Pavilion, announcing the fifth floor was near completion, with furniture and information technology (IT) equipment being installed. The administrative buildings that currently house the District Medical Group (DMG) physicians would not be occupied once the move to new offices were completed.

Director Wilcox mentioned the employee excitement was evident in the videos produced of the DIL and Mock Moves. She also congratulated staff on the success of the Valleywise Health History movie.

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General Session, Presentation, Discussion and Action, cont.:

8. Review and Possible Action on the Following Reports to the Board of Directors:
 - a. Monthly Marketing and Communications Report (January 2024)
 - b. Monthly Care Reimagined Capital Purchases Report (January 2024)
 - c. Monthly Valleywise Health Employee Turnover Report (January 2024)
 - d. Quality Management Council Meeting Minutes (January 2024)
 - e. Quarterly Compliance Officer's Activities Report; Valleywise Health's Finance, Audit and Compliance Committee Activities Report
 - f. Quarterly Valleywise Health Foundation's Report to Valleywise Health's President & Chief Executive Officer
 - g. Fiscal Year 2023 Non-Privileged Patient Care Competency Report

Director Harden address item 8.c., Valleywise Health Employee Turnover Report, and asked if the report would soon include turnover rates by job classification.

Ms. Lara-Willars stated that the analytic module of the payroll program would soon be implemented, and that information would then be included in the report.

9. Discuss the Dignitary Wall at the new Valleywise Health Medical Center

Mr. Sims stated there were two components to the conversation. The first was to allow the Board members to discuss the Dignitary Wall and give direction to staff. The second component was to cure a potential unintended open meeting law (OML) violation. He explained that the Maricopa County Special Health Care District was created as a public body, and subject to the OML, allowing the public to attend meetings. He outlined how corresponding through e-mail could result in a violation, when three or more Board members were included in a discussion.

He outlined the specific circumstances, stating the Board Bylaws allowed Board members to request an item to be placed on the agenda. Should the Chairman refuse, two Board members, acting together, could add the item to the agenda. Recently, two Board members communicated their request, via email, to the Chairman to add an item to the agenda, however, that conversation included substantive discussion, leading to the unintended OML violation.

To address and rectify the violation, he notified the Ombudsman of the unintended violation, and had not yet received a response. He explained that the violation did not result in action being taken and the item was added to the today's agenda to continue the discussion that began through the emails. Upon the conclusion of the meeting, he would then notify the Ombudsman again, informing them the item was placed on a meeting agenda and discussed in a public meeting.

Mr. Purves explained that the Dignitary Wall would be located in the lobby of the new Valleywise Health Medical Center and was designed to recognize the important stakeholders involved in the planning, development and passage of Proposition 480, the bond initiative that funded Care Reimagined. There would also be recognition for the governing bodies, the Bond Advisory Committee (BAC) members, Chief Executive Officers, and Governors of Arizona.

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General Session, Presentation, Discussion and Action, cont.:

9. Discuss the Dignitary Wall at the new Valleywise Health Medical Center, cont.

A diagram of the layout had been shared with the Board members, and one Board member questioned why specific individuals were included. They requested that the districts the Board members represented be added to the plaques. Mr. Purves explained the rationale for the inclusion of specific individuals, however, understood the need to include on the plaque, the district each Board member represented, while removing the officer titles. Other minor revisions were made, including leaving Mr. Purves' tenure open ended.

Director Harden asked if further discussion was needed to cure the OML violation.

Mr. Sims stated that the conversation addressed the violation, provided direction to allow staff to proceed with the production of the plaques and installation of the Dignitary Wall.

Director Wilcox requested the opportunity to offer suggestions for the Dignitary Wall. She suggested the inclusion of recognition for DMG and the medical staff.

Mr. Purves acknowledged DMG's contributions to the organization throughout the years, however, there were many members of the Senior Leadership team that had equally contributed to the success of Care Reimagined that would not be included on the Dignitary Wall. He noted that DMG would be recognized in other areas of the new hospital, including the hospital lobby and outside of the emergency department. He mentioned that DMG's Chief Executive Officer, Dr. Kote Chundu, was listed on the Dignitary Wall, as a BAC member.

Director Wilcox stated that other Board member's suggestions were considered and requested that staff consider her requests.

Mr. Purves understood Director Wilcox's concerns but believed that adding more individuals would create additional problems. Unfortunately, since the medical staff was a contracted vendor, there was not a mechanism in place to allow their inclusion in such items.

Vice Chairman Dewane stated that he was confident that staff had invested a lot of time and effort into the design of the Dignitary Wall. He believed that staff would determine the appropriateness of including or omitting specific information, such as officer titles and represented districts.

Chairman Thomas commented that it was customary to include officer titles.

Mr. Purves reiterated the recommendations from the Board and stated that staff would proceed with the production of plaques and installation of the Dignitary Wall.

Director Brophy McGee said that the design of the Dignitary Wall was an administrative decision.

Mr. Sims stated that he would inform the Ombudsman that the unintentional OML violation had been cured, in his opinion.

10. Concluding Items

a. Old Business:

January 24, 2024
Legislative Agenda

- Representative Cook's sponsored bills impact Valleywise Health

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General Session, Presentation, Discussion and Action, cont.:

10. Concluding Items, cont.

a. Old Business, cont.:

January 24, 2024, cont.

Compliance Training

- Future discussion on disclosure of gifts District Board members receive
- Provide a larger Enterprise Risk Management image

Care Reimagined Update

- Once available, provide the date that the Conference and Administration Center will be decommissioned
- Provide a list with dates of all the new tower grand opening events

November 21, 2023

Consent Agenda

- Future discussion on disclosure of gifts District Board members receive

Behavioral Health Update

- Provide information to the Maricopa County Board of Supervisors on projects, programs and services made possible with the ARPA grant funding

Care Reimagined Update

- Once available, provide the date that the Conference and Administration Center will be decommissioned

June 28, 2023

Care Reimagined Update

- When projects are complete, compose a letter from the Board, outlining everything that was accomplished/made possible, and send to stakeholders

May 24, 2023

April 2023 Financials

- How will fixed costs change (old facilities vs new facilities); include the change in utility costs and maintenance costs

August 24, 2022

Monthly Update on Care Reimagined Projects

- Work with organized neighborhood groups near Valleywise Health Medical Center to build connections and invite to opening of new hospital

b. Board Member Requests for Future Agenda Items or Reports

c. Comments

- i. Chairman and Member Closing Comment
- ii. President and Chief Executive Officer Summary of Current Events

Ms. Talbot reiterated the requests made throughout the meeting. She reviewed old business, noted the items that were completed, as well as the items that were ongoing.

Chairman Thomas commented that he attended a tour of the new hospital with the Finance, Audit and Compliance Committee, and he continued to be impressed. He also attended the Women's Luncheon, hosted by the Valleywise Health Foundation, and the premiere of the Valleywise Health History movie. He had since shared the movie with friends and family, all providing positive feedback.

**Maricopa County Special Health Care District Board of Directors
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General Session, Presentation, Discussion and Action, cont.:

10. Concluding Items, cont.

Mr. Purves stated that he had also received tremendous feedback on the movie and congratulated all involved with the production. He informed the Board of an upcoming American Hospital Association (AHA) Trustee virtual seminar on advocacy and encouraged the Board members to consider participating.

He announced that burn survivor, Mr. Jason Schechterle, provided a media tour of the new Diane & Bruce Halle Arizona Burn Center. A link of the coverage would be distributed to Board.

Adjourn

MOTION: Director Harden moved to adjourn the February 28, 2024, Maricopa County Special Health Care District Board of Directors Formal Meeting. Vice Chairman Dewane seconded.

VOTE: 5 Ayes: Chairman Thomas, Vice Chairman Dewane, Director Brophy McGee,
Director Harden, Director Wilcox
0 Nays
Motion passed.

Meeting adjourned at 3:36 p.m.

J. Woodfin Thomas, Chairman
Maricopa County Special Health Care District
Board of Directors