Minutes

Maricopa County Special Health Care District Board of Directors Meeting Valleywise Health Medical Center February 23, 2022 1:00 p.m.

Present: Mary Rose Garrido Wilcox, Chairman, District 5 – participated remotely

J. Woodfin Thomas, Vice Chairman, District 4 – participated remotely Mary A. Harden, RN, Director, District 1 – participated remotely Mark G. Dewane, Director, District 2 – participated remotely

Susan Gerard, Director, District 3 – participated remotely

Others Present: Steve Purves, FACHE, President & Chief Executive Officer – participated remotely

Michael D. White, MD, MBA, Executive Vice President, Chief Clinical Officer

participated remotely

Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer

participated remotely

Lia Christiansen, MBC, Executive Vice President, Chief Administrative

Officer – participated remotely

Ijana Harris, JD, Assistant General Counsel - participated remotely

Sherry Stotler, RN, MSN, Senior Vice President, Chief Nursing Officer -

participated remotely

David E. Brodkin, MD, Chief of Staff - participated remotely

Guest Presenters: Crystal Garcia, RN, Vice President, Surgical, Specialty, Quality and Safety –

participated remotely

Nancy Kaminski, MHA, Senior Vice President, Revenue Cycle - participated

remotel

Clara Hartneck, Director, Patient Access and Registration – participated remotely Michael Fronske, Legislative and Governmental Affairs Director – participated

remotely

Runjhun Nanchal, MHA, Senior Vice President, Strategy, Marketing and

Communications – participated remotely

Recorded by: Melanie Talbot, Chief Governance Officer; Clerk of the Board - participated

remotely

Cynthia Cornejo, Deputy Clerk of the Board - participated remotely

Call to Order:

Chairman Wilcox called the meeting to order at 1:01 p.m.

Roll Call

Ms. Talbot called roll. Following roll call, it was noted that all five voting members of the Maricopa County Special Health Care District Board of Directors were present, which represented a quorum.

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

Call to the Public

Chairman Wilcox called for public comment.

Ms. Christiansen introduced Ms. Susan Lara-Willars, Valleywise Health's Senior Vice President and Chief Human Resources Officer.

Mission Statement

Ms. Lara-Willars read the mission statement aloud.

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda:

a. <u>Minutes:</u>

 Approve Maricopa County Special Health Care District Board of Directors meeting minutes dated January 26, 2022

b. Contracts:

- Approve amendment #55 to the professional services agreement (90-12-084-1-55) between District Medical Group and the Maricopa County Special Health Care District dba Valleywise Health
- ii. Approve amendment #2 to the technology services agreement (90-17-077-1-02) between Sentry Data Systems, Inc. and the Maricopa County Special Health Care District dba Valleywise Health, to update the name and extend the term of the agreement
- iii. Approve amendment #1 to the sub-operating agreement (90-17-189-1-01) between Southwest Center for HIV/AIDS and the Maricopa County Special Health Care District dba Valleywise Health, for space to provide dental services and for storage
- iv. Approve new customer orders for the contract (90-16-044-10) between Carefusion Solutions, LLC and the Maricopa County Special Health Care District dba Valleywise Health, to replace and upgrade the Pyxis stations for the Valleywise Health-Maryvale Campus
- v. Approve a new intergovernmental agreement (90-22-167-1) between Maricopa County and the Maricopa County Special Health Care District dba Valleywise Health, for a Ryan White Part A emergency relief project grant

c. Governance:

- i. Approve proposed revisions to Valleywise Health's President & Chief Executive Officer's Performance Goals for fiscal year 2022
- ii. Approve change in scope of service: delete Saturday hours at Valleywise Community Health Center-South Phoenix/Laveen effective August 2021
- iii. Approve proposed revisions to Section XII of the Approval, Authorization and Responsibility Matrix

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

- 1. Approval of Consent Agenda, cont.:
 - c. Governance, cont.:
 - iv. Approve a quitclaim deed for the transfer of real property and improvements, Maricopa County Assessor Parcel No.138-65-006C, located in Mesa, Arizona 85210, from the Maricopa County Special Health Care District dba Valleywise Health, to the City of Mesa
 - v. Approve a Notice of Federal Interest for Valleywise Community Health Center-Avondale
 - vi. Approve request for consent from Osborn Maledon to represent Arizona State University and the Arizona Board of Regents in the claim GL105431041637
 - d. Medical Staff:
 - i. Approve Valleywise Health's Medical Staff credentials for February 2022
 - ii. Approve Valleywise Health's Allied Health Professional Staff credentials for February 2022
 - iii. Approve proposed revisions to policy 39018 S: Medical Staff Professionalism Policy
 - e. Care Reimagined Capital:
 - i. INTENTIONALLY LEFT BLANK
 - f. <u>Capital:</u>
 - i. Approve a capital expenditure request (CER # 22-023) for the activation and implementation of Epic Healthcare Effectiveness Data and Information Set (HEDIS) Population Health and Analytics Software, for a total cost of \$318,500

MOTION: Vice Chairman Thomas moved to approve the consent agenda. Director Dewane seconded.

VOTE: 5 Ayes: Chairman Wilcox, Vice Chairman Thomas, Director Dewane, Director Gerard, Director Harden

0 Nays

Motion passed.

2. Discuss and Review the Quarterly Quality Report and Metrics Dashboard Including but not limited to Patient Satisfaction Survey Results/Hospital Consumer Assessment of Healthcare Providers and System (HCAHPS)

Ms. Garcia outlined the quality dashboard for the second quarter of fiscal year (FY) 2022, noting many of the metrics met established benchmarks. She mentioned the implemented action plans for the metric related to the median time from admit decision to departure time in the emergency department yielded slight improvement in December 2021. She said the influx of COVID-19 patients and staffing shortages attributed to the variance.

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

2. Discuss and Review the Quarterly Quality Report and Metrics Dashboard Including but not limited to Patient Satisfaction Survey Results/Hospital Consumer Assessment of Healthcare Providers and System (HCAHPS), cont.

Ms. Garcia reviewed the patient safety indicator (PSI) metrics, mentioning PSI-03, pressure ulcer rate, did not meet the benchmark, with one pressure ulcer recorded for the quarter. However, surgical intervention was not needed. PSI-04, death among surgical patients with serious treatable complications, did not meet the benchmark. She explained the metric included burn and trauma patients and staff analyzed data to uncover opportunities to improve the metric.

There were two postoperative pulmonary embolisms (PE) or deep vein thrombosis (DVT), PSI-12, occurrences during the quarter, causing the metric to miss the benchmark. There was one postoperative wound dehiscence, PSI-14, occurrence during the quarter, but Ms. Garcia said no trends had been identified.

She reviewed the preliminary Hospital Consumer Assessment of Healthcare Providers and Systems (HCAPHS) scores, noting continued fluctuation trends over the previous 12 months. She outlined the action plans in place that aimed to stabilize results. The ACCEPT (Acknowledge, Connect, Communication, Every Person, Every Time) program, which was deployed in February 2022, would provide a positive first impression.

Chairman Wilcox asked if staffing challenges contributed to fluctuating HCAPHS scores.

Ms. Garcia said scores were impacted by the patient acuity levels and staffing challenges. She outlined the results of the net promoter score, which was related to the ambulatory setting. The process was currently being updated and staff would monitor the results and develop action plans to improve scores. She reviewed patient satisfaction scores for the behavioral health setting.

Director Gerard noted the numerous metrics that were monitored and reported, asking how the information was collected and if documentation was cumbersome for nursing and clinical staff.

Ms. Garcia said that because various regulatory agencies required the data, specific fields were created within the electronic medical record (EMR) and other reporting systems to easily track and gather information.

3. Discuss and Review the Quarterly Infection Control Quality Metrics Dashboard

Ms. Garcia reviewed the infection control quality metrics for the second quarter of FY 2022, noting the metric for central line associated blood stream infections (CLABSI) did not meet the benchmark. She outlined mediation plans in place to improve the results. There was an increase in Methicillin-resistant Staphylococcus aureus (MRSA) bacteremia occurrences, stating the screening protocol was not completed on two cases. The screening protocol was important, as it determined the need to decolonize the patient before they were placed on the unit.

Valleywise Health would participate in the Agency for Healthcare Research and Quality's (AHRQ) Safety Program for MRSA Prevention between April 2022 and October 2023. There would be a focus on the burn center, step down units, and the incident decision units (IDU), with expectation to improve the measure.

Although one surgical site infection-colon surgery was reported in December 2021, no trends were identified.

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

4. Presentation on Valleywise Health's Patient Financial Assistance Program and Eligibility Process

Ms. Kaminski outlined Valleywise Health's processes used to determine a patient's financial eligibility for various programs, including the Sliding Fee Discount Schedule (SFDS), Arizona Health Care Cost Containment System (AHCCCS), KidsCare, and other services or programs available to improve access to care.

She provided an overview of the SFDS, available for uninsured and underinsured patients. The patient was screened by a financial counselor, or eligibility specialist, who used the federal poverty level (FPL) to determine programs the patient qualified for. She highlighted tools available within the EMR software that tracked various programs and determined which programs the patient may qualify for. Staff was able to monitor the status of the patient's eligibility throughout the process.

There were 21 eligibility specialists throughout the organization, with 16 team members within the Valleywise Community Health Centers and Valleywise Comprehensive Health Centers. Organizational process changes improved staff efficiency and productivity, with decreased patient wait times. The number of interviews conducted more than doubled between 2019 and 2021.

Ms. Kaminski acknowledged a significant barrier was the processing time for AHCCCS applications, which took between 60 and 90 days, and coverage was not retrospectively granted. She attributed the delay to staffing challenges within that agency.

There was also a financial assistance module tracking tool that monitored patients currently utilizing the SFDS or self-pay options, which gave staff the ability to contact patients to reevaluate financial eligibility for various programs.

Ms. Kaminski outlined the Propensity to Pay (P2P) tool, which used Transunion to determine the family size and income based on the address on file with the credit reporting agency. The process allowed staff to quickly identify the patient's placement on the FPL and determine which programs the patient was eligible for. Should the patient be above the FPL, staff may recommend the SFDS or assist the patient with applying for medical coverage through the Healthcare Marketplace.

Director Harden requested clarification that the credit reporting agency, Transunion, was utilized to determine the family size and income.

Ms. Kaminski confirmed the credit reporting agency was used, as Valleywise Health was essentially granting credit to the patients.

Chairman Wilcox asked if there were patients that preferred to self-pay and chose not to apply for available programs or services.

Ms. Kaminski said that there were a number of patients that opted for the SFDS, or self-pay, for a variety of reasons.

Chairman Wilcox acknowledged that many households may have various sources of income and may have multiple families within the same household. She asked how those factors were considered during the eligibility process.

Ms. Kaminski was unsure of that aspect of the process and would report the information back to the Board. However, she had the SFDS utilization information readily available and would provide that information. She highlighted a program that enabled staff to assist families applying for AHCCCS, as well as enrolling children in KidsCare. In calendar year (CY) 2021, staff submitted 1,085 applications to KidsCare.

There was also focus on prenatal, maternity and Title X family planning. In CY 2021, 734 patients qualified for prenatal packages, 171 patients were eligible for maternity packages, and 330 patients participated in the Title X family planning grant.

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

4. Presentation on Valleywise Health's Patient Financial Assistance Program and Eligibility Process, cont.

Ms. Hartneck addressed the question related to the various sources of household income. She said only the income of the family or person applying for assistance was used to determine eligibility.

Director Gerard asked if the family planning programs included funding for well-woman exams.

Ms. Hartneck stated that Title X included limited funding for care associated with family planning, including well-woman exams. Staff monitored the amounts available to ensure funding was available for services provided. She said the highest level of utilization was within Valleywise Community Health Centers-West Maryvale and Avondale.

Director Gerard asked if high utilization at those locations was due to patient population or staff's awareness of available programs.

Ms. Hartneck said the population of the clientele at those locations was the contributing factor.

Director Gerard asked how staff determined the amount of payment required for the services provided, especially if the patient had a significant balance due to a trauma or burn case.

Ms. Kaminski stated that it was rare for a trauma or burn patient to not receive coverage, most often through Federal Emergency Services. All patients were encouraged to apply for programs, regardless of the balance for services provided. Financial counselors were available within the hospital to assist patients with questions related to payment options.

Director Gerard noted the use of collection agencies and asked when that option was exercised.

Ms. Kaminski explained that if a patient was at or below 138% of the federal poverty level, the unpaid balances were not sent to a collection agency. For patients at or above 139% of the federal poverty level, unpaid balances were sent to a collection agency, however, there were no reports to the credit bureaus and no liens were filed, unless it was a liability case.

She highlighted staff's collaboration with Cultural Health Navigators to assist Afghan refugees with obtaining coverage, either through the SFDS or AHCCCS, to ensure they had immediate access to health care services. She reviewed the Healthcare Navigator program, a grant Valleywise Health received to assist with outreach and enrolling patients for insurance through the Healthcare Marketplace.

Chairman Wilcox asked if the financial counselors were bilingual or if interpreters were used.

Ms. Hartneck confirmed most of the financial counselors were bilingual.

Chairman Wilcox reference the Afghan refugee program and asked if participation in the program had diminished over the years and if there was a specific Valleywise Health location that specialized in serving that population.

Ms. Hartneck said participation levels had declined since the inception of the program. There was no specific clinic that specialized in treating the patient population, as refugee housing was available throughout Maricopa County. However, there were high utilization rates at Valleywise Community Health Centers-North Phoenix and Mesa.

Chairman Wilcox requested the total number of Afghan refugees served since the program began, as well as the number of refugees currently participating in the program.

Ms. Hartneck said that she would provide that information.

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

4. Presentation on Valleywise Health's Patient Financial Assistance Program and Eligibility Process, cont.

Mr. Purves referenced the delay in processing the AHCCCS applications, noting that coverage was not retroactively effective, although care continued to be provided to the patient.

Ms. Kaminski clarified that coverage would be retroactively provided for 30 days from the date of the application; however, the retroactive coverage previously went back much further.

Mr. Purves stated that costs were incurred while the patient awaited a response to their AHCCCS application, costs that may not be reimbursed. He outlined how uncompensated care would normally be reimbursed through the disproportionate share hospital (DSH) program, however, due to the Arizona structure, Valleywise Health did not receive reimbursement, as the DSH funds received were deposited into the state's general fund.

Ms. Agnew expressed her appreciation for staff's efforts to make health care accessible for all patients.

5. Discuss and Review Valleywise Health's January 2022 Financials and Statistical Information

Ms. Agnew reviewed statistical information for January 2022, noting a substantial decline in behavioral health admissions, attributed to increased COVID-19 admissions and staffing challenges. Acute admissions missed budget by three percent. Emergency department visits were better than budget by 3.4 percent. She highlighted the increase in pediatric emergency visits over prior year and was optimistic in the public's confidence in returning to emergency departments for care. Ambulatory visits missed budget by less than one percent, with positive variances in Community Health Center visits and negative variances in all other areas.

She discussed the payer mix, stating the influx of COVID-19 patients increased Medicare and other government payer sources. As emergency department visits increased, the percentage of uninsured patients also increased. The unusual items for the month included surge nurses provided by the State of Arizona at no cost to Valleywise Health and COVID-19 related grant subsidies. She mentioned that the Kronos outage impacted staff's ability to submit accurate reports and as the reconciliation was finalized, those reports would be submitted for reimbursement.

Ms. Agnew outlined the income statement for January 2022, noting net patient services revenue was slightly better than budget. Other revenue missed budget by 5.3%, partially due changes within the 340B program and grant reimbursements. Total operating expenses had a negative 2.9% variance, largely affected by increased costs in salaries and contract labor. As a result, the decrease in net assets was \$7,332,320 compared to a budgeted loss of \$4,930,008.

On a year-to-date basis, the decrease in net assets was \$41,632,196 compared to a budgeted loss of \$29,288,651, for a \$12,343,545 unfavorable variance. She noted the variance was attributed to the unbudgeted market adjustments and other efforts put in place to address staffing challenges. The days cash on hand was 95 days and the number of days in accounts receivable was 75 days, with burn cases contributing to that statistic.

Director Gerard referenced the negative year-to-date variance in net assets and asked if it was possible to decrease that variance by the end of the fiscal year.

Ms. Agnew said it was unlikely that the variance would be decreased through operations. Staff continued to work on opportunities to receive supplemental funding through the Coronavirus Aid, Relief and Economic Security (CARES) Act provider relief and submitted requests for funding through phases three and four.

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

5. Discuss and Review Valleywise Health's January 2022 Financials and Statistical Information, cont.

Ms. Agnew recalled that Valleywise Health had previously received \$8.6 million during the first phase of provider relief and was not eligible for funding in the second phase. The organization also received \$12.1 million, as part of the high impact area distribution. The organization was excluded from the safety net distribution due to technicality in the accounting process.

Mr. Purves said that staff continued to work with the congressional delegation and Senator Kelly to highlight the organization's need for assistance.

Director Gerard asked if there had been any progress in receiving relief at the state level.

Mr. Purves said that the Governor's office had not released any direct funds to Valleywise Health, and he suspected that officials were waiting until a decision was made regarding phases three and four of the provider relief funds. However, staff continued to meet with local agencies on a variety of other issues, such as the hospital assessment.

Director Gerard asked if there was another plan to address the budget shortfall, as it was unlikely that efforts made on a federal and state level would result in additional funding.

Mr. Purves said staff was instituting operational changes, such as curtailing expenses.

Director Gerard asked that the Board be included in discussions and involved in decisions related to the financial situation.

Chairman Wilcox agreed, but believed the Board was informed and included. She was optimistic that staff's efforts on a federal and state level would yield positive results. She suggested staff seek funding from Maricopa County, as well, since additional resources may be available.

Ms. Agnew stated that she was transparent with the financial state of the organization, as well as outlining the efforts in place to address the shortfalls. The leaders within the organization continually discussed ways to increase patient volume and revenue, specifically increasing surgical volumes as the current COVID-19 surge was nearing an end. Staff would continue to pursue funding on a federal and local level, to support the operations at Valleywise Health.

Director Harden asked if the payment from the FY 2018 reconciliation between the Special Health Care District and District Medical Group had been received.

Ms. Agnew noted the payment had not been received, however, it was expected soon.

Director Harden referenced the outpatient surgical volumes at Valleywise Comprehensive Health Center-Peoria and asked if staff anticipated volumes to increase after the current COVID-19 surge or if there were plans in place to grow that service line.

Dr. White anticipated the number would increase after the current COVID-19 surge; however, staff realized the need to grow the service line and had developed plans to maximize space at that location.

Director Harden recalled a previous time that the organization was at a critical financial junction and stated the Board met weekly to monitor the situation. She questioned if such measures should be taken again, to proactively track the various efforts in place and monitor the progress being made.

Chairman Wilcox said she would review that option with Mr. Purves to determine the need to meet more frequently. She suggested beginning with an additional meeting to conduct an in-depth discussion related to the finances and solutions moving forward.

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

5. Discuss and Review Valleywise Health's January 2022 Financials and Statistical Information, cont.

Vice Chairman Thomas understood the severity of the financial situation; however, he acknowledged the ongoing impact that the COVID-19 pandemic and staffing challenges had on the organization. Now that the current surge was coming to an end, staff would be able to focus on operational solutions to address the losses experienced.

Director Dewane agreed with Director Harden, suggesting additional meetings were warranted to monitor the budget and negative variances.

Chairman Wilcox stated that it appeared that the Board would like additional information related to the negative variance and she would work with staff to schedule an additional meeting to address those concerns.

6. Discussion and Possible Action on Valleywise Health's 2022 Legislative Agenda and/or the Maricopa County Special Health Care District's position regarding proposed State and Federal legislative items

Mr. Fronske reviewed the current statistics of the legislative session, noting 1,688 bills had been introduced thus far. There were 91 bills sent to staff for comment, and an additional 41 bills being monitored. He outlined specific bills that were tracked and how those bills was progressing through the legislative process.

He requested the ability to support House Bill (HB) 2691, which was a healthcare workforce grant program. The bill would appropriate \$170 million over four years to fund a healthcare workforce development program, with an additional \$5 million over two years to develop a behavioral healthcare workforce development program.

There were two bills that Mr. Fronske requested the ability to oppose, in addition to anti-mask and anti-vaccine legislation. Senate Bill (SB) 1078 would create a medical record confidentiality violation lawsuit litigation framework for any lawsuit resulting from an employer releasing an employee's medical record incorrectly, including vaccination status as part of the medical record. The second bill was SB 1113, which was related to court ordered treatment enhanced services since the bill did not clarify a payor source for the enhanced services and implementation may have cause throughput challenges.

MOTION:

Vice Chairman Thomas moved to authorize staff to support House Bill 2691; Health Care Workforce, Grant Programs; and oppose Senate Bill 1078; Striker Now-Confidential Medical Information; and Senate Bill 1113; Court-Ordered Treatment; Enhanced Services. Director Dewane seconded.

Chairman Wilcox referenced SB 1113 and asked if staff had an opportunity to testify against the bill.

Mr. Fronske said that staff had been involved in stakeholder meetings, expressing concerns throughout the process.

VOTE: 5 Ayes: Chairman Wilcox, Vice Chairman Thomas, Director Dewane, Director Gerard,

Director Harden

0 Nays

Motion passed.

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

6. Discussion and Possible Action on Valleywise Health's 2022 Legislative Agenda and/or the Maricopa County Special Health Care District's position regarding proposed State and Federal legislative items, cont.

Mr. Fronske addressed the federal issues, reiterating that staff continued to work with the congressional delegation and hospital associations on key COVID-19 issues, including efforts to secure additional provider relief funding.

Chairman Wilcox asked about the strategy in place to work with local government to secure funding for the organization.

Mr. Fronske said that staff met with the Governor's office regularly to express the financial challenges the organization faced and demonstrate the need for assistance.

Chairman Wilcox suggested that staff extend an invitation to the Governor to visit the hospital.

Director Harden requested information related to bill that address healthcare worker violence.

Mr. Fronske did not have the information available but would provide the information to the Board.

Director Gerard asked for information related to the current bill that would divide Maricopa County into four separate counties.

Mr. Fronske explained that the bill was introduced late into the session and proposed dividing Maricopa County into four counties. Staff was monitoring the bill and the impact it would have on a special health district created by voters of a country structure that would no longer be the same county structure. There was a previous attempt to divide Maricopa County into two counties in 1993, however, it was determined not to be feasible at that time.

Chairman Wilcox recalled the previous attempt, specifically the cost associated with the bill. She asked if the current bill included a cost analysis.

Mr. Fronske stated that fiscal note had not been prepared or included in the bill, however, he anticipated the cost associated with the bill would be substantial.

- 7. Review and Possible Action on the Following Reports to the Board of Directors:
 - a. Monthly Marketing and Communications Report (January 2022)
 - b. Monthly Care Reimagined Capital Purchases Report (January 2022)
 - c. Monthly Valleywise Health Employee Turnover Report (December 2021 and January 2022)
 - d. Quarterly Compliance Officer's Report; Valleywise Health's Finance, Audit and Compliance Committee Activities Report
 - e. Quarterly Valleywise Health Foundation's Task Status Report to the Valleywise Health President & Chief Executive Officer; and Annual Status Report to the District
 - f. Fiscal Year to Date Operational Dashboard for Valleywise Health's Federally Qualified Health Center Clinics
 - g. Semi-Annual Creighton University Arizona Health Education Alliance Report

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

7. Review and Possible Action on the Following Reports to the Board of Directors, cont.

Director Dewane addressed item 7.a., the Monthly Marketing and Communications Report, and stated Valleywise Health was receiving exceptional coverage on various media outlets. He cautioned staff against reducing the marketing and communications budget, as it may hinder the progress made in brand recognition efforts.

Ms. Nanchal stated that now that the organization had achieved a level of brand awareness, the next step would be to market specific service lines and programs available at Valleywise Health.

Chairman Wilcox agreed and suggested staff include information related to the financial counselors available at Valleywise Health in Spanish newspapers, to spread awareness of the services offered.

- 8. Concluding Items
 - a. Old Business:

June 23, 2021

Reports to the Board – Monthly Employee Turnover Report

• Report on employee satisfaction related to transitions to new facilities and return-to-work efforts

November 23, 2021

Employee Turnover Rates and Retention Efforts

- Provide a report on the results of actions taken to reduce turnover/increase retention
- Report on employee satisfaction related to return-to-work efforts
- 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. Christiansen referenced a request from November 2021 related to a report on the results of the actions taken to reduce turnover and increase retention. She stated that staff was conducting a performance improvement structure and would provide a report in March 2022.

<u>Adjourn</u>

MOTION: Vice Chairman Thomas moved to adjourn the February 23, 2022 Maricopa County Special

Health Care District Board of Directors Formal Meeting. Director Dewane seconded.

VOTE: 5 Ayes: Chairman Wilcox, Vice Chairman Thomas, Director Dewane, Director Gerard,

Director Harden

0 Nays

Motion passed.

Meeting adjourned at 2:57 p.m.

Mary Rose Garrido Wilcox, Chairman Maricopa County Special Health Care District Board of Directors