



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

June 24, 2020
1:00 p.m.

Agenda



Board Members

Mark G. Dewane, Chairman, District 2
Mary Rose Wilcox, Vice Chair, District 5
Mary A. Harden, R.N., Director, District 1
Susan Gerard, Director, District 3
J. Woodfin Thomas, Director, District 4

President & Chief Executive Officer

Stephen A. Purves, FACHE

Clerk of the Board

Melanie Talbot

Meeting Location

Valleywise Health Medical Center
2601 East Roosevelt Street
Phoenix, Arizona 85008
Conference and Administration Center
Auditorium 2

AGENDA – Formal Meeting

**Maricopa County Special Health Care District
Board of Directors**

Mission Statement

The Valleywise Health’s mission is to provide exceptional care, without exception, every patient, every time.

Welcome

The Board of Directors is the governing body for the Maricopa County Special Health Care District. Each member represents one of the five districts in Maricopa County. Members of the Board are public officials, elected by the voters of Maricopa County. The Board of Directors sets policy and the President & Chief Executive Officer, who is hired by the Board, directs staff to carry out the policies.

How Citizens Can Participate

Each meeting is open to the public and there is a “Call to the Public” at the beginning of each meeting. An individual may address the Board of Directors at this time or when the agenda item to be addressed is reached. If you wish to address the Board, please complete a Speaker’s Slip and deliver it to the Clerk of the Board prior to the Call to Public. If you have anything that you wish distributed to the Board and included in the official record, please hand it to the Clerk who will distribute the information to the Board members and Valleywise Health Senior Staff.

Speakers will be called in the order in which requests to speak are received. Your name will be called when the Call to Public has been opened or when the Board reaches the agenda item which you wish to speak. As mandated by the Arizona Open Meeting Law, officials may not discuss items not on the agenda, but may direct staff to follow-up with the citizen.

Public Rules of Conduct

The Board Chair shall keep control of the meeting and require the speakers and audience to refrain from abusive or profane remarks, disruptive outbursts, applause, protests, or other conduct which disrupts or interferes with the orderly conduct of the business of the meeting. Personal attacks on Board members, staff, or members of the public are not allowed. It is inappropriate to utilize the Call to Public or other agenda item for purposes of making political speeches, including threats of political action. Engaging in such conduct and failing to cease such conduct upon request of the Board Chair will be grounds for ending a speaker’s time at the podium or for removal of any disruptive person from the meeting room, at the direction of the Board Chair.

Agendas are available within 24 hours of each meeting in the Office of the Board, Valleywise Health Medical Center, 2601 East Roosevelt, Phoenix, Arizona 85008, Conference and Administration Center, 2nd Floor, Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m. and on the internet at <https://valleywisehealth.org/about/board-of-directors/>. Accommodations for Individuals with disabilities, alternative format materials, sign language interpretation, and assistive listening devices are available upon 72 hours advance notice through the Office of the Board, Valleywise Health Medical Center, 2601 East Roosevelt, Phoenix, Arizona 85008, Conference and Administration Center, 2nd Floor, (602) 344-5177. To the extent possible, additional reasonable accommodations will be made available within the time constraints of the request.

- Valleywise Health Medical Center •
- 2601 East Roosevelt Street • Phoenix, Arizona 85008 •
- Conference and Administration Center • Auditorium 2 •

Wednesday, June 24, 2020
1:00 p.m.

One or more of the members of the Board of Directors of the Maricopa County Special Health Care District may attend telephonically. Board members attending telephonically will be announced at the meeting.

Pursuant to A.R.S. § 38-431.03(A)(3), or any applicable and relevant state or federal law, the Board may vote to recess into an Executive Session for the purpose of obtaining legal advice from the Board's attorney or attorneys on any matter listed on the agenda. The Board also may wish to discuss any items listed for Executive Session discussion in General Session, or the Board may wish to take action in General Session on any items listed for discussion in Executive Session. To do so, the Board will recess Executive Session on any particular item and reconvene General Session to discuss that item or to take action on such item.

If you are carrying a cell phone, pager, computer, or other sound device, we ask that you silence it at this time to minimize disruption of the meeting.

1:00 **Call to Order**

Roll Call

1:05 **Call to the Public**

This is the time for the public to comment. The Board of Directors may not discuss items that are not specifically identified on the agenda. Therefore, pursuant to A.R.S. § 38-431.01(H), action taken as a result of public comment will be limited to directing staff to study the matter, responding to any criticism or scheduling a matter for further consideration and decision at a later date.

ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE

General Session, Presentation, Discussion and Action:

1:15 1. **Approval of Consent Agenda: 15 min**

Note: Approval of contracts, minutes, IGA's, proclamations, etc. Any matter on the Consent Agenda will be removed from the Consent Agenda and discussed as a regular agenda item upon the request of any Board member.

a. **Minutes:**

- i. **Approve** Special Health Care District Board of Directors meeting minutes dated May 26, 2020
Melanie Talbot, Chief Governance Officer; and Clerk of the Board
- ii. **Approve** Special Health Care District Board of Directors meeting minutes dated May 27, 2020
Melanie Talbot, Chief Governance Officer; and Clerk of the Board
- iii. **Approve** Special Health Care District Board of Directors meeting minutes dated June 4, 2020
Melanie Talbot, Chief Governance Officer; and Clerk of the Board

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

1:15 1. Approval of Consent Agenda, cont.:

b. Contracts:

- i. **Approve** a new Real Property Purchase Agreement (90-20-207-1) between Salt River Project Agricultural Improvement and Power District (SRP) and the Maricopa County Special Health Care District dba Valleywise Health for the sale of a portion of real property located at 5102 West Campbell Avenue, Phoenix, Arizona
Warren Whitney, Senior Vice President, Government Relations
- ii. **Approve** amendment #37 to the Professional Services Agreement (90-12-084-1-37) between the Maricopa County Special Health Care District dba Valleywise Health and District Medical Group
Michael White, M.D., Executive Vice President, Chief Medical Officer
- iii. **Approve** amendment #1 (90-17-210-1-01) between CDW Government and the Maricopa County Special Health Care District dba Valleywise Health to renew the Microsoft Enterprise License Agreement
Kelly Summers, Senior Vice President, Chief Information Officer
- iv. **Approve** a new Partnership Agreement (90-20-206-1) between Maricopa County through its Department of Public Health (MCDPH) and the Maricopa County Special Health Care District dba Valleywise Health to provide virtual Women, Infant and Children (WIC) Services for those referred to MCDPH WIC by Valleywise Health
Barbara Harding, Federally Qualified Health Centers Chief Executive Officer

c. Governance:

- i. **Approve** Board Resolution No. 2020-6-24-001 **Authorizing** Valleywise Health's President & Chief Executive Officer to publish a Notice of Election for voter approval of the continuation of a secondary property tax levy for the benefit of the Maricopa County Special Health Care District at an election to be held on November 3, 2020 and enter into agreements and take such other actions as are necessary or desirable to prepare for and conduct such election, including the creation and distribution of a voter information pamphlet
Warren Whitney, Senior Vice President, Government Relations
- ii. **Approve** the Co-Applicant Operational Arrangement between the Maricopa County Special Health Care District and the Valleywise Community Health Centers Governing Council
Barbara Harding, Federally Qualified Health Centers Chief Executive Officer
- iii. **Approve** Renewal to the Following Board Policy Statement:
 - a. 99021 G – Financial Assistance
Melanie Talbot, Chief Governance Officer; and Clerk of the Board
- iv. **Approve** the Compliance Officer's Work Plan for Fiscal Year 2021
LT Slaughter, Chief Compliance Officer
- v. **Approve** the Internal Auditor's Work Plan for Fiscal Year 2021
LT Slaughter, Chief Compliance Officer
- vi. **Approve** the following Change in Scope of Service: Delete Site, Valleywise Community Health Center-7th Avenue
Barbara Harding, Federally Qualified Health Centers Chief Executive Officer

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

1:15 1. Approval of Consent Agenda, cont.:

c. Governance, cont.:

vii. **Approve** early termination of the Master Leasing Agreement (90-09-509-1) between Memorial Key LLC, and the Maricopa County Special Health Care District dba Valleywise Health for Space at the Valleywise Community Health Center-7th Avenue

Warren Whitney, Senior Vice President, Government Relations

viii. **Approve** and **Authorize** Board Counsel and Valleywise Health's President & Chief Executive Officer to execute a Joint Defense Agreement between the Maricopa County Special Health Care District dba Valleywise Health and the Creighton University Arizona Health Education Alliance and Alliance members for Event No. EV2019041042

Martin C. Demos, General Counsel

d. Medical Staff:

i. **Approve** Valleywise Health Medical Staff appointments, FPPEs, reappointments, change of privileges/status, waiver requests, and resignations for June 2020

William D. Dachman, M.D., Chief of Staff

ii. **Approve** Valleywise Health Allied Health Professional Staff appointments, FPPEs, reappointments, change of privileges/status, waiver requests, and resignations for June 2020

William D. Dachman, M.D., Chief of Staff

iii. **Approve** Proposed Revisions to the Nurse Practitioner Emergency Medicine Privileges

William D. Dachman, M.D., Chief of Staff

iv. **Approve** Proposed Revisions to the Physician Assistant Emergency Medicine Privileges

William D. Dachman, M.D., Chief of Staff

v. **Approve** Proposed Revisions to Policy 31201 T: Valleywise Health Medical Staff Rules & Regulations

William D. Dachman, M.D., Chief of Staff

e. Care Reimagined Capital:

i. **Approve** Guaranteed Maximum Price (GMP) number 4.05 with Kitchell Construction under contract number 480-90-18-012 for construction of the Roosevelt Medical Center – Tower project, which includes final rooftop helipad purchase, fire protection, mechanical, electrical, and plumbing priority material procurement in the amount of \$25,634,672 (CER#19-947 RSVT Acute Tower)

f. Capital:

i. INTENTIONALLY LEFT BLANK

End of Consent Agenda

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

- 1:30 2. Valleywise Health's Response to COVID-19 15 min
Michael White, M.D., Executive Vice President, Chief Medical Officer
- 1:45 3. Discuss and Review Inpatient Behavioral Health Quality Metrics 10 min
Crystal Garcia, Vice President Quality Management and Patient Safety
- 1:55 4. Discussion on Valleywise Health's 2020 Legislative Agenda and/or the Maricopa County Special Health Care District's Position Regarding Proposed State and Federal Legislative Items 10 min
Michael Fronske, Legislative and Governmental Affairs Director
- 2:05 5. Discuss and Review May 2020 Valleywise Health's Financials and Statistical Information 15 min
Rich Mutarelli, Executive Vice President, Chief Financial Officer
- 2:20 6. Review and **Possible Action** on Reports to the Board of Directors 15 min
- a. Monthly Marketing and Communications Report
Bill Byron, Senior Vice President, Marketing and Communications
 - b. Monthly Care Reimagined Capital Purchases
Rich Mutarelli, Executive Vice President, Chief Financial Officer
 - c. Monthly Valleywise Health's Employee Turnover Report (May 2020)
Justina Sanchez Cox, Senior Vice President, Chief Human Resources Officer
 - d. Quality Management Council Meeting Minutes (February 2020)
Crystal Garcia, Vice President Quality Management and Patient Safety
- 2:35 7. Concluding Items 15 min
- a. Old Business:
April 22, 2020
COVID-19 Response
 - Keep the Board informed if Valleywise Health begins broadscale COVID-19 testingLegislative Update
 - Keep the Board informed if the immigration order (if issued) impacts DACA
 - b. Board Member Requests for Future Agenda Items or Reports
 - c. Comments
 - i. Chairman and Member Closing Comment
 - ii. President & Chief Executive Officer Summary of Current Events
- 2:50 **Adjourn**



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

June 24, 2020

Item 1.a.i.

**Minutes
May 26, 2020**

Minutes

Maricopa County Special Health Care District
Board of Directors Meeting
Valleywise Health Medical Center
Conference and Administration Center, Auditorium 2
May 26, 2020
12:00 noon

DRAFT

Present: Mark G. Dewane, Chairman, District 2 – *participated telephonically*
Mary Rose Wilcox, Vice Chairman, District 5 – *participated telephonically beginning at 12:09 p.m.*
Mary A. Harden, Director, District 1 – *participated telephonically*
Susan Gerard, Director, District 3 – *participated telephonically*
J. Woodfin Thomas, Director, District 4 – *participated telephonically*

Others Present: Steve Purves, President and Chief Executive Officer – *participated telephonically*
Michael White, M.D., Executive Vice President, Chief Medical Officer
Claire Agnew, Senior Vice President, Financial Services
William Dachman, M.D., Chief of Staff
Martin Demos, General Counsel

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

Call to Order:

Chairman Dewane called the meeting to order at 12:01 p.m.

Roll Call

Ms. Talbot called roll. Following roll call, it was 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. All Board members participated telephonically. Vice Chairman Wilcox joined telephonically shortly after roll call, during E-1 discussion.

Call to the Public

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

General Session, Presentation, Discussion and Action:

1. Recess General Session and Convene in Executive Session

MOTION: Director Harden moved to recess general session and convene in executive session at 12:04 p.m. Director Gerard seconded.

VOTE: 4 Ayes: Chairman Dewane, Director Gerard, Director Harden, Director Thomas
0 Nays:
1 Absent: Vice Chairman Wilcox
Motion passed.

**Special Health Care District Board of Directors
Meeting Minutes – General Session – May 26, 2020**

General Session, Presentation, Discussion and Action:

Chairman Dewane reconvened general session at 3:48 p.m.

2. Discussion and Possible Action on Settlement Offer from Valley Schools Management Group

MOTION: Director Harden moved that the Maricopa County Special Health Care District Board of Directors acknowledges receipt of a settlement offer dated May 12, 2020, reject the settlement offer and direct General Counsel to continue to work to resolve the claim. Director Thomas seconded.

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

0 Nays:

Motion unanimously passed.

Adjourn

MOTION: Director Harden moved to adjourn the May 26, 2020 Special Health Care District Board of Directors Meeting at 3:51 p.m. Director Gerard seconded.

NOTE: Vice Chairman Wilcox and Director Gerard disconnected from the meeting at 3:51 p.m.

VOTE: 3 Ayes: Chairman Dewane, Director Harden, Director Thomas

0 Nays

2 Absent: Vice Chairman Wilcox, Director Gerard

Motion passed.

Meeting adjourned at 3:51 p.m.

Mark G. Dewane, Chairman
Special Health Care District
Board of Directors



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

June 24, 2020

Item 1.a.ii.

Minutes
May 27, 2020

Minutes

**Maricopa County Special Health Care District
Board of Directors Meeting
Valleywise Health Medical Center
Conference and Administration Center, Auditorium 2
May 27, 2020
1:00 p.m.**

DRAFT

Present: Mark G. Dewane, Chairman, District 2 – *participated telephonically*
Mary A. Harden, Director, District 1 – *participated telephonically*
Susan Gerard, Director, District 3 – *participated telephonically*
J. Woodfin Thomas, Director, District 4 – *participated telephonically*

Absent: Mary Rose Wilcox, Vice Chairman, District 5

Others Present: Steve Purves, President & Chief Executive Officer – *participated telephonically*
Michael White, M.D., Executive Vice President, Chief Medical Officer
Claire Agnew, Senior Vice President, Financial Services
Sherry Stotler, R.N., M.S.N., Senior Vice President, Chief Nursing Officer
William D. Dachman, M.D., Chief of Staff
Martin Demos, General Counsel

Guest Presenters: Barbara Harding, Federally Qualified Health Centers Chief Executive Officer – *participated telephonically*
Carol Olson, M.D., Chairman and Medical Director, Psychiatry Department – *participated telephonically*
Alicia Cowdrey, M.D., Medical Director Outpatient Behavioral Health Services – *participated telephonically until 1:37 p.m.*
Vicky Staples, Director of Outpatient Behavioral Health Services – *participated telephonically until 1:37 p.m.*
Michael Fronske, Legislative and Government Affairs Director – *participated telephonically*

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

Call to Order:

Chairman Dewane called the meeting to order at 1:04 p.m.

Roll Call

Ms. Talbot called roll. Following roll call, it was 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. Chairman Dewane, Director Gerard, Director Harden and Director Thomas participated telephonically.

For the benefit of all participants, Ms. Talbot announced the individuals present as well as those participating telephonically.

Call to the Public

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

**Special Health Care District Board of Directors
Meeting Minutes – General Session – May 27, 2020**

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda:
 - a. Minutes:
 - i. Approve Special Health Care District Board of Directors meeting minutes dated April 22, 2020
 - b. Contracts:
 - i. Approve amendment #1 to the contract (MCO-20-003-MSA) between Optum Behavioral Health operating as United Behavioral Health and the Maricopa County Special Health Care District dba Valleywise Health to add Commercial and Medicare Advantage Product and Electroconvulsive Therapy Services
 - ii. Approve a new contract (90-20-051-1) between SDB, Inc. and the Maricopa County Special Health Care District dba Valleywise Health for Miscellaneous Construction and Repair Services (Job Order Contracting) for Projects Between \$25,000-\$350,000
 - iii. Approve a new contract (90-20-051-2) between Guthrie General, Inc. and the Maricopa County Special Health Care District dba Valleywise Health for Miscellaneous Construction and Repair Services (Job Order Contracting) for Projects Between \$25,000-\$1,000,000
 - iv. Approve a new contract (90-20-051-3) between Loven Contracting, Inc. and the Maricopa County Special Health Care District dba Valleywise Health for Miscellaneous Construction and Repair Services (Job Order Contracting) for Projects Between \$25,000-\$350,000
 - v. Approve a new contract (90-20-051-4) between Edge Construction, LLC and the Maricopa County Special Health Care District dba Valleywise Health for Miscellaneous Construction and Repair Services (Job Order Contracting) for Projects Between \$25,000-\$1,000,000
 - vi. Approve a new contract (90-20-051-5) between W.E. O'Neil Construction Company of Arizona and the Maricopa County Special Health Care District dba Valleywise Health for Miscellaneous Construction and Repair Services (Job Order Contracting) for Projects Between \$350,000-\$1,000,000
 - vii. Approve a new contract (90-20-051-6) between Willmeng Construction, Inc. and the Maricopa County Special Health Care District dba Valleywise Health for Miscellaneous Construction and Repair Services (Job Order Contracting) for Projects Between \$350,000-\$1,000,000
 - viii. Approve a new cooperative agreement (90-20-173-1) between Runbeck Election Services, Inc. and the Maricopa County Special Health Care District dba Valleywise Health to provide Business Forms and Election Support Services Related to the General Election in November 2020
 - c. Governance:
 - i. Approve Changes to the Federally Qualified Health Center Clinics Sliding Fee Discount Policy and Schedule

**Special Health Care District Board of Directors
Meeting Minutes – General Session – May 27, 2020**

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

1. Approval of Consent Agenda, cont.:
 - c. Governance, cont.:
 - ii. Approve Travelers Insurance Company property insurance policy and payment of the premium for period June 1, 2020 through May 31, 2021
 - iii. Approve Application of Pedro Cons for Reappointment to the Valleywise Community Health Centers Governing Council
 - iv. Approve Application of Scott Jacobson for Reappointment to the Valleywise Community Health Centers Governing Council
 - v. Approve Application of Liz McCarty for Reappointment to the Valleywise Community Health Centers Governing Council
 - vi. Approve Application of Lisa Porter as Potential Member to the Valleywise Community Health Centers Governing Council
 - vii. Approve a Letter of Support on behalf of the Maricopa County Special Health Care District Board of Directors to the Accreditation Council for Graduate Medical Education in Support of the Addition of Eight (8) Family Medicine Residents at the Valleywise Community Health Center-South Central by October 1, 2020
 - viii. Approve the Addition of Eight (8) Family Medicine Residents at the Valleywise Community Health Center-South Central by October 1, 2020
 - ix. Approve a Joint Defense Agreement between the Maricopa County Special Health Care District dba Valleywise Health and the Creighton University Arizona Health Education Alliance and Alliance members
 - x. Approve a No Objection Letter to the Proposed Foreign-Trade Zone Property Tax Reclassification of Real and Personal Property of Mark Anthony Brewing Inc., to be located within Foreign Trade Zone 277
 - xi. Approve a No Objection Letter to the Proposed Foreign-Trade Zone Proposed Property Tax Reclassification of Real and Personal Property of Project Lagerhaus, to be located within Foreign Trade Zone 277
 - d. Medical Staff:
 - i. Approve Valleywise Health Medical Staff appointments, FPPEs, reappointments, change of privileges/status, waiver requests, and resignations for May 2020
 - ii. Approve Valleywise Health Allied Health Professional Staff appointments, FPPEs, reappointments, change of privileges/status, waiver requests, and resignations for May 2020
 - iii. Approve Proposed Revisions to the Department of Psychiatry-Psychologist Delineation of Privileges
 - iv. Approve Proposed Revisions to Policy 39026 T: Operational Credentialing
 - v. Approve Proposed Revisions to Policy 39017 T: Medical Staff Fund and Associates Dues and Assessment

**Special Health Care District Board of Directors
Meeting Minutes – General Session – May 27, 2020**

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

1. Approval of Consent Agenda, cont.:
 - e. Care Reimagined Capital:
 - i. Approve a new contract (480-90-20-007-1) between Transact Commercial Interiors, and the Maricopa County Special Health Care District dba Valleywise Health to purchase new furniture, products and services
 - ii. Approve amendment #1 to the contract (480-90-19-018-01) for Okland Construction Company, Inc., for Construction Manager at Risk (CMAR) for Guaranteed Maximum Price (GMP) One (1) for the following facilities: Valleywise Community Health Centers-Chandler, Mesa, Maryvale and West Maryvale. This GMP value is \$9,775,533. The Revised Contract Value is \$9,906,916. Total Project cost is \$69,000,000 (CER 19-945)
 - iii. Approve amendment #2 to the contract (480-90-19-018-02) for Okland Construction Company, Inc., for Construction Manager at Risk (CMAR) for Guaranteed Maximum Price (GMP) One (1) for the following facilities: Valleywise Community Health Centers-Chandler, Mesa, Maryvale and West Maryvale. This GMP value is \$9,323,642. The Revised Contract Value is \$9,455,025. Total Project cost is \$69,000,000 (CER 19-946)
 - f. Capital:
 - i. INTENTIONALLY LEFT BLANK

Chairman Dewane stated consent agenda item 1.c.ix. would be removed from the consent agenda. The item would not be discussed or voted on.

Director Harden requested consent agendas items 1.c.ii., 1.c.iii., 1.c.iv., 1.c.v., 1.c.vi., 1.c.vii. and 1.c.viii. be removed from the consent agenda to be discussed and voted on separately.

MOTION: Director Harden moved to approve the consent agenda minus items 1.c.ii., 1.c.iii., 1.c.iv., 1.c.v., 1.c.vi., 1.c.vii., 1.c.viii. and 1.c.ix. Director Thomas seconded.

VOTE: 4 Ayes: Chairman Dewane, Director Gerard, Director Harden, Director Thomas
0 Nays
1 Absent: Vice Chairman Wilcox
Motion passed.

**Special Health Care District Board of Directors
Meeting Minutes – General Session – May 27, 2020**

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

1. Approval of Consent Agenda, cont.:

Director Harden addressed consent agenda items 1.c.iii., 1.c.iv., 1.c.v., 1.c.vi., 1.c.vii. and 1.c.viii. and noted that the memos incorrectly identified her as Vice Chairman. She requested the information be updated, identifying Mary Rose Wilcox, Director of District 5 as Vice Chairman.

MOTION: Director Harden moved to approve consent agenda items 1.c.iii., the application of Pedro Cons for reappointment to the Valleywise Community Health Centers Governing Council, item 1.c.iv., the application of Scott Jacobson for the reappointment to the Valleywise Community Health Centers Governing Council, item 1.c.v. the application of Liz McCarty for the reappointment to the Valleywise Community Health Centers Governing Council, item 1.c.vi. the application of Lisa Porter as a potential member to the Valleywise Community Health Centers Governing Council, item 1.c.vii., a letter of support on behalf of the Maricopa County Special Health Care District Board of Directors to the Accreditation Council for Graduate Medical Education in support of the addition of eight family medicine residents at the Valleywise Community Health Center-South Central by October 1, 2020, and item 1.c.viii., the addition of eight family medicine residents at the Valleywise Community Health Center-South Central by October 1, 2020 with the correction to the Board of Directors officers, identifying Mary Rose Wilcox as Vice Chairman. Director Thomas seconded.

VOTE: 4 Ayes: Chairman Dewane, Director Gerard, Director Harden, Director Thomas
0 Nays
1 Absent: Vice Chairman Wilcox
Motion passed.

Director Harden addressed consent agenda item 1.c.ii., the Travelers Insurance Company property insurance policy and payment of the premium for period June 1, 2020 through May 31, 2021, noted that there was no information related to the insurance policy or the premium amount included in the packet for review and requested additional information on the policy and the premium amount.

Mr. Demos noted that the terms and specifications of the property insurance remained the same as the current year and stated the annual premium amount was \$370,792.

Chairman Dewane requested the premium amount for the current policy year.

Mr. Demos was unsure; however, he would gather that information and distribute to the Board.

MOTION: Director Harden moved to approve the consent agenda item 1.c.ii., Travelers Insurance Company property insurance policy and payment of the premium for period June 1, 2020 through May 31, 2021 in the amount of \$370,792. Director Thomas seconded.

VOTE: 4 Ayes: Chairman Dewane, Director Gerard, Director Harden, Director Thomas
0 Nays
1 Absent: Vice Chairman Wilcox
Motion passed.

**Special Health Care District Board of Directors
Meeting Minutes – General Session – May 27, 2020**

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

2. Valleywise Health's Response to COVID-19

Dr. White provided an update on Valleywise Health's response to the COVID-19 pandemic, which had consumed the healthcare delivery system nationwide. He expressed his admiration and applauded staff for their resilience in continuing to provide exceptional care, to every patient, every time. He stated that staff activated the Incident Command Center (ICC) in March, which included daily reports and various activities that identified and developed processes to learn what was required to care for patients suffering from COVID-19 in the acute and behavioral health settings. ICC members identified resources needed for patients and team members caring for patients, to ensure care was safely delivered through the various stages of the disease. After 67 days, staff was comfortable with the processes developed and began transitioning the ICC activities to normal operations and the ICC was deactivated.

He reviewed the current statistics and noted that Valleywise Health Medical Center had cared for over 140 patients with COVID-19, and over 30 patients in the behavioral health setting. Of those, a vast majority had been discharged home or to other continuity of care sites. The average census of patients with COVID-19 at Valleywise Health Medical Center was 20 a day, which he anticipated would continue for the near future. He stated that staff continued to work with vendors to ensure there was an adequate supply of personal protective equipment, to ensure the patients and staff were protected.

Director Thomas expressed his appreciation for the work that had been done and highlighted the work done to ensure staff was being cared for through various activities to boost morale and reduce burnout.

Director Harden commended nursing leadership for their contributions to treating patients during the pandemic. She applauded Dr. White and Ms. Stotler for ensuring the patients and staff were taken care of.

Mr. Purves recognized Dr. White for the leadership he provided, not only at Valleywise Health, but to the community, with frequent appearances in the media and coordination with other Chief Medical Officers in the community. He also expressed his appreciation to the various departments that were instrumental in providing care during the pandemic, including nursing, support staff, information technology, and the medical staff.

3. Discussion and Possible Action on Ballot Language and Board Resolution No. 2020-5-27-001, for the Question of Authorizing the Continuance of the Operating Tax Levy for the November 2020 General Election

MOTION: Director Harden moved to approve the ballot language for the question of authorizing the continuance of the operating tax levy for the November 2020 general election and the corresponding Board Resolution, No. 2020-5-27-001. Director Thomas seconded.

VOTE: 4 Ayes: Chairman Dewane, Director Gerard, Director Harden, Director Thomas
0 Nays
1 Absent: Vice Chairman Wilcox
Motion passed.

**Special Health Care District Board of Directors
Meeting Minutes – General Session – May 27, 2020**

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

4. Discuss and Review the Quarterly Quality Dashboard Including but not Limited to Patient Satisfaction Survey Results/Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Scores

Ms. Stotler outlined the results of the quality indicators for the third quarter of fiscal year (FY) 2020. She noted that infection control metrics, including central line associated blood stream infections (CLABSI), catheter associated urinary tract infections (CAUTI), methicillin-resistant staphylococcus aureus (MRSA), sepsis and c. difficile, continued to show improvement through the pandemic. She noted that the focus on infection control had improved hand hygiene compliance to nearly 100 percent. Patient safety activities were continually reviewed to reduce risk to patients and staff. There was also continued focus on improving hemoglobin A1c in the ambulatory setting. Ms. Stotler reviewed the results for the patient experience metrics and noted there was an improvement in the rating of the facility for the third quarter.

She noted that while treating patients with COVID-19, there was an increase in pressure ulcers, which may be the result of the positioning of the patients and the overall conditions during the care provided. She noted that other hospitals were experiencing the same results in treating patients with COVID-19. Staff was working on ways to prevent pressure ulcers while providing care to the patients. While there were other areas of opportunities identified in the third quarter, none were identified as a trend and staff continued to review each metric.

Ms. Stotler introduced Christelle Kassis, M.D., the Infection Control Officer.

5. Discuss and Review the Quarterly Infection Control Quality Metrics Report

Ms. Stotler reviewed the Quarterly Infection Control Quality Metrics during the Quarterly Quality Dashboard review.

6. Discuss and Review Quarterly Ambulatory Operational Dashboard

Ms. Harding reviewed the Quarterly Ambulatory Operational Dashboard and noted the rapid escalation of telehealth visits in the ambulatory clinics, as a result of the COVID-19 pandemic. She noted that dental services were suspended in all locations but the Valleywise Comprehensive Health Center-Phoenix, which was open for urgent and emergent services. Full services were planned to begin at that location in June, with the remaining locations scheduled to open in mid-June. She noted that due to the increased level of personal protection equipment required for the dental team, the costs were anticipated to increase, and productivity would be impacted.

7. Discuss and Review Quarterly Update on Behavioral Health Programs, Services and Initiatives at Valleywise Health

Dr. Olson noted that Valleywise Health was the only hospital system in Maricopa County that provided court-ordered evaluations, even if the patients were showing COVID-19 symptoms or were known to be COVID-19 positive. She stated that a unit was developed for positive patients at Valleywise Behavioral Health Center-Maryvale, as well as a plan to treat and screen patients at Valleywise Behavioral Health Center-Phoenix.

She noted that staff continued to plan on opening additional units at Valleywise Behavioral Health Center-Maryvale, with a unit opening in August 2020 and another opening in November 2020. However, staff were prepared to be flexible with the opening dates as the pandemic continued.

Director Harden noted that Unit 11, located within Valleywise Health Medical Center, was restricted as it was prepared to receive COVID-19 patients, and questioned how long that unit would remain restricted.

**Special Health Care District Board of Directors
Meeting Minutes – General Session – May 27, 2020**

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

7. Discuss and Review Quarterly Update on Behavioral Health Programs, Services and Initiatives at Valleywise Health, cont.

Dr. White noted that Unit 11 was partly utilized to assist with the ongoing construction at Valleywise Behavioral Health Center-Phoenix. However, due to COVID-19, construction was able to proceed without the need for that unit. As operations returned to normal, he anticipated Unit 11 to be unrestricted within the next two months.

Ms. Staples noted that outpatient behavioral health services were also significantly impacted by COVID-19 and staff modified how behavioral health services were provided. With respect to the specialty behavioral health programs, First Episode Center, Assertive Community Treatment (ACT) program, and the Behavioral Health Specialty Clinic located at the Valleywise Community Health Center-Mesa, staff reviewed options to mitigate and reduce transmission while maintaining contact with clients to provide high-level services and support required. Staff began offering telehealth visits and were able to stay connected to clients. There was a decrease in the number of referrals, and transfers from other clinics were put on hold for a brief time. However, the hold on transfers was lifted and the referrals were beginning to increase.

She noted that the ACT team and the First Episode Center were close to capacity and staff was looking for opportunities to add capacity to the First Episode Center. She highlighted the ACT team was selected to be part of the National Council for Behavioral Health's Medication Adherence Learning Community, which would provide strategies, training and support to the team. Those tools would be applied to all outpatient programs, as well as the inpatient teams. Additional funds were received from Mercy Care to support individuals during the pandemic and were used to purchase necessities such as groceries and phones. She stated that with the decline in some group activities, staff utilized the time to cross-train with inpatient units, to be able to provide assistance when needed.

Dr. Cowdrey reviewed the next steps for the Integrated Behavioral Health (IBH) program and noted that a psychiatrist had been hired to support the IBH teams and primary care providers in all Federally Qualified Health Centers (FQHCs). She noted that funding from the Arizona Department of Health Services (ADHS) for the specialty program for individuals with HIV/AIDS that required behavioral health and substance abuse treatment had been put on hold. The program would operate at Valleywise Community Health Center-McDowell.

8. Discussion on Valleywise Health's 2020 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 legislative session, which concluded on May 26, 2020. There were 89 bills passed with 31 bills awaiting signature by the Governor. The number of bills passed was significantly lower than prior years, since the session was interrupted by the COVID-19 pandemic. He reviewed the outcome of the bills that staff was monitoring and noted only two bills had passed; House Bill (HB) 2668; Hospital Assessment and Senate Bill (SB) 1523; a Mental Health Omnibus.

He stated that there was an assumption that there may be a special session to discuss budget issues and COVID-19 related bills. He would provide updates to the Board if a special session was convened.

Mr. Fronske reviewed the activity at the federal level and noted that Congress was working on the fourth COVID-19 package. He provided an immigration update and noted the immigration system had closed, in response to COVID-19 crisis and the Deferred Action for Childhood Arrivals (DACA) case was under review by the United States Supreme Court.

Director Harden questioned if legislature would only reconvene if the Governor called a special session.

Mr. Fronske noted that the legislature had the ability to call themselves back to session, however, that was unlikely to happen. He noted that the Governor may call a special session and outline the parameters on the topics to discuss and consider, which may be focused on COVID-19 or budget related issues.

**Special Health Care District Board of Directors
Meeting Minutes – General Session – May 27, 2020**

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

9. Discuss and Review April 2020 Valleywise Health's Financials and Statistical Information

Ms. Agnew reviewed the statistical information for the month of April 2020 and noted that it was the first full month to be impacted by the COVID-19 pandemic. As anticipated, overall admission were below budget by 24% for the month, however, acute admissions for April 2020 were higher than March 2020. She noted that while there were no elective surgeries in April, the average length of stay and case mix index were higher than budgeted, meaning the patients treated at Valleywise Health Medical Center were very sick. She noted that part of the negative variance in behavioral health admissions was due to the scheduled opening of two units, which did not happen, as well as the impact of COVID-19.

She noted that the Pediatric Emergency Department was combined with the Adult Emergency Department, and all visits would be reported in the Adult Emergency Department. Emergency department visits were below budget by 50%, as people were avoiding the hospital setting unless necessary. She noted the emergency department admission rate was 18% for April, compared to the rate of 15% on a year-to-date basis.

Ambulatory visits were 24% under budget, however, she noted the deficit would have been much greater without the implementation of telehealth visits, which accounted for 11,554 visits in April 2020.

Director Harden requested that the number of telehealth visits be notated on the financial statements.

Ms. Agnew reviewed the statistics on a year-to-date basis and noted overall admissions were 7.5% below budget, emergency department visits were 4.2% below budget and ambulatory visits were 2.5% below budget. She reviewed the payer mix and noted there was an increase in Medicare and commercial reimbursement and a slight decrease in uninsured, which were results of the reduced emergency department visits and suspension of elective surgeries.

She reviewed the unusual items for the month, which included the partial recognition of the Coronavirus Aid, Relief and Economic Security (CARES) Act, Health Resources and Services Administration (HRSA) funding, and relief from the Valleywise Health Foundation. There were also additional expenses due to COVID-19 and a recoupment of payment from Arizona Health Care Cost Containment System (AHCCCS) related to Disproportionate Share Hospital (DSH) funds for fiscal year 2016 (FY16).

Director Harden requested clarification on the recoupment of payment, specifically regarding the timeline and questioned if it was the result of a review of all payments made and notifying Valleywise Health of the error.

Ms. Agnew confirmed the timeline, the recoupment was related to a payment received in FY16 and the repayment was unexpected.

She reviewed the income statement noted the net patient services revenue were 41.5% below budget and operating expenses were 5.9% below budget. Labor expenses were 5.9% below budget, as significant flexing was implemented. There were increased costs related to COVID-19, including staffing the units, screeners at entrances, observers, and setting up the Incident Decision Units (IDUs). As the costs related to COVID-19 increased, an employee flex/furlough program was implemented in late April 2020, with the impact expected to be seen in May 2020. The normalized bottom line was negative \$12,532,784 compared to a budgeted loss of \$3,405,219. On a year-to-date basis, the normalized bottom line was negative \$26,266,788 compared to a budgeted \$6,093,627.

Ms. Agnew reviewed the number of days cash on hand, 118, and she noted that staff was closely monitoring the cash flow. The number of days in accounts receivable was 95.5 days, however, that included large burn cases and was calculated based on the most recent 90-day period, which may alter the figures. The current liquidity ratio was 2.7:1, excluding bond funds.

She reviewed the income statement projection, which included the projections for May 2020. She anticipated that the financials at the end of the fiscal year would be very close to the projections, with the potential to be better, since cash flow in April was better than anticipated.

**Special Health Care District Board of Directors
Meeting Minutes – General Session – May 27, 2020**

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

9. Discuss and Review April 2020 Valleywise Health's Financials and Statistical Information, cont.

She said that the property tax that was expected in April was received in May and she anticipated that patient cash collections would exceed the projections in May, which was forecasted to be \$25.4 million.

Chairman Dewane asked what the projected loss would be at fiscal year-end, June 30, 2020.

Ms. Agnew said that she had been monitoring the projections very closely and she was hopeful that the results would be better than the projections presented. The reopening of elective surgeries in April made a huge impact on the projections. While the year would not meet the budget, she was hopeful that the operating loss would be better than the projected \$120 million, and the non-operating excess of revenue over expenses projection of \$17.3 million.

10. Discuss and Review Preliminary Patient Volumes and Capital Target for Fiscal Year 2021

Ms. Agnew reviewed the preliminary budget assumptions for fiscal year 2021 (FY21). She noted the major operational focus areas were COVID-19 and continued focus on expenses, such as supply costs and labor cost efficiency. The budget would also consider the strategic initiatives, including the expansion of the behavioral health capacity, the opening of Valleywise Comprehensive Health Center-Peoria, the opening of Valleywise Community Health Centers-South Phoenix/Laveen and North Phoenix, and the relocation of Valleywise Community Health Center-7th Avenue to the Valleywise Community Health Center-South Central location.

She reviewed the preliminary statistics for FY21 and noted the volumes were adjusted to incorporate the impact of COVID-19. She stated that there was a reduction in volumes for emergency department visits due to COVID-19, behavioral health visits due to the addition of the screening unit, and Community Health Center visits due to the reduction of dental services for the first half the of fiscal year. She stated that dental services were reduced by 40% in the first three months, and 20% for the following two months due to the heightened risk associated with those services.

She noted that admissions were budgeted to increase from current year, due to the opening of the remaining units at Valleywise Behavioral Health Center-Maryvale. Emergency department visits were budgeted to decline, based on the current lower volumes, however, visits at Valleywise Emergency-Maryvale were anticipated to increase over current year. Outpatient visits were budgeted to decrease from the current year by 20,000 visits. Behavioral health visits were budgeted to increase; however, Community Health Center visits would decrease, with some visits transitioning to Comprehensive Health Center visits when Valleywise Comprehensive Health Center-Peoria opened, and two Community Health Centers closed. Ms. Agnew noted that telehealth visits would be notated in the budget as well.

She reviewed the preliminary volume and noted that the majority of the increase in admissions were related to Valleywise Behavioral Health Center-Maryvale. Observation admissions were budgeted to decrease, and the length of stay was anticipated to increase due to COVID-19 patients. The average daily census for FY21 was 500.9, an increase of 12% over current year projections. Surgeries were budgeted to decrease due to COVID-19, however the budget included the addition of surgeries that would be performed at Valleywise Comprehensive Health Center-Peoria. Deliveries were budgeted to remain flat, emergency department visits were budgeted to decrease, as were the outpatient visits.

Ms. Agnew reviewed the reimbursement assumptions and noted that AHCCCS Differential Adjustment Payment was budgeted to decrease up to 0.5%, the Medicare rate budgeted to increase by 1.5%, and commercial rates were scheduled to increase in October 2020 for United Healthcare and in January 2021 for Blue Cross Blue Shield. There was a shift in the payer mix for FY21, with increases in AHCCCS/Medicaid and uninsured, and decreases in commercial, as it was anticipated that there would be some insurance coverage loss.

**Special Health Care District Board of Directors
Meeting Minutes – General Session – May 27, 2020**

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

10. Discuss and Review Preliminary Patient Volumes and Capital Target for Fiscal Year 2021, cont.

She reviewed other operating revenue and noted the largest contributors to other operating revenue was Graduate Medical Education and the 340(b) Pharmacy Revenue. She reviewed the \$7 million capital budget for FY21, which was developed after an extensive process. She noted the capital expenditures would be monitored closely and would be spent on an as-needed basis.

Director Harden asked how staff was preparing for a second wave of COVID-19, should it occur, as anticipated in the Fall.

Mr. Purves stated that a second wave of COVID-19 was anticipated, however, there was no certainty of when it would happen or how it would present itself. He stated that staff had worked hard during the initial outbreak, put the appropriate infrastructure in place, and due to the Governor's Executive Order, the acute capacity was increased by 50 percent. He noted that the assumptions made in the budget were conservative and considered various factors, including the ongoing impact of COVID-19, however, staff was aware that additional measures may need to be taken in the future. The goal was to continue to monitor cash and expenses going forward.

Dr. White concurred and noted that staff was working as efficiently as possible and maximizing the surgery schedule, to prepare for a time when those services would be scaled back.

Director Thomas appreciated the focus on expenses, as it was the safest way to navigate uncertain times.

11. Review and Possible Action on Reports to the Board of Directors

- a. Monthly Marketing and Communications Report
- b. Monthly Care Reimagined Capital Purchases
- c. Monthly Valleywise Health's Employee Turnover Report (April 2020)
- d. Quarterly Compliance Officer's Report; Valleywise Health's Finance, Audit and Compliance Committee Activities

There were no comments or discussion for this item.

**Special Health Care District Board of Directors
Meeting Minutes – General Session – May 27, 2020**

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

12. Concluding Items

a. Old Business:

April 22, 2020

COVID-19 Response

- Keep the Board informed if Valleywise Health begins broadscale COVID-19 testing
- Have Marketing/Communications prepare a Q&A on COVID-19 testing

Legislative Update

- Keep the Board informed if the immigration order (if issued) impacts DACA

b. Board Member Requests for Future Agenda Items or Reports

c. Comments

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

Ms. Talbot reviewed old business and reiterated that the outstanding items from April 2020. She outlined the requests that stemmed from the meeting.

Director Harden questioned if Valleywise Health was conducting antibody testing.

Dr. White said that Valleywise Health had the capability of conducting the tests, however, there were restrictions, as there were limited tests available. As the testing capacity increased, the testing parameters would be broadened.

Mr. Purves expressed his continued appreciation for the tremendous effort shown by all employees of Valleywise Health. He recognized Ms. Agnew for her hard work in developing the FY21 budget and tracking all expenses related to COVID-19 so Valleywise Health could maximize the relief available. He acknowledged the marketing and communications team, the Valleywise Health Foundation, the information technology team, and the entire clinical team.

Director Harden thanked staff for their continued hard work in uncertain times. She recognized Ms. Talbot for ensuring the Board meetings continued virtually.

Chairman Dewane echoed the statements and expressed his appreciation.

Adjourn

MOTION: Director Harden moved to adjourn the May 27, 2020 Special Health Care District Board of Directors Formal Meeting. Director Thomas seconded.

VOTE: 4 Ayes: Chairman Dewane, Director Gerard, Director Harden, Director Thomas
0 Nays
1 Absent: Vice Chairman Wilcox
Motion passed.

Meeting adjourned at 2:28 p.m.

**Special Health Care District Board of Directors
Meeting Minutes – General Session – May 27, 2020**

Mark G. Dewane, Chairman
Special Health Care District
Board of Directors



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

June 24, 2020

Item 1.a.iii.

Minutes
June 4, 2020

Minutes

**Maricopa County Special Health Care District
Board of Directors Meeting
Valleywise Health Medical Center
Conference and Administration Center, Auditorium 4
June 4, 2020
11:00 a.m.**

DRAFT

Present: Mark G. Dewane, Chairman, District 2 – *participated telephonically*
Mary Rose Wilcox, Vice Chairman, District 5 – *participated telephonically beginning at 11:07 a.m.*
Mary A. Harden, Director, District 1 – *participated telephonically*
Susan Gerard, Director, District 3 – *participated telephonically*
J. Woodfin Thomas, Director, District 4 – *participated telephonically*

Others Present: Steve Purves, President and Chief Executive Officer – *participated telephonically*
Claire Agnew, Senior Vice President, Financial Services
Warren Whitney, Senior Vice President Government Relations
Emma Cone-Roddy, Osborn Maledon, Outside Counsel – *participated telephonically*
William J. Sims, Sims Mackin, Board Counsel – *participated telephonically*
Ijana Harris, Assistant General Counsel – *participated telephonically*
Martin Demos, General Counsel

Recorded by: Melanie Talbot, Chief Governance Officer; and Clerk of the Board
Cynthia Cornejo, Deputy Clerk of the Board – *participated telephonically*

Call to Order:

Chairman Dewane called the meeting to order at 11:04 p.m.

Roll Call

Ms. Talbot called roll. Following roll call, it was 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. All Board members participated telephonically. Vice Chairman Wilcox joined telephonically shortly after roll call.

Call to the Public

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

General Session, Presentation, Discussion and Action:

1. Recess General Session and Convene in Executive Session

MOTION: Director Harden moved to recess general session and convene in executive session at 11:07 a.m. Director Thomas seconded.

NOTE: Vice Chairman Wilcox joined the meeting telephonically prior to the vote.

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

**Special Health Care District Board of Directors
Meeting Minutes – General Session – June 4, 2020**

General Session, Presentation, Discussion and Action:

Chairman Dewane reconvened general session at 11:21 a.m.

2. Discussion and Possible Action on Ballot Language, County Tag Line Language and Board Resolution No. 2020-6-4-001, for the question of Authorizing the Continuance of the Operating Tax Levy for the November 2020 General Election

MOTION: Vice Chairman Wilcox moved the ballot language and county tag line language for the question of authorizing the continuance of the operating tax levy for the November 2020 general election and the corresponding Board Resolution, No. 2020-6-4-001 with the following change; under the title A.R.S. § 19-125 (E) Language, insert County between Maricopa and Special. Director Thomas seconded.

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

3. Approve an Intergovernmental Agreement (90-20-187-1) between Arizona Health Care Cost Containment System (AHCCCS) and the Maricopa County Special Health Care District dba Valleywise Health for the transfer of public funds for use as the Non-Federal Share of the Medicaid payment under this Agreement for Graduate Medical Education (GME) Programs for the period of July 1, 2019 through June 30, 2020 for the benefit of Valleywise Health Medical Center (\$11,912,416); Abrazo Arrowhead (\$619,753); Abrazo Central (\$688,850); Canyon Vista Medical Center (\$675,330); and Mountain Vista Medical Center (\$1,706,707)

MOTION: Director Harden moved to approve an Intergovernmental Agreement (90-20-187-1) between Arizona Health Care Cost Containment System (AHCCCS) and the Maricopa County Special Health Care District dba Valleywise Health for the transfer of public funds for use as the non-federal share of the Medicaid payment under this Agreement for Graduate Medical Education Programs for the period of July 1, 2019 through June 30, 2020 for the benefit of Valleywise Health Medical Center (\$11,912,416); Abrazo Arrowhead (\$619,753); Abrazo Central (\$688,850); Canyon Vista medical Center (\$675,330); and Mountain Vista Medical Center (\$1,706,707). Director Thomas seconded.

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

**Special Health Care District Board of Directors
Meeting Minutes – General Session – June 4, 2020**

Adjourn

MOTION: Director Harden moved to adjourn the June 4, 2020 Special Health Care District Board of Directors Meeting. Director Thomas seconded.

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

Meeting adjourned at 11:27 a.m.

Mark G. Dewane, Chairman
Special Health Care District
Board of Directors



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

June 24, 2020

Item 1.b.i.

**Contracts
90-20-207-1**

Melanie Talbot

From: Compliance 360 <msgsystem@compliance360.com>
Sent: Wednesday, June 10, 2020 9:00 AM
To: Melanie Talbot
Subject: Contract Approval Request: Real Property Purchase Agreement Salt River Project ("SRP")

Message Information


From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Real Property Purchase Agreement Salt River Project ("SRP")
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button.

Add comments as necessary.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Attachments

Name	Description	Type	Current File
(For Review) Purchase Agreement - 8E-8.5N - 51st Ave Campbell V3cln.pdf	File		 (For Review) Purchase Agreement - 8E-8.5N - 51st Ave Campbell V3cln.pdf

Contract Information

Division Contracts Division
Folder Contracts \ Leases - Property
Status Pending Approval
Title Real Property Purchase Agreement
Contract Identifier Board - New Contract
MIHS Contract Number 90-20-207-1
Primary Responsible Party Melton, Christopher C.
Departments
Product/Service Description Real Property Purchase Agreement
Action/Background Approve a Real Property Purchase Agreement between Salt River Project ("SRP") Agricultural Improvement and Power District and Maricopa County Special Health Care District dba Valleywise Health.

The purpose of this Purchase Agreement is for SRP's acquisition of a portion of APN 144-44-328 ("Property"), owned by Valleywise Health, as described

on Exhibit A of the Purchase Agreement. This is an additional square footage around the existing well site adjacent to 5102 W. Campbell Avenue, Phoenix, AZ, 85031, extending easement for SRP. Valleywise Health agrees to sell and SRP agrees to buy the Property on the terms and conditions set forth in this Purchase Agreement. The total purchase price for the Property is Three Thousand One Hundred Thirty Eight Dollars (\$3,138).

This Real Property Purchase Agreement is sponsored by Warren Whitney, SVP Government Relations.

Evaluation Process

Notes

Category

Effective Date

Expiration Date

Annual Value \$3,138.00

Expense/Revenue Revenue

Budgeted Travel Type

Procurement Number

Primary Vendor Salt River Project ("SRP")

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	Reviewed and approved
Whitney, Warren W.	Approved	
Harris, Ijana M.	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

June 24, 2020

Item 1.b.ii.

**Contracts
90-12-084-1-37**



2601 E. Roosevelt
Phoenix, AZ 85008
Phone: (602) 344-8551

DATE: June 8, 2020

TO: Valleywise Health Board of Directors

cc: Steve Purves, President and Chief Executive Officer
Martin Demos, General Counsel
Barbara Harding, Sr VP Ambulatory Services & CEO Valleywise Health FQHC Clinics
Melanie Talbot, Chief Governance Officer

FROM: Richard Mutarelli, Chief Financial Officer

SUBJECT: District Medical Group Contract - Amendment #37

A request for approval of Amendment #37 to the contract between District Medical Group (DMG) and Valleywise Health has been included in the June 24, 2020 Formal Meeting Consent Agenda. This amendment will be effective July 1, 2020, unless otherwise noted. The following requests are segregated by those that have or do not have a financial impact.

Amendment 37 Requests with a Financial Impact

- **Revise provider rates to reflect updated benchmarks**

Effective July 1, 2020

Valleywise Health is requesting approval to add \$1,475,166 to the contract to cover revised blended rates. This change will revise the current rates to reflect the 2019 MGMA blended benchmarks and 2018-2019 AAMC benchmarks where applicable.

The total cost to the MIHS-DMG Contract for the updated blended rates is \$1,475,166.

- **Add Maryvale Behavioral Health Staffing**

Valleywise Health is requesting approval to add the below Behavioral Health staffing to the Maryvale facility due to the opening of the new units at the November 1, 2019, March 26, 2019, and August 1, 2020 Effective dates.

Effective November 1, 2019
 (From Nov 1, 2019 to Mar 25th 2020)

Position	Previous FTEs	New FTEs	Rate	Previous Monthly Compensation	New Monthly Compensation	Number of Months	Financial Impact (5 Months)
Inpatient Psychiatrist Staffing	4.56	5.70	\$394,581	\$149,941	\$187,426	5.00	\$187,426
Psychiatry NP Staffing	4.56	5.91	\$198,740	\$75,521	\$97,863	5.00	\$111,708
Medical Nurse Practitioner	3.06	3.42	\$141,418	\$36,062	\$40,304	5.00	\$21,213
Psychologist Staffing	1.50	2.28	\$141,022	\$17,628	\$26,794	5.00	\$45,832
Internal Medicine Consult Services	0.12	0.12	\$311,320	\$3,113	\$3,113	5.00	\$0
Combined Psychiatrist Call FTE	1.22	1.59	\$394,581	\$40,116	\$52,282	5.00	\$60,831
Total 1							\$427,011

Effective March 26, 2020

Position	Previous FTEs	New FTEs	Rate	Previous Monthly Compensation	New Monthly Compensation	Number of Months	Financial Impact (3 Months)
Inpatient Psychiatrist Staffing	5.70	6.84	\$394,581	\$187,426	\$224,911	3.00	\$112,456
Psychiatry NP Staffing	5.91	7.09	\$198,740	\$97,879	\$117,422	3.00	\$58,628
Medical Nurse Practitioner	3.42	3.42	\$141,418	\$40,304	\$40,304	3.00	\$0
Psychologist Staffing	2.28	2.28	\$141,022	\$26,794	\$26,794	3.00	\$0
Internal Medicine Consult Services	0.12	0.13	\$311,320	\$3,113	\$3,373	3.00	\$778
Combined Psychiatrist Call FTE	1.59	1.91	\$394,581	\$52,282	\$62,804	3.00	\$31,566
Total 2							\$203,429
Total Financial Impact FY2020							\$630,439

Effective March 26, 2020
 (From Jul 1st 2020 to Jul 31st 2020)

Position	Previous FTEs	New FTEs	Rate	Previous Monthly Compensation	New Monthly Compensation	Number of Months	Financial Impact (1 Months)
Inpatient Psychiatrist Staffing	5.70	6.84	\$386,522	\$183,598	\$220,317	1.00	\$36,720
Psychiatry NP Staffing	5.91	7.09	\$209,940	\$103,395	\$124,040	1.00	\$20,644
Medical Nurse Practitioner	3.42	3.42	\$141,478	\$40,321	\$40,321	1.00	\$0
Psychologist Staffing	2.28	2.28	\$147,581	\$28,040	\$28,040	1.00	\$0
Internal Medicine Consult Services	0.12	0.13	\$309,426	\$3,094	\$3,352	1.00	\$258
Combined Psychiatrist Call FTE	1.59	1.91	\$386,522	\$51,214	\$61,521	1.00	\$10,307
						Total 2	\$67,929

Effective August 1, 2020
 (From Aug 1, 2020-Jun 30th 2021)

Position	Previous FTEs	New FTEs	Rate	Previous Monthly Compensation	New Monthly Compensation	Number of Months	Financial Impact (11 Month)
Inpatient Psychiatrist Staffing	6.84	7.98	\$386,522	\$220,317	\$257,037	11.00	\$403,915
Psychiatry NP Staffing	7.09	8.27	\$209,940	\$124,040	\$144,684	11.00	\$227,085
Medical Nurse Practitioner	3.42	4.56	\$141,478	\$40,321	\$53,762	11.00	\$147,845
Psychologist Staffing	2.28	3.42	\$147,581	\$28,040	\$42,061	11.00	\$154,222
Internal Medicine Consult Services	0.13	0.15	\$309,426	\$3,352	\$3,868	11.00	\$5,673
Combined Psychiatrist Call FTE	1.91	2.23	\$386,522	\$61,521	\$71,829	11.00	\$113,380
						Total	\$1,052,119

Total Financial Impact FY2021 \$1,120,048

The total Maryvale Behavioral Health financial impact for fiscal year 2020 is \$630,439. The total Maryvale Behavioral Health financial impact for fiscal year 2021 is \$1,120,048.

- Add 1.03 FTE Maryvale Emergency Department Advanced Practice Practitioners Effective December 1, 2019-June 30, 2020**

Valleywise Health is requesting approval to add a 1.03 FTE Advanced Practice Practitioner to the Maryvale Emergency Department. Valleywise Health had closed the observation unit in July of 2019 decreasing the number of advanced practice practitioners, however the original number of FTEs was underestimated for the volume for the December 1, 2019-June 30, 2019 time period.

Position	Previous FTEs	New FTEs	Previous Compensation	New Compensation
Maryvale ED APPs	6.23	7.26	\$980,496	\$1,142,601

The total increase in annual rates is \$162,105. The total increase for the for the fiscal year 2020 is \$94,561.

Amendment 37 Requests without a Financial Impact

- **Move 0.3 FTE Cardiology Physician FTEs from the FHC Section of the contract to the Service Line section of the contract, Effective September 1, 2019**
- **Revise RVU benchmarks to reflect the 2019 MGMA benchmarks, Effective July 1, 2020**
- **Revise Epic Department List to reflect any changes that have occurred over the past fiscal year, Effective July 1, 2020**

The total Fiscal Year 2020 impact for Amendment #37 to the Valleywise Health-DMG Contract is: **\$725,000.**

The total Fiscal Year 2021 impact for Amendment #37 to the Valleywise Health-DMG Contract is: **\$2,595,214.**

Melanie Talbot

From: Compliance 360 <msgsystem@compliance360.com>
Sent: Wednesday, June 10, 2020 6:33 AM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment#37 - Professional Medical Services District Medical Group (DMG)

Message Information


From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Amendment#37 - Professional Medical Services District Medical Group (DMG)
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button.

Add comments as necessary.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Attachments

Name	Description	Type	Current File
V2.Board Narrative Amendment 37-Valleywise Health-DMG Contract-06.20 (002).pdf		File	 V2.Board Narrative Amendment 37-Valleywise Health-DMG Contract-06.20 (002).pdf

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title Amendment#37 - Professional Medical Services
Contract Identifier Board - Amendment
MIHS Contract Number 90-12-084-1-37
Primary Responsible Party Melton, Christopher C.
Departments
Product/Service Description Amendment#37 to the Professional Medical Services Agreement
Action/Background A request for approval of Amendment #37 to the contract between District Medical Group (DMG) and Valleywise Health has been included in the June 24, 2020 Formal Meeting Consent Agenda. This amendment will be effective July 1, 2020, unless otherwise noted. The following requests are segregated

by those that have or do not have a financial impact.

Amendment 37 Requests with a Financial Impact

- Revise provider rates to reflect updated benchmarks
Effective July 1, 2020

Valleywise Health is requesting approval to add \$1,475,166 to the contract to cover revised blended rates. This change will revise the current rates to reflect the 2019 MGMA blended benchmarks and 2018-2019 AAMC benchmarks where applicable.

The total cost to the MIHS-DMG Contract for the updated blended rates is \$1,475,166.

- Add Maryvale Behavioral Health Staffing

Valleywise Health is requesting approval to add the below Behavioral Health staffing to the Maryvale facility due to the opening of the new units at the November 1, 2019, March 26, 2019, and August 1, 2020 Effective dates.

The total Maryvale Behavioral Health financial impact for fiscal year 2020 is \$630,439. The total Maryvale Behavioral Health financial impact for fiscal year 2021 is \$1,120,048.

- Add 1.03 FTE Maryvale Emergency Department Advanced Practice Practitioners
Effective December 1, 2019-June 30, 2020

Valleywise Health is requesting approval to add a 1.03 FTE Advanced Practice Practitioner to the Maryvale Emergency Department. Valleywise Health had closed the observation unit in July of 2019 decreasing the number of advanced practice practitioners, however the original number of FTEs was underestimated for the volume for the December 1, 2019-June 30, 2019 time period.

Position	Previous FTEs	New FTEs	Previous Compensation	New Compensation
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Maryvale ED APPs	6.23	7.26	\$980,496	\$1,142,601
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The total increase in annual rates is \$162,105. The total increase for the for the fiscal year 2020 is \$94,561.

Amendment 37 Requests without a Financial Impact

- Move 0.3 FTE Cardiology Physician FTEs from the FHC Section of the contract to the Service Line section of the contract, Effective September 1, 2019
- Revise RVU benchmarks to reflect the 2019 MGMA benchmarks, Effective July 1, 2020
- Revise Epic Department List to reflect any changes that have occurred over the past fiscal year, Effective July 1, 2020

The total Fiscal Year 2020 impact for Amendment #37 to the Valleywise Health-DMG Contract is: \$725,000.

The total Fiscal Year 2021 impact for Amendment #37 to the Valleywise Health-DMG Contract is: \$2,595,214.

Category
Effective Date
Expiration Date
Annual Value \$2,595,214.00
Expense/Revenue Expense
Budgeted Travel Type Yes
Procurement Number
Primary Vendor District Medical Group (DMG)

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	Reviewed and approved
Harris, Ijana M.	Approved	
White, Michael	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

June 24, 2020

Item 1.b.iii.

**Contracts
90-17-210-1-01**



**Maricopa County
Special Health Care District
Office of the Chief Information Officer**

2601 E. Roosevelt
Phoenix, AZ 85008
Phone: (602) 344-8551

DATE: June 9, 2020

TO: Valleywise Health Board of Directors
Steve Purves, President and CEO

cc: Rich Mutarelli, EVP and CFO
Claire Agnew, SVP Finance
Melanie Talbot, Executive Director, Board Operations

FROM: Kelly Summers, Senior Vice President and CIO
Diane J. Wynn, Director, IT Service Management

SUBJECT: Microsoft Enterprise Agreement (MSEA)

Members of the Valleywise Health Board of Directors,

Valleywise Health is currently enrolled in a three-year Microsoft Enterprise Agreement (MSEA) which expires on July 31, 2020 (August 1, 2017 – July 31, 2020). We are seeking approval to move forward with a new three-year MSEA with a term of August 1, 2020 – July 31, 2023.

1. Background / Problem Statement:

The MSEA is a three-year contract for Microsoft desktop, server and database software that includes Software Assurance (SA). SA gives us the rights to any upgrades that come out during the term of our MSEA enrollment, as well as training, support, Microsoft Home Use Program and Microsoft Employee Purchase Program.

Valleywise Health heavily utilizes Microsoft software through our existing MSEA and we own the license rights to 4,642 Office 365 products (Word, Excel, Power Point, Share Point and Outlook), as well as license rights to various quantities of Project, Visio, Exchange, SQL, Windows server and remote desktop software products.

It is critical that Valleywise Health stay current on Microsoft product versions and have the technical support should issues arise.

There is an expected increase in the cost of this year's three-year EA contract due to licensing and subscriptions acquired during the true-up process for specific initiatives. These specific costs are identified below:

- **Enterprise SQL Licenses (06/2019) - \$1,461,349.20**
To support net new requests for database resources, additional database infrastructure (hardware and software) was identified as a requirement and submitted into the FY19 capital planning process. This licensing was done during the EA true-up process.
- **P1 Subscription (10/2019) - \$199,261.44**
To ensure the O365 environment met all security control requirements and auditing functionality, a P1 subscription was required.

The perpetual SQL licenses will require maintenance in the new three-year contract. In addition, we will continue to pay for the P1 subscription which initial purchase cost will become an annual expense over the three-year contract period.

2. Benefits / Risk Avoidance:

While there are other options to purchase Microsoft software licenses individually, the MSEA provides the best pricing and added benefits as mentioned above. In addition, the MSEA will provide Valleywise Health with 24x7 technical support, planning services, technical training and the ability to streamline license management with a single agreement. The MSEA will also allow us to respond to the rapidly changing technological landscape by accessing the latest versions of software, at no additional cost.

- The other added benefit to the MSEA is the ability to budget more effectively by locking in pricing and spreading payments equally over three years.

3. Solution Option(s):

- **Do nothing, which will place the organization at risk of the following:**
 - ✓ Increased IT security vulnerabilities due to the inability to upgrade software to their most current versions
 - ✓ Increased downtime due to lack of technical support
 - ✓ Increased direct costs due to having to re-purchase software licenses as upgrades become available
- **Renew Current GCC (Government Cloud) Model - \$2,331,058.28/year**
 - ✓ The current government cloud licensing that Valleywise Health has will just be renewed.
 - ✓ Lack in feature parity to commercial cloud offering.
- **Transition to E3 CC Model - \$ 2,317,229.37/year**
 - ✓ Many public sector customers choose to utilize the commercial cloud.
 - ✓ Moving to the commercial cloud allows customers further price negotiations.
 - ✓ New O365 features will always come to the commercial cloud first (and sometimes never come to GCC). This could limit the capabilities for Valleywise Health to adopt new features that may help address business problems in the future.
 - ✓ Specific features that are currently not available in GCC but are available in the ECC are: Microsoft MyAnalytics, Microsoft StaffHub, Microsoft Sway, Microsoft Yammer, and Road Map updates.

4. Recommendation & Next Steps:

Recommend replacing our existing MSEA that is expiring, with a new three-year MSEA to protect our rights to Microsoft products already invested in. Transitioning to a commercial agreement with Microsoft also offers Valleywise Health additional features and functionality for less cost than renewing our current licensing resulting in a cost savings of \$41,486.73 over the three-year contract.

We will be accessing this agreement through CDW, utilizing the Vizient GPO Tier 1 contract (IT0031).

5. Financial Assumptions:

The new MSEA three-year cost would be \$6,951,688.11 (split into three equal payments, due annually over the next three years).

- FY 21 = \$2,317,229.37
- FY 22 = \$2,317,229.37
- FY 23 = \$2,317,229.37

Melanie Talbot

From: Compliance 360 <msgsystem@compliance360.com>
Sent: Wednesday, June 10, 2020 9:01 AM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment # 1 - Microsoft Enterprise Renewal for August 1, 2020 - July 31, 2023 CDW Government, Inc.

Message Information






From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Amendment # 1 - Microsoft Enterprise Renewal for August 1, 2020 - July 31, 2023 CDW Government, Inc.
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button.

Add comments as necessary.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Attachments

Name	Description	Type	Current File
CDW Quote for Licenses		File	 CDW Quote.pdf
RFBA		File	 RFBA Microsoft Enterprise Agreement (EA) 060220.pdf
OIG		File	 OIG CDW 2020.pdf
SAM		File	 SAM CDW 2020.pdf
IT Investment Memo		File	 Investment Justification Memo - Microsoft EA (060220).pdf

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title Amendment # 1 - Microsoft Enterprise Renewal for August 1, 2020 - July 31, 2023
Contract Identifier Board - Amendment
MIHS Contract Number 90-17-210-1-01
Primary Responsible Party Pardo, Laela N.
Departments OFFICE OF THE CIO

Product/Service Amendment # 1 - Microsoft Enterprise Renewal for August 1, 2020 - July 31, 2023
Description

Action/Background Approve Amendment #1 to the contract between CDW Government and Maricopa County Special Health Care District dba Valleywise Health to renew our Microsoft Enterprise Agreement from August 1, 2020 to July 31, 2023. Renewing the agreement allows Valleywise Health to upgrade any of the licenses we own during our enrollment, as well as training, support, and home use/purchase program for employees. The anticipated annual cost is \$2,317,229.37 for a total three (3) year cost of \$6,951,668.11 and is budgeted for operational expenditures from the IT department. This Amendment #1 is sponsored by Kelly Summers, Sr VP & Chief Information Officer.

Evaluation Process The requesting department has determined that the Contractor is performing satisfactorily and is meeting the goals and objectives of the organization. The requesting department has elected that the contract should be continued and extended. Additionally, procurement is satisfied pursuant to HS-102(B)(1) of the Procurement Code in that contracts between Valleywise Health and other political subdivisions, cooperative purchasing agreements with governmental entities or other governments are exempt from the solicitation requirements of the Procurement Code.

Notes Valleywise Health contracts with CDW through Arizona State Contract ADSP017-149774, Software Value Added Reseller (SVAR). CDW is an authorized Microsoft Reseller.

Category Co-op

Effective Date 8/1/2020

Expiration Date 7/31/2023

Annual Value \$2,317,229.37

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor CDW Government, Inc.

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	Reviewed and approved
Wynn, Diane J.	Approved	
Summers, Kelly R.	Approved	
Harris, Ijana M.	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

June 24, 2020

Item 1.b.iv.

**Contracts
90-20-206-1**



Office of the Sr Vice President & CEO FQHC Clinics
2525 East Roosevelt Street • Phoenix • AZ • 85008

DATE: 06/24/2020

TO: Maricopa County Special Health Care District
Board of Directors

FROM: Barbara Harding, BAN, RN, MPA, PAHM, CCM
Sr VP Amb Svcs & CEO FQHC Clinics

SUBJECT: Maricopa County Public Health Special Supplemental
Nutrition Program for Women, Infants and Children (WIC)
Virtual Services Pilot

Background:

The Special Supplemental Nutrition Program for Women, Infants and Children (otherwise known as WIC) is a Public Health Nutrition Program that serves pregnant and breastfeeding women as well as women whose pregnancies have ended within the last 6 months, whether or not it resulted in a live birth. WIC also serves parents and caregivers of infants and children under 5 years of age. WIC provides nutrition and breastfeeding education, support and resources; prescribed specific healthy food benefits and referrals to other community and health resources. WIC is funded by the United States Department of Agriculture (USDA) and administered through the Arizona Department of Health Services (ADHS). Maricopa County Department of Public Health – WIC (MCDPH – WIC) is a contractor of ADHS and serves about 42,000 women, infants and children per month. Currently, WIC Federal Regulations require that any person that is enrolling in the WIC program be physically present in the WIC clinic in order to obtain height/length, weight and hemoglobin information.

Pilot Information:

This partnership seeks to pilot a WIC service delivery that removes barriers for participation in WIC. In this pilot, the height/length, weight and hemoglobin information would be provided by the providers at Valleywise and the MCDPH WIC staff would complete the WIC appointment virtually with the family which would eliminate the need for the family to go to another location to obtain WIC services.

Valleywise would:

1. Providers would identify patients that are potentially WIC eligible, offer WIC services and if agreeable would provide the “WIC Welcome Packet”
2. The provider or designee would upload all contact information, patient information and height/length, weight and hemoglobin information on our secure provider portal.

Maricopa County Department of Public Health (MCDPH) – WIC would:

1. Once the referral from Valleywise is received, WIC staff would contact the family to complete their virtual WIC appointment and provide all nutrition education, food benefits and referrals
2. Provide quarterly reports of how many of the Valleywise referrals followed through and were enrolled in WIC.

Melanie Talbot

From: Compliance 360 <msgsystem@compliance360.com>
Sent: Thursday, June 11, 2020 6:42 AM
To: Melanie Talbot
Subject: Contract Approval Request: Partnership Agreement re: Virtual Women, Infant, and Children (WIC) Services Maricopa County Department of Public Health

Message Information


From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Partnership Agreement re: Virtual Women, Infant, and Children (WIC) Services Maricopa County Department of Public Health
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button.

Add comments as necessary.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Attachments

Name	Description	Type	Current File
(For Review) WIC PA.pdf		File	 (For Review) WIC PA.pdf

Contract Information

Division Contracts Division
Folder Contracts \ Services - Consulting/Auditing & Other
Status Pending Approval
Title Partnership Agreement re: Virtual Women, Infant, and Children (WIC) Services
Contract Identifier Board - New Contract
MIHS Contract Number 90-20-206-1
Primary Responsible Party Melton, Christopher C.
Departments
Product/Service Description Women, Infant and Children (WIC) Services Partnership Agreement
Action/Background Approve a non-monetary Partnership Agreement between Maricopa County through its Department of Public Health ("MCDPH") and Maricopa County Special Health Care District dba Valleywise Health.

The purpose of this Agreement is to provide virtual Women, Infant and Children ("WIC") Services for those referred to MCDPH WIC by Valleywise Health. This Agreement will establish an educational and participatory program of cooperative interaction between MCDPH and Valleywise Health, as well as providing Valleywise Health patients with virtual WIC services and WIC benefits.

This Agreement shall begin on the date of last signature and shall thereafter automatically renew for additional one (1) year terms, unless otherwise not renewed by providing at least 30 days notice prior to the expiration of the then current term. Either party may terminate this Agreement at any time during a term and for any or no reason upon 90 days prior written notice.

This Agreement is sponsored by Barbara Harding, SVP Ambulatory Services & CEO FQHC Clinics

Evaluation Process

Notes

Category

Effective Date

Expiration Date

Annual Value \$0.00

Expense/Revenue

Budgeted Travel Type

Procurement Number

Primary Vendor Maricopa County Department of Public Health

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	Reviewed and approved
Harding, Barbara J.	Approved	
Harris, Ijana M.	Approved	
White, Michael	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

June 24, 2020

Item 1.c.i.

Governance

Board Resolution No. 2020-6-24-001

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
RESOLUTION NO. 2020-06-24-001**

June 24, 2020

RESOLUTION AUTHORIZING THE EXECUTION AND DELIVERY OF DOCUMENTS, THE PREPARATION AND PUBLICATION OF NOTICES AND RECEIPT OF PRO AND CON ARGUMENTS AND ADDITIONAL ACTIONS IN CONNECTION WITH AN ELECTION TO BE HELD ON NOVEMBER 3, 2020 SUBMITTING TO THE QUALIFIED ELECTORS OF THE MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT THE QUESTION OF AUTHORIZING THE CONTINUATION OF A SECONDARY PROPERTY TAX LEVY FOR TWENTY YEARS, AS AUTHORIZED BY LAW (CHAPTER 31, TITLE 48, ARIZONA REVISED STATUTES.

WHEREAS, on January 29, 2020, the Board of Directors (the “Board”) of the Maricopa County Special Health Care District (the “District”) adopted Resolution 2020-1-29-001 providing notice to the Board of Supervisors of Maricopa County to order an election to be held on November 3, 2020 submitting to the qualified electors of the District the question of continuation of a secondary property tax levy for the benefit of the District – which includes the public teaching hospital, the Arizona Burn Center, three behavioral health hospitals and 12 family health centers -- for twenty years (the “Question”). The tax will expire in August, 2025, unless extended with voter approval prior to that date.

WHEREAS, in connection with such election it is necessary and desirable for this Board to authorize the execution and delivery of certain documents, the preparation and publication of notices and the receipt of pro and con arguments and the taking of additional actions in connection with the Question.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Maricopa County Special Health Care District:

Section 1. The Board authorizes the Chief Executive Officer of the District to cause the following to take place:

a. Publish a Notice of the Call of Election (the “Notice”), in substantially the form attached to this Resolution as Exhibit A, in a newspaper of general circulation in Maricopa County. Such Notice shall be published twice, not less than one week apart, between June 24, 2020 and August 5, 2020.

b. Enter into agreements and take such other actions as are necessary or desirable in the preparation and conduct of such election, including the creation and distribution of a Voter Information Pamphlet.

c. Comply with the requirements in A.R.S. § 16-228 by including any statutorily required information in the Voter Information Pamphlet and by distributing the Voter

Information Pamphlet so that households with qualified electors in the District receive the Voter Information Pamphlet before the earliest date of mailing early ballots to registered voters in the District.

d. Publish the Notice and Voter Information Pamphlet in English and Spanish.

Section 2. Written arguments of no more than 300 words in length for and against the Question, for inclusion in the Voter Information Pamphlet, must be received no earlier than 8:00 a.m. on July 7, 2020 and no later than 5:00 p.m. on August 5, 2020.

Section 3. All actions previously taken on behalf of the District by the Chief Executive Officer of the District in furtherance of any of the foregoing matters are hereby ratified and confirmed in all particulars as the acts of the District.

PASSED, ADOPTED, AND APPROVED by the Board of Directors of the Maricopa County Special Health Care District on June 24, 2020.

EXHIBIT A

CALL OF ELECTION

of the

Board of Directors

Of

Maricopa County Special Health Care District

Pursuant to A.R.S. § 16-227(A), the Board of Directors (“Board”) of the Maricopa County Special Health Care District (“District”) hereby gives notice that, by resolution of the Board on January 29, 2020, the Board has called an election for the purpose of submitting to the qualified electors of the District the question of the continuation of a secondary property tax levy for the benefit of the District—which includes the public teaching hospital, the Arizona Burn Center, three behavior health hospitals and 12 family health centers—for twenty years.

The date of the election is November 3, 2020.

The last date to register to vote in the election is October 5, 2020.

The election has been called by the Maricopa County Special Health Care District.

Dated this 24th day of June, 2020

Maricopa County Special Health Care District



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

June 24, 2020

Item 1.c.ii.

Governance
Co-Applicant Operational Arrangement



Office of the Sr Vice President & CEO FQHC Clinics

2525 East Roosevelt Street • Phoenix • AZ • 85008

DATE: 06/24/2020

TO: Maricopa County Special Health Care District
Board of Directors

FROM: Barbara Harding, BAN, RN, MPA, PAHM, CCM
Sr VP Amb Svcs & CEO FQHC Clinics

SUBJECT: Co-Applicant Operational Arrangement Between the Maricopa
County Specialty Health Care District and the Valleywise
Community Health Centers Governing Council

Per the Health Resources and Services Administration (HRSA), Health Center Compliance Manual, Chapter 20: Board Authority a co-applicant agreement is required.

“For public agencies with a co-applicant board; the health center has a co-applicant agreement that delegates the required authorities and functions to the co-applicant board and delineates the roles and responsibilities of the public agency and the co-applicant in carrying out the Health Center Program project.”¹

On June 3, 2020, the Valleywise Community Health Centers Governing Council discussed and approved the revised co-applicant agreement.

Per the Co-applicant Operational Agreement between the Maricopa County Special Health Care District and the Valleywise Community Health Centers Governing Council (formerly the Maricopa Health Center Governing Council), a final approval by the Maricopa County Special Health Care District Board is requested.

¹ <https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-19.html#titletop>
Retrieved: 06/10/2020.



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

June 24, 2020

Item 1.c.ii.

**Governance
Co-Applicant Operational Arrangement
Red-lined version**

CO-APPLICANT OPERATIONAL ARRANGEMENT

Between the

MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

(“Public Agency”)

and the

**~~MARICOPA-~~VALLEYWISE COMMUNITY HEALTH CENTERS GOVERNING
COUNCIL**

(“Co-Applicant”)

This Co-Applicant Operational Arrangement (“Arrangement”) is entered into by and between the ~~Board of Directors for the~~ Maricopa County Special Health Care District Board of Directors (“~~District~~” or “~~District~~-(Board)”), and the ~~Maricopa-~~Valleywise Community Health Centers Governing Council (“Governing Council” or “Co-Applicant”) (collectively “the Parties”).

WHEREAS, the Maricopa County Special Health Care District (District), a political subdivision of the state of Arizona, is statutorily empowered to operate pursuant to Title 48, Chapter 31, of the Arizona Revised Statutes and A.R.S. § 48-5501 et. seq. and acting through its ~~Board of Directors~~ is authorized to accept and utilize federal and state funds and enter into agreements with other entities for the delivery and supervision of health care services at District operated health care facilities; and,

WHEREAS, the Co-Applicant, through its Governing Council, is organized to provide governance and oversight of ~~certain~~ Federally Qualified Health Center (FQHC) clinics owned and operated by the District (~~the Federally Qualified Health Care Look-Alike clinics or “FQHC Look-Alike clinics”~~) that provide primary and preventive health care and related services (including, but not limited to, ancillary services), regardless of an individual’s or family’s ability to pay; and,

WHEREAS, since ~~2006~~2019, the Parties have co-applied for, and have been awarded by the Health Resources and Services Administration (“HRSA”) within the United States Department of Health and Human Services (“DHHS”), designation to operate a ~~look-alike~~ public center pursuant to Section 330 of the Public Health Service Act, which includes the FQHC ~~Look-Alike~~ clinics (the “Health Center Program”-~~Project~~); and,

WHEREAS, the Parties agree that the District, having received FQHC ~~Look-Alike~~ designation from HRSA, will serve as the Public Agency and, as applicable, the recipient of federal funding, which may include Section 330 grant funding; and that the Governing Council will serve as the Co-Applicant, consistent with the requirements of Section 330 and applicable

HRSA policies and pronouncements; and that the ~~District~~District acting as the Public Agency and the Governing Council acting as the Co-Applicant, together constitute the “Health Center Project” under HRSA policy; and,

WHEREAS, the Parties understand that Section 330, which was enacted by Congress, permits a public entity to operate a public center and to retain general policy-making authority; and,

WHEREAS, HRSA policy has stated (i) that a public center may consist of a public entity and a co-applicant which, when combined, meet the Section 330 governance requirements; and (ii) that many public entities are required by law to retain final authority for certain types of activities; and,

WHEREAS, in order to accomplish their shared interests, the ~~District~~Board and ~~Co-Applicant~~Governing Council, acting collectively as the public center, wish to clarify and define their respective roles and responsibilities and their shared duties with regard to the governance and operation of the FQHC ~~Look-Alike~~ clinics in a manner consistent with the requirements of Section 330, its implementing regulations, ~~and~~ HRSA ~~policy~~policies and the Compliance Manual.

NOW THEREFORE, in consideration of the promises and mutual covenants set forth in this Arrangement, the Parties agree as follows;

1. ~~Co-Applicant~~Governing Council’s Authorities**Role and Responsibilities**

~~Composition of the Co-Applicant’s Governing Council~~

~~The composition of the Governing Council, as set forth in the Governing Council’s Bylaws, shall comply with the requirements of Section 330, its implementing regulations, and HRSA policies. The Co-Applicant will make its best efforts with the assistance of the District to ensure that each Maricopa County Special Health Care District is represented when recruiting and approving new Governing Council Members and submit a quarterly report to the District Board reflecting the Governing Council’s membership structure.~~

1.12 Co-Applicant’s Governing Council’s Governance Authorities and Responsibilities

The ~~Co-Applicant’s~~ Governing Council’s governance authorities and responsibilities shall comply with the requirements of Section 330, its implementing regulations, ~~and~~ HRSA policies and the Compliance Manual. The ~~Co-Applicant~~ Governing Council shall specifically exercise the following authorities and responsibilities ~~with regard to~~regarding the management and operation of the FQHC ~~Look-Alike~~ clinics:

~~1.1.1 Adopting of health care policies that are supportive of the District’s policies regarding the scope, availability, location, and hours of operation provided by the FQHC Look-Alike clinics; however, with regard to location of any new FQHC Look-Alike clinics, Co-Applicant will work with the District to identify new locations that are consistent with the District’s Proposition 480 facility, strategic, business, and capital plan;~~

1.1.1 Annually review the service area by zip codes reported on Form 5B: Service Sites;

- 1.1.2 Complete or update a community needs assessment of the current patient population at least once every three (3) years to improve the delivery of health care services;
- 1.1.3 Review and approve additional health services, if any, to offer in order to meet the health needs of the patient population served by the FQHC clinics, subject to Board approval;
- 1.1.4 Annually review a list of FQHC clinics, including addresses, hours of operation by clinic, and information on general services offered at each clinic reported on Form 5B: Service Sites;
- 1.1.5 Approve location of any new FQHC clinic or closure of existing FQHC clinic as long as it is consistent with the District's facility, strategic, business, financial, and capital plans;
- 1.1.6 Ensure written operating procedures exist for responding to patient medical emergencies during each FQHC clinics regularly scheduled hours of operation;
- 1.1.7 Ensure written operating procedures exist for responding to patient medical emergencies after regularly scheduled hours of operation;
- 1.1.8 Ensure written operating procedures are in place to obtain medical information related to a FQHC clinic patient's hospital or emergency department visit;
- 1.1.9 ~~Developing, Review annually reviewing evaluate, and approving fee structures, a sliding fee discount program schedule, collections policies and financial policies for the Health Center Project,~~ for the FQHC clinics at least every three (3) years. Evaluation should include the effectiveness of the sliding fee discount program in reducing financial barriers to care, and the rate which patients within each discount category are accessing services; ~~consistent with Paragraph 2.5;~~
- 1.1.10 Annually review and approve a sliding fee discount schedule for the FQHC clinics based on the most recent Federal Poverty Guidelines;
- 1.1.11 Review and approve at least every two (2) years a Quality Improvement/Quality Assurance (QI/QA) program for the FQHC clinics that addresses the quality and utilization of services, patient satisfaction, patient grievance process and patient safety including adverse events;
- 1.1.12 Ensure that QI/QA data, including patient satisfaction, patient grievance and patient safety, is shared with the Governing Council at least quarterly;
- 1.1.13 Ensure written quality of care audit procedures are in place and audit is shared with the Governing Council annually;

- 1.1.14 Select/hire the Project Director/Chief Executive Officer of the FQHC clinics after receiving prior approval from HRSA and as set forth in Paragraph 3 below;
- 1.1.15 Annually evaluate the Project Director/Chief Executive Officer's performance as set for in Paragraph 3 below;
- 1.1.16 Dismiss/terminate the Project Director/Chief Executive Officer from the Health Center Program if necessary, as set forth in Paragraph 3 below and notify HRSA;
- 1.1.17 Approve changes to Project Director/Chief Executive Officer's job description;
- 1.1.18 Approve changes to organization chart including titles and names of key management staff;
- 1.1.19 Comply with the District's written Code of Conduct and Ethics; and Conflicts of Interest and Gift policy;
- 1.1.20 Submit written disclosure to Clerk if a real or apparent conflict of interest was identified by a Governing Council member;
- 1.1.21 Make reasonable efforts to establish and maintain collaborative relationships, including with other specialty providers that provide care within Maricopa County, to provide access to services not available at the FQHC clinics and to reduce the non-urgent use of hospital emergency departments; and with social service organizations to support community services that impact patients of the FQHC clinics;
- 1.1.22 Track the financial performance of the FQHC clinics, including identification of trends or conditions that may warrant action to maintain financial stability;
- 1.1.23 Review and accept the annual fiscal year audit of the District, which includes certain financial information about the FQHC clinics;
- 1.1.24 Maintain control over, and accountability for, all funds, in order to adequately safeguard and ensure that they are used solely for authorized purposes;
- ~~1.1.11~~1.1.25 Ensure written policies and procedures are in place to ensure the appropriate use of federal funds in compliance with applicable federal statutes, regulations, and the terms and conditions of the federal award;
- 1.1.26 Ensure written billing and collections policies and procedures are in place and include provisions to waive or reduce fees owed by patients; a policy for refusal to pay; and procedures for notifying patients of additional costs for supplies and equipment related to the services;

- 1.1.27 Develop and approve an annual operating and capital budget for the FQHC clinics to be incorporated into the District’s annual budget for Board approval. The budget should be reflective of the costs and revenues necessary to support the FQHC clinics scope of project;
 - 1.1.28 Submit timely, accurate, and complete Uniform Data System (UDS) reports;
 - 1.1.29 Annually review data-based reports on: patient service utilization; trends and patterns in the patient population; and overall health center performance including achievement of FQHC clinics objectives; and efficiency and effectiveness of the FQHC clinics, for oversight by the Governing Council;
 - 1.1.30 Approve application for HRSA grant funding, subject to Board approval;
 - 1.1.31 Approve changes in scope of project for the FQHC clinics subject to Board approval;
 - 1.1.32 Annually evaluate the operations of the FQHC clinics including compliance with applicable federal requirements, performance expectations such as financial and patient volumes, patterns of health service utilization;
 - 1.1.33 Ensure the existence of a co-applicant ~~agreement~~ arrangement that delegates the required authorities and responsibilities to the Governing Council and delineates the authorities and responsibilities of the Board;
 - 1.1.34 Hold monthly meetings where a quorum is present;
 - 1.1.35 Conduct and approve a long-range, strategic plan at least once every three (3) years that identifies FQHC clinic priorities and addresses financial management and capital expenditure needs, that is consistent with the District’s facility, strategic, business, financial and capital plans; and
- ~~Setting, approving, and recommending for final approval by the District Board the FQHC Look-Alike clinics’ operating and capital budgets for the Health Center Project;~~
 - ~~**1.2.1** Reviewing, approving, and recommending for final approval by the District Board any Section 330 and related look-alike and/or grant applications and other HRSA requests regarding scope of project for the Health Center Project;~~
 - ~~**1.2.1** Selecting, evaluating, and dismissing the Executive Director, (synonymous with Co-Applicant’s Chief Executive Officer), as set forth in Paragraph 3 below;~~
 - ~~In collaboration with the District Board, evaluating FQHC Look-Alike clinics activities regarding service utilization patterns, productivity, patient satisfaction, achievement of project objectives and development of a process for hearing and resolving patient grievances;~~

- ~~1.2.2~~ — Reviewing the District Board’s selection of the District’s independent external auditor and reviewing and recommending for approval by the District Board the FQHC Look Alike clinics’ audit report;
 - ~~— In collaboration with the District Board, recommending a quality improvement plan for the FQHC Look Alike clinics and conducting a quality of care audit procedure;~~
 - ~~— In collaboration with the District Board, assuring that the FQHC Look Alike clinics are operated in compliance with applicable federal, state and local laws, regulations, HRSA requirements and the District’s corporate compliance program;~~
 - ~~— Annually evaluating the FQHC Look Alike clinics’ achievements; establishing the FQHC Look Alike clinics’ goals and objectives in collaboration with the District Board; and then approving the FQHC Look Alike clinics’ goals and objectives, including recommending linkages with other health care providers and health care programs;~~
- 1.2.11 — Annually developing a strategic plan based on an assessment of the health care needs of the community served by the FQHC Look Alike clinics with support from the District and any report, plan, or recommendations related to that process must be preliminarily approved by the District Board prior to the Co Applicant’s final approval.
- 1.2.12 — Establishing and maintaining a monthly meeting schedule;
- 1.2.13 — Participating in training and developmental programs in furtherance of the services provided at, and operations of, the FQHC Look Alike clinics;
- 1.2.14 — Complying with the District’s ~~conflict of interest and gift policy;~~
- 1.2.15 — Exercising other authorities and responsibilities permitted of a co-applicant in a public center relationship, in accordance with Section 330, its implementing regulations, and HRSA policy; and
- 1.2.16-36 — On an annual basis, submitting to the District an attestation that the Governing Council has operated; and each Governing Council Member has performed his/her duties, in a manner that is compliant with the provisions of this Arrangement; and that each Governing Council ~~Member~~ member has completed their annual compliance ~~and governance~~ training and sign the ~~Maricopa Integrated Health System~~ District’s Code of Conduct and Ethics attestation form.

1.2 Composition of the Governing Council

The composition of the Governing Council, as set forth in the Governing Council’s bylaws, shall comply with the requirements of Section 330, its implementing regulations, HRSA policies and the Compliance Manual.

1.2.1 The Governing Council must consist of at least 9 and no more than 25 members.

1.2.2 The majority (at least 51%) of the Governing Council members must be patients served by the FQHC clinics. A patient is someone who has received in-scope services within the last 24 months. The patient Governing Council members must

represent the patients served by the FQHC clinics in terms of demographics such as race, ethnicity, and gender.

1.2.3 Non-patient Governing Council members must be representative of the community served by the FQHC clinics and must be selected for their expertise in relevant subject areas such as community affairs, local government, finance, legal, trade unions, education, business labor relations and social service agencies within the community.

1.2.4 Ensuring that the non-patient Governing Council members, no more than one-half may derive more than 10% of their annual income from the health care industry. Health care industry is defined as hospitals, other health care institutions, nurses, doctors, dentist, and other licensed healthcare professionals whose primary responsibility is providing primary preventative and therapeutic healthcare services.

1.2.5 Employees and immediate family members (spouse, child, parent, or sibling, by blood, adoption, or marriage) of the Maricopa County Special Health Care District dba Valleywise Health, or any other hospital or health care institution, may not be members of the Governing Council.

1.2.6 The Governing Council will make its best efforts to ensure that each of the five (5) Directorship District's is represented when recruiting and approving new Governing Council members.

1.2.7 The Governing Council will submit an annual report to the Board reflecting the Governing Council's membership structure.

1.3 ~~Co-Applicant~~ Governing Council's ~~By-Laws~~ Bylaws

1.3.1 The ~~Co-Applicant~~ Governing Council -agrees that any proposed amendments to the ~~Co-Applicant By-laws~~ bylaws must be consistent with the requirements of Section 330, its implementing regulations, HRSA policies, the Compliance Manual, and the terms of this Arrangement.

1.3.2 The bylaws must outline the following required authorities and responsibilities of the Governing Council: hold monthly meetings; approval of the selection of the Project Director/Chief Executive Officer; approval of the dismissal/termination of the Project Director/Chief Executive Officer; approval of annual budget for the FQHC clinics; approval of location of any new FQHC clinic or closure of existing FQHC clinic as long as it is consistent with the District's facility, strategic, business and capital plans; approval of FQHC clinics hours of operation; annual evaluation of the performance of the FQHC clinics; and assurance that the FQHC clinics operate in compliance with applicable Federal, State and local laws and regulations.

1.3.3 Prior to adopting amendments to the ~~Co-Applicant~~ By-Laws ~~bylaws~~, the Governing Council will provide the ~~District-Board~~ with a copies ~~copy~~ of the proposed

amendments with sufficient time to permit the ~~District Board~~ to review and ensure that any revision is consistent with the requirements of Section 330, its implementing regulations, HRSA policies, Compliance Manual, and the terms of this Arrangement. The ~~District Board~~ shall approve the proposed amendments at the next regularly scheduled ~~District Board~~ meeting and thereafter, ~~timely~~-notify the ~~Co-Applicant~~ Governing Council of approval. The ~~District Board~~ may only disapprove an amendment to the ~~Co-Applicant By-laws~~bylaws if the amendment is inconsistent with the requirements of Section 330, its implementing regulations, HRSA policies, the Compliance Manual, and the terms of this Arrangement. ~~and~~ ~~†~~The ~~District Board~~ will provide the ~~Co-Applicant~~ Governing Council ~~with~~ reason(s) for such disapproval within seven (7) calendar days after ~~the disapproval~~non-approval.

1.3.42 The ~~Co-Applicant's By-laws~~bylaws will include similar language as in the ~~District~~ Board's ~~By-Laws~~bylaws that allow for ~~two~~-four (4) or more Governing Council ~~Members~~members to place an item on the Governing Council's meeting agenda.

1.3.3-5 The ~~Co-Applicant's By-laws~~bylaws will include provisions for the filling of vacancies on the ~~Council~~-Governing Council that arise as a result of retirement, resignation, or the removal of a ~~Member~~-member of the Governing Council, where the removal is based upon good cause, including but not limited to, violations of the District's Code of Conduct and Ethics, Conflicts of Interest and Gift policy or actions that are unbecoming of the ~~Member~~member.

1.4 ~~Co-Applicant's~~-Governing Council's- Duty Regarding Potential Members of Governing Council.

The ~~Co-Applicant~~Governing Council ~~will~~ provide District staff with a ~~fully~~-completed Governing Council membership application and Acknowledgement and Authorization for Background Check form, (including the name and information about the potential member) with sufficient advance time to permit District staff to review the application to ensure there is no conflict of interest in fact or in appearance, and to receive back the completed background screening. District staff will ~~reply to~~notify the ~~Co-Applicant~~Governing Council ~~about~~ any identified conflict of interest with regard to the potential member, in a timely manner, but in no event, later than the next regularly scheduled ~~District Board~~Executive Committee meeting. The obligations noted in Paragraph 2.1.324 are incorporated by reference in this Paragraph 1.4.

~~1.~~ 2. District's Governance Board's Authorities and Responsibilities

2.1 Board's Authorities and Responsibilities

The ~~District acting through its~~ Board of Directors, acting through staff, constrained by statutory authority, shall exercise the following governance and operational authorities and responsibilities with respect to the FQHC ~~Look Alike~~ clinics, which includes but are not limited to:

- 2.1.1 ~~Approve~~ Consider for approval additional health services, if any, as recommended by the Governing Council. to offer in order to meet the health needs of the patient population served by the FQHC clinics;
- 2.1.2 Ensure that the FQHC clinics have clinical staff and/or has contracts in place to carry out all required and additional services included in the HRSA-approved scope of project;
- 2.1.3 Ensure operating procedures are in place for credentialing and privileging for all clinical staff members providing services on behalf of the FQHC clinics;
- 2.1.4 Ensure records for clinical staff that contain documentation of licensure, credentialing verification, and applicable privileges consistent with operating procedures, are maintained;
- 2.1.5 Ensure operating procedures are in place for FQHC clinics' patients that are hospitalized as inpatients or who visited the Valleywise Health Medical Center's Emergency Department;
- 2.1.6 Ensure position descriptions of key management staff are maintained by the District's Human Resources;
- 2.1.7 Ensure there are District Human Resources procedures relevant to recruiting and hiring of key management staff of the FQHC clinics;
- 2.1.8 Adopt policies for financial management practices and a system to ensure accountability for FQHC clinics resources;
- 2.1.9 Establish and maintain general personnel policies including those addressing selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices;
- 2.1.10 Contract with other providers for the provision of health services within the HRSA-approved scope of project and ensure their performance is in accordance with the terms, conditions, and specifications of their contracts and to assure compliance with applicable Federal requirements
- 2.1.11 Ensure that contracts with providers for the provision of health services with the HRSA-approved scope of project includes a schedule of rates and method of payment to providers for health services that are provided at the within the HRSA-approved scope of project at the FQHC clinics;
- 2.1.12 Retain financial records, supporting documents, statistical records, and all other records pertinent to contracts for a period of three years;

- 2.1.13 Ensure that written procurement procedures comply with Federal procurement standards;
- 2.1.14 Perform periodic evaluations of contractors' performance including that contractors have met the terms, conditions, and specifications of contracts;
- 2.1.15 Maintain a written District Code of Conduct and Ethics and Conflicts of Interest and Gift policy;
- 2.1.16 Maintaining records for procurement actions paid for in whole or in part under the Federal award that include the rationale for method of procurement, selection of contract type, contractor selection or rejection, and the basis for the contract price. This would include documentation related to noncompetitive procurements;
- 2.1.17 Maintain mechanism to ensure the District's Code of Conduct and Ethics is disseminated to Board and Governing Council, employees, medical staff, and agents of the District when there are changes;
- 2.1.18 Ensure Board and Governing Council, employees, medical staff, and agents of the District, adhere to the District's Code of Conduct and Ethics by requiring an annual attestation;
- 2.1.19 Contract with external auditor to perform an annual fiscal year audit of the District, which includes the FQHC clinics, to determine the fiscal integrity of financial transactions and operations of the District to be in compliance with HRSA requirements; and in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in Government Auditing Standards, used by the Comptroller General of the United States;
- 2.1.20 Utilize a financial management and internal control system that reflects Generally Accepted Accounting Principles (GAAP) or Government Accounting Standards Board (GASB) principles;
- 2.1.21 Maintain a list of provider and program/site billing numbers for Medicaid, CHIP and Medicare;
- 2.1.22 Maintain written operating procedures for implementing billing options or payments methods and ensure they are accessible to patients regardless of income level;
- 2.1.23 Ensure claims are submitted in a timely and accurate manner to third party payor sources;
- 2.1.24 Annually, adopt a District budget that shall consist of at the very least, a one (1) year operating budget, a one (1) year capital budget, and one (1) year cash flow budget, and an annual operating and capital budget for the FQHC clinics;

2.1.25 Consider approval of application for HRSA grant funding, as recommended by the Governing Council;

2.1.26 Consider approval of changes in scope of project for the FQHC clinics, as recommended by the Governing Council;

2.1.27 Ensure a system is in place to oversee the operations of the Federal award-supported activities to ensure compliance with applicable Federal requirements and for monitoring program performance;

2.1.28 Produce data-based reports on: patient service utilization; trends and patterns in the patient population; and overall health center performance, for oversight by the Governing Council;

2.1.29 Ensure a system is in place for the Governing Council to compile accurate data to complete annual Uniform Data System (UDS) reports;

~~2.1 — Approving the District's budget, which includes the budget for the FQHC Look-Alike clinics approved by the Co-Applicant; however, if the District revises the Co-Applicant's budget, the Co-Applicant's budget is to be returned to the Co-Applicant for its subsequent approval;~~

~~2.2 — With input from the Co-Applicant, developing, adopting, and updating policies for the financial management, financial practices and long range financial and capital planning and capital management for the FQHC Look Alike clinics in accordance with sound financial management procedures;~~

~~2.8 — Performing an annual audit of the Co-Applicant and the FQHC Look Alike clinics to determine the fiscal integrity of financial transactions and operations of the FQHC Look Alike clinics to be in compliance with HRSA requirements;~~

~~2.9 — Establishing and employing the procurement and purchasing policies for the FQHC Look Alike clinics;~~

~~2.11 — Developing and implementing fee structures, a sliding fee discount schedule, collections policies and financial policies for the Health Center Project, consistent with state and federal law and HRSA policy and other billing and collection policies, following consultation with, and approval by, the Co-Applicant;~~

~~2.13 — Developing and implementing all human resource policies and procedures applicable to District employment including District employees assigned to the FQHC Look Alike clinics, including selection and dismissal procedures, salary and benefit scales, employee grievance procedures and equal opportunity practices;~~

- ~~2.15~~ — Developing a strategic plan for the FQHC Look-Alike clinics that is created with input from the Co-Applicant;
- ~~2.16~~ — Obtaining and maintaining all licenses, permits, certifications and approvals necessary for the operation of the FQHC Look-Alike clinics;
- ~~2.18~~ — Employing or contracting for professional, health care, financial, managerial and administrative personnel necessary for the efficient operation of the FQHC Look-Alike clinics;
- ~~2.20~~ — Arranging for the provision of primary, preventative and supplemental health care services in the FQHC Look-Alike clinics as required by Section 330;
- ~~2.22~~ — Ensuring that clinicians who provide services in the FQHC Look-Alike clinics meet the District's and its Medical Staff's credentialing and privileging requirements and qualifications;
- ~~2.24~~ — Receiving, managing and disbursing all FQHC Look-Alike clinics revenues, including state or federal funds, but only to the extent any expenditure is consistent with the District's budget;
- ~~2.26~~ — Preparing annual financial and operational reports for the Co-Applicant, and any other reports reasonably requested by the Co-Applicant, in order to enable the Co-Applicant to fulfill its responsibilities for the efficient operations of the FQHC Look-Alike clinics;

1.1.11 2.1.30 Review the long-range, strategic plan for the FQHC clinics as recommended by the Governing Council, that identifies FQHC clinic priorities and addresses financial management and capital expenditure needs.;

2.1.31 Obtain and maintain all licenses, permits, certifications and approvals necessary for the operation of the FQHC clinics;

2.1.32 In support of the ~~Co-Applicant's~~ Governing Council's responsibility referenced in Paragraph 1.4 above, the ~~District~~ Board's review of the Governing Council applicant will also include a background check (as per the District's Human Resource Policies), a review of the Department of Health and Human Services' Exclusion List, and consideration of any other federal or state regulatory requirements applicable to citizens sitting as Governing Council ~~Members~~members. District staff will inform the ~~Co-Applicant~~ Governing Council, in a timely manner (see Paragraph 1.4), in situations where a Governing Council applicant may be prohibited from serving as a Governing Council member due to the presence or absence of a negative background report, and/or the Governing Council applicant's real or apparent conflict of interest, and/or if there is otherwise a statutory or regulatory requirement. The ~~District~~ Board's approval of the applicant does not constitute a formal endorsement of the applicant as an official member of the Governing Council. The ~~Co-Applicant~~ Governing Council -will formally vet the

applicant and the applicant must gain approval by formal vote of the ~~Co-Applicant~~ Governing Council;

~~2.1.33~~ **2.15** On an annual basis, submit an attestation that the Board has operated; and each Board member has performed his/her duties, in a manner that is compliant with the provisions of this Arrangement; and that each Board member has completed their annual compliance training and sign the District's Code of Conduct and Ethics attestation form.~~the District Board of Directors shall state that it has acted in compliance with the provisions of this Arrangement and that each Director has signed the Maricopa Integrated Health System Code of Conduct and Ethics attestation form~~

Project Director/Chief Executive Officer ~~Executive Director~~

4.3.

~~4.1.3.1~~ The Project Director/Chief Executive Officer ~~Executive Director~~ (~~the Co-Applicant's~~ CEO of the FQHC Clinics) shall be a full-time District employee. The ~~Executive Director~~ CEO has the responsibility for the general management, supervision, and direction of the FQHC ~~Look-Alike~~ clinics, and must work within the District organizational reporting structure on matters of finance, quality, human resources, strategy, service, and operations, consistent with policies and programs established by the District.

~~4.2.3.2~~ The ~~Executive Director~~ CEO shall report to the Governing Council. As a District employee, the ~~Executive Director~~ CEO shall also report to the District's President and CEO or designee ~~Chief Operating Financial Officer~~.

~~4.3.3.3~~ The ~~Executive Director~~ CEO shall be selected via a nomination and search process under which the District's Human Resources Department -recruits candidates with input from the ~~Co-Applicant~~ Governing Council -and thereafter provides a recommendation to the ~~Co-Applicant, and the Co-Applicant~~ Governing Council. The Governing Council -then selects an individual from the list of proposed candidates. If the ~~Co-Applicant~~ Governing Council rejects all individuals from the District's list of proposed candidates, then the District's Human Resources Department will provide the ~~Co-Applicant~~ Governing Council -with a list of additional proposed candidates. This process shall continue until the ~~Co-Applicant~~ Governing Council approves an individual proposed by the ~~Distrie~~ District's Human Resources Department.

~~4.4.3.4~~ The ~~Co-Applicant's~~ Governing Council will annually review and evaluate the ~~Executive Director~~ CEO's performance applicable to the Health Center ~~Project~~ Program in a quantifiable and transparent manner that is consistent with the District's ~~H~~ human Resources policies and will report its findings to the District's ~~Chief Financial Officer and to Human Resources~~ Chief Financial Officer. In addition, the ~~Executive Director~~ CEO, as a District employee, will be evaluated by the District's Chief Financial Officer in accordance with the District's ~~human~~ Human resource ~~Resources~~ policies.

3.5 Removal or Reassignment of the ~~Executive Director~~ CEO:

~~4.5~~

~~4.5.1~~ 3.5.1 Removal by ~~Co-Applicant~~ the Governing Council.

3.5.1.1 The ~~Co-Applicant~~ Governing Council shall have independent authority to remove the ~~Executive Director~~ CEO from his or her position as ~~Executive Director~~ CEO of the ~~Health Center Project~~ FQHC Clinics. Removal of the ~~Executive Director~~ CEO by the ~~Co-Applicant~~ Governing Council pursuant to this Paragraph shall not constitute a termination of employment of the ~~Executive Director~~ CEO by the District or otherwise impede the continuation of the ~~Executive Director~~ CEO's employment relationship with the District in another capacity.

~~4.5.1.1~~

3.5.1.2 Any personnel action proposed by the ~~Co-Applicant~~ Governing Council with regard to the ~~Executive Director~~ CEO must be taken consistent with the District's ~~human~~ Human resource ~~Resource~~ Resources policies.

~~4.5.1.2~~

3.5.1.3. The ~~Co-Applicant~~ Governing Council ~~acknowledges~~ that the District President and CEO possesses the sole power to terminate the employment of the ~~Co-Applicant's~~ CEO of the FQHC Clinics ~~Executive Director~~.

~~4.5.2~~ 3.5.2 Removal or Reassignment by District.

3.5.2.1. In the event that the District intends to terminate the ~~Executive Director~~ CEO from the ~~position~~ position as the ~~Executive Director~~ CEO of the Health Center Project or to reassign him/her to a position other than the ~~Co-Applicant's~~ Executive Director CEO of the FQHC Clinics, the District will inform the ~~Co-Applicant~~ Governing Council ~~and request approval from the~~ Co-Applicant Governing Council at a special meeting, for the termination or reassignment. ~~;~~ ~~h~~ However, if the termination or reassignment is related to the ~~Executive Director~~ CEO's malfeasance, as referenced in the District's ~~human~~ Human resource ~~Resource~~ Resources policies, then the District may terminate or reassign the ~~Executive Director~~ CEO immediately and thereafter notify the ~~Co-Applicant~~ Governing Council and HRSA of such action.

3.6 The ~~Co-Applicant~~ Governing Council ~~and the~~ District will ensure that their conduct under this Paragraph 3 is performed consistent with the terms of this Arrangement, ~~and~~ HRSA policies and Compliance Manual.

5.4. Coordination of Shared Duties by Parties

~~5.14.1~~ The ~~Chair of the Co-Applicant (or the Executive Director~~ CEO of the FQHC clinics ~~on his/her behalf)~~ shall coordinate with the District's President and CEO ~~and/or his/her designee~~, the Parties' efforts to meet their respective obligations under this Arrangement and shall cooperate with each other to communicate and resolve any issues between the Parties.

4.2 The Parties shall collaborate to assure ~~Co-Applicant~~ Governing Council -members and ~~District Board Members-~~members are informed as to their respective duties, authority, and obligations under this Arrangement.

~~6.5.~~ Record Keeping and Reporting

~~6.15.1~~ The Parties shall maintain all financial records, reports, documents, statistical records, books, papers or other records related to this Arrangement that will enable them to meet all state and federal reporting requirements. Such records are to be maintained for a period established by the Arizona State Library, Archives, and Public Records.

~~6.25.2~~ The Parties agree that the District is the legal custodian of all medical records established and maintained relating to diagnosis and treatment of any patients served at any of the FQHC ~~Look-Alike~~-clinics.

~~7.6.~~ Insurance

For purposes of liability and insurance coverage, both Parties will be deemed to be an agent of the District for any acts arising under the terms of this Arrangement. The scope of such insurance coverage will be governed by the terms of the Amended and Restated Maricopa County Special Health Care District's s Risk Management Insurance and Self Insurance Plan.

~~8.7.~~ Ownership of Property Acquired with any Grant Funds and Procurement

Should the District receive Federal grant support from HRSA pursuant to Section 330, the District shall be the titleholder to any and all property purchased with Section 330 grant funds, as applicable. The District shall further assure that all contracts procured and executed by the District are done consistent with the District's Procurement Code and applicable state and federal law and regulations.

~~9.8.~~ Applicable Laws, Regulations, and Policies

This Arrangement shall be governed by and construed in accordance with the laws of the state of Arizona and applicable federal laws, regulations, ~~and~~-HRSA policies and the Compliance Manual, as may be amended.

~~10.9.~~ Non-Discrimination

Each Party agrees that it will not discriminate on any basis, directly or indirectly, with regard to the provision of health care services under this Arrangement. In addition, each Party and its agents, employees, contractors and subcontractors, will not discriminate against any individual with regard to their application for employment or employment status under the terms of this Arrangement.

10. Term

The initial term of this Arrangement shall be from July 1, ~~2017-2020~~ to June 30, ~~2020-2023~~ (“Initial Term”), unless terminated in accordance with the terms of Paragraph 11 below. Thereafter, this Arrangement may be renewed by the Parties for one additional three (3) year term upon their mutual written agreement. ~~Any additional term;~~ is also subject to the termination terms in Paragraph 11 below. In the event that at the end of the Initial Term, the Parties have not been able to finalize the terms of the subsequent Arrangement, the Initial Term may continue on a month-to-month basis, but not to exceed a period of three (3) months after the last day of the Initial Term.

Subject to any Federal or state regulatory approval which might require the termination or operation of the FQHC ~~Look-Alike~~ clinics, nothing in this Arrangement is intended to require, nor should be construed to require, that the FQHC ~~Look-Alike~~ clinics remain in operation or that the District apply for any grant funding, including Section 330 funding.

11. Termination

- 11.1 Either Party may terminate this Arrangement without cause upon ninety (90) days prior written notice.
- 11.2 The Parties may terminate this Arrangement upon mutual agreement giving thirty (30) days prior written notice.
- 11.3 This Arrangement shall terminate immediately upon the effective date of non-renewal or termination of the Section 330 grant or FQHC ~~Look-Alike~~ award status, as applicable, or upon the loss of any license, permit or other authorization required by law or regulation for operation of the FQHC ~~Look-Alike~~ clinics.
- 11.4 Either Party may terminate this Arrangement for cause in the event that the other Party fails to meet material obligations under this Arrangement. Such for cause termination shall require a thirty (30) days’ prior written notice of intent to terminate during which period the Party that has allegedly failed to meet the material obligation may attempt to cure such failure or demonstrate that no such failure has occurred. Any dispute between the Parties regarding whether a breach of a material obligation has occurred, or that such a breach has been satisfactorily cured, will be resolved in accordance with Paragraph 12 of this Arrangement. If the Parties are unable to resolve the dispute through informal negotiations within a reasonable period of time of the commencement of such discussions (not to exceed thirty (30) days), then either Party may terminate this Arrangement.

11.5 For cause termination or termination for mutual convenience shall not become effective unless and until the HRSA issues its written approval of such termination, if such notice is required by law or HRSA policy.

12. Alternative Dispute Resolution

The ~~District Board~~ and the ~~Co-applicant~~ Governing Council shall use their best efforts to carry out the terms of this Arrangement in a spirit of cooperation and agree to resolve by negotiation any disputes arising hereunder. In the event the Parties are unable to resolve the dispute through informal negotiations within a reasonable period of time of the commencement of such discussions (not to exceed thirty (30) days), the Parties shall attempt formal mediation or arbitration, consistent with the Rules of Procedure for the Maricopa County Superior Court, if they mutually agree to do so. Any decision by a mediator or arbitrator shall be final and not subject to appeal or legal challenge.

13. Proprietary Information and Confidentiality

The Parties shall maintain the confidentiality of all information regarding the health and health care of any patients receiving services in the FQHC ~~Look-Alike~~ clinics in accordance with all applicable state and federal laws, including HIPAA (Health Insurance Portability and Accountability Act) and the HITECH (Health Information Technology for Economic and Clinical Health) Act.

Neither Party shall disclose to any entity or person, any confidential or proprietary information, which it possesses, that is directly or indirectly related to the other Party and which arises under the terms of this Arrangement, without the prior written approval of the other Party or as required by law.

14. Notices

All notices permitted or required by this Arrangement shall be in writing and delivered personally or via USPS first class postage prepaid, Certified and Return Receipt Requested, addressed to the other Party at the address set forth below:

For the ~~Co-Applicant Maricopa Health Centers Governing Council~~ Governing Council:

Chair, ~~Maricopa Health Centers Governing Council~~ Valleywise
Community Health Centers Governing Council
Conference and Administration Center
~~2525 E. Roosevelt St~~ 2601 East Roosevelt Street
Phoenix, AZ 85008

For the Maricopa County Special Health Care District Board of Directors:

Chair, Board of Directors
~~Maricopa County Special Health Care District~~ Conference and
Administration Center

2601 ~~East~~ Roosevelt ~~Street~~
Phoenix, AZ 85008

15. Assignment

Neither Party shall have the right to assign, delegate or transfer this Arrangement, or any of its rights and obligations hereunder, without the express prior written consent of the other Party.

16. Severability

If any provision of this Arrangement or the application of such provision is held to be invalid, the remaining provisions of this Arrangement shall not be affected thereby.

17. Amendments

Any amendment to this Arrangement shall be in writing, ~~and~~ approved, and signed by both Parties.

18. Waiver

Waiver by either Party to this Arrangement of any breach or of any provision hereof by either Party shall not operate as a waiver by such Party of any subsequent breach.

19. No Agency

Neither Party is, nor shall be deemed to be an employee, agent, or legal representative of the other Party for any purpose. The ~~Co-Applicant~~ Governing Council may not enter into any contracts in the name of or on behalf of the District or Board.

20. Third-Party Beneficiaries

No third party shall obtain any right, debt, liability or obligation under any provision of this Arrangement.

21. Survival

Paragraphs 5, 6, 7, 12, 13, 14, 18, 19, 20, and 21, shall survive the termination of this Arrangement without regard to the cause of termination.

22. Entire Agreement

This Arrangement constitutes the entire agreement of the Parties with respect to the Parties' operation of the FQHC ~~Look-Alike clinics~~ as a public center and supersedes all prior oral and unsigned agreements.

Signatures Appear on the following Page

IN WITNESS WHEREOF, the Parties have caused this Co-Applicant Operational Arrangement to be executed by their duly authorized representatives.

Chair

~~Maricopa Health Centers Governing Council~~

Valleywise Community Health Centers
Governing Council

~~Board of Directors~~

Chair

Board of Directors

Maricopa County Special Health Care
District

~~Maricopa County Special Health Care
District~~

By: _____

Print: _____

Title: _____

Date: _____

By: _____

Print: _____

Title: _____

Date: _____



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

June 24, 2020

Item 1.c.ii.

**Governance
Co-Applicant Operational Arrangement
Clean version**

CO-APPLICANT OPERATIONAL ARRANGEMENT

Between the

MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

(Public Agency)

and the

VALLEYWISE COMMUNITY HEALTH CENTERS GOVERNING COUNCIL

(Co-Applicant)

This Co-Applicant Operational Arrangement (Arrangement) is entered into by and between the Maricopa County Special Health Care District Board of Directors (Board), and the Valleywise Community Health Centers Governing Council (Governing Council or Co-Applicant) (collectively the Parties).

WHEREAS, the Maricopa County Special Health Care District (District), a political subdivision of the state of Arizona, is statutorily empowered to operate pursuant to Title 48, Chapter 31, of the Arizona Revised Statutes and A.R.S. § 48-5501 et. seq. and acting through its Board, is authorized to accept and utilize federal and state funds and enter into agreements with other entities for the delivery and supervision of health care services at District operated health care facilities; and,

WHEREAS, the Co-Applicant, through its Governing Council, is organized to provide governance and oversight of Federally Qualified Health Center (FQHC) clinics owned and operated by the District that provide primary and preventive health care and related services (including, but not limited to, ancillary services), regardless of an individual's or family's ability to pay; and,

WHEREAS, since 2019, the Parties have co-applied for, and have been awarded by the Health Resources and Services Administration (HRSA) within the United States Department of Health and Human Services (DHHS), designation to operate a public center pursuant to Section 330 of the Public Health Service Act, which includes the FQHC clinics (the Health Center Program"); and,

WHEREAS, the Parties agree that the District, having received FQHC designation from HRSA, will serve as the Public Agency and, as applicable, the recipient of federal funding, which may include Section 330 grant funding; and that the Governing Council will serve as the Co-Applicant, consistent with the requirements of Section 330 and applicable HRSA policies and pronouncements; and that the District acting as the Public Agency and the Governing Council acting as the Co-Applicant, together constitute the Health Center Project under HRSA policy; and,

WHEREAS, the Parties understand that Section 330, which was enacted by Congress, permits a public entity to operate a public center and to retain general policy-making authority; and,

WHEREAS, HRSA policy has stated (i) that a public center may consist of a public entity and a co-applicant which, when combined, meet the Section 330 governance requirements; and (ii) that many public entities are required by law to retain final authority for certain types of activities; and,

WHEREAS, in order to accomplish their shared interests, the Board and Governing Council, acting collectively as the public center, wish to clarify and define their respective roles and responsibilities and their shared duties with regard to the governance and operation of the FQHC clinics in a manner consistent with the requirements of Section 330, its implementing regulations, HRSA policies and the Compliance Manual.

NOW THEREFORE, in consideration of the promises and mutual covenants set forth in this Arrangement, the Parties agree as follows;

1. Governing Council's Authorities and Responsibilities

1.1 Governing Council's Governance Authorities and Responsibilities

The Governing Council's governance authorities and responsibilities shall comply with the requirements of Section 330, its implementing regulations, HRSA policies and the Compliance Manual. The Governing Council shall specifically exercise the following authorities and responsibilities regarding the management and operation of the FQHC clinics:

- 1.1.1 Annually review the service area by zip codes reported on Form 5B: Service Sites;
- 1.1.2 Complete or update a community needs assessment of the current patient population at least once every three (3) years to improve the delivery of health care services;
- 1.1.3 Review and approve additional health services, if any, to offer in order to meet the health needs of the patient population served by the FQHC clinics, subject to Board approval;
- 1.1.4 Annually review a list of FQHC clinics, including addresses, hours of operation by clinic, and information on general services offered at each clinic reported on Form 5B: Service Sites;
- 1.1.5 Approve location of any new FQHC clinic or closure of existing FQHC clinic as long as it is consistent with the District's facility, strategic, business, financial, and capital plans;

- 1.1.6 Ensure written operating procedures exist for responding to patient medical emergencies during each FQHC clinics regularly scheduled hours of operation;
- 1.1.7 Ensure written operating procedures exist for responding to patient medical emergencies after regularly scheduled hours of operation;
- 1.1.8 Ensure written operating procedures are in place to obtain medical information related to a FQHC clinic patient's hospital or emergency department visit;
- 1.1.9 Review evaluate, and approve a sliding fee discount program for the FQHC clinics at least every three (3) years. Evaluation should include the effectiveness of the sliding fee discount program in reducing financial barriers to care, and the rate which patients within each discount category are accessing services;
- 1.1.10 Annually review and approve a sliding fee discount schedule for the FQHC clinics based on the most recent Federal Poverty Guidelines;
- 1.1.11 Review and approve at least every two (2) years a Quality Improvement/Quality Assurance (QI/QA) program for the FQHC clinics that addresses the quality and utilization of services, patient satisfaction, patient grievance process and patient safety including adverse events;
- 1.1.12 Ensure that QI/QA data, including patient satisfaction, patient grievance and patient safety, is shared with the Governing Council at least quarterly;
- 1.1.13 Ensure written quality of care audit procedures are in place and audit is shared with the Governing Council annually;
- 1.1.14 Select/hire the Project Director/Chief Executive Officer of the FQHC clinics after receiving prior approval from HRSA and as set forth in Paragraph 3 below;
- 1.1.15 Annually evaluate the Project Director/Chief Executive Officer's performance as set for in Paragraph 3 below;
- 1.1.16 Dismiss/terminate the Project Director/Chief Executive Officer from the Health Center Program if necessary, as set forth in Paragraph 3 below and notify HRSA;
- 1.1.17 Approve changes to Project Director/Chief Executive Officer's job description;
- 1.1.18 Approve changes to organization chart including titles and names of key management staff;
- 1.1.19 Comply with the District's written Code of Conduct and Ethics; and Conflicts of Interest and Gift policy;

- 1.1.20 Submit written disclosure to Clerk if a real or apparent conflict of interest was identified by a Governing Council member;
- 1.1.21 Make reasonable efforts to establish and maintain collaborative relationships, including with other specialty providers that provide care within Maricopa County, to provide access to services not available at the FQHC clinics and to reduce the non-urgent use of hospital emergency departments; and with social service organizations to support community services that impact patients of the FQHC clinics;
- 1.1.22 Track the financial performance of the FQHC clinics, including identification of trends or conditions that may warrant action to maintain financial stability;
- 1.1.23 Review and accept the annual fiscal year audit of the District, which includes certain financial information about the FQHC clinics;
- 1.1.24 Maintain control over, and accountability for, all funds, in order to adequately safeguard and ensure that they are used solely for authorized purposes;
- 1.1.25 Ensure written policies and procedures are in place to ensure the appropriate use of federal funds in compliance with applicable federal statutes, regulations, and the terms and conditions of the federal award;
- 1.1.26 Ensure written billing and collections policies and procedures are in place and include provisions to waive or reduce fees owed by patients; a policy for refusal to pay; and procedures for notifying patients of additional costs for supplies and equipment related to the services;
- 1.1.27 Develop and approve an annual operating and capital budget for the FQHC clinics to be incorporated into the District's annual budget for Board approval. The budget should be reflective of the costs and revenues necessary to support the FQHC clinics scope of project;
- 1.1.28 Submit timely, accurate, and complete Uniform Data System (UDS) reports;
- 1.1.29 Annually review data-based reports on: patient service utilization; trends and patterns in the patient population; and overall health center performance including achievement of FQHC clinics objectives; and efficiency and effectiveness of the FQHC clinics, for oversight by the Governing Council;
- 1.1.30 Approve application for HRSA grant funding, subject to Board approval;
- 1.1.31 Approve changes in scope of project for the FQHC clinics subject to Board approval;

- 1.1.32 Annually evaluate the operations of the FQHC clinics including compliance with applicable federal requirements, performance expectations such as financial and patient volumes, patterns of health service utilization;
- 1.1.33 Ensure the existence of a co-applicant arrangement that delegates the required authorities and responsibilities to the Governing Council and delineates the authorities and responsibilities of the Board;
- 1.1.34 Hold monthly meetings where a quorum is present;
- 1.1.35 Conduct and approve a long-range, strategic plan at least once every three (3) years that identifies FQHC clinic priorities and addresses financial management and capital expenditure needs, that is consistent with the District's facility, strategic, business, financial and capital plans; and
- 1.1.36 On an annual basis, submit an attestation that the Governing Council has operated; and each Governing Council Member has performed his/her duties, in a manner that is compliant with the provisions of this Arrangement; and that each Governing Council member has completed their annual compliance training and sign the District's Code of Conduct and Ethics attestation form.

1.2 **Composition of the Governing Council**

The composition of the Governing Council, as set forth in the Governing Council's bylaws, shall comply with the requirements of Section 330, its implementing regulations, HRSA policies and the Compliance Manual.

- 1.2.1 The Governing Council must consist of at least 9 and no more than 25 members.
- 1.2.2 The majority (at least 51%) of the Governing Council members must be patients served by the FQHC clinics. A patient is someone who has received in-scope services within the last 24 months. The patient Governing Council members must represent the patients served by the FQHC clinics in terms of demographics such as race, ethnicity, and gender.
- 1.2.3 Non-patient Governing Council members must be representative of the community served by the FQHC clinics and must be selected for their expertise in relevant subject areas such as community affairs, local government, finance, legal, trade unions, education, business labor relations and social service agencies within the community.
- 1.2.4 Ensuring that the non-patient Governing Council members, no more than one-half may derive more than 10% of their annual income from the health care industry. Health care industry is defined as hospitals, other health care institutions, nurses, doctors, dentist, and other licensed healthcare professionals whose primary responsibility is providing primary preventative and therapeutic healthcare services.

- 1.2.5 Employees and immediate family members (spouse, child, parent, or sibling, by blood, adoption, or marriage) of the Maricopa County Special Health Care District dba Valleywise Health, or any other hospital or health care institution, may not be members of the Governing Council.
- 1.2.6 The Governing Council will make its best efforts to ensure that each of the five (5) Directorship District's is represented when recruiting and approving new Governing Council members.
- 1.2.7 The Governing Council will submit an annual report to the Board reflecting the Governing Council's membership structure.

1.3 **Governing Council's Bylaws**

- 1.3.1 The Governing Council agrees that any proposed amendments to the bylaws must be consistent with the requirements of Section 330, its implementing regulations, HRSA policies, the Compliance Manual, and the terms of this Arrangement.
- 1.3.2 The bylaws must outline the following required authorities and responsibilities of the Governing Council: hold monthly meetings; approval of the selection of the Project Director/Chief Executive Officer; approval of the dismissal/termination of the Project Director/Chief Executive Officer; approval of annual budget for the FQHC clinics; approval of location of any new FQHC clinic or closure of existing FQHC clinic as long as it is consistent with the District's facility, strategic, business and capital plans; approval of FQHC clinics hours of operation; annual evaluation of the performance of the FQHC clinics; and assurance that the FQHC clinics operate in compliance with applicable Federal, State and local laws and regulations.
- 1.3.3 Prior to adopting amendments to the bylaws, the Governing Council will provide the Board a copy of the proposed amendments with sufficient time to permit the Board to review and ensure that any revision is consistent with the requirements of Section 330, its implementing regulations, HRSA policies, Compliance Manual, and the terms of this Arrangement. The Board shall approve the proposed amendments at the next regularly scheduled Board meeting and thereafter, notify the Governing Council of approval. The Board may only disapprove an amendment to the bylaws if the amendment is inconsistent with the requirements of Section 330, its implementing regulations, HRSA policies, the Compliance Manual, and the terms of this Arrangement. The Board will provide the Governing Council with reason(s) for such disapproval within seven (7) calendar days after non-approval.
- 1.3.4 The bylaws will include similar language as in the Board's bylaws that allow for four (4) or more Governing Council members to place an item on the Governing Council's meeting agenda.

- 1.3.5 The bylaws will include provisions for the filling of vacancies on the Governing Council that arise as a result of retirement, resignation, or the removal of a member of the Governing Council, where the removal is based upon good cause, including but not limited to, violations of the District's Code of Conduct and Ethics, Conflicts of Interest and Gift policy or actions that are unbecoming of the member.

1.4 Governing Council's Duty Regarding Potential Members of Governing Council.

The Governing Council will provide District staff with a completed Governing Council membership application and Acknowledgement and Authorization for Background Check form, with sufficient advance time to permit District staff to review the application to ensure there is no conflict of interest in fact or in appearance, and to receive back the completed background screening. District staff will notify the Governing Council about any identified conflict of interest with regard to the potential member, in a timely manner, but in no event, later than the next regularly scheduled Executive Committee meeting. The obligations noted in Paragraph 2.1.32 are incorporated by reference in this Paragraph 1.4.

2. Board's Authorities and Responsibilities

2.1 Board's Authorities and Responsibilities

The Board, acting through staff, shall exercise the following governance and operational authorities and responsibilities with respect to the FQHC clinics, which includes but are not limited to:

- 2.1.1 Consider for approval additional health services, if any, as recommended by the Governing Council. to offer in order to meet the health needs of the patient population served by the FQHC clinics;
- 2.1.2 Ensure that the FQHC clinics have clinical staff and/or has contracts in place to carry out all required and additional services included in the HRSA-approved scope of project;
- 2.1.3 Ensure operating procedures are in place for credentialing and privileging for all clinical staff members providing services on behalf of the FQHC clinics;
- 2.1.4 Ensure records for clinical staff that contain documentation of licensure, credentialing verification, and applicable privileges consistent with operating procedures, are maintained;
- 2.1.5 Ensure operating procedures are in place for FQHC clinics' patients that are hospitalized as inpatients or who visited the Valleywise Health Medical Center's Emergency Department;
- 2.1.6 Ensure position descriptions of key management staff are maintained by the District's Human Resources;

- 2.1.7 Ensure there are District Human Resources procedures relevant to recruiting and hiring of key management staff of the FQHC clinics;
- 2.1.8 Adopt policies for financial management practices and a system to ensure accountability for FQHC clinics resources;
- 2.1.9 Establish and maintain general personnel policies including those addressing selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices;
- 2.1.10 Contract with other providers for the provision of health services within the HRSA-approved scope of project and ensure their performance is in accordance with the terms, conditions, and specifications of their contracts and to assure compliance with applicable Federal requirements
- 2.1.11 Ensure that contracts with providers for the provision of health services with the HRSA-approved scope of project include a schedule of rates and method of payment to providers for health services that are provided at the within the HRSA-approved scope of project at the FQHC clinics;
- 2.1.12 Retain financial records, supporting documents, statistical records, and all other records pertinent to contracts for a period of three years;
- 2.1.13 Ensure that written procurement procedures comply with Federal procurement standards;
- 2.1.14 Perform periodic evaluations of contractors' performance including that contractors have met the terms, conditions, and specifications of contracts;
- 2.1.15 Maintain a written District Code of Conduct and Ethics and Conflicts of Interest and Gift policy;
- 2.1.16 Maintaining records for procurement actions paid for in whole or in part under the Federal award that include the rationale for method of procurement, selection of contract type, contractor selection or rejection, and the basis for the contract price. This would include documentation related to noncompetitive procurements;
- 2.1.17 Maintain mechanism to ensure the District's Code of Conduct and Ethics is disseminated to Board and Governing Council, employees, medical staff, and agents of the District when there are changes;
- 2.1.18 Ensure Board and Governing Council, employees, medical staff, and agents of the District, adhere to the District's Code of Conduct and Ethics by requiring an annual attestation;

- 2.1.19 Contract with external auditor to perform an annual fiscal year audit of the District, which includes the FQHC clinics, to determine the fiscal integrity of financial transactions and operations of the District to be in compliance with HRSA requirements; and in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in Government Auditing Standards, used by the Comptroller General of the United States;
- 2.1.20 Utilize a financial management and internal control system that reflects Generally Accepted Accounting Principles (GAAP) or Government Accounting Standards Board (GASB) principles;
- 2.1.21 Maintain a list of provider and program/site billing numbers for Medicaid, CHIP and Medicare;
- 2.1.22 Maintain written operating procedures for implementing billing options or payments methods and ensure they are accessible to patients regardless of income level;
- 2.1.23 Ensure claims are submitted in a timely and accurate manner to third party payor sources;
- 2.1.24 Annually, adopt a District budget that shall consist of at the very least, a one (1) year operating budget, a one (1) year capital budget, and one (1) year cash flow budget, and an annual operating and capital budget for the FQHC clinics;
- 2.1.25 Consider approval of application for HRSA grant funding, as recommended by the Governing Council;
- 2.1.26 Consider approval of changes in scope of project for the FQHC clinics, as recommended by the Governing Council;
- 2.1.27 Ensure a system is in place to oversee the operations of the Federal award-supported activities to ensure compliance with applicable Federal requirements and for monitoring program performance;
- 2.1.28 Produce data-based reports on: patient service utilization; trends and patterns in the patient population; and overall health center performance, for oversight by the Governing Council;
- 2.1.29 Ensure a system is in place for the Governing Council to compile accurate data to complete annual Uniform Data System (UDS) reports;
- 2.1.30 Review the long-range, strategic plan for the FQHC clinics as recommended by the Governing Council, that identifies FQHC clinic priorities and addresses financial management and capital expenditure needs;

2.1.31 Obtain and maintain all licenses, permits, certifications and approvals necessary for the operation of the FQHC clinics;

2.1.32 In support of the Governing Council's responsibility referenced in Paragraph 1.4 above, the Board's review of the Governing Council applicant will also include a background check (as per the District's Human Resource Policies), a review of the Department of Health and Human Services' Exclusion List, and consideration of any other federal or state regulatory requirements applicable to citizens sitting as Governing Council members. District staff will inform the Governing Council, in a timely manner (see Paragraph 1.4), in situations where a Governing Council applicant may be prohibited from serving as a Governing Council member due to the presence or absence of a negative background report, and/or the Governing Council applicant's real or apparent conflict of interest, and/or if there is otherwise a statutory or regulatory requirement. The Board's approval of the applicant does not constitute a formal endorsement of the applicant as an official member of the Governing Council. The Governing Council will formally vet the applicant and the applicant must gain approval by formal vote of the Governing Council;

2.1.33 On an annual basis, submit an attestation that the Board has operated; and each Board member has performed his/her duties, in a manner that is compliant with the provisions of this Arrangement; and that each Board member has completed their annual compliance training and sign the District's Code of Conduct and Ethics attestation form.

3. Project Director/Chief Executive Officer

3.1 The Project Director/Chief Executive Officer (CEO of the FQHC Clinics) shall be a full-time District employee. The CEO has the responsibility for the general management, supervision, and direction of the FQHC clinics, and must work within the District organizational reporting structure on matters of finance, quality, human resources, strategy, service, and operations, consistent with policies and programs established by the District.

3.2 The CEO shall report to the Governing Council. As a District employee, the CEO shall also report to the District's President and CEO or designee

3.3 The CEO shall be selected via a nomination and search process under which the District's Human Resources Department recruits candidates with input from the Governing Council and thereafter provides a recommendation to the Governing Council. The Governing Council then selects an individual from the list of proposed candidates. If the Governing Council rejects all individuals from the District's list of proposed candidates, then the District's Human Resources Department will provide the Governing Council with a list of additional proposed candidates. This process shall continue until the Governing Council approves an individual proposed by the District's Human Resources Department.

3.4 The Governing Council will annually review and evaluate the CEO's performance applicable to the Health Center Program in a quantifiable and transparent manner that is consistent with the District's Human Resources policies and will report its findings to the District's Chief Financial Officer and to Human Resources. In addition, the CEO, as a District employee, will be evaluated by the District's Chief Financial Officer in accordance with the District's Human Resources policies.

3.5 Removal or Reassignment of the CEO:

3.5.1 Removal by the Governing Council.

3.5.1.1 The Governing Council shall have independent authority to remove the CEO from his or her position as CEO of the FQHC Clinics. Removal of the CEO by the Governing Council pursuant to this Paragraph shall not constitute a termination of employment of the CEO by the District or otherwise impede the continuation of the CEO's employment relationship with the District in another capacity.

3.5.1.2 Any personnel action proposed by the Governing Council with regard to the CEO must be taken consistent with the District's Human Resources policies.

3.5.1.3. The Governing Council acknowledges that the District President and CEO possesses the sole power to terminate the employment of the CEO of the FQHC Clinics.

3.5.2 Removal or Reassignment by District.

3.5.2.1. In the event that the District intends to terminate the CEO from the position as the CEO of the Health Center Project or to reassign him/her to a position other than the CEO of the FQHC Clinics, the District will inform the Governing Council and request approval from the Governing Council at a special meeting, for the termination or reassignment. However, if the termination or reassignment is related to the CEO's malfeasance, as referenced in the District's Human Resources policies, then the District may terminate or reassign the CEO immediately and thereafter notify the Governing Council and HRSA of such action.

3.6 The Governing Council and the District will ensure that their conduct under this Paragraph 3 is performed consistent with the terms of this Arrangement, HRSA policies and Compliance Manual.

4. **Coordination of Shared Duties by Parties**

- 4.1 The CEO of the FQHC clinics shall coordinate with the District's President and CEO, the Parties' efforts to meet their respective obligations under this Arrangement and shall cooperate with each other to communicate and resolve any issues between the Parties.
- 4.2 The Parties shall collaborate to assure Governing Council members and Board members are informed as to their respective duties, authority, and obligations under this Arrangement.

5. **Record Keeping and Reporting**

- 5.1 The Parties shall maintain all financial records, reports, documents, statistical records, books, papers or other records related to this Arrangement that will enable them to meet all state and federal reporting requirements. Such records are to be maintained for a period established by the Arizona State Library, Archives, and Public Records.
- 5.2 The Parties agree that the District is the legal custodian of all medical records established and maintained relating to diagnosis and treatment of any patients served at any of the FQHC clinics.

6. **Insurance**

For purposes of liability and insurance coverage, both Parties will be deemed to be an agent of the District for any acts arising under the terms of this Arrangement. The scope of such insurance coverage will be governed by the terms of the Amended and Restated Maricopa County Special Health Care District's Risk Management Insurance and Self Insurance Plan.

7. **Ownership of Property Acquired with any Grant Funds and Procurement**

Should the District receive Federal grant support from HRSA pursuant to Section 330, the District shall be the titleholder to any and all property purchased with Section 330 grant funds, as applicable. The District shall further assure that all contracts procured and executed by the District are done consistent with the District's Procurement Code and applicable state and federal law and regulations.

8. **Applicable Laws, Regulations, and Policies**

This Arrangement shall be governed by and construed in accordance with the laws of the state of Arizona and applicable federal laws, regulations, HRSA policies and the Compliance Manual, as may be amended.

9. **Non-Discrimination**

Each Party agrees that it will not discriminate on any basis, directly or indirectly, with regard to the provision of health care services under this Arrangement. In addition, each Party and its agents, employees, contractors and subcontractors, will not discriminate against any individual with regard to their application for employment or employment status under the terms of this Arrangement.

10. **Term**

The initial term of this Arrangement shall be from July 1, 2020 to June 30, 2023 (Initial Term), unless terminated in accordance with the terms of Paragraph 11 below. Thereafter, this Arrangement may be renewed by the Parties for one additional three (3) year term upon their mutual written agreement. Any additional term is also subject to the termination terms in Paragraph 11 below. In the event that at the end of the Initial Term, the Parties have not been able to finalize the terms of the subsequent Arrangement, the Initial Term may continue on a month-to-month basis, but not to exceed a period of three (3) months after the last day of the Initial Term.

Subject to any Federal or state regulatory approval which might require the termination or operation of the FQHC clinics, nothing in this Arrangement is intended to require, nor should be construed to require, that the FQHC clinics remain in operation or that the District apply for any grant funding, including Section 330 funding.

11. **Termination**

- 11.1 Either Party may terminate this Arrangement without cause upon ninety (90) days prior written notice.
- 11.2 The Parties may terminate this Arrangement upon mutual agreement giving thirty (30) days prior written notice.
- 11.3 This Arrangement shall terminate immediately upon the effective date of non-renewal or termination of the Section 330 grant or FQHC award status, as applicable, or upon the loss of any license, permit or other authorization required by law or regulation for operation of the FQHC clinics.
- 11.4 Either Party may terminate this Arrangement for cause in the event that the other Party fails to meet material obligations under this Arrangement. Such for cause termination shall require a thirty (30) days' prior written notice of intent to terminate during which period the Party that has allegedly failed to meet the material obligation may attempt to cure such failure or demonstrate that no such failure has occurred. Any dispute between the Parties regarding whether a breach of a material obligation has occurred, or that such a breach has been satisfactorily cured, will be resolved in accordance with Paragraph 12 of this Arrangement. If the Parties are unable to resolve the dispute through informal negotiations within a reasonable period of time

of the commencement of such discussions (not to exceed thirty (30) days), then either Party may terminate this Arrangement.

11.5 For cause termination or termination for mutual convenience shall not become effective unless and until the HRSA issues its written approval of such termination, if such notice is required by law or HRSA policy.

12. Alternative Dispute Resolution

The Board and the Governing Council shall use their best efforts to carry out the terms of this Arrangement in a spirit of cooperation and agree to resolve by negotiation any disputes arising hereunder. In the event the Parties are unable to resolve the dispute through informal negotiations within a reasonable period of time of the commencement of such discussions (not to exceed thirty (30) days), the Parties shall attempt formal mediation or arbitration, consistent with the Rules of Procedure for the Maricopa County Superior Court, if they mutually agree to do so. Any decision by a mediator or arbitrator shall be final and not subject to appeal or legal challenge.

13. Proprietary Information and Confidentiality

The Parties shall maintain the confidentiality of all information regarding the health and health care of any patients receiving services in the FQHC clinics in accordance with all applicable state and federal laws, including HIPAA (Health Insurance Portability and Accountability Act) and the HITECH (Health Information Technology for Economic and Clinical Health) Act.

Neither Party shall disclose to any entity or person, any confidential or proprietary information, which it possesses, that is directly or indirectly related to the other Party and which arises under the terms of this Arrangement, without the prior written approval of the other Party or as required by law.

14. Notices

All notices permitted or required by this Arrangement shall be in writing and delivered personally or via USPS first class postage prepaid, Certified and Return Receipt Requested, addressed to the other Party at the address set forth below:

For the Governing Council:

Chair, Valleywise Community Health Centers Governing Council
Conference and Administration Center
2601 East Roosevelt Street
Phoenix, AZ 85008

For the Maricopa County Special Health Care District Board of Directors:

Chair, Board of Directors
Conference and Administration Center

2601 East Roosevelt Street
Phoenix, AZ 85008

15. Assignment

Neither Party shall have the right to assign, delegate or transfer this Arrangement, or any of its rights and obligations hereunder, without the express prior written consent of the other Party.

16. Severability

If any provision of this Arrangement or the application of such provision is held to be invalid, the remaining provisions of this Arrangement shall not be affected thereby.

17. Amendments

Any amendment to this Arrangement shall be in writing, approved, and signed by both Parties.

18. Waiver

Waiver by either Party to this Arrangement of any breach or of any provision hereof by either Party shall not operate as a waiver by such Party of any subsequent breach.

19. No Agency

Neither Party is, nor shall be deemed to be an employee, agent, or legal representative of the other Party for any purpose. The Governing Council may not enter into any contracts in the name of or on behalf of the District or Board.

20. Third-Party Beneficiaries

No third party shall obtain any right, debt, liability or obligation under any provision of this Arrangement.

21. Survival

Paragraphs 5, 6, 7, 12, 13, 14, 18, 19, 20, and 21, shall survive the termination of this Arrangement without regard to the cause of termination.

22. Entire Agreement

This Arrangement constitutes the entire agreement of the Parties with respect to the Parties' operation of the FQHC as a public center and supersedes all prior oral and unsigned agreements.

Signatures Appear on the following Page

IN WITNESS WHEREOF, the Parties have caused this Co-Applicant Operational Arrangement to be executed by their duly authorized representatives.

Chair
Valleywise Community Health Centers
Governing Council

Chair
Board of Directors
Maricopa County Special Health Care
District

By: _____

By: _____

Print: _____

Print: _____

Title: _____

Title: _____

Date: _____

Date: _____



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

June 24, 2020

Item 1.c.iii.

Governance

**Board Policy Statement
99021 G – Financial Assistance**

Valleywise Health Administrative Policy & Procedure

Effective Date: 11/15
Reviewed Dates: 06/18, 06/20
Revision Dates: 03/16

DRAFT

Policy #: 99021 G – Finance

Policy Title: Financial Assistance

Scope: District Governance (G)
 System-Wide (S)
 Division (D)
 Multi-Division (MD)
 Department (T)
 Multi-Department (MT)
 FQHC (F)

Purpose:

To identify and assist patients who do not qualify for a health care benefit program, or lack the financial resources to meet their total financial responsibility for services rendered

Policy:

Given the responsibility of the Board of Directors to manage the District's resources in a fiscally responsible manner to ensure that the population it serves receives appropriate health care, it is the policy of the Board that:

- a. all patients who come to Valleywise Health will receive appropriate treatment regardless of their ability to pay, and;
- b. that all patients are expected to pay for those services based on their resources, and;
- c. the financial assistance plans and processes adopted to implement this policy will be consistent with the District's available resources.

A means test will be applied via a resource assessment process, which may permit the patient's charges to be reduced, through such programs as a sliding fee schedule, discounts against billed charges, payment arrangements, and or other fair and equitable procedures.

Once Printed This Document May No Longer Be Current

In the case where a patient comes to Valleywise Health for elective or non-emergent procedures, appropriate financial and resource counseling and assessment for potential enrollment in a health care benefit program or participation in the financial assistance program(s) will be conducted. All payment arrangements will be constructed with due regard for the District's available resources.

References: Valleywise Health Federally Qualified Health Center Look Alike Sliding Fee Discount Program and Scale #23624 D and Board Policy Statement 99006 G - Discounts

Valleywise Health Policy & Procedure - Approval Sheet
(Before submitting, fill out COMPLETELY.)

POLICY RESPONSIBLE PARTY: Maricopa County Special Health Care District
Board of Directors

DEVELOPMENT TEAM(S): Clerk's Office

Policy #: 99021 G – Finance

Policy Title: Financial Assistance

e-Signers: Melanie Talbot, Chief Governance Officer and Clerk of the Board

Place an X on the right side of applicable description:

New -

Retire -

Reviewed - X

Revised with Minor Changes -

Revised with Major Changes -

Please list revisions made below: (Other than grammatical changes or name and date changes)

Reviewed and Approved by in Addition to Responsible Party and E-Signer(s):

Committee: N/A

Committee: N/A

Committee: N/A

Reviewed for HR: N/A

Reviewed for EPIC: N/A

Other: N/A

Other: N/A

Other: N/A



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

June 24, 2020

Item 1.c.iv.

Governance

**Compliance Officer's Annual Work Plan
Fiscal Year 2021**

FY2021 – Valleywise Health Compliance Work Plan - District Board



Reporting Group: Compliance

Person Reporting:

L.T. Slaughter, Jr., CPA, CGMA, CHC, CISSP, CISA, MBA

or Elena Landeros, Compliance Coordinator

Reporting period: FY2021

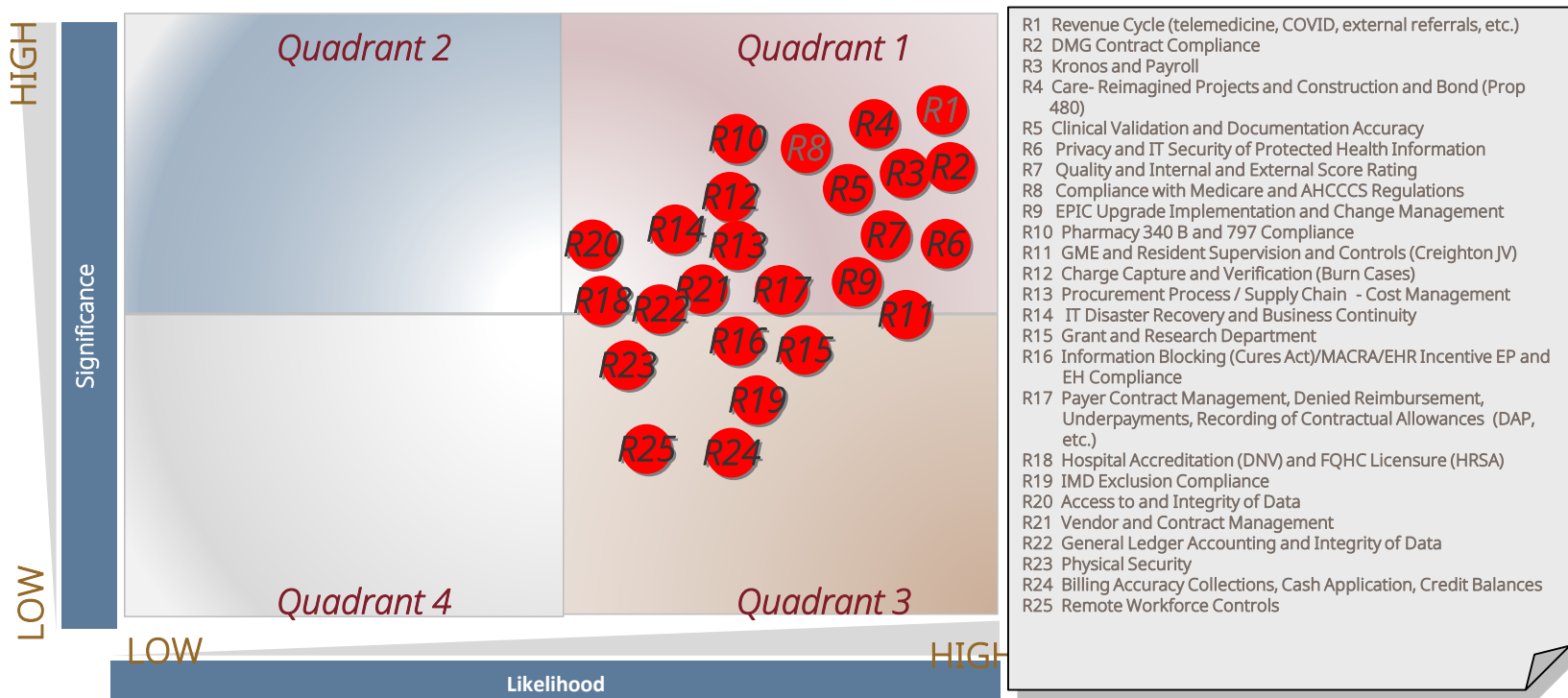
Chief Compliance Officer/Privacy Officer

1.0 – FY2021 Compliance Work Plans

(Approved by the Finance, Audit and Compliance Committee on June 2, 2020)

Risk Assessment Process– Prioritization Map

The map below depicts the highest rated risks based on feedback from interviews and other data gathering. The risks are plotted based on their individual significance to the business along with the likelihood that issues and / or improvement opportunities currently exist. The highest risk areas are shown in Quadrant 1 and generally include those risks that are inherently high for the industry or are a known concern to MIHS.



Data Dictionary for the Compliance and Internal Audit Work Plan

ACN – Arizona Care Network – An Accountable Care Organization that operate in Arizona.

AHCCCS – Arizona Healthcare Cost Containment System – State of Arizona’s name for the Medicaid state plan.

DNV – Acute care Medicare accreditation organization

Medicare PPS – Medicare Prospective Payment System – A fixed based Medicare payment model.

Information Blocking – Cures Act regulation requiring medical information systems to communicate with other systems.

MU – Meaningful Use – A term used in the Affordable Care Act to evaluate the implementation of Electronic Health Records and qualify for receiving incentive payments.

NAP – New Access Point – A process where you receive a HRSA grant to open a new FQHC site.

OSV – Operational Site Visit – The name for the HRSA audit of FQHCs at it relates to the HRSA Compliance Manual.

Prop 480 (Care-Reimagined) – Referendum passed by the voters of Maricopa County to fund the re-construction of Maricopa County Special Health Care District d/b/a Valleywise Health.

340b – A HRSA sponsored discount drug program.

UDS – Uniform Data System – HRSA’s quality reporting system got FQHCs.

1.1 FY2021 Compliance Work Plan

The FY 2021 compliance projects are listed below with proposed timing and estimated hours. Each project will, at a minimum, include a focus on the adequacy of compliance with regulations, as well as the identification of value added recommendations. The FY 2021 compliance work plan represents compliance activities based on the results of the risk assessment and may be subject to change based on changes in risk, priorities and Valleywise Health initiatives throughout the fiscal year.

Project Name	Audit Timing	Est. Audit Hours	Current Status	Completion Status	Initial Risk Rating	Post Review Ranking
Risk Assessment and Selection Q1						
CQ1.1 FQHC Operational Site Visit Compliance Follow-up/DNV Compliance	Q1	200 Hours			5	
CQ1.2 Telehealth Model and billing Compliance	Q1	150 Hours			5	
CQ1.3 DMG Contract Compliance	Q1	200 Hours			5	
Risk Re-assessment and Selection Q2						
CQ2.1 Business Continuity	Q2	250 Hours			5	
CQ2.2 HIPAA Privacy and Security Controls (including remote workforce)	Q2	100 Hours			5	
CQ2.3 Information Blocking/MACRA and ACN /EHR Incentive Payments	Q2	150 Hours			5	

1.2 FY2021 Compliance Work Plan

The FY 2021 compliance projects are listed below with proposed timing and estimated hours. Each project will, at a minimum, include a focus on the adequacy of compliance with regulations, as well as the identification of value added recommendations. The FY 2021 compliance work plan represents compliance activities based on the results of the risk assessment and may be subject to change based on changes in risk, priorities and Valleywise Health initiatives throughout the fiscal year.

Project Name	Audit Timing	Est. Audit Hours	Current Status	Completion Status	Initial Risk Rating	Post Review Ranking
Risk Re-assessment and Selection Q3						
CQ3.1 Physical Security - Violent Patients	Q3	150 Hours			5	
CQ3.2 Clinic Behavioral Health Models	Q3	150 Hours			5	
CQ3.3 Pharmacy 340b and 797 Compliance	Q3	150 Hours			5	
Risk Re-assessment and Selection Q4						
CQ4.1 FQHC (Clinic) and Acute Care Billing (Burn) and Charges	Q4	200 Hours			5	
CQ4.2 Resident Model Compliance	Q4	200 Hours			5	
RO4 Risk Assessment and 2022 Compliance Plan Development	Quarterly	120 Hours				
Special Projects and Other Compliance Requests	On-going	TBD				
Compliance Planning, Administration and Meetings	Quarterly	TBD				



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

June 24, 2020

Item 1.c.v.

Governance

**Internal Auditor's Annual Work Plan
Fiscal Year 2021**

FY2021 – Valleywise Health Internal Audit Work Plan - District Board



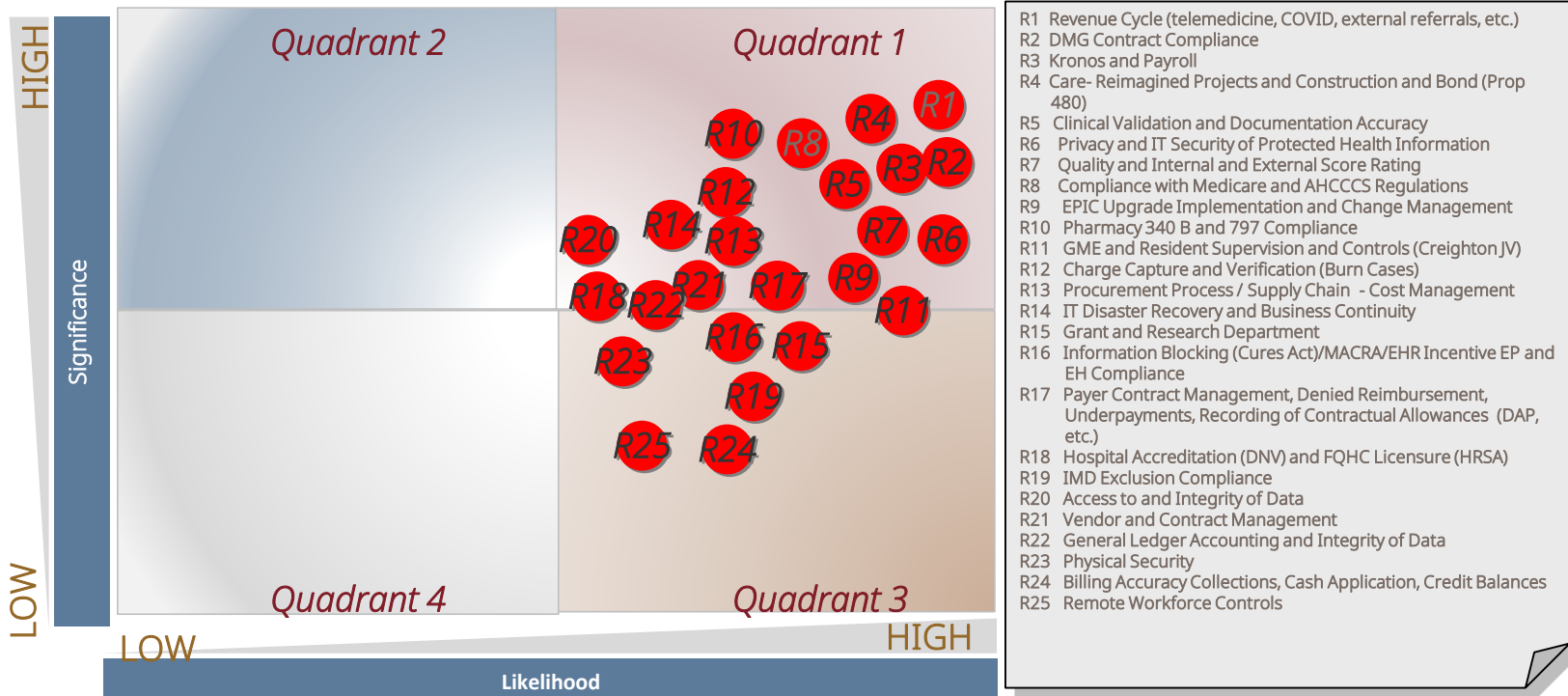
Reporting Group: Internal Audit
Person Reporting:
L.T. Slaughter, Jr., CPA, CGMA, CHC, CISSP, CISA, MBA
or Elena Landeros, Compliance Coordinator
Reporting period: FY2021
Chief Compliance Officer/Privacy Officer

1.0 – FY2021 Internal Audit Work Plans

(Approved by the Finance, Audit and Compliance Committee on June 2, 2020)

Risk Assessment Process– Prioritization Map

The map below depicts the highest rated risks based on feedback from interviews and other data gathering. The risks are plotted based on their individual significance to the business along with the likelihood that issues and / or improvement opportunities currently exist. The highest risk areas are shown in Quadrant 1 and generally include those risks that are inherently high for the industry or are a known concern to MIHS.



Data Dictionary for the Compliance and Internal Audit Work Plan

ACN – Arizona Care Network – An Accountable Care Organization that operate in Arizona.

AHCCCS – Arizona Healthcare Cost Containment System – State of Arizona’s name for the Medicaid state plan.

DNV – Acute care Medicare accreditation organization

Medicare PPS – Medicare Prospective Payment System – A fixed based Medicare payment model.

Information Blocking – Cures Act regulation requiring medical information systems to communicate with other systems.

MU – Meaningful Use – A term used in the Affordable Care Act to evaluate the implementation of Electronic Health Records and qualify for receiving incentive payments.

NAP – New Access Point – A process where you receive a HRSA grant to open a new FQHC site.

OSV – Operational Site Visit – The name for the HRSA audit of FQHCs at it relates to the HRSA Compliance Manual.

Prop 480 (Care-Reimagined) – Referendum passed by the voters of Maricopa County to fund the re-construction of Maricopa County Special Health Care District d/b/a Valleywise Health.

340b – A HRSA sponsored discount drug program.

UDS – Uniform Data System – HRSA’s quality reporting system got FQHCs.

1.1 FY2021 Internal Audit Work Plan

The FY2021 internal audit projects are listed below with proposed timing and estimated hours. Each project will, at a minimum, include a focus on the adequacy of internal controls as well as the identification of value added recommendations. The FY2021 audit plan represents audits based on the results of the risk assessment and may be subject to change based on changes in risk, priorities and Valleywise Health initiatives throughout the fiscal year.

Project Name	Audit Timing	Est. Audit Hours	Current Status	Completion Status	Initial Risk Rating	Post Review Ranking
Risk Assessment and Selection Q1 (Current State Assessment)						
IQ1.1 Care Re-Imagined (Prop 480) Controls and Monitoring Review	Q1	150 Hours			5	
IQ1.2 Internal and External Referral Patient Follow-ups	Q1	150 Hours			5	
IQ1.3 Acute Care Clinical Validation and FQHC Billing and Charge Capture	Q1	150 Hours			5	
Risk Re-assessment and Selection Q2						
IQ2.1 FQHC Grants Reviews	Q2	150 Hours			5	
IQ2.2 Care Re-Imagined (Prop 480) Controls and Monitoring Review	Q2	100 Hours			5	
IQ2.3 FQHC Uniform Data System (UDS) and Acute Care Quality Scores	Q2	200 Hours			5	

1.1 FY2021 Internal Audit Work Plan

The FY2021 internal audit projects are listed below with proposed timing and estimated hours. Each project will, at a minimum, include a focus on the adequacy of internal controls as well as the identification of value added recommendations. The FY2021 audit plan represents audits based on the results of the risk assessment and may be subject to change based on changes in risk, priorities and Valleywise Health initiatives throughout the fiscal year.

Project Name	Audit Timing	Est. Audit Hours	Current Status	Completion Status	Initial Risk Rating	Post Review Ranking
IQ3.1 Payroll Review	Q3	100 Hours			5	
IQ3.2 FQHC Internal Control Site Reviews	Q3	200 Hours			5	
IQ3.3 Care Re-Imagined (Prop 480) Controls and Monitoring Review	Q3	200 Hours			5	
Risk Re-assessment and Selection Q4						
IQ4.1 Cash Controls	Q4	150 Hours			5	
IQ4.2 Medications and Supplies	Q4	100 Hours			5	
IQ4.3 Care Re-Imagined (Prop 480) Controls and Monitoring Review	Q4	200 Hours			5	
Risk Assessment and 2022 Internal Audit Plan Development	Quarterly	120 Hours				
Special Projects and Other Internal Audit Requests	On-going	TBD				
Internal Audit Planning, Administration and Meetings	Quarterly	TBD				



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

June 24, 2020

Item 1.c.vi.

Governance
Change of Scope



Office of the Sr Vice President & CEO FQHC Clinics
2525 East Roosevelt Street • Phoenix • AZ • 85008

DATE: 06/24/2020

TO: Maricopa County Special Health Care District
Board of Directors

FROM: Barbara Harding, BAN, RN, MPA, PAHM, CCM
Sr VP Amb Svcs & CEO FQHC Clinics

SUBJECT: Change in Scope of Service (CIS)
Close Site: Valleywise Community Health Center –
7th Avenue

Per the Health Resources and Services Administration (HRSA), Health Center Compliance Manual, Chapter 6: Accessible Locations and Hours of Service and in accordance with 45 CFR 75.308(c)(1)(i), health centers must request prior approval from HRSA for a “Change in the scope or the objective of the project or program (even if there is no associated budget revision requiring prior written approval).”¹ This prior approval requirement applies to the addition, deletion, or replacement of a service site. These changes require prior approval from HRSA and must be submitted by the health center as a formal change in scope request.

On 06/03/2020 the Valleywise Community Health Centers Governing Council approved the submission of the CIS to HRSA for grant number: H80CS33644 Maricopa County Special Health Care District deleting site:
Valleywise Community Health Center – 7th Avenue. This Change in Scope (CIS) requests the relocation of operations from the Valleywise Community Health Center– 7th Avenue to an existing service site, Valleywise Community Health Center – South Central Phoenix, 33 W Tamarisk St, Phoenix, AZ 85041. Services at Valleywise Community Health Center–South Central Phoenix will continue at the site. Adult and pediatric primary care including: Family Medicine, OB/GYN, Diabetes Outreach Education, Behavioral Health, Pharmacy, and Laboratory. It will also serve as the Creighton University Arizona Health Education Alliance (Creighton University, Dignity Health St. Joseph’s Hospital and Medical Center, Valleywise Health, and District Medical Group, Inc.) approved new Family Medicine Practice site starting by October 1, 2020.

Per the Co-applicant Operational Agreement between the Maricopa County Special Health Care District and the Valleywise Community Health Centers Governing Council (formerly the Maricopa Health Center Governing Council), Section 1.2.4, requests final approval by the Maricopa County Special Health Care District Board of Directors.

¹ <https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-6.html#titletop>

Retrieved: 06/10/2020.



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

June 24, 2020

Item 1.c.vii.

**Governance
Master Lease Agreement
(90-09-509-1)**



5450 E. HIGH STREET
SUITE 330
PHOENIX, AZ 85054

RONALD N. HATCHER
Email: Ron@hnflawyers.com
DIRECT: (480) 245-4479

June 15, 2020

Via Electronic Mail and
Federal Express

Memorial Key, LLC
Attn: Larry D. LeSueur, Manager
[Insert Addressee Information]

VHS of South Phoenix, Inc.
Attn: Sally Aubrey
8620 N. 22nd Avenue, Suite 200
Phoenix, Arizona 85021

Vanguard Health Systems, Inc.
Attn: General Counsel
20 Burton Hills Boulevard, Suite 100
Nashville, Tennessee 37215

Re: Amended and Restated Lease Agreement dated April 1, 2009 by and between VHS OF SOUTH PHOENIX, INC., a Delaware corporation and MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT doing business as Maricopa Integrated Health System (“Original Lease”); Amendment #1 to Amended and Restated Lease Agreement dated December 1, 2009 by and between VHS OF SOUTH PHOENIX, INC., a Delaware corporation and MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT doing business as Maricopa Integrated Health System (“First Amendment”); Amendment #2 to Amended and Restated Lease Agreement dated November 8, 2013 by and between VHS OF SOUTH PHOENIX, INC., a Delaware corporation and MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT doing business as Maricopa Integrated Health System (“Second Amendment”); Amendment #3 to Amended and Restated Lease Agreement dated October 1, 2018 by and between MEMORIAL KEY LLC, an Arizona limited liability company and MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT doing business as Maricopa Integrated Health System (“Third Amendment”); and Amendment #4 to Amended and Restated Lease Agreement dated April 1, 2019 by and between MEMORIAL KEY LLC, an Arizona limited liability company and MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT doing business as Maricopa Integrated Health System (“Fourth Amendment”; the Original Lease, First Amendment, Second Amendment, Third Amendment and Fourth Amendment hereinafter collectively referred to as the “Lease”)/Tenant’s Notice of Termination

Dear Mr. LeSueur:

This firm represents Maricopa County Special Healthcare District doing business as Valleywise Health (“*Valleywise*”), the “Tenant” under the above identified Lease. Pursuant to the terms and conditions of the Third Amendment, the term of the Lease as related to Valleywise’s occupancy of certain portions of the Premises was extended to August 30, 2022, whereas Section 3(b) of the Original Lease (as amended by Section 7 of the Second Amendment) provides that Valleywise may terminate the Lease for any reason upon One Hundred Eighty (180) days’ written notice to Landlord.

Accordingly, in accordance with the foregoing, this letter shall serve as Valleywise’s notice to terminate the Lease effective as of *December 31, 2020*. No further action is necessary to effectuate the termination.

Valleywise has enjoyed its relationship with Memorial Key. Please call me if you wish to discuss further. Thank you.

Sincerely,

HATCHER NOLASCO & FLETCHER, PLLC

Ronald N. Hatcher
For the firm

RNH/jh

Cc: Maricopa County Special Healthcare District



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

June 24, 2020

Item 1.c.viii.

Governance
Joint Defense Agreement

PRIVILEGED AND CONFIDENTIAL ATTORNEY WORK PRODUCT

**CREIGHTON UNIVERSITY ARIZONA HEALTH EDUCATION ALLIANCE
JOINT DEFENSE AGREEMENT**

(i) DIGNITY HEALTH, a California nonprofit public benefit corporation d/b/a ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER, located at 350 West Thomas Road, Phoenix, Arizona 85012 ("St. Joseph's"), and d/b/a DIGNITY HEALTH MEDICAL GROUP ("SJHMC/DHMG") (collectively, "Dignity Health"); (ii) DISTRICT MEDICAL GROUP, INC., an Arizona nonprofit corporation ("DMG"), located at 2929 East Thomas Road, Phoenix, Arizona 85016; (iii) CREIGHTON UNIVERSITY, a Nebraska nonprofit corporation located at 2500 California Plaza, Omaha, Nebraska 68178 ("Creighton"); (iv) MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT d/b/a VALLEYWISE HEALTH ("VWH"), a political subdivision of the State of Arizona, located at 2601 East Roosevelt Street, Phoenix, Arizona 85008; and (v) CREIGHTON UNIVERSITY ARIZONA HEALTH EDUCATION ALLIANCE, an Arizona nonprofit corporation ("Alliance"), located at 4001 North Third Street, Suite 290, Phoenix, Arizona 85012 (collectively, the "Joint Defense Parties") desire to share materials and information in confidence for their common purpose and mutual benefit in order to facilitate the defense of the claims and/or causes of action in *Najera v. Dignity Health, Michael Hibner, MD and Bruce Bethancourt, MD*, Case No. CV2020-0292846, as well as any other or subsequent related proceeding, whether instituted by the Plaintiff (the "Claim").

RECITALS

WHEREAS, the Parties entered into the Creighton University Arizona Health Education Alliance Agreement (the "Alliance Agreement") on or about October 10, 2017, agreeing to establish a collaboration on health education to improve upon and expand the Parties current medical and health care academic and Graduate Medical Education programs, and to serve the people of the State of Arizona.

WHEREAS, the common purpose and mutual benefit to be realized by this Joint Defense Agreement (the "Agreement") includes, but is not limited to, enhancing communication among the Joint Defense Parties in reliance upon applicable privileges, minimizing the cost of legal representation, and preserving to the fullest extent possible the work product and attorney-client privileges.

1. The Joint Defense Parties hereby agree that any materials and information shared among them regardless of format, including, without limitation, information concerning communications or interviews, reports of communications or interviews, legal analyses, memoranda of fact or law, conclusions (either written or oral), mental impressions, and other similar and related communications or documents ("Joint Defense Materials") shall be treated and maintained by the Joint Defense Parties as privileged and confidential. Any party who receives Joint Defense Materials may disclose them to their respective client or counsel in a manner designed to preserve existing privileges. Such client or counsel may not disclose such Joint Defense Materials, or the information imparted thereby, with or without attribution, to any person or entity other than their counsel or client without the explicit advance written consent of all other members of the Joint Defense Parties. Any counsel providing a client with information

through this Agreement shall caution or remind the client regarding the terms of this Agreement.

2. The Joint Defense Parties hereby agree that the exchange under this Agreement of Joint Defense Materials that are otherwise protected against discovery or disclosure as a result of the attorney-client privilege, the attorney work product protection, and other applicable privileges and rules of confidentiality is not intended to and will not waive any applicable privilege or protection from disclosure. However, this Agreement does not include materials that are covered by the peer review statutes. See A.R.S. § 36-445 *et seq.* and A.R.S. § 36-2401 *et seq.* It is understood that any such exchanges do not diminish in any way the confidentiality of such materials. See, e.g., *Ariz. Indep. Redistricting Comm'n v. Fields*, 206 Ariz. 130 (App. 2003); *Lund v. Donahoe*, 227 Ariz. 572 (App. 2011); see also *United States v. Bay State Ambulance and Hosp. Rental Serv., Inc.*, 874 F.2d 20 (1st Cir. 1989); *United States v. Schwimmer*, 892 F.2d 237 (2d Cir. 1989); *Waller v. Fin. Corp. of Am.*, 818 F.2d 579 (9th Cir. 1987); and *In Re Bevill, Bresler & Schulman Asset Mgmt. Corp.*, 805 F.2d 120 (3d Cir. 1986). At the same time, the parties acknowledge that the exchange of otherwise non-privileged or non-protected materials or information will not confer any privilege, protection, or immunity upon those materials.

3. While materials and information that are otherwise not privileged shall not gain any privilege by virtue of disclosure as Joint Defense Materials, the fact of communication of such documents or information between or among the Joint Defense Parties shall be privileged. See *Lund v. Donahoe*, 227 Ariz. 572 (App. 2011). It is recognized that if one of the Joint Defense Parties, or an employee thereof, is questioned during the Claim investigation about a particular document, that person may be required to acknowledge that he or she was shown the document by counsel for one of the Joint Defense Parties. However, as noted above in paragraph 1, any questions attempting to elicit the substance of the conversation concerning such a document, or to elicit the identification of other documents which may have been shown to the person by one of the Joint Defense Parties, shall be resisted on grounds of privilege, including but not limited to, the common interest privilege, attorney client privilege, and the work product doctrine.

4. The parties to this Agreement and their counsel will not furnish or disclose any Joint Defense Materials to any other person, except to the clients and the attorneys within law firms representing the parties to this Agreement or their employees or agents, without the prior written consent of the party that provided the Joint Defense Materials, as well as the consent of their counsel. Attorneys within law firms representing the parties and their employees and agents shall be advised of this Agreement and agree to abide by its terms. The requirements of this paragraph survive termination of this Agreement. Joint Defense Materials under this Agreement shall continue to be held confidential and subject to the joint defense privilege with respect to disclosure to third parties regardless of whether adversity of interests among the parties may subsequently be discerned or develop, the joint defense privilege may subsequently become inapplicable, or this Agreement is terminated in accordance with Paragraph 9 below.

5. If a person not a party to this Agreement requests or demands, by subpoena or otherwise, that a party to this Agreement disclose or produce any Joint Defense Materials provided by another party to this Agreement, the party or counsel receiving the request or demand will (a) immediately notify the party who originally conveyed the requested Joint

Defense Materials, (b) assert the joint defense privilege with respect to the requested Joint Defense Materials unless the privilege is waived by the party who originally conveyed the requested Joint Defense Materials, and (c) immediately notify the party that provided the materials and that party's counsel, and give that party an opportunity to respond to such notice before taking any action or making any decision in connection with such request or subpoena. Each party will take all steps necessary to permit the assertion of all applicable rights and privileges with respect to all other parties in any administrative, judicial, or other legal proceeding relating to disclosure of Joint Defense Materials.

6. Nothing in this Agreement shall preclude any counsel who independently receives non-clinical privileged information from his or her own client, or independently develops information protected by the work product privilege, or independently receives information from anyone other than a party to this Agreement or his or her counsel, from disclosing such information to a person not a party to this Agreement.

7. It is further agreed that all Joint Defense Materials that have previously been exchanged between and among the Joint Defense Parties are subject to this Agreement.

8. Any party may terminate this Agreement on written notice to the other parties to this Agreement and to the other parties' counsel. Termination will be solely on a prospective basis; any Joint Defense Materials made available by any party before the date of termination shall continue to be governed by this Agreement. Upon termination by any party from the Agreement, all Joint Defense Materials shall be returned within thirty (30) days to the party or counsel who provided them and all copies destroyed.

9. If the interests of any of the parties to this Agreement were to become adverse, the terms of this Agreement shall continue to apply to Joint Defense Materials. If and when one party determines that its interests are adverse to the interests of another party, the party making such a determination shall prospectively terminate this Agreement in accordance with Paragraph 9 of this Agreement.

10. This Agreement is binding on all employees, representatives, agents, contractors, assigns, beneficiaries, and affiliated entities of the Joint Defense Parties.

11. Without limiting the foregoing, it is the intent of this Agreement to extend the attorney-client privilege and attorney work-product protection applicable to Joint Defense Materials in accordance with the common interest doctrine as defined in the *Restatement (Third) of the Law Governing Lawyers*, 76 (2005).

SIGNATURES

**CREIGHTON UNIVERSITY ARIZONA HEALTH EDUCATION ALLIANCE
JOINT DEFENSE AGREEMENT
(Case No. CV2020-0292846)**

**DIGNITY HEALTH, a California
nonprofit public benefit corporation
d/b/a ST. JOSEPH'S HOSPITAL
AND MEDICAL CENTER and d/b/a
DIGNITY HEALTH MEDICAL
GROUP**

**DISTRICT MEDICAL GROUP, an
Arizona nonprofit corporation**

By: _____
Linda Hunt, Senior Vice President of
Operations, Arizona Division

By: _____
Kote Chundu, MD, Chief Executive
Officer

By: _____
Phil Foster, Chief Risk Officer
CommonSpirit Health

By: _____
Robert Kethcart, Counsel

Date: _____

Date: _____

**CREIGHTON UNIVERSITY, a
Nebraska nonprofit corporation**

**MARICOPA COUNTY SPECIAL
HEALTH CARE DISTRICT, d/b/a
VALLEYWISE HEALTH, a political
subdivision of the State of Arizona**

By: _____
John Jesse, Associate Vice President
for Finance

By: _____
Steve Purves, President and CEO

By: _____
Jim Jansen, JD, General Counsel

By: _____
William J. Sims III, District Board
of Directors Board Counsel

Date: _____

Date: _____

SIGNATURES

**CREIGHTON UNIVERSITY ARIZONA HEALTH EDUCATION ALLIANCE
JOINT DEFENSE AGREEMENT
(Case No. CV2020-0292846)**

**CREIGHTON UNIVERSITY
ARIZONA HEALTH EDUCATION
ALLIANCE, an Arizona nonprofit
corporation**

By: _____

Its: _____

By: _____

Its: _____

Date: _____



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

June 24, 2020

Item 1.d.i.

**Medical Staff
Medical Staff Appointments for
June 2020**

Recommended by Credentials Committee: June 2, 2020
 Recommended by Medical Executive Committee: June 9, 2020
 Submitted to MSHCDB: June 24, 2020

VALLEYWISE HEALTH CREDENTIALS AND ACTION ITEMS REPORT MEDICAL STAFF

The credentials of the following individuals including, current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested privileges have been verified.

INITIAL MEDICAL STAFF APPOINTMENT				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Andrew Mark Weinberg, D.O.	Active	Internal Medicine (Gastroenterology)	7/01/2020 to 6/30/2022	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	SPECIALTY/PRIVILEGES	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Warren Charles Carll, D.O.	Internal Medicine	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Basic Critical Care Privileges.
Erik Irvin Curtis, M.D.	Surgery (Neurosurgery)	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Neurosurgery Core and Procedural Sedation Privileges.
Robert M. Dixon, M.D.	Surgery	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Robotic Surgery Privileges.
Khaled Fareed, M.D.	Surgery (Urological)	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Robotic Surgery Privileges.
Robert L. Johnson, M.D.	OB/GYN (MFM)	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Ambulatory/Referral OB/GYN Core and Maternal Fetal Medicine Privileges.
Laura Terese Mercer, M.D.	OB/GYN	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Ambulatory/Referral; OB/GYN Core Gynecology Core; and Obstetrics Core Privileges.

Recommended by Credentials Committee: June 2, 2020
 Recommended by Medical Executive Committee: June 9, 2020
 Submitted to MSHCDB: June 24, 2020

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT	COMMENTS
Jae-O Bae, M.D.	Courtesy	Surgery (Pediatric Surgery)	7/01/2020 to 6/30/2022	
Joel Edward Barkley, M.D.	Active	Obstetrics & Gynecology	7/01/2020 to 6/30/2022	
David Q. Bell, M.D.	Active	Emergency Medicine	7/01/2020 to 6/30/2022	
Andres Borja Alvarez, M.D.	Active	Internal Medicine (Critical Care/Pulmonary Med)	7/01/2020 to 6/30/2022	
Paul Anthony Reyes Del Prado, M.D.	Active	Surgery	7/01/2020 to 6/30/2022	
Robert M. Dixon, M.D.	Active	Surgery	7/01/2020 to 6/30/2022	
John C. Egan, M.D.	Courtesy	Surgery (Pediatric Surgery)	7/01/2020 to 6/30/2022	
Deepali Devdatta Eksambe, M.D.	Active	Pediatrics	7/01/2020 to 6/30/2022	
Christopher Michael Fecarotta, M.D.	Courtesy	Surgery (Ophthalmology)	7/01/2020 to 6/30/2022	
Kara Iskyan Geren, M.D.	Active	Emergency Medicine	7/01/2020 to 6/30/2022	
Waddah K. Hajja, M.D.	Active	Internal Medicine	7/01/2020 to 6/30/2022	
Bhargavi D. Joshi, D.O.	Active	Family & Community Medicine	7/01/2020 to 6/30/2022	
Thomas E. Kelly, M.D.	Courtesy	Emergency Medicine	7/01/2020 to 6/30/2022	
Ann Marie Khalsa, M.D.	Active	Family & Community Medicine	7/01/2020 to 6/30/2022	
Shailesh Khetarpal, M.D.	Active	Pediatrics (Emergency Medicine)	7/01/2020 to 6/30/2022	
Marcelle D. Leet, M.D.	Courtesy	Psychiatry	7/01/2020 to 6/30/2022	
Lisa Elaine McMahon, M.D.	Courtesy	Surgery (Pediatric Surgery)	7/01/2020 to 6/30/2022	
Mark Steven Molitor, Jr., M.D.	Courtesy	Surgery (Pediatric Surgery)	7/01/2020 to 6/30/2022	
David M. Notrica, M.D.	Courtesy	Surgery (Pediatric Surgery)	7/01/2020 to 6/30/2022	
Sushma Rai, M.D.	Active	Surgery (Ophthalmology)	7/01/2020 to 6/30/2022	
Dorothy H. Rowe, M.D.	Courtesy	Surgery (Pediatric Surgery)	7/01/2020 to 6/30/2022	
Payam Mir Sadr, M.D.	Active	Psychiatry	7/01/2020 to 6/30/2022	
Michael C. Switzer, M.D.	Courtesy	Radiology	7/01/2020 to 6/30/2022	
Dorothy Beth Thomas, M.D.	Courtesy	Pediatrics	7/01/2020 to 6/30/2022	
Kathleen D. Van Leeuwen, M.D.	Courtesy	Surgery (Pediatric Surgery)	7/01/2020 to 6/30/2022	
Wendy Joy Watson, M.D., M.P.H.	Active	Psychiatry	7/01/2020 to 6/30/2022	
Michael Neil Woodall, M.D.	Courtesy	Surgery (Neurosurgery)	7/01/2020 to 6/30/2022	

Recommended by Credentials Committee: June 2, 2020
 Recommended by Medical Executive Committee: June 9, 2020
 Submitted to MSHCDB: June 24, 2020

CHANGE IN PRIVILEGES

NAME	SPECIALTY	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Joel Edward Barkley, M.D.	Obstetrics & Gynecology	Withdrawal: Ureteral Stent Placement	Voluntary Relinquishment of Privileges due to non-utilization of privileges
Paul Anthony Reyes Del Prado, M.D.	Surgery	Withdrawal: Procedural Sedation	Voluntary Relinquishment of Privileges due to non-utilization of privileges
Robert M. Dixon, M.D.	Surgery	Withdrawal: Procedural Sedation	Voluntary Relinquishment of Privileges due to non-utilization of privileges
Christopher Michael Fecarotta, M.D.	Surgery (Ophthalmology)	Withdrawal: 1. Laser privileges; 2. Retinal and Vitreous Surgery	Voluntary Relinquishment of Privileges due to non-utilization of privileges
Michael C. Switzer, M.D.	Radiology	Withdrawal: 1. Therapeutic Nuclear Medicine; 2. Percutaneous Ultrasound guided Fasciotomy & Tenotomy	Voluntary Relinquishment of Privileges due to non-utilization of privileges

RESIGNATIONS

Information Only

NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Suhaila Al Haddad, M.D.	Psychiatry	Courtesy to Inactive	Resigned (Effective 5/01/2020)
David M. Barrs, M.D.	Surgery (Otolaryngology)	Courtesy to Inactive	Resigned (Effective 5/06/2020)
Adnan Celjo, M.D.	Psychiatry	Courtesy to Inactive	Resigned (Effective 5/31/2020)
Jose Q. de Guzman, M.D.	Surgery (Urological Surgery)	Courtesy to Inactive	Resigned (Effective 5/20/2020)
Lisa L. Kirsch, M.D.	Pediatrics	Courtesy to Inactive	Resigned (Effective 5/28/2020)
Vevek Prakash Parikh, M.D.	Radiology	Courtesy to Inactive	Resigned (Effective 4/30/2020)
Vincent Michael Placido, D.O.	Psychiatry	Courtesy to Inactive	Resigned (Effective 6/01/2020)
James L. Reingold, M.D.	Pediatrics (Emergency Medicine)	Courtesy to Inactive	Resigned (Effective 2/14/2020)

Definitions:

Active ≥ 1,000 hours/year – Active members of the medical staff have voting rights and can serve on medical staff committees
 Courtesy < 1,000 hours/year – Courtesy members do not have voting rights and do not serve on medical staff committees
 Reappointments Renewal of appointment and privileges is for a period of two years unless otherwise specified for a shorter period of time.
 FPPE Focused professional practice evaluation is a process by which the organization validates current clinical competence. This process may also be used when a question arises in practice patterns.



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

June 24, 2020

Item 1.d.ii.

**Medical Staff
Allied Health Professional Staff
Appointments for June 2020**

**VALLEYWISE HEALTH
 CREDENTIALS AND ACTION ITEMS REPORT
 ALLIED HEALTH PROFESSIONAL STAFF**

The credentials of the following individuals including, current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested privileges have been verified.

ALLIED HEALTH PROFESSIONALS - INITIAL APPOINTMENTS				
NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Shiloh Joy Danley, F.N.P., AG-A.C.N.P.	Internal Medicine	Practice Prerogatives on file	7/01/2020 to 6/30/2022	
Pai-Han Yeh, P.M.H.N.P.	Psychiatry	Practice Prerogatives on file	7/01/2020 to 6/30/2022	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	DEPARTMENT/SPECIALTY	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Maria Cholley, L.P.C.	Psychiatry	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Counselor/Therapist Core Privileges and Practice Prerogatives.
Rachel Marissa Friedman, F.N.P.	Family and Community Medicine	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Family and Community Medicine - Nurse Practitioner Core Privilege and Practice Prerogatives.
Eva Hernandez, L.C.S.W.	Psychiatry	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Counselor/Therapist Core Privileges and Practice Prerogatives.
Hannah M. Huan, P.A.-C	Surgery (Otolaryngology)	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Physician Assistant Basic Core; Minor Surgery Procedural; Otolaryngology Advanced Core First Assist; and Otolaryngology Advanced Core Privileges.
Kelly Hurley, L.P.C.	Psychiatry	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Counselor/Therapist Core Privileges and Practice Prerogatives.
Olubukola Komolafe, F.N.P.	Psychiatry	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Nurse Practitioner Core Privileges and Practice Prerogatives.
Carol Hensley Williams, F.N.P.	Family and Community Medicine	Successfully Completed FPPE	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Nurse Practitioner Minor Surgery Privileges.

Recommended by Credentials Committee: June 2, 2020
 Recommended by Medical Executive Committee: June 9, 2020
 Submitted to MSHCDB: June 24, 2020

ALLIED HEALTH PROFESSIONALS – REAPPOINTMENTS				
NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Gregory Gene Diede, C.C.P.	Surgery	Practice Prerogatives on file	7/01/2020 to 6/30/2022	
Camilla Rae Jensen, P.A.-C	Orthopedic Surgery	Practice Prerogatives on file	7/01/2020 to 6/30/2022	
Kayleen A. Martins, C.C.P.	Surgery	Practice Prerogatives on file	7/01/2020 to 6/30/2022	
Phillip Matthew Spencer, P.A.-C	Orthopedic Surgery	Practice Prerogatives on file	7/01/2020 to 6/30/2022	
Carol Hensley Williams, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	7/01/2020 to 6/30/2022	

CHANGE IN PRIVILEGES			
NAME	DEPARTMENT	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Melissa Ilene Morales, F.N.P.	Emergency Medicine	Addition: Local/Digital Anesthesia Addition: Splinting & Immobilization Techniques Addition: I&D Abscess Addition: Foreign Body Removal (Soft Tissue, Nose, Ear, Eye, Rectum, and Vagina) Addition: Orotracheal Intubation Addition: Central Venous Access Addition: Lumbar Puncture Addition: Thoracentesis Addition: Paracentesis	Under Personal Supervision only Under Personal Supervision only
Edward Vidal, F.N.P.	Family & Community Medicine	Addition: All Core Cognitive Privileges Addition: All Core Procedural Privileges	Under General Supervision
Carol Hensley Williams, F.N.P.	Family & Community Medicine	Addition: Women's Health: Perform Prenatal/Gynecologic Patient Care; Perform interval women's health surveillance examination & procedures	Under General Supervision

RESIGNATIONS (Information Only)			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Julie Lynn Baumgarth, C.P.N.P.	Pediatrics (Child Help)	Allied Health Professional to Inactive	Resigned (Effective 5/28/2020)
Kimberly Ann Dent, P.N.P.	Pediatrics (Child Help)	Allied Health Professional to Inactive	Resigned (Effective 5/28/2020)
Pamela L. Fazekas, A.G.N.P.	Psychiatry	Allied Health Professional to Inactive	Resigned (Effective 06/01/2020)
Debra Dingman Gwerder, F.N.P., P.M.H.N.P.	Psychiatry	Allied Health Professional to Inactive	Resigned (Effective 5/18/2020)
Paul Marlon Maharaj, P.A.-C	Emergency Medicine	Allied Health Professional to Inactive	Resigned (Effective 3/28/2020)
Haley Anne McGoldrick-Dietzman, F.N.P.	Pediatrics (Child Help)	Allied Health Professional to Inactive	Resigned (Effective 5/28/2020)
Caroline Olubusola Olotu, F.N.P.	Family & Community Medicine	Allied Health Professional to Inactive	Resigned (Effective 5/31/2020)

General Definitions:

Allied Health Professional Staff
 Practice Prerogatives

An Allied Health Professional (AHP) means a health care practitioner other than a Medical Staff member who is authorized by the Governing Body to provide patient care services at a MIHS facility, and who is permitted to initiate, modify, or terminate therapy according to their scope of practice or other applicable law or regulation. Governing Body authorized AHPs are: Certified Registered Nurse Anesthetists; Certified Registered Nurse Midwife; Naturopathic Physician; Optometrists; Physician Assistant; Psychologists (Clinical Doctorate Degree Level); Registered Nurse Practitioners.

Scopes of practice summarizing qualifications for the respective category, developed with input from the physician director of the clinical service and the observer/sponsor/responsible party of the AHP, Department Chair, and other representatives of the Medical Staff, Hospital management, and other professionals.

Supervision Definitions:

- (1) General Supervision The procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure or provision of the services.
- (2) Direct Supervision The physician must be present in the office suite or on the premises of the location and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.
- (3) Personal Supervision A physician must be in the room during the performance of the procedure.



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

June 24, 2020

Item 1.d.iii.

Medical Staff

**Revisions to the Nurse Practitioner
Emergency Medicine Privileges**



DEPARTMENT OF EMERGENCY MEDICINE
NURSE PRACTITIONER PRIVILEGES

Name of Nurse Practitioner (Print) _____

To be eligible to apply for privileges as a Nurse Practitioner (“NP”) in the Emergency Medicine Department, the applicant must currently possess Nurse Practitioner Core Privileges as a member of Valleywise Health Allied Health Professional (“AHP”) Staff.

RESPONSIBLE PARTY: Department Chair, or his/her designee

DEFINITION: A Registered Nurse Practitioner (RNP) is an advanced practice nurse who provides primary health care and specialized health services to individuals and families. The Nurse Practitioner is employed or contracted to provide services to inpatients and outpatients in Valleywise Health.

Collaboration – Means to establish a relationship for consultation or referral with one (1) or more physicians who have active, unrestricted licenses.

- PRACTICE PREROGATIVES:**
- Shall practice within his/her scope of practice, training and experience to independently assess, diagnose, plan, and treat illnesses by using and adhering to departmental protocols governing patient management, in accordance with Arizona Nursing Board, Arizona Statutes and Arizona Administrative Code.
 - Shall practice in collaboration with an Attending Physician who has unrestricted privileges and medical staff membership in good standing at Valleywise Health and seek appropriate consultation when necessary.
 - Shall participate in quality assurance review on a periodic basis, including systematic review of records and treatment plans
 - Shall make appropriate referrals to other health professionals and community agencies.
 - Shall participate in CME and other Department educational conferences.
 - Shall participate in discharge planning.
 - May write admitting orders on behalf of a member of the Valleywise Health Medical Staff to initiate a patient’s entry into a Valleywise Health inpatient facility.
 - May prescribe and dispense medications within guidelines approved by the Arizona State Board of Nursing and the Drug Enforcement Administration and Arizona State Board of Pharmacy.
 - May assist in research activities within their respective Valleywise Health Department.
 - May not write orders relating to the patient’s resuscitation status.
 - May not have on the job training to enhance their competencies; but may enhance their competencies by learning additional skills/procedures within their scope of practice through additional didactic education and supervised clinical practice (achieved through clinical experience in a formalized education/training program) as specified in the Arizona Administrative Code (A.A.C.-Chapter 19-Arizona State Board of Nursing).

**DEPARTMENT OF EMERGENCY MEDICINE
NURSE PRACTITIONER PRIVILEGES**

INITIAL APPLICANTS

To be eligible to apply for privileges as a NP in Emergency Medicine Department, the applicant must meet the following criteria:

- Completion of a master's, post-master's, or doctorate from a nurse practitioner program accredited by the Commission on the Collegiate of Nursing Education or the National League for Nursing Accrediting Commission with emphasis on the NP's specialty area.; **AND**
- Current certification by the American Nurses Credentialing Center, the American Academy of Nurse Practitioners or an equivalent body as determined by the Rules of the Arizona State Board of Nursing.
- Current active licensure to practice as an advanced practice registered nurse in the practitioner category in the state of Arizona (As per the Arizona State Board of Nursing, national certification prior to July 1, 2004 was not requirement for licensure); **AND**
- Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the Valleywise Health Allied Health Professionals Policy/Medical Staff Bylaws, **AND**
- ACLS, PALS, and ATLS certifications

FOCUSED PROFESSIONAL PRACTICE EVALUATION

Minimum of 20-five (5) cases shall be reviewed in accordance with the Valleywise Health Focused Professional Practice Evaluation to Confirm Practitioner Competence Policy (additional records may be reviewed to assess the scope of practice has been covered) to include evaluation of chief complaint; history & physical; use of ancillary services; appropriateness of diagnosis; and discharge/instruction.

EMERGENCY MEDICINE - NURSE PRACTITIONER CORE PRIVILEGES

Assess, evaluate, diagnose, and treat patients who present in the ED with any symptom, illness, injury, or condition, and provide services necessary to ameliorate minor illnesses or injuries (within their scope of practice). Stabilize patients with major illnesses or injuries and assess patients to determine if additional care is necessary. Privileges do not include long-term care of patients on an inpatient basis. Nurse practitioners may write orders that include ongoing orders, discharge orders and admission orders on behalf of a member of the Valleywise Health Medical Staff. The core privileges in this specialty include the procedures on the Nurse Practitioner Core Privileges and such other procedures that are extensions of the same techniques and skills. Where appropriate, procedures may be performed with, or without ultrasound guidance.

CORE PRIVILEGES	Requested	Approved	Not Approved	Comment
Perform history and physical examination*				
Order and interpret laboratory studies. Order and perform preliminary interpretations of simple plain x-ray films with second reading by supervising physician (or radiologist) and apply results. Order and perform other diagnostic tests.				
Identify, develop, implement and evaluate a plan of care for a patient to promote, maintain, and restore health				
Manage ED Observation Patients: Familiarity with the rapid assessment, decision making, treatment, consultation from specialty services, and disposition of adult patients meeting adult observation status criteria				
Prescriptive Privileges for prescription of non-controlled substances and devices within scope of specialty practice (Prescribing & Dispensing Authority required)				
Prescriptive Privileges for schedule II, III, IV or V controlled substances within the confines of the Arizona statutes (DEA registration required)				
Oral and nasal airway placement				
CPR				
Defibrillation/Cardioversion				
Venipuncture/cannulation & Arterial puncture/cannulation				
Pelvic Examinations				
Bladder catheterization				
Slit Lamp Exam, Tonometry				
Reduction of joint dislocation - Finger(s)				
Local/digital anesthesia				
Splinting & immobilization techniques				
I & D abscess				
Foreign body removal (soft tissue, nose, ear, eye, rectum, and vagina)				

*Emergency Medicine history and physical examination are the responsibility of and require review and countersignature by a member of the Valleywise Health Medical Staff.

EMERGENCY MEDICINE - NURSE PRACTITIONER CORE PRIVILEGES - CONTINUED

CORE PRIVILEGES -continued	Requested	Approved	Not Approved	Comment
Superficial foreign body removal from cornea				
Treatment of anterior epistaxis				
Re-implantation of avulsed teeth				
Replacement of percutaneous feeding tube				
Intra-osseous Needle Device: Placement, medication administration, removal				
Wound repair (suturing/wound glue/staples) – Repair/Removal				

*Emergency Medicine history and physical examination are the responsibility of and require review and countersignature by a member of the Valleywise Health Medical Staff.

REAPPOINTMENT REQUIREMENTS

To be eligible to renew core privileges as a NP in Emergency Medicine, the applicant must meet the following criteria:

- An adequate volume of experience with acceptable results for the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes. Experience must correlate to the privileges requested. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges; **AND**
- Current active licensure to practice as an advanced practice registered nurse in the practitioner category in the state of Arizona, **AND**
- Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the Valleywise Health Allied Health Professionals Policy/Medical Staff Bylaws, **AND**
- ACLS, PALS, and ATLS certifications

EMERGENCY MEDICINE NURSE PRACTITIONER ADVANCED PRIVILEGES (see specific criteria)

Noncore privileges are requested individually in addition to requesting the core. Each individual requesting advanced privileges must meet the specific threshold criteria as applicable to the initial applicant or re-applicant. Each time a new privilege is requested, it may be requested by the Nurse Practitioner and recommended by the collaborating physician and forwarded to the Valleywise Health Medical Staff Office to be approved and appended to the advanced list of privileges. Where appropriate, procedures may be performed with, or without ultrasound guidance.

FOCUSED PROFESSIONAL PRACTICE EVALUATION

Minimum of two (2) cases shall be reviewed in accordance with the Valleywise Health Focused Professional Practice Evaluation to Confirm Practitioner Competence Policy (additional records may be reviewed to assess the scope of practice has been covered) for each like/same scope of practice advanced procedure/privilege requested.

Emergency Medicine Advanced Privileges – The applicant must provide written documentation of current competence (as noted below) for all procedures requested:

a) **Recent graduate (within the past two years)** – A list of requested procedures performed within the educational program, signed by a representative of the program, attesting to competence.

b) **All Others** – The applicant must provide written documentation of completion of an approved, accredited training course for advanced procedures to include didactic and hands on skills training within the previous two (2) years **AND** Performance of the requisite number of procedures described below for the initial appointment within the previous two (2) years.

OR

The applicant may provide documentation of current credentialing for the requested advanced procedure(s) **AND** Documentation of performance of the requisite number of procedures below for reappointment within the previous two (2) years.

**VALLEYWISE HEALTH
DEPARTMENT OF EMERGENCY MEDICINE
NURSE PRACTITIONER
ADVANCED PRIVILEGES**

ADVANCED PRIVILEGES	Requested	Initial Appointment	Reappointment	Approved	Not Approved	Comment
Orotracheal intubation		10	2			1
Central venous access		10	2			2
Lumbar puncture		10	2			2
Reduction of joint dislocation -- Shoulder*		5	1			2
Reduction of joint dislocation -- Hip*		5	1			2
Lumbar puncture**		10	2			2
Arthrocentesis**		5	1			2
Thoracentesis**		5	1			1
Paracentesis**		10	2			2
Procedural Sedation 1. Initial Request: Must have completed a Valleywise Health approved training course (APEX documentation required) and Successful completion of "Hands On" Basic Airway Management Training Course within the past two (2) years 2. Maintenance of privilege: Maintain ACLS certification and Successful completion of "Hands On" Basic Airway Management Training Course within the past two (2) years 3. The APEX training course can be found at http://apex.valleywisehealth.org		10	2			1

*Like/same scope of practice for reduction procedures. **Like/same scope of practice for needle guided procedures.

Comments:

- 1) Under Personal Supervision only (A physician must be in the room during the performance of the procedures.)
- 2) Must consult with attending physician prior to procedure

Acknowledgement of Applicant

I have requested only those practice prerogatives for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Valleywise Health, and I understand that:

- a. In exercising any practice prerogatives granted, I am constrained by Hospital and Medical Staff/Allied Health Professional Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the practice prerogatives granted to me is waived in an emergent situation and in such situation; my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed _____

Date _____

Applicant



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

June 24, 2020

Item 1.d.iv.

Medical Staff

**Revisions to the Physician Assistant
Emergency Medicine Privileges**



**VALLEYWISE HEALTH
DEPARTMENT OF EMERGENCY MEDICINE
Physician Assistant Privileges**

Name of Physician Assistant (Print) _____

To be eligible to apply for privileges as a Physician Assistant in the Emergency Medicine Department, the applicant must meet Valleywise Health Allied Health Professional (AHP) Staff membership requirements as outlined in the AHP Manual and the following privileging criteria:

RESPONSIBLE PARTY:	Department Chair/designee, or Sponsorship by physician(s) who is/are member(s) in good standing of Valleywise Health.
DEFINITION:	Physician Assistants provide medical care under the guidance of a physician supervisor at the Valleywise Comprehensive Health Centers, Valleywise Community Centers, other Valleywise Health owned or operated ambulatory settings, Valleywise Health Medical Center and Valleywise Emergency -Phoenix and Maryvale.
SUPERVISION:	Under direction and supervision of a sponsoring physician, in accordance with Arizona statutes and regulations. Direct Supervision: Physician on site that can intervene when necessary.
PRACTICE PREROGATIVES:	<ul style="list-style-type: none"> ▪ Shall be members of the Allied Health Professional staff assigned to a Clinical Department. ▪ Shall provide inpatient and/or outpatient medical care to patients, in accordance with Arizona statutes, rules and regulations, and guidelines. ▪ Shall triage patients as well as assist nursing staff in triage. ▪ Shall maintain accurate, complete and legible patient records. ▪ Shall monitor the effectiveness of therapeutic interventions. ▪ Shall initiate emergency care when needed. ▪ Shall advise families and patients regarding types of services available and provide counseling for general health problems. ▪ Shall participate in the Department's peer review and QI processes. ▪ May prescribe medications in accordance with the rules and regulations of the Arizona Board of Medical Examiners, the Arizona State Board of Pharmacy and the Drug Enforcement Administration. ▪ Shall agree to abide by applicable policies and procedures established by the Medical Staff and Valleywise Health ▪ May participate on various committees within Valleywise Health or as designated by the Department Chairman. ▪ May perform invasive procedures as delineated by the applicable clinical department based on demonstrated clinical competence and training and delegated by supervising physician.

INITIAL APPLICANTS

To be eligible to apply for privileges as a Physician Assistant in Emergency Medicine, the applicant must meet the following criteria:

- Graduate of an Accreditation Review Commission on Education for the Physician Assistant (ARC-PA)-approved program (prior to January 2001, completion of a Commission on Accreditation of Allied Health Education Programs-approved program); **AND**
- Current Arizona license issued by the State of Arizona’s Joint Board on the Regulation of Physician Assistants; **AND** Drug Enforcement Administration (DEA) Certification, if applicable; **AND**
- Current National Certification (NCCPA) re-registration and re-certification required as specified by the National Commission on Certification of Physicians Assistants (*For those Physicians Assistants practicing at VALLEYWISE HEALTH prior to May 2001, current NCCPA certification is preferred, but not a condition for appointment to the AHP staff. Any non-certified Physician Assistant “grandfathered-in” will be required to attain certification in the ensuing two-year period.*); Current active licensure to practice as physician assistant in the state of Arizona; **AND**
- Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the VALLEYWISE HEALTH Allied Health Professionals Policy/Medical Staff Bylaws; **AND**
- ACLS, PALS, and ATLS certifications

FOCUSED PROFESSIONAL PRACTICE EVALUATION

Minimum of 20 ~~five~~ (5) cases shall be reviewed in accordance with the Valleywise Health Medical Staff Focused Professional Practice Evaluation to Confirm Practitioner Competence Policy (additional records may be reviewed to assess the scope of practice has been covered) to include evaluation of chief complaint; history & physical; use of ancillary services; appropriateness of diagnosis; and discharge/instruction.

EMERGENCY MEDICINE – PHYSICIAN ASSISTANT CORE PRIVILEGES

Assess, evaluate, diagnose, and treat patients who present in the ED with any symptom, illness, injury, or condition, and provide services necessary to ameliorate minor illnesses or injuries. Stabilize patients with major illnesses or injuries and assess patients to determine if additional care is necessary. Privileges do not include long-term care of patients on an inpatient basis. Physician assistants may write orders that include ongoing orders, discharge orders and admission orders. The core privileges in this specialty include the procedures on the Physician Assistant Core Privileges and such other procedures that are extensions of the same techniques and skills. Where appropriate, procedures may be performed with, or without ultrasound guidance.

CORE PRIVILEGES	Requested	Approved	Not Approved	Comment
Perform history and physical examination*				
Order and interpret laboratory studies. Order and perform preliminary interpretations of simple plain x-ray films with second reading by supervising physician (or radiologist) and apply results. Order and perform other diagnostic tests.				
Identify, develop, implement and evaluate a plan of care for the patient to promote, maintain and restore health under appropriate physician supervision				
Prescriptive Privileges for Prescription of non-controlled substances And devices, within the scope of practice (Prescribing and Dispensing Authority required)				
Prescribe privileges for schedule II, III, IV, or V controlled substances, Within the confines of the Arizona statutes (DEA registration required)				
Oral and nasal airway placement				
Manage ED Observation Patients: Familiarity with the rapid assessment, decision making, treatment, consultation from specialty services, and disposition of adult patients meeting adult observation status criteria.				
CPR				
Defibrillation/Cardioversion				
Venipuncture/cannulation & Arterial puncture/cannulation				
Pelvic Examinations				
Bladder catheterization				
Slit lamp exam/Tonometry				
Reduction of joint dislocation - Finger				
Local/digital anesthesia				
Splinting & Immobilization techniques				
I & D Abscess				
Foreign body removal (soft tissue, nose, ear, eye, rectum, vagina)				
Treatment of anterior epistaxis				
Re-implantation of avulsed teeth				
Replacement of percutaneous feeding tube				
Intra-osseous Needle Device: Placement, medication administration, removal				
Wound repair (suturing/stapling/glue) – Repair/removal				

*Emergency Medicine history and physical examination are the responsibility of and require review and countersignature by a member of the VALLEYWISE HEALTH Medical Staff.

REAPPOINTMENT REQUIREMENTS: To be eligible to renew core privileges as a Physician Assistant in Emergency Medicine, the applicant must meet the following criteria:

- An adequate volume of experience with acceptable results for the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes. Experience must correlate to the privileges requested. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges, **AND**
- Current active licensure to practice as a physician assistant in the state of Arizona, **AND**
- Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the Valleywise Health Allied Health Professionals Policy/Medical Staff Bylaws, **AND**
- ACLS, PALS, and ATLS certifications

ADVANCED PRIVILEGES (see specific criteria)

Noncore privileges are requested individually in addition to requesting the core. Each individual requesting advanced privileges must meet the specific threshold criteria as applicable to the initial applicant or re-applicant. Each time a new privilege is requested, it may be requested by the physician assistant and recommended by the supervising physician and forwarded to the Valleywise Health Medical Staff Office to be approved and appended to the advanced list of privileges. Where appropriate, procedures may be performed with, or without ultrasound guidance.

FOCUSED PROFESSIONAL PRACTICE EVALUATION

Minimum of two (2) cases shall be reviewed in accordance with the Valleywise Health Medical Staff Focused Professional Practice Evaluation to Confirm Practitioner Competence Policy (additional records may be reviewed to assess the scope of practice has been covered) for each like/same scope of practice advanced procedure/privilege requested.

Advanced Privileges – The applicant must provide written documentation of current competence (as noted below) for all procedures requested (procedures will require supervision as described below):

a) **Recent graduate (within the past two years)** – A list of requested procedures performed within the educational program, signed by a representative of the program, attesting to competence.

b) **All Others** – The applicant must provide documented completion of an approved training course for advanced procedures to include didactic and hands on skills training within the previous two (2) years **AND** Performance of the requisite number of procedures described below for the initial appointment within the previous two (2) years; **OR**

The applicant may provide documentation of current credentialing for the requested advanced procedure **AND** Performance of the requisite number of procedures described below for reappointment within the previous two (2) years; **OR**

A signed statement from a supervising physician confirming that he/she has personally observed that the applicant has successfully performed the requisite number of procedures described below **AND** that he/she can attest to his/her competence.

c) **If none of the above requirements can be met**, the applicant may request temporary approval to perform the procedure(s) under personal supervision until such time as the above noted attestation can be submitted **OR** successful completion of the requisite number of procedures described below. This request must be co-signed by the collaborating physician.

ADVANCED PRIVILEGES	Requested	Initial Appointment	Reappointment	Approved	Not Approved	Comment
Orotracheal intubation		10	2			1
Central venous access		10	2			2
Lumbar puncture		4	2			2
Reduction of joint dislocation -- Shoulder*		5	1			2
Reduction of joint dislocation -- Hip*		5	1			2
Lumbar puncture**		10	2			2
Arthrocentesis**		5	1			2
Thoracentesis**		5	1			1
Paracentesis**		10	2			2

ADVANCED PRIVILEGES	Requested	Initial Appointment	Reappointment	Approved	Not Approved	Comment
Procedural Sedation 1. Initial Request: Must have completed a VALLEYWISE HEALTH approved training course (APEX documentation required) and Successful completion of "Hands On" Basic Airway Management Training Course within the past two (2) years 2. Maintenance of privilege: Maintain ACLS certification and Successful completion of "Hands On" Basic Airway Management Training Course within the past two (2) years 3. The APEX training course can be found at http://apex.Valleywise Health.org		10	2			1

**Like/same scope of practice for reduction procedures. **Like/same scope of practice for needle guided procedures.*

Comments:

- 1) Under Personal Supervision only (A physician must be in the room during the performance of the procedures.)
- 2) Must consult with attending physician prior to procedure

Acknowledgement of Applicant

I have requested only those practice prerogatives for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Valleywise Health, and I understand that:

- a. In exercising any practice prerogatives granted, I am constrained by Hospital and Medical Staff/Allied Health Professional Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the practice prerogatives granted to me is waived in an emergent situation and in such situation; my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed: _____ **Date** _____

Applicant

SPONSORING/SUPERVISING PHYSICIAN

As sponsoring/supervising physician of the applicant, I understand it is my responsibility to ensure the applicant abides by the Medical Staff Bylaws, Rules & Regulations, Department Rules & Regulations, any policies and procedures established by the Valleywise Health, and practices within the scope of his/her license/certification/registration and practice prerogatives. Furthermore, I understand that it is my responsibility to provide support, supervision, and oversight as may be required, depending on the skills of the Physician's Assistant and the patient population being treated.

Signature of Sponsoring Physician

 Sponsoring Physician Specialty

 Date



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

June 24, 2020

Item 1.d.v.

Medical Staff

**Policy 31201 T: Valleywise Health
Medical Staff Rules & Regulations**



June 24, 2020

SUMMARY OF PROPOSED AMENDMENTS

VALLEYWISE HEALTH MEDICAL STAFF RULES & REGULATIONS (POLICY #31201 T)

Article III: Health Records

- **3.4. History and Physical**

- (a) Language added to better define “prior” as to be the first time out in procedural areas and induction in the operating rooms; deleted the word “moderate”
- (h) Deleted the word “outpatient”/replaced with the word “all”.

Part iii language added to address procedural sedation performed in the emergency department, the emergency medicine H & P for the emergency encounter will be sufficient to meet the H & P requirement.

Article X: Emergency Services

- **10.2(a)(4)** Language added to better clarify registered nurses working in the Emergency Department providing emergency services have achieved competency and training in accordance with Labor and Delivery Policies and Procedures.
- **10.2(b)(5)** Language added to better clarify registered nurses working in Labor and Delivery providing emergency services have achieved competency and training in accordance with Labor and Delivery Policies and Procedures.

**MEDICAL STAFF BYLAWS, POLICIES, AND
RULES AND REGULATIONS
OF
VALLEYWISE HEALTH**

**MEDICAL STAFF
RULES AND REGULATIONS**

**DRAFT
June 2019**

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ARTICLE I

GENERAL

1.1. Definitions:

The definitions that apply to terms used in these Medical Staff Rules and Regulations are set forth in the Medical Staff Bylaws.

1.2. Delegation of Functions:

- (a) When a function is to be carried out by a member of Hospital management, by a Medical Staff member, or by a Medical Staff committee, the individual, or the committee through its chair, may delegate performance of the function to one or more designees unless such delegation is expressly prohibited elsewhere in any of the Medical Staff documents.
- (b) When a Medical Staff member is unavailable to perform a necessary function, one or more of the Medical Staff Leaders may perform the function personally or delegate it to another appropriate individual.

1.3. Medical Student Notes

Medical Student notes shall be managed in accordance with Valleywise Health Policy #01033.

ARTICLE II

ADMISSIONS, ASSESSMENTS AND CARE, TREATMENT AND SERVICES

2.1. Admissions:

- (a) A patient may only be admitted to the Hospital by order of a Medical Staff member who is granted admitting privileges.
- (b) Except in an emergency or court-ordered admissions, all inpatient health records will include (i) evidence of informed consent via a signed "Conditions of Admission" form and (ii) an admitting diagnosis before or at the time of admission. In the case of an emergency, the admitting diagnosis, along with the fact that there was a lack of consent, will be recorded in the health record as soon as possible.

2.2. Responsibilities of Attending Physician:

- (a) Patients admitted to the Hospital must have a specific Attending Physician of record assigned to them throughout the patient's hospital stay. The Attending Physician must be a physician member of the Medical Staff with appropriate clinical privileges to care for the patient.
- (b) "Attending Physician" means any physician on the Medical Staff who is actively involved in the care of a patient at any point during the patient's treatment at the Hospital and who has the responsibilities outlined in these Medical Staff Rules and Regulations. These responsibilities include the preparation of complete and legible health record entries related to the specific care/services he or she provides.
- (c) The Attending Physician will be responsible for the medical care and treatment of the patient while in the Hospital, including appropriate communication among the individuals involved in the patient's care, the prompt and accurate completion of the portions of the health record for which he or she is responsible, and necessary patient instructions.
- (d) Whenever the care of a patient is transferred between services within the Acute Hospital or to the Emergency Department, communication (preferably verbal) is made between the referring and accepting Attending Physician, or Resident Staff or Allied Health Professional designee. Upon transfer of care within the inpatient units of the behavioral health facilities, verbal communication of significant clinical issues shall be communicated between Attending Physicians or his/her physician or allied health professional designees. Transfers of patients from the behavioral health services to the Emergency Department will be accompanied by verbal communication between the Attending Physician or his/her physician or allied health professional designee, and the Emergency Department physician.

- (e) “Acute Hospital” means the Maricopa Medical Center inpatient facility, and does not include the behavioral health inpatient facilities, or outpatient facilities.

2.3. Availability and Alternate Coverage:

- (a) The Attending Physician will provide professional care for his or her patients in the Hospital by being personally available, or by making arrangements with an alternate medical staff member who has appropriate clinical privileges to care for his or her patients.
- (b) If an Attending Physician is unavailable to care for a patient, or knows that he or she will be out of town, the Department Chair will be responsible for ensuring availability of an Attending Physician through the "on-call" schedule. The "on-call" schedule is accessible through the Hospital operator.
- (c) The Attending Physician (or his or her alternate) will be available to respond by telephone within 30 minutes and, if needed, be present as guided by the clinical circumstances to any reasonable request for guidance regarding the care of a patient.
- (d) If an Attending Physician or his or her alternate is not available, the Chief Medical Officer or the Chief of Staff will have the authority to call on the on-call physician or any other member of the Medical Staff to attend the patient.

2.4. Continued Hospitalization:

The Attending Physician will provide whatever information requested by the Utilization Management Department with respect to the continued hospitalization of a patient, including:

- (1) an adequate record of the reason for continued hospitalization (a simple reconfirmation of the patient's diagnosis is not sufficient);
- (2) the estimated period of time the patient will need to remain in the Hospital; and
- (3) plans for post-hospital care.

This response will be provided to Utilization Management within 24 hours of the request, in accordance with Utilization Management policies and procedures.

ARTICLE III

HEALTH RECORDS

3.1. General:

- (a) The Attending Physician will be responsible for the timely, complete, accurate, and legible completion of the portions of the health record that pertain to the care he or she provides.
- (b) Only authorized individuals may make entries in the health record. All handwritten entries will be legible in blue or preferably black ink.
- (c) All entries in the health record will be authenticated, dated, and timed.
- (d) Abbreviations on the unacceptable abbreviations and/or symbols list may not be used. The Medical Staff will periodically review the policy that delineates the unacceptable abbreviations and/or symbols.

3.2. Access and Retention of the Health Record:

- (a) Access to all health records of patients will be afforded to members of the Medical Staff for bona fide study and research consistent with preserving the confidentiality of personal information concerning the individual patients. All such projects will be approved by the Institutional Review Board (IRB).
- (b) Medical Staff and Allied Health Professional Staff members may only access their own health records in accordance with Valleywise Health Policy 01260S and 01287S.
- (c) Subject to the discretion of the Chief Medical Officer, former members of the Medical Staff may be permitted access to information from the health records of their patients covering all periods during which they attended to such patients in the Hospital.
- (d) All requests for copies of health records from patients and/or their legal representative should be referred to the Health Information Management Department in accordance with Valleywise Health Policy #01287S.
- (e) Any copies made from the electronic health record must be kept confidential and shall be disposed of in a manner that assures confidentiality (e.g., shredding).

3.3. Content of Record:

- (a) Health records will contain information to justify admission and continued hospitalization, support the diagnosis, and describe the patient's progress and response to medications and services.
- (b) Health record entries will be legible, complete, dated, timed, and authenticated with credentials in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with the Hospital's policies and procedures. Stamped signatures are not permitted in the health record.
- (c) Any documentation in the health record shall be the joint responsibility of the Attending Physician and the Hospital.
- (d) All inpatient health records will include, but are not limited to, the information outlined in this paragraph, as relevant and appropriate to the patient's care:
 - (1) identification data, including the patient's name, sex, address, date of birth, name of authorized representative and any known allergies or sensitivities;
 - (2) patient's language and communication needs;
 - (3) medication information, including: the patient's weight; medications ordered or prescribed; and medications administered in the Hospital (including the date and time of administration, the individual administering the medication, the strength, dose, or rate of administration, administration devices used, access site or route, known drug allergies, and adverse drug reactions);
 - (4) evidence of informed consent when required by Hospital policy and, when appropriate, evidence of any known advance directives;
 - (5) admitting history and physical examination or interval note;
 - (6) admitting diagnosis and the names of the admitting practitioner and the Attending Physician;
 - (7) all orders;
 - (8) treatment plan and goals;
 - (9) record of hospital services provided to the patient;
 - (10) progress notes made by authorized individuals;

- (11) emergency care, treatment, and services provided to the patient before his or her arrival, if any;
 - (12) diagnostic and therapeutic procedures, tests, and results;
 - (13) documentation of restraint or seclusion;
 - (14) relevant observations;
 - (15) consultation reports;
 - (16) complications, hospital acquired infections, and unfavorable reactions to medications and/or treatments;
 - (17) discharge summary with outcome of hospitalization, final diagnosis, disposition of case, discharge instructions, and whether the patient left against medical advice
 - (18) completion of health records within 30 days following discharge; and
 - (19) any other information as required by law.
- (e) All outpatient health records will include, but are not limited to, the information outlined in this paragraph, as relevant and appropriate to the patient's care:
- (1) identification data, including the patient's name, sex, address, date of birth, name of authorized representative and any known allergies or sensitivities;
 - (2) patient's language and communication needs;
 - (3) medication information, including: the patient's weight; medications ordered or prescribed; and medications administered in the Hospital (including the date and time of administration, the individual administering the medication, the strength, dose, or rate of administration, administration devices used, access site or route, known drug allergies, and adverse drug reactions);
 - (4) evidence of informed consent when required by Hospital policy and, when appropriate, evidence of any known advance directives;
 - (5) diagnosis or reason for outpatient medical services;
 - (6) an appropriate history and physical examination;
 - (7) all orders;

- (8) record of hospital services provided to the patient;
 - (9) diagnostic and therapeutic procedures, tests, and results;
 - (10) documentation of restraint or seclusion;
 - (11) consultation reports;
 - (12) emergency care, treatment, and services provided to the patient before his or her arrival, if any; and
 - (13) any other information as required by law
- (f) For patients receiving continuing ambulatory care services, the health record will contain a summary list(s) of significant diagnoses, procedures, drug allergies, and medications, as outlined in this paragraph:
- (1) known significant medical diagnoses and conditions;
 - (2) known significant operative and invasive procedures;
 - (3) known adverse and allergic drug reactions; and
 - (4) known long-term medications, including current medications, over-the-counter drugs, and herbal preparations.
- (g) Health records of patients who have received emergency care will be completed promptly and will contain the information outlined in this paragraph:
- (1) time and means of arrival;
 - (2) the patient's chief complaint;
 - (3) record of care prior to arrival;
 - (4) results of the Medical Screening Examination and the name of the individual performing the examination;
 - (5) known long-term medications, including current medications, over-the-counter drugs, and herbal preparations;
 - (6) patient's medical history;
 - (7) the name of the individual(s) who provided treatment, if applicable; and

- (8) conclusions at termination of treatment, including final disposition, condition, and instructions for follow-up care, and whether the patient left against medical advice.

3.4. History and Physical:

- (a) A pertinent medical history and physical examination will be performed and documented on each patient no more than 30 days before, or 24 hours after, admission or registration, but in all cases prior to the first time out in procedural areas and induction in the operating rooms, surgery or a procedure requiring anesthesia services, or procedural sedation (~~“moderate”~~), by an individual who has been granted privileges by the Hospital to perform histories and physicals.
- (b) For patients undergoing electroconvulsive therapy (ECT) by an individual who has been granted such privileges by the Hospital, a history and physical that has been completed within the past 30 days in a practitioner’s office (outside of Valleywise Health) may be accepted provided:
 - (1) the pertinent data elements are present to fully assess the patients risk for the procedure;
 - (2) the history and physical is reviewed, the patient is reassessed, and the history and physical is authenticated by an individual who has been granted privileges by the Hospital to perform histories and physicals in accordance with paragraphs (d) below.
- (c) “Registration” means registration for outpatient surgery, or a procedure requiring anesthesia services, or procedural sedation.
- (d) A signed/ authenticated and dated medical history and physical examination that has been completed within the 30-day period prior to admission or registration performed by an individual who has been granted privileges by the Hospital to perform histories and physicals (except as noted in section 3.4., (b) above) may be used, provided that the patient has been reassessed within 24 hours of the time of admission or registration and in all cases prior to surgery or a procedure requiring anesthesia services in order to document (1) that the patient has been examined; (2) that the history and physical has been reviewed; and (3) any changes in the patient's condition since the date of the original history and physical, or that there have been no changes in the patient's condition.
- (e) When the history and physical examination, as defined in paragraphs (a), (b) and (c) above, is not performed or recorded in the health record prior to surgery or a procedure requiring anesthesia services, the operation or procedure will be canceled unless Attending Physician (or his or her designee) states in writing as soon as reasonably possible that an emergency situation exists, or that any such delay would be detrimental to the patient. If it is an emergency situation and a history and

physical has been dictated but not yet present in the patient's chart, the Attending Physician (or his or her designee) who admitted the patient shall write a statement to that effect as well as an admission note in the patient's chart. The note should include, at a minimum, critical information about the patient's condition including pulmonary status, cardiovascular status, blood pressure, and vital signs. This requirement applies regardless of whether care is being provided on an inpatient or outpatient basis. If, in the opinion of the Attending Physician (or his or her designee), taking time to document the history and physical examination before the procedure would have a negative effect on patient care, there will be a statement attesting such in the patient's chart after completion of the operation or procedure.

- (f) The scope of the medical history and physical examination will be appropriate for the services being provided. This examination will include, as pertinent:
 - (1) patient identification;
 - (2) chief complaint;
 - (3) history of present illness;
 - (4) review of systems;
 - (5) personal medical history, including medications and allergies;
 - (6) family medical history;
 - (7) social history, including any abuse or neglect;
 - (8) physical examination, to include pertinent findings in those organ systems relevant to the presenting illness and to co-existing diagnoses;
 - (9) data reviewed;
 - (10) assessments, including problem list;
 - (11) plan of treatment; and
 - (12) if applicable, signs of abuse, neglect, addiction or emotional/behavioral disorder, which will be specifically documented in the physical examination and any need for restraint or seclusion will be documented in the plan of treatment.

- (g) A focused history and physical containing the chief complaint or reason for the procedure, relevant history of the present illness or injury, and the patient's present clinical condition/physical findings, may be used for outpatient care.

- (h) The Attending Physician may delegate all or part of the physical examination to other qualified practitioners (i.e., Resident Physicians, Nurse Practitioners, Physician Assistants, Nurse Midwives), but the Attending Physician must sign for and assume full responsibility for history and physicals for ~~outpatient~~ all procedures that require anesthesia or procedural sedation, and for inpatient admissions in accordance with 3.4 (d). When such a delegation occurs for an inpatient admission, or outpatient procedure requiring anesthesia or procedural sedation, the Attending Physician must (i) review and co-sign any history and physical done by a qualified practitioner, (ii) and add his or her own note (history and physical) or approved attestation of supervision addressing the history and physical, as deemed necessary. This must be done within 24 hours after admission and prior to the outpatient procedure requiring anesthesia services or procedural sedation. (iii) For procedural sedation performed in the emergency department, the emergency medicine H & P for the emergency department encounter will be sufficient to meet this requirement.

3.5. Progress Notes:

- (a) A “main daily progress note” will be documented daily by the Attending Physician or designee for all patients (excluding custodial patients) who have been admitted to the Acute Hospital. It may be documented by an allied health professional as permitted by his/her clinical privileges or scope of practice. When the “main daily progress note” is documented by an allied health professional, the note shall include an attestation of supervision by, or collaboration with an Attending Physician. When the “main daily progress note” is documented by a Resident, this note shall be reviewed and co-signed by the Attending Physician with an approved attestation of supervision or a separate note. When appropriate, each of the patient's clinical problems should be clearly identified in the main daily progress note and correlated with specific orders as well as results of tests and treatments.
- (b) Patients who remain in the Acute Hospital pending placement in a facility with a lower level of care (e.g., skilled nursing facility) will be deemed “custodial patients.” Custodial patients are patients who no longer meet criteria for continued care in an Acute Hospital and require a lower level of care. The Attending Physician or designee will document in the main daily progress note that the patient’s status will be transitioned to a custodial level of care. Custodial patients will have a progress note documented weekly (to be conducted Monday–Friday, excluding holidays) by an Attending Physician, or designee.
- (c) Behavioral Health Inpatient Facilities - A “main daily progress note” will be documented by the Attending Physician or his/or her covering practitioner for all patients who have been admitted to a Behavioral Health inpatient facility each working day (Monday through Friday, except legal holidays). It may be documented by an allied health professional as permitted by his/her clinical privileges or scope of practice. An allied health professional, in collaboration with the Attending Psychiatrist, may be responsible for of the day to day care for the patients. The Attending Psychiatrist shall meet with the Psychiatry Allied Health

Professional weekly and document his/her agreement with the plan of care, and shall do any legal work needed for the patient. When the “main daily progress note” is documented by a Resident, this note shall be reviewed and co-signed by the Attending Psychiatrist with an approved attestation of supervision or a separate note. As delineated elsewhere in these Medical Staff Rules and Regulations, admission history and physicals and discharge summaries that have been delegated to an allied health professional shall be authenticated by an Attending Psychiatrist.

- (c) ***All Critical Care Units [i.e., Medical Intensive Care Unit (MICU), Surgical Intensive Care Unit (SICU), or Burn Intensive Care Unit (BICU)] patients must be seen at least once daily by an Attending Physician, from the respective Unit. If the Attending Physician does not personally complete a progress note, he/she must co-sign the note documented by the Resident physician or allied health professional and must include attestation of his/her personal examination of the patient.***
- (d) Progress notes will be legibly written or entered into the electronic health record, dated, timed, and authenticated by an Attending Physician or designee in accordance with Section 3.5 (a-c) of this policy.

3.6. Authentication:

- (a) Authentication means to establish authorship by handwritten or electronic signatures.
- (b) Handwritten signatures require written signature, printed name, credential (i.e., M.D., D.O., P.A.), date, time, and personal identification number ("PAS").
- (c) An electronic signature requires statement of signature (i.e., signed, authenticated), printed name, credential, date, and time.
- (d) The practitioner will provide a signed statement attesting that he or she alone will use his or her unique electronic signature to authenticate documents in accordance with Hospital policy.
- (e) A single signature on the face sheet of a record will not suffice to authenticate the entire record. Entries will be individually authenticated.

3.7. Informed Consent:

Informed consent will be obtained in accordance with the Hospital's Informed Consent policies and procedures and documented in the health record.

3.8. Physician Attestation Statements

Services performed by a Resident require an approved physician attestation of supervision statement to be documented timely in the health record.

3.9. Completion of Health Records:

- (a) It is the responsibility of the physician to prepare and complete health records in a timely fashion in accordance with the specific provisions of these Rules and Regulations and other relevant policies of the Hospital.
- (b) Health records will be completed within the following time frames or they will be considered delinquent:
 - (1) history and physical examinations – within 24 hours of admission;
 - (2) an operative report shall be written or dictated in accordance with Section 6.2 (a) and (b) of these medical staff rules and regulations;
 - (3) complete Behavioral Health (for all behavioral health inpatient facilities) discharge summary – within 10 working days of discharge;
 - (4) complete Acute Hospital discharge summary – within 30 days of discharge;
 - (5) complete outpatient health record – within 10 days of encounter; and
 - (6) complete inpatient health record – within 30 days of discharge.
- (c) If the health record remains incomplete 30 days following discharge, or service date, as applicable; the physician, or allied health professional will be notified of the delinquency and that his or her clinical privileges have been automatically relinquished in accordance with the Credentials Policy. The relinquishment will remain in effect until all of the physician's, or allied health professional's records are no longer delinquent.
- (d) Failure to complete the health records that caused the automatic relinquishment of clinical privileges three months from the relinquishment will constitute an automatic resignation of appointment from the Medical Staff and of all clinical privileges.
- (e) A health record will be considered complete when the required contents are available within the electronic health record and appropriately authenticated. In accordance with Valleywise Health policies and procedures, the health record will also be declared complete when the responsible Physician, or allied health professional is deceased, unavailable permanently, or protractedly for other reasons. The Chairman of the Department most responsible for the care provided will review the deficient record before declaring it complete due to reasons listed

above. The Department Chairman will annotate "This health record is declared complete for filing purposes," and sign the entry.

ARTICLE IV

MEDICAL ORDERS

4.1. General:

- (a) All written or computer entered orders will be dated, timed, and authenticated at the time of entry by the ordering practitioner.
- (b) Orders will be entered clearly, legibly, and completely. Orders which are illegible or improperly entered will not be carried out until they are clarified by the ordering practitioner and are understood by the appropriate health care provider.
- (c) Orders for tests and therapies will be accepted only from:
 - (1) members of the Medical Staff;
 - (2) members of the Resident Staff;
 - (3) allied health professionals who are granted clinical privileges by the Hospital, to the extent permitted by their licenses; and
 - (4) other individuals not on the Medical Staff (e.g., Locum Tenens), in accordance with privileges granted.
- (e) The use of the terms "renew," "repeat," "resume," and "continue" with respect to previous handwritten orders is not acceptable. The electronic health record (EHR) will allow a Provider to "re-order" or "modify" an existing order.
- (f) The EHR will allow a Provider to "sign and hold" an order for a period of time as allowed by Hospital policy.
- (g) Orders will be reconciled when a patient is transferred from one level of service to another.
- (h) Transfers to the operating room from the Emergency Department will only require documentation of care assumed by the attending surgeon.
- (i) All orders for drugs and medications administered to patients will be evaluated by a Pharmacist prior to dispensing with two exceptions: (i) a Provider with prescribing privileges controls the ordering, preparation, and administration of the medication; or (ii) in urgent situations when the resulting delay would harm the patient, including situations in which the patient experiences a sudden change in clinical status.

- (j) All medication orders will clearly state the administration times or the time interval between doses. If not specifically prescribed as to time or number of doses, the medications will be controlled by automatic stop orders or by protocols. When medication or treatment is to be resumed after an automatic stop order has been employed, the orders that were stopped will be rewritten. All PRN medication orders must be qualified by either specifying time intervals or the limitation of quantity to be given in a 24-hour period. All PRN medications must specify the indications for use.
- (k) An allied health professional may be authorized to write medical and prescription orders as specifically delineated in his or her privileges granted.

4.2. Verbal Orders:

- (a) A verbal order (via telephone or in person) for medication or treatment will be accepted only under circumstances when it is impractical for such order to be entered by the responsible practitioner.
- (b) Verbal orders will include the date and time of entry into the health record, will be written in blue or preferably black ink if handwritten, and will identify the name of the individual who gave, received, and implemented the order. All verbal orders will be co-signed/authenticated by the ordering physician within 48 hours.
- (c) For verbal or telephone orders, or for the reporting of critical test results over the telephone, the complete order or test result will be verified by having the person receiving the information record and "read-back" the complete order or test result.
- (d) The following are the personnel authorized to receive and record verbal orders:
 - (1) a licensed nurse;
 - (2) a pharmacist who may transcribe a verbal order pertaining to medications and monitoring;
 - (3) a respiratory therapist who may transcribe a verbal order pertaining to respiratory therapy treatments;
 - (4) a physical therapist who may transcribe a verbal order pertaining to physical therapy treatments;
 - (5) a radiology or imaging technologist (i.e., nuclear medicine, diagnostic medical sonographer) who may transcribe a verbal order pertaining to tests and/or therapy treatments in their specific areas of expertise;

- (6) an occupational therapist who may transcribe a verbal order pertaining to occupational treatments;
- (7) a speech therapist who may transcribe a verbal order pertaining to speech therapy; and
- (8) a dietician who may transcribe a telephone/verbal order pertaining to diet and nutrition.

4.3. Standing Order Protocols:

- (a) The Medical Executive Committee (or its designee) will review and approve any suggested written protocol(s) or standing order(s) to be utilized in the Hospital for drugs or biologicals or other forms of treatment, and under which circumstances it would apply.
- (b) If the use of a written protocol or standing order has been approved by the Medical Executive Committee, initiation of such protocols or standing orders shall require an order from a practitioner responsible for the patient's care in the Hospital.

4.4. Orders for Drugs and Biologicals:

- (a) Orders for drugs and biologicals may only be ordered by Medical Staff members, Resident Staff, and other authorized individuals with clinical privileges at the Hospital.
- (b) All orders for medications and biologicals will be dated, timed and authenticated by the practitioner responsible for the care of the patient, with the exception of influenza and pneumococcal vaccines, which may be administered per Hospital policy after an assessment for contraindications. Verbal or telephone orders will only be used in accordance with these Rules and Regulations and other Hospital policies.

4.5. Orders for Radiology Services and Diagnostic Imaging Services:

Orders for radiology services and diagnostic imaging services must include: (i) the patient's name; (ii) the name of the ordering individual; (iii) the radiological or diagnostic imaging procedure orders; and (iv) the reason for the procedure (“rule out” should not be used).

4.6. Orders for Respiratory Care Services:

- (a) "Respiratory treatments and interventions" means any treatment or intervention that requires the services of a respiratory therapist (i.e. initiation of mechanical ventilation, chest physical therapy and formal pulmonary function testing).
- (b) Orders for respiratory care services must include: (i) the patient's name; (ii) the name and signature of the ordering individual; (iii) the type, frequency, and, if applicable, duration of treatment; (iv) the type and dosage of medication and diluents; and (v) the oxygen concentration or oxygen liter flow and method of administration.

ARTICLE V

CONSULTATIONS

5.1. General:

- (a) Any individual with clinical privileges at the Hospital may be requested to provide a consultation within his or her area of expertise, and these individuals will respond appropriately as a condition of their Medical Staff or Allied Health Professional Staff appointment.
- (b) For inpatient consultations will be communicated/called Physician, or Allied Health Professional to Physician, or Allied Health Professional, as deemed necessary and shall always be accompanied by a documented order detailing the reason for the consult. Once the consultation is completed the results will be documented in the legal health record and conveyed to the referring Attending or covering provider.
- (c) If a nurse employed by the Hospital has any reason to doubt or question the care provided to any patient or believes that an appropriate consultation is needed and has not been obtained, after having a conversation with the Attending Physician, that nurse will notify his or her nursing supervisor who, in turn, may refer the matter to the Chief Nursing Officer. The Chief Nursing Officer may bring the matter to the attention of the Department Chair in which the member in question has clinical privileges. Thereafter, the Department Chair or Chief Medical Officer may request a consultation after discussion with the Attending Physician.
- (d) In circumstances of grave urgency, or where consultation is required by these Rules and Regulations, or where a consultation requirement is imposed by the Medical Executive Committee, the appropriate Department Chair will at all times have the right to call in a consultant or consultants.

5.2. Contents of Consultation Report:

- (a) Each inpatient consultation report will be completed in a timely manner and prior to transfer to another facility; and will contain a dictated or legible written opinion and recommendations by the consultant that reflect, when appropriate, an actual examination of the patient and the patient's health record. A statement, such as "I concur," will not constitute an acceptable consultation report. The consultation report will be made a part of the patient's health record.
- (b) When non-emergency operative procedures are involved, the consultant's report will be recorded in the patient's health record prior to the surgical procedure. The consultation report will contain the date and time of the consultation, an opinion based on relevant findings and reasons, and the authentication of the consultant.

5.3. Required Consultations:

- (a) Except in an emergency, appropriate consultations are **required** in all cases which, in the judgment of the Attending Physician:
 - (1) when a patient has attempted suicide or has taken a chemical overdose (in which case a crisis intervention assessment and treatment will be requested, offered to, or arranged);
 - (2) the patient requires nephrology/dialysis services and the Attending Physician is not privileged to perform the procedure; or
 - (3) Anesthesia consultation for airway manipulation in the patient with suspected difficult airway, in accordance with Valleywise Health Policy #39028 S.

- (b) Except in an emergency, consultations are **recommended** in all cases which, in the judgment of the Attending Physician:
 - (1) the patient is a poor candidate for the operation or treatment;
 - (2) the diagnosis is obscure after ordinary diagnostic procedures have been completed;
 - (3) there is doubt as to the best therapeutic measures to be used; or
 - (4) unusually complicated situations are present that may require specific skills of other practitioners.
 - (5) patient on a non-psychiatric service exhibits severe symptoms of mental illness.

Additional requirements for consultation may be established by the Medical Staff.

5.4. Psychiatric Consultations:

- (a) Psychiatric consultation and treatment will be requested for and offered to all patients who have engaged in self-destructive behavior (e.g., attempted suicide, chemical overdose). If psychiatric care is recommended, evidence that such care has at least been offered and/or an appropriate referral made will be documented in the patient's health record.

- (b) A psychiatric consultation must also be obtained before any patient who has been transferred to the Hospital from a Hospital-affiliated psychiatric facility is discharged.

ARTICLE VI
SURGICAL SERVICES

6.1. Pre-Procedure Protocol:

- (a) Except in an emergency, the Attending Physician responsible for the patient's care will document an interval note in the health record prior to the surgical procedure, documenting the following:
 - (1) the provisional diagnosis and the results of any indicated diagnostic tests;
 - (2) a properly executed informed consent;
 - (3) documentation of review of relevant diagnostic tests;
 - (4) a complete history and physical work-up and, as necessary, appropriately updated (or completed focused history and physical form, as appropriate); and
 - (5) a consent or refusal for blood or blood products signed by the patient or patient's representatives.

- (b) The following will also occur before an invasive procedure or the administration of moderate or deep sedation or anesthesia occurs:
 - (1) the anticipated needs of the patient are assessed to plan for the appropriate level of post-procedural care;
 - (2) pre-procedural education, treatments, and services are provided according to the plan for care, treatment, and services;
 - (3) an Attending Physician is in the Hospital; and
 - (4) the procedure site is marked and a "time out" is conducted immediately before starting the procedure, as described in the Universal Protocol.

6.2. Post-Procedure Protocol:

For every procedure performed in an operating room and/or under sedation the following will occur:

- (a) A full operative procedure report shall be written or dictated and signed by the surgeon immediately following the procedure, and before the patient is transferred

to the next level of care (e.g. before the patient leaves the post anesthesia care area). The full operative report will record:

- (1) pre- and post-operative diagnoses;
 - (2) date and time of the procedure;
 - (3) the name of the surgeon(s) and assistant surgeon(s) responsible for the patient's operation;
 - (4) procedure(s) performed and description of the procedure(s);
 - (5) description of the specific surgical tasks that were conducted by practitioners other than the primary Attending Physician (e.g., opening and closing, harvesting grafts, dissecting tissue, removing tissue, implanting devices, altering tissues);
 - (6) findings;
 - (7) estimated blood loss;
 - (8) any unusual events or complications, including blood transfusion reactions and the management of those events;
 - (9) the type of anesthesia/sedation used and name of the practitioner providing anesthesia;
 - (10) specimens removed; and
 - (11) prosthetic devices, grafts, tissues, transplants, or devices implanted (if any).
- (b) When the full and authenticated operative note is not in the health record, an immediate postoperative note is required to be documented and authenticated by the surgeon. An immediate post-operative note will contain the following information:
- (1) the name(s) of the surgeon(s) and assistant surgeon(s);
 - (2) preoperative and postoperative diagnosis;
 - (3) surgical techniques and procedures performed;
 - (5) any complications;
 - (5) type of anesthesia administered;

- (6) estimated blood loss and any blood administered;
 - (7) grafts and implants; and
 - (8) specimens removed, including tissues.
- (c) Unless otherwise exempt by law and Hospital policy, all specimens removed during a surgical procedure will be properly labeled and sent to a laboratory for examination by a pathologist. The specimen will be accompanied by pertinent clinical information, including its source and the pre-operative and post-operative surgical diagnosis.

ARTICLE VII

ANESTHESIA SERVICES

7.1. General:

- (a) Anesthesia may only be administered by the following qualified practitioners:
 - (1) a qualified anesthesiologist;
 - (2) an MD or DO (other than an anesthesiologist);
 - (3) an oral surgeon, in accordance with state law; or
 - (4) a CRNA who is supervised by an anesthesiologist who is immediately available.
- (b) An anesthesiologist is considered "immediately available" when needed by a CRNA under the anesthesiologist's supervision only if he/she is physically located within the same area as the CRNA (e.g., in the same operative suite, or in the same labor and delivery unit, or in the same procedure room, and not otherwise occupied in a way that prevents him/her from immediately conducting hands-on intervention, if needed).
- (c) "Anesthesia" means general or regional anesthesia, monitored anesthesia care or deep sedation. "Anesthesia" does not include topical or local anesthesia, minimal or procedural sedation, or analgesia via epidurals/spinals for labor and delivery.
- (d) Because it is not always possible to predict how an individual patient will respond to minimal or procedural sedation, a qualified practitioner must be available to return a patient to the originally intended level of sedation when the level of sedation becomes deeper than initially intended.
- (e) General anesthesia for surgical procedures will not be administered in the Emergency Department unless the surgical and anesthetic procedures are considered lifesaving.

7.2. Pre-Anesthesia Procedures:

- (a) A pre-anesthesia evaluation will be performed for each patient who receives anesthesia by an individual qualified to administer anesthesia within 48 hours prior to an inpatient or outpatient procedure requiring anesthesia services.

- (b) The evaluation will be recorded in the health record and will include:
 - (1) a review of the medical history, including anesthesia, drug and allergy history;
 - (2) an interview and examination of the patient;
 - (3) notation of any anesthesia risks in accordance with ASA classification;
 - (4) identification of potential anesthesia problems that may suggest complications or contraindications to the planned procedure (e.g., difficult airway);
 - (5) development of a plan for the patient's anesthesia care (i.e., discussion of risks and benefits); and
 - (6) any additional pre-anesthesia evaluations that may be appropriate or applicable (e.g., stress tests, additional specialist consultations).
- (c) The patient will be reevaluated immediately before induction in order to confirm that the patient remains able to proceed with care and treatment.

7.3. Monitoring During Procedure:

- (a) All patients will be monitored during the procedure and/or administration of anesthesia at a level consistent with the potential effect of the procedure and/or anesthesia. Appropriate methods will be used to continuously monitor oxygenation, ventilation, and circulation during procedures that may affect the patient's physiological status.
- (b) All events taking place during the induction and maintenance of, and the emergence from, anesthesia will be documented legibly in an intraoperative anesthesia record, including:
 - (1) the name and hospital identification number of the patient;
 - (2) the name of the practitioner who administered anesthesia and, as applicable, any supervising practitioner;
 - (3) the name, dosage, route, time and duration of all anesthetic agents;
 - (4) the technique(s) used and patient position(s), including the insertion or use of any intravascular or airway devices;
 - (5) the name and amounts of IV medications and fluids, including blood or blood products, if applicable;

- (6) time-based documentation of vital signs, as well as oxygenation and ventilation parameters; and
- (7) any complications, adverse reactions or problems occurring during anesthesia, including the patient's status upon leaving the operating room (e.g., description of symptoms, vital signs, treatment rendered, and patient's response to treatment).

7.4. Post-Anesthesia Evaluations:

- (a) A post-anesthesia evaluation will be completed and documented in the patient's health record by an individual qualified to administer anesthesia no later than 48 hours after the patient has been moved into the designated recovery area. Where post-operative sedation is necessary for the optimum care of the patient, the evaluation can occur in the PACU/ICU or other designated recovery area. For outpatients, the post-anesthesia evaluation must be completed prior to the patient's discharge.
- (b) The elements of the post-anesthesia evaluation will conform to current standards of anesthesia care, including:
 - (1) respiratory function;
 - (2) cardiovascular function;
 - (3) mental status;
 - (4) temperature;
 - (5) pain;
 - (6) nausea and vomiting; and
 - (7) post-operative hydrations.

The post-anesthesia evaluation should not begin until the patient is sufficiently recovered so as to participate in the evaluation, to the extent possible given the patient's medical condition.

- (c) Patients will be discharged from the recovery area by a qualified practitioner or according to criteria approved by the clinical leaders. Post-operative documentation will record the patient's discharge from the post-anesthesia care area and record the name of the individual responsible for discharge.

- (d) Patients who have received anesthesia in an outpatient setting will be discharged to the company of a responsible, designated adult.
- (e) When surgical or anesthesia services are performed on an outpatient basis, the patient will be provided with written instructions for follow-up care that include information about how to obtain assistance in the event of post-operative problems. The instructions will be reviewed with the patient or the individual responsible for the patient.

7.5. Minimal or Moderate ("Procedural") Sedation:

All patients receiving minimal or procedural sedation will be monitored and evaluated before, during, and after the procedure by a trained practitioner in accordance with the Valleywise Health Sedation for Procedures policy, guidelines, and protocols.

ARTICLE VIII

PHARMACY

8.1. General Rules:

- (a) Orders for drugs and biologicals are addressed in the Medical Orders Article.
- (b) Blood transfusions and intravenous medications will be administered in accordance with state law and approved policies and procedures.
- (c) Transfusion reactions, adverse medication reactions, and errors in administration of medications will be immediately documented in the patient's health record and reported to the Attending Physician, in accordance with Valleywise Health policies and procedures.
- (d) Self-medication by patients will not be permitted, except for self-administered analgesia medication using a Patient Controlled Analgesia (PCA) pump or patients with a Continuous Subcutaneous Insulin Infusion (CSII) Pump, unless documented in the orders by the Attending Physician, in accordance with Valleywise Health policy.
- (e) The pharmacy may substitute an alternative equivalent product for a prescribed brand name when the alternative is of equal quality and ingredients, and is to be administered for the same purpose and in the same manner.
- (f) Except for investigational or experimental drugs in a clinical investigation, all drugs and biologicals administered will be listed in the latest edition of: United States Pharmacopeia, National Formulary, or if under a research protocol will have an approved New Drug Application by the F.D.A.
- (g) The use of investigational or experimental drugs in clinical investigations will be subject to the rules established by the Medical Executive Committee and the Institutional Review Board and as outlined in the approved Hospital formulary.
- (h) Information relating to medication interactions, therapy, side effects, toxicology, dosage, indications for use, and routes of administration will be readily available to members of the Medical Staff, other practitioners and Hospital staff.

8.2. Storage and Access:

- (a) In order to facilitate the delivery of safe care, medications and biologicals will be controlled and distributed in accordance with Hospital policy, consistent with federal and state law.

- (1) All medications and biologicals will be kept in a secure area, and locked unless under the immediate control of authorized staff.
 - (2) Medications listed in Schedules II, III, IV, and V of the Comprehensive Drug Abuse Prevention and Control Act of 1970 will be kept locked within a secure area.
 - (3) Only authorized personnel may have access to locked or secure areas.
- (b) Abuses and losses of controlled substances will be reported, in accordance with applicable federal and state laws, to the individual responsible for the pharmaceutical service and to the Chief Medical Officer.

8.3. Patient's Own Medications:

Patients may not take medication from home, unless on the specific order by the Attending Physician, or designee in accordance with Valleywise Health Hospital Policy #51126 S.

ARTICLE IX

RESTRAINTS, SECLUSION, AND BEHAVIOR MANAGEMENT PROGRAMS

Restraints, seclusion, and behavior management programs will be governed by the Hospital policy addressing restraints, seclusion, and behavior management.

ARTICLE X

EMERGENCY SERVICES

10.1. General:

Emergency services and care will be provided to any person in danger of loss of life or serious injury or illness whenever there are appropriate facilities and qualified personnel available to provide such services or care. Such emergency services and care will be provided without regard to the patient's race, ethnicity, religion, national origin, citizenship, age, sex, pre-existing medical condition, physical or mental handicap, insurance status, economic status, or ability to pay for medical services.

10.2. Medical Screening Examinations:

Medical screening examinations, within the capability of the Hospital, will be performed on all individuals who come to the Hospital requesting examination or treatment to determine the presence of an emergency medical condition. Qualified medical personnel who can perform medical screening examinations within applicable Hospital policies and procedures are defined as:

(a) Emergency Department:

- (1) members of the Medical Staff with clinical privileges in Emergency Medicine;
- (2) other Medical Staff members; and
- (3) appropriately credentialed Nurse Practitioners.
- (4) registered nurses providing emergency services who have achieved competency and training, in accordance with Labor and Delivery Policies and Procedures.

(b) Labor and Delivery:

- (1) members of the Medical Staff with OB/GYN privileges;
- (2) other Medical Staff members;
- (3) members of the Resident Staff;
- (4) certified nurse midwives with OB privileges; and

- (5) registered nurses providing emergency services who have achieved competency and training, in accordance with Labor and Delivery Policies and Procedures.
- (c) Psychiatry:
- (1) members of the Medical Staff with Psychiatry privileges;
 - (2) other Medical Staff members;
 - (3) members of the Resident Staff;
 - (4) Nurse Practitioners with psychiatric assessment privileges;
 - (5) Psychologists; and
 - (6) Registered Nurses or Social Workers who have achieved competency, in accordance with the Psychiatry policies and procedures.

10.3. On-Call Responsibilities:

Patient transfers from the Emergency Department will be made in accordance with Article XII of these Rules and Regulations and Hospital policies and procedures.

10.4. Emergency Medical Certified Technicians (EMCT)

- (1) The Emergency Department Medical Director with specific qualifications as defined by Arizona statutes and rules and regulations provides on-line medical direction to EMCTs acting on behalf of the emergency medical services provider.
- (2) The Emergency Department Attending Physicians with specific qualifications as delineated in the Arizona statutes and rules and regulations are available to provide on-line medical direction to an EMCT 24 hours a day, seven days a week;
- (3) On-line medical direction provided to EMCTs acting on behalf of the emergency medical services provider is consistent with the EMCT's scope of practice and protocols established by the EMCTs administrative medical director;
- (4) Communication equipment that will allow on-line medical direction to be given to the EMCT is operational and accessible, and a plan for alternative communications in the event of a disaster has been established; and
- (5) EMCTs will only perform tasks within their scope of practice.

ARTICLE XI

DISCHARGE PLANNING AND DISCHARGE SUMMARIES

11.1. Who May Discharge:

- (a) Patients will be discharged only upon the written discharge order of the Attending Physician or designee. Should a patient insist on leaving the Hospital against medical advice, or without proper discharge, a notation of the incident will be made in the patient's health record, and the patient will be asked to sign the Hospital's release form.
- (b) At the time of discharge, the Attending Physician or his or her designee will review the record for completeness, state the principal and secondary diagnosis (if one exists) and authenticate the entry.

11.2. Identification of Patients in Need of Discharge Planning:

- (a) All patients who are likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning will be identified at an early stage of hospitalization.
- (b) Criteria to be used in making this evaluation include:
 - (1) functional status;
 - (2) cognitive ability of the patient; and
 - (3) family support.

11.3. Discharge Planning:

- (a) Discharge planning will be an integral part of the hospitalization of each patient and an assessment will commence as soon as possible after admission. The discharge plan and assessment, which includes an evaluation of the availability of appropriate services to meet the patient's needs after hospitalization, will be documented in the patient's health record.
- (b) Discharge planning will include determining the need for continuing care, treatment, and services after discharge or transfer.

11.4. Discharge Summary:

- (a) A concise discharge/death summary will be prepared and signed by the Attending Physician discharging the patient. All discharge/death summaries will include the following:
 - (1) reason for hospitalization;
 - (2) significant findings;
 - (3) procedures performed and care, treatment, and services provided;
 - (4) condition at discharge or cause of death, if known;
 - (5) information provided to the patient and family, as appropriate;
 - (6) final diagnoses and relevant co-morbidities; and
 - (7) disposition, including discharge medications.
- (b) A final legible progress note or Valleywise Health pre-approved form may be substituted for a discharge summary only in the case of normal newborn infants, uncomplicated vaginal deliveries, outpatient observation stays, and uncomplicated length of stay of under 48 hours. The progress note must be authenticated by the Attending Physician.
- (c) Whether delegated or non-delegated, the practitioner who writes the discharge summary will authenticate, date and time his or her entry and for delegated discharge summaries the Attending Physician responsible for the patient during his or her hospital stay shall co-authenticate and date the discharge summary.

11.5. Discharge of Minors and Incompetent Patients:

Any individual who cannot legally consent to his or her own care will be discharged only to the custody of parents, legal guardian, or another responsible party unless otherwise directed by the parent, guardian, or court order. If the parent or guardian directs that discharge be made otherwise, that individual will so state in writing and the statement will become a part of the permanent health record of the patient.

11.6. Discharge Instructions:

Upon discharge, the Attending Physician, or designee, will arrange that the patient or legal guardian be given written discharge instructions.

ARTICLE XII

TRANSFER TO ANOTHER HOSPITAL OR HEALTH CARE FACILITY

12.1. Transfer:

The process for providing appropriate care for a patient, during and after transfer from the Hospital to another facility shall be provided in accordance with Hospital policy and procedures.

ARTICLE XIII

MISCELLANEOUS

13.1. Patient Death and Death Certificates:

- (a) Pronouncement of death will be made by the Attending Physician, or the Nurse Practitioner, or Physician Assistant in accordance with their respective professional licensing requirements. In addition, appropriate entry in the health record will be made by the attending physician, Nurse Practitioner, or Physician Assistant prior to the release of the body to the Hospital morgue.
- (b) Death certificates are the responsibility of the Attending Physician, Nurse Practitioner, or Physician Assistant and will be completed within 24 hours of when the certificate is available to the attending physician, Nurse Practitioner, or Physician Assistant.
- (c) The body of a deceased patient can be released only with the consent of the parent, legal guardian, or responsible person, and only after an entry has been made in the deceased patient's health record by the Attending Physician or other designated member of the Medical Staff, and completion of the "Human Remains Form" by the Attending Physician or other designated member of the Medical Staff.
- (d) The Medical Examiner should be informed of a death in accordance with state and local laws.

13.2. Autopsies:

- (a) The Attending Physician should attempt to secure autopsies in accordance with state and local laws. The Attending Physician will be notified when an autopsy is to be performed and will be responsible for securing permission, whenever possible.
- (b) Any request for an autopsy by the family of a patient who died while at the Hospital will be honored if at all possible. Difficulties or questions that arise with such a request will be directed to the Chief Medical Officer.
- (c) The Medical Staff will be actively involved in the assessment of the developed criteria for autopsies.

13.3. Treatment of Family Members:

- (a) No member of the Medical Staff will admit, treat or participate in the surgery of a member of his or her immediate family, including spouse, parent, child, or sibling,

unless otherwise approved by the Chief Medical Officer or the Chief of Staff. This prohibition is not applicable to in-laws or other relatives.

- (b) An exception to this prohibition will be made (1) if the patient's disease is so rare or exceptional and the physician is considered an expert in the field or (2) in an emergency where no other Medical Staff member is readily available to care for the family member, and a transfer is believed to be detrimental to the patient's health.

13.4. Self Treatment

Members of the Medical Staff are strongly discouraged from treating themselves, except in an emergency situation or where no viable alternative treatment is available.

13.5. Investigational Research:

All research will be conducted in accordance with Hospital policies and procedures as established by the Institutional Review Board (IRB).

13.6. End of Life/DNR Policy:

The Medical Staff will administer care in accordance with the Hospital's End of Life and Do Not Resuscitate (DNR) policies and procedures for those competent adult patients who knowingly choose to forgo treatment.

13.7. Emergency Preparedness:

All members of the Medical Staff will be familiar with the Hospital Emergency Preparedness Plan and related policies as they relate to their role in disaster drills and in a real disaster. The provisions of the Hospital Emergency Preparedness Plan and related policies will supersede normal Hospital procedures.

ARTICLE XIV

AMENDMENTS

An amendment to the Medical Staff Rules and Regulations may be made by a majority vote of the members of the Medical Executive Committee present and voting at any meeting of that committee where a quorum exists. Notice of all proposed amendments to this document shall be provided to each voting member of the Medical Staff at least 14 days prior to the Medical Executive Committee meeting when the vote is to take place, and any voting member may submit written comments on the amendments to the Medical Executive Committee. Adoption of and changes to the Medical Staff Rules and Regulations will become effective only when approved by the Board.

ARTICLE XV

ADOPTION

These rules and regulations are adopted and made effective upon approval of the Board, superseding and replacing any and all other bylaws, rules and regulations, policies, manuals of the Medical Staff, or the Hospital policies pertaining to the subject matter thereof.

Adopted by the Medical Staff:

Medical Executive Committee _____

_____ Date

Approved by the Board of Directors:

Maricopa Special Healthcare District Board of Directors _____

_____ Date

Revisions:

1980, 1981, 1982, 1/83, 08/83, 05/84, 07/87, 08/88, 11/88, 04/89, 01/91, 07/91, 12/91, 05/92, 12/92, 10/94, 11/95, 05/96, 10/96, 02/98, 07/98, 04/2000, 06/2001, 08/2001, 09/2002, 10/2004 (New Governance Change Only), 05/2005, 05/2006, 08/006, 05/2007, 08/2007, 02/2008, 09/2008, 08/2010, 01/2011, 02/2012, 06/2012, 01/2013, 09/13, 11/13, 04/2016, 01/2017, 2/2019, 9/2019, 6/2020



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

June 24, 2020

Item 1.e.i.

**Care Reimagined Capital
480-90-18-012**

Melanie Talbot

From: Compliance 360 <msgsystem@compliance360.com>
Sent: Thursday, June 11, 2020 6:43 AM
To: Melanie Talbot
Subject: Contract Approval Request: GMP number 4.05 with Kitchell Construction KITCHELL CONTRACTORS INC OF ARIZONA

Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: GMP number 4.05 with Kitchell Construction KITCHELL CONTRACTORS INC OF ARIZONA
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button.

Add comments as necessary.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Contract Information

Division Prop 480
Folder Prop 480
Status Pending Approval
Title GMP number 4.05 with Kitchell Construction
Contract Identifier Article 5 - Amendment
MIHS Contract Number 480-90-18-012-4.05
Primary Responsible Party Latimore, Diane
Departments Integrated Program Management Office
Product/Service Approval of GMP number 4.05 with Kitchell Construction under contract
Description number 480-90-18-012 for \$25,634,672.00.
CER-19-947
Action/Background Approval of GMP number 4.05 with Kitchell Construction under contract number 480-90-18-012 for \$25,634,672.00. This GMP will provide funding for final rooftop helipad purchase, fire protection and envelope and mechanical, electrical, and plumbing priority material procurement.
Evaluation Process This GMP scope and cost was evaluated by Vanir Construction Management, and the IPMO and was found to be fair and reasonable.
Notes
Category
Effective Date
Expiration Date
Annual Value \$0.00

Expense/Revenue
Budgeted Travel Type
Procurement Number
Primary Vendor KITCHELL CONTRACTORS INC OF ARIZONA

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	Approved. This is Amendment#21 to our existing contract with Kitchell, 480-90-18-012.
Nelson, Mark E.	Approved	
Harris, Ijana M.	Approved	
White, Michael	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	
Agnew, Claire F.	Approved	



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

June 24, 2020

Item 1.f.i.

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**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

June 24, 2020

Item 2.
No Handout

COVID-19



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

June 24, 2020

Item 3.

Inpatient Behavioral Health
Quality Metrics



June 24, 2020

Behavioral Health Quality Metrics

Crystal Garcia, MBA/HCM, RN
VP of Specialty Services, Quality and Safety

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Quality Metrics

Behavioral Health	Reporting Program	Benchmark	FY19 Year to Date	Desired Direction	Jul 2019	Aug 2019	Sep 2019	Qtr 1 (FY 2020)	Oct 2019	Nov 2019	Dec 2019	Qtr 2 (FY 2020)	Jan 2020	Feb 2020	Mar 2020	Qtr 3 (FY 2020)	FY20 Year to Date
	Quality /Regulatory Metrics																
HBIPS-2a: Hours of physical restraint use per 1,000 patient hrs	CMS	<2.54	0.95	↓	1.09	1.44	2.45	1.66	1.78	0.34	0.19	0.77	0.50	0.13	0.23	0.29	0.91
HBIPS-3a: Hours of seclusion use per 1,000 patient hrs	CMS	<0.98	0.82	↓	0.87	0.41	0.17	0.48	0.15	0.08	0.07	0.10	0.04	0.03	0.01	0.02	0.20
HBIPS-5A - Multiple antipsychotic medications at discharge with appropriate justification (Overall) Percent Compliance	CMS	>92.2%	96.9%	↑	100.0%	95.0%	100.0%	98.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.4%

Data Not Available	~
unable to calculate (expected number is less than 1)	*
nurse staffing indicators to be correlated with nursing-sensitive adverse patient safety events;	**
Baseline data corrected 10-18-19, which altered benchmark	#
Equal or greater than benchmark	✔
Less than 10% negative variance	⚠
Greater than 10% negative variance	✖

Quality Metrics

Behavioral Health		Reporting Program	Benchmark	FY19 Year to Date	Desired Direction	Jul 2019	Aug 2019	Sep 2019	Qtr 1 (FY 2020)	Oct 2019	Nov 2019	Dec 2019	Qtr 2 (FY 2020)	Jan 2020	Feb 2020	Mar 2020	Qtr 3 (FY 2020)	FY20 Year to Date
		Quality /Regulatory Metrics																
SUB-2: Alcohol use brief intervention provided or offered	CMS	≥ 79%	95.6%	↑	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%	100.0%	96.6%	100.0%	100.0%	100.0%	100.0%	98.8%	
Numerator					7	8	10	25	9	9	10	28	11	10	7	28	81	
Denominator					7	8	10	25	9	10	10	29	11	10	7	28	82	
SUB-2a: Alcohol use brief intervention received	CMS	≥ 72%	85.6%	↑	85.7%	87.5%	90.0%	88.0%	88.9%	90.0%	90.0%	89.7%	63.6%	100.0%	100.0%	85.7%	87.8%	
Numerator					6	7	9	22	8	9	9	26	7	10	7	24	72	
Denominator					7	8	10	25	9	10	10	29	11	10	7	28	82	
TOB-2: Tobacco use treatment provided or offered	CMS	≥ 80%	97.63%	↑	100.0%	97.2%	87.2%	94.4%	97.4%	97.8%	100.0%	98.3%	97.2%	100.0%	97.6%	98.2%	97.1%	
Numerator					33	35	34	102	38	45	36	119	35	34	40	109	330	
Denominator					33	36	39	108	39	46	36	121	36	34	41	111	340	

Data Not Available	~
unable to calculate (expected number is less than 1)	*
nurse staffing indicators to be correlated with nursing-sensitive adverse patient safety events;	**
Baseline data corrected 10-18-19, which altered benchmark	#
Equal or greater than benchmark	🟢
Less than 10% negative variance	🟡
Greater than 10% negative variance	🔴

Quality Metrics

Behavioral Health		Reporting Program	Benchmark	FY19 Year to Date	Desired Direction	Jul 2019	Aug 2019	Sep 2019	Qtr 1 (FY 2020)	Oct 2019	Nov 2019	Dec 2019	Qtr 2 (FY 2020)	Jan 2020	Feb 2020	Mar 2020	Qtr 3 (FY 2020)	FY20 Year to Date
		Quality /Regulatory Metrics																
TOB-2a: the subset tobacco use treatment	CMS	> 55.42%	81.07%	↑	69.7%	75.0%	71.8%	72.2%	74.4%	80.4%	88.9%	81.0%	91.7%	97.1%	97.6%	95.5%	82.9%	
Numerator					23	27	28	78	29	37	32	98	33	33	40	106	282	
Denominator					33	36	39	108	39	46	36	121	36	34	41	111	340	
Tob-3: Tobacco use treatment provided or offered at discharge	CMS	≥ 54%	95.8%	↑	96.0%	100.0%	94.1%	96.6%	97.0%	97.1%	100.0%	98.0%	96.2%	96.7%	100.0%	97.8%	97.5%	
Numerator					24	30	32	86	32	34	33	99	25	29	35	89	274	
Denominator					25	30	34	89	33	35	33	101	26	30	35	91	281	
Tob-3a: the subset tobacco use treatment at discharge	CMS	≥ 15%	34.4%	↑	28.0%	43.3%	35.3%	36.0%	30.3%	31.4%	39.4%	33.7%	42.3%	33.3%	14.3%	28.6%	32.7%	
Numerator					7	13	12	32	10	11	13	34	11	10	5	26	92	
Denominator					25	30	34	89	33	35	33	101	26	30	35	91	281	
SUB-3: Alcohol/Drug use treatment provided or offered at d/c	CMS	> 69%	98%	↑	96%	96%	89%	94%	96%	91%	97%	94%	77%	64%	96%	80%	89%	
Numerator					22	27	25	74	24	30	30	84	24	16	27	67	225	
Denominator					23	28	28	79	25	33	31	89	31	25	28	84	252	

Data Not Available	~
unable to calculate (expected number is less than 1)	*
nurse staffing indicators to be correlated with nursing-sensitive adverse patient safety events;	**
Baseline data corrected 10-18-19, which altered benchmark	#
Equal or greater than benchmark	✓
Less than 10% negative variance	!
Greater than 10% negative variance	✗

Quality Metrics

Behavioral Health		Reporting Program	Benchmark	FY19 Year to Date	Desired Direction	Jul 2019	Aug 2019	Sep 2019	Qtr 1 (FY 2020)	Oct 2019	Nov 2019	Dec 2019	Qtr 2 (FY 2020)	Jan 2020	Feb 2020	Mar 2020	Qtr 3 (FY 2020)	FY20 Year to Date
		Quality /Regulatory Metrics																
SUB-3a: Prescription or referral received at discharge	CMS	> 56.8%	97.2%	↑	95.7%	96.4%	89.3%	93.7%	96.0%	90.9%	96.8%	94.4%	58.1%	36.0%	92.9%	63.1%	83.7%	
Numerator					22	27	25	74	24	30	30	84	18	9	26	53	211	
Denominator					23	28	28	79	25	33	31	89	31	25	28	84	252	
IMM-2: Influenza immunization	CMS	> 80.98%	100.0%	↑	Abstraction is October - March				100.0%	100.0%	98.8%	99.6%	98.9%	96.43%	97.62%	97.65%	98.6%	
Numerator					0	0	0		82	73	81	236	86	81	82	249	485	
Denominator					0	0	0		82	73	82	237	87	84	84	255	492	
SMD-1: Screening for Metabolic Disorders	CMS		99.7%	↑	98.5%	100.0%	100.0%	99.5%	100.0%	100.0%	100.0%	100.0%	98.6%	100.0%	100.0%	99.53%	99.7%	
Numerator					66	61	61	188	73	52	70	195	73	73	67	213	596	
Denominator					67	61	61	189	73	52	70	195	74	73	67	214	598	
CT-2: Transition record with specific elements received by discharge patients	CMS	TBD	98.3%	↑	98.7%	100.0%	97.4%	98.7%	98.9%	96.1%	96.5%	97.2%	85.7%	77.4%	89.7%	84.0%	93.3%	
Numerator					74	81	74	229	87	74	83	244	78	65	61	204	677	
Denominator					75	81	76	232	88	77	86	251	91	84	68	243	726	

Data Not Available	
unable to calculate (expected number is less than 1)	~
nurse staffing indicators to be correlated with nursing-sensitive adverse patient safety events;	**
Baseline data corrected 10-18-19, which altered benchmark	#
Equal or greater than benchmark	✓
Less than 10% negative variance	!
Greater than 10% negative variance	✗

Quality Metrics

Behavioral Health		Reporting Program	Benchmark	FY19 Year to Date	Desired Direction	Jul 2019	Aug 2019	Sep 2019	Qtr 1 (FY 2020)	Oct 2019	Nov 2019	Dec 2019	Qtr 2 (FY 2020)	Jan 2020	Feb 2020	Mar 2020	Qtr 3 (FY 2020)	FY20 Year to Date
		Quality /Regulatory Metrics																
CT-3: Timely Transmission of Transition record	CMS	TBD	97.2%	↑	98.7%	97.5%	96.1%	97.4%	98.9%	92.2%	94.2%	95.2%	78.0%	72.6%	62.8%	71.3%	87.5%	
	Numerator				74	79	73	226	87	71	81	239	71	61	54	186	651	
	Denominator				75	81	76	232	88	77	86	251	91	84	86	261	744	

Data Not Available	~
unable to calculate (expected number is less than 1)	*
nurse staffing indicators to be correlated with nursing-sensitive adverse patient safety events;	**
Baseline data corrected 10-18-19, which altered benchmark	#
Equal or greater than benchmark	✓
Less than 10% negative variance	↓
Greater than 10% negative variance	✗

Patient Experience

Behavioral Health		Reporting Program	Benchmark	FY19 Year to Date	Desired Direction	Jul 2019	Aug 2019	Sep 2019	Qtr 1 (FY 2020)	Oct 2019	Nov 2019	Dec 2019	Qtr 2 (FY 2020)	Jan 2020	Feb 2020	Mar 2020	Qtr 3 (FY 2020)	FY20 Year to Date
Patient Experience																		
SCI Solutions: Assessment of patient experience of care: How would you rate the overall care given at this hospital?		Internal	>87.9%	86.4%	↑	88.1%	88.8%	89.3%	88.7%	87.3%	86.3%	88.8%	87.5%	89.6%	89.7%	87.7%	89.0%	88.1%

Data Not Available	~
unable to calculate (expected number is less than 1)	*
nurse staffing indicators to be correlated with nursing-sensitive adverse patient safety events;	**
Baseline data corrected 10-18-19, which altered benchmark	#
Equal or greater than benchmark	✓
Less than 10% negative variance	⬇
Greater than 10% negative variance	✗

Behavioral Health Quality Metrics:

- The Hospital-Based Inpatient Psychiatric Services (HBIPS) core measure initiative is a major national leadership effort to improve quality, safety, and performance of hospital-based inpatient psychiatric services through the collaboration of hospitals, physicians, and consumers.

Behavioral Health Quality Metrics:

VALUE OF HBIPS:

- Responds to steadily growing demand for psychiatric quality measurement by public and private purchasers by **enabling comparisons across organizations using standardized, evidence-based measures.**
- Is **promoting consensus building** around hospital-based psychiatric services performance measurement between the public and private sectors and among all the various stakeholders.
- **Creates standardization of measures, data specifications, and definitions** to help hospitals compare their performance within hospital-based psychiatric services to that of their peers.
- This focus on consensus-driven measures is demonstrating **change in clinical practice** in very positive ways.



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

June 24, 2020

Item 4.

Updated Information

Legislative Update



June 24, 2020

Legislative & Governmental Relations

Michael Fronske
Director of Legislative and Government Affairs

State Legislation and Issues

Status of Legislative Process

A Special Session is Not Expected this Summer.

State Budget Projections Are Not as Bad as Originally Projected and the Administration has Indicated it Can Work Within the Current Budget Framework.

Federal Issues

Recent Federal Actions:

Current COVID 19 Bills Status:

A Fourth Stimulus Package has passed the House and awaits Senate action

Immigration Update:

The US Supreme Court blocked the president from ending the Delayed Action for Childhood Arrivals program last week. The DACA program protects about 700,000 young undocumented immigrants from deportation. In the 5-4 decision (Roberts wrote for the majority) the court said that DHS failed to give an adequate reason for ending the program.

The Administration is enacting new restrictions on H1B and other visas that allow immigrants to temporarily work in the United States.

The U.S. has extended its border closures with Canada and Mexico to July.



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

June 24, 2020

Item 5.

**Financial and Statistical
Information**

May 2020



Valleywise Health
Financial and Statistical Information
May 31, 2020

Financial Highlights – May 2020

Due to the COVID-19 Pandemic, Patient Volume, Operating Revenues and Operating Expenses continues to be negatively impacted during the month of May 2020.

Patient Activity

Total admissions in May were 17.7% below budget, and 1.5% higher than the same period last year. Year to date total admissions are 8.5% below budget and 9.0% higher than YTD May 2019. Inpatient acute admissions for the month were 19.2% below budget and 11.0% lower than last May 2019. Behavioral health admissions were 14.9% below budget for the month and 37.5% higher than last May 2019.

Emergency department visits were 40.4% below budget and 36.2% lower than last May 2019. Year to date visits are 7.6% below budget and 17.9% higher than YTD May 2019.

Ambulatory visits were 8.1% below budget for the month and 20.6% lower than last May 2019. Year to date visits are 2.9% below budget and 3.7% lower than May 2019 year to date.

Operating Revenue

Net patient service revenues were 18.0% below budget for the month and are 5.6% below budget on a year to date basis. Other operating revenue were 1.4% below budget for the month, primarily in, cafeteria sales and miscellaneous revenues. Year to date total operating revenues are 4.0% below budget primarily due to patient activity resulting from the COVID-19 pandemic.

Operating Expense

Total operating expenses were 4.1% below budget for May. Labor expense were 2.8% below budget and includes salaries, benefits and contract labor. Majority of negative variances in contract labor are in nursing – ICU units, Central Sterile, IT, and Behavioral Health. Net medical service fees were 9.8% below budget primarily in collections. Supplies were 5.5% below budget primarily in lab, radiology and OR related supplies. Purchased services were 13.5% over budget primarily in attorney/legal fees, advertising and other professional services. Lastly, all other expenses excluding depreciation were 6.0% over budget for the month of May primarily in risk management related expenses. Year to date operating expenses are 2.9% over budget primarily related to labor, supplies, repair and maintenance, purchased services and medical service fees.

Non – Operating Revenue (Expense) – In total, net non-operating revenues and expenses are 39.1% over budget for the month of May partially due to receipt of CARES Act related payments/subsidies. For the eleven-months year to date period, net non-operating revenues and expenses are 7.6% over budget.

Cash and Cash equivalents (including investments)

	<u>May 2020</u>	<u>June 2019</u>
Operating / General Fund	\$204.4M	\$218.5M
Bond related – Restricted	<u>322.5M</u>	<u>460.8M</u>
Total cash and cash equivalents (including investments)	\$526.9M	\$679.3M

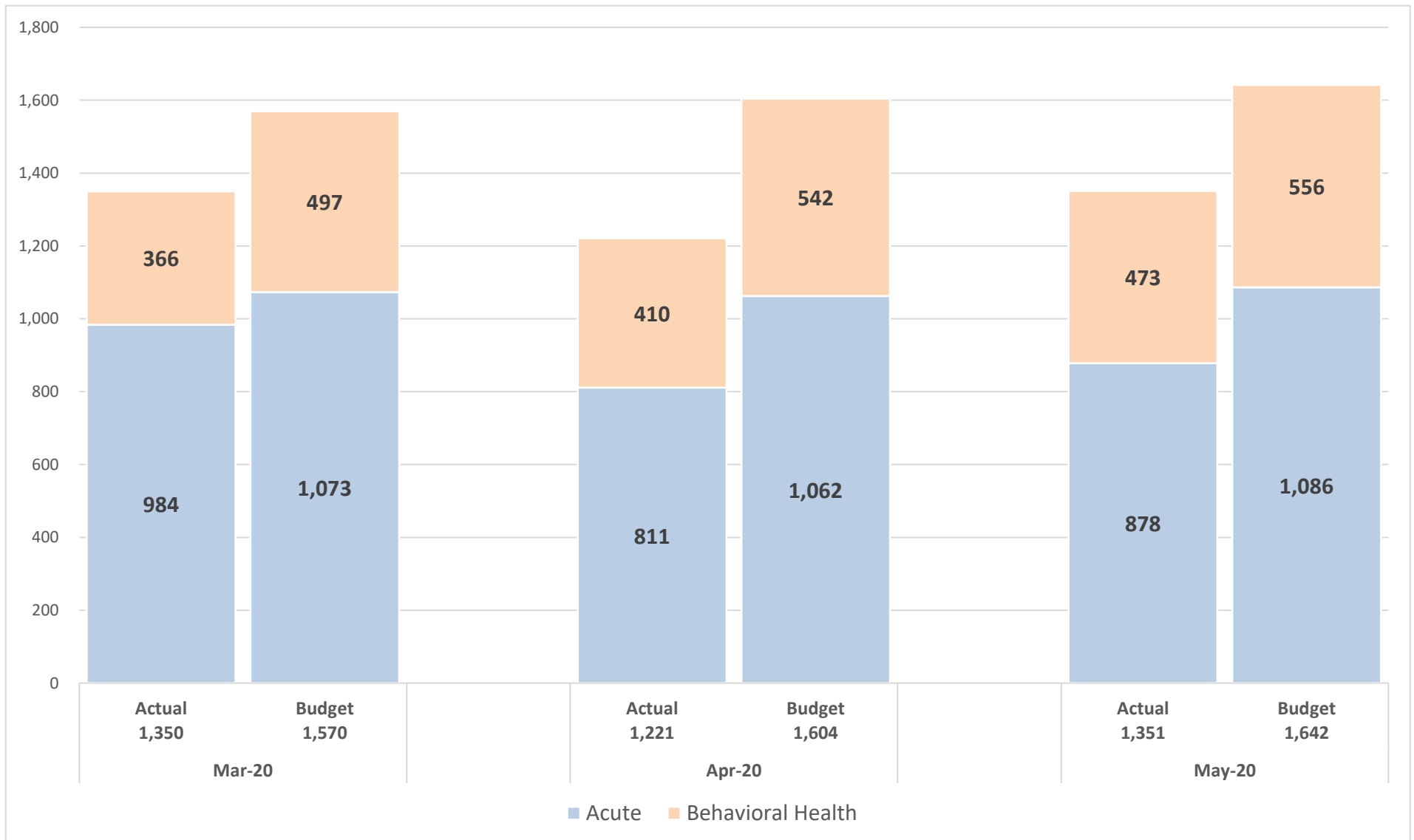
<u>Select Ratios</u>	<u>FY2020 YTD as of May 31</u>	<u>2018 Moody's "A3" Medians</u>
Liquidity		
Days cash on hand (unrestricted)	119.1	183.5
Days in Accounts Receivable	111.0	47.0
Current Ratio (excludes Bond funds)	2.6	1.8

FY2020	
YTD Actual	YTD Budget

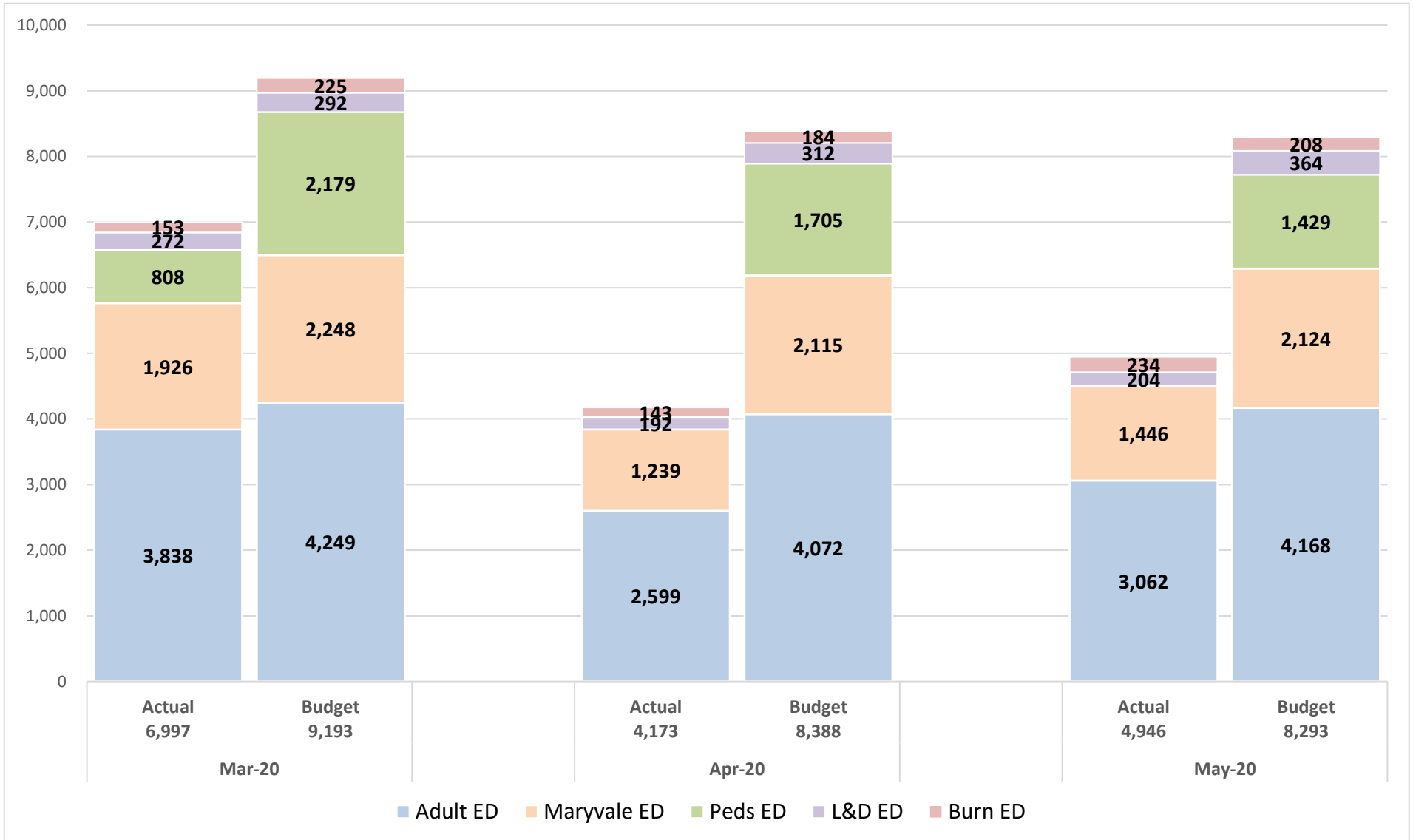
Profitability		
Operating Margin (%)	(21.4)	(13.2)
Excess Margin - normalize (%)	(6.4)	0.2
Productivity		
FTE/AOB w/o Residents	4.65	4.33

If you have any questions, please do not hesitate to contact Melanie Talbot or Rich Mutarelli (CFO).

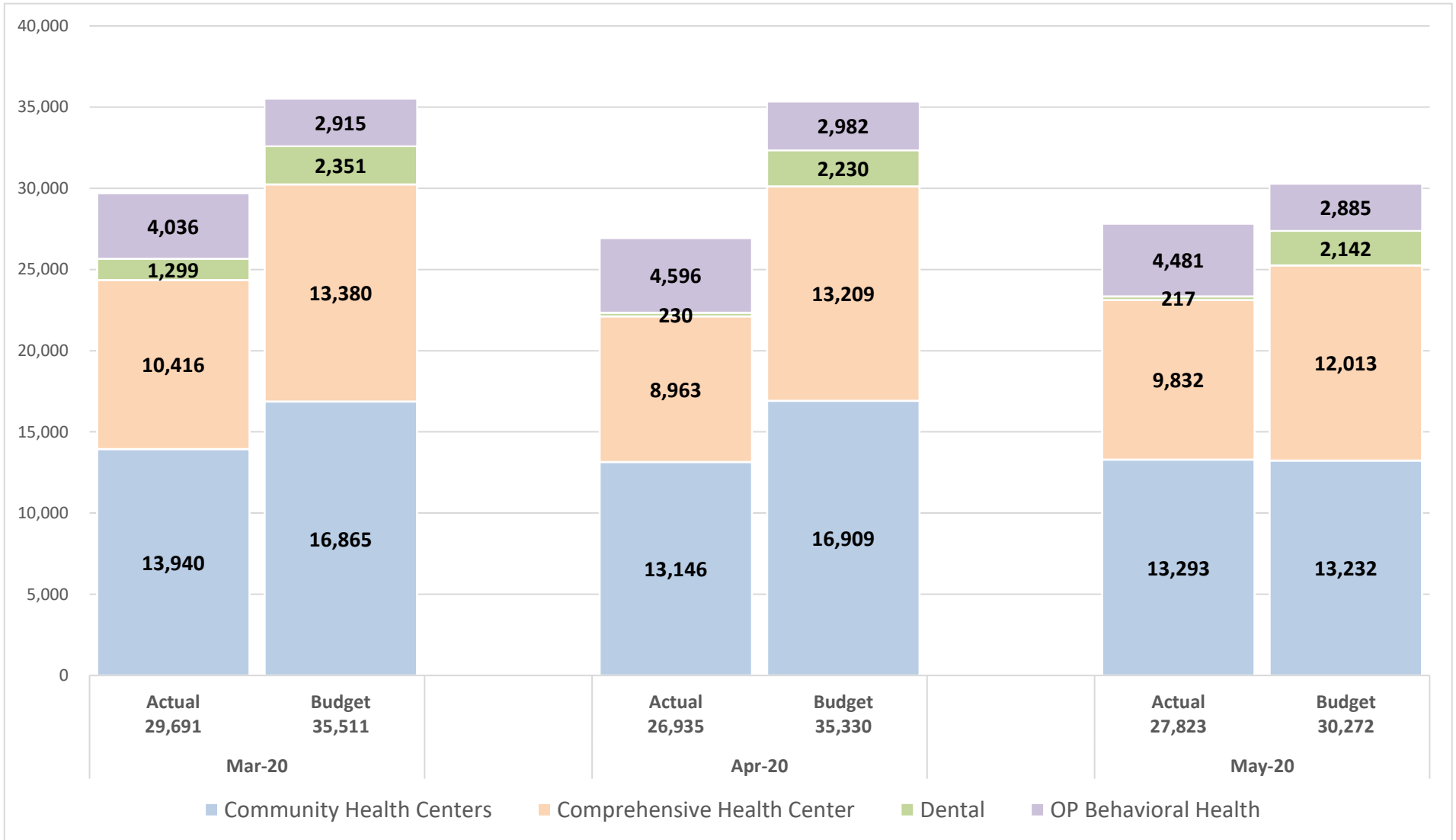
Fiscal Year 2020 Admissions



Fiscal Year 2020 Emergency Department Visits

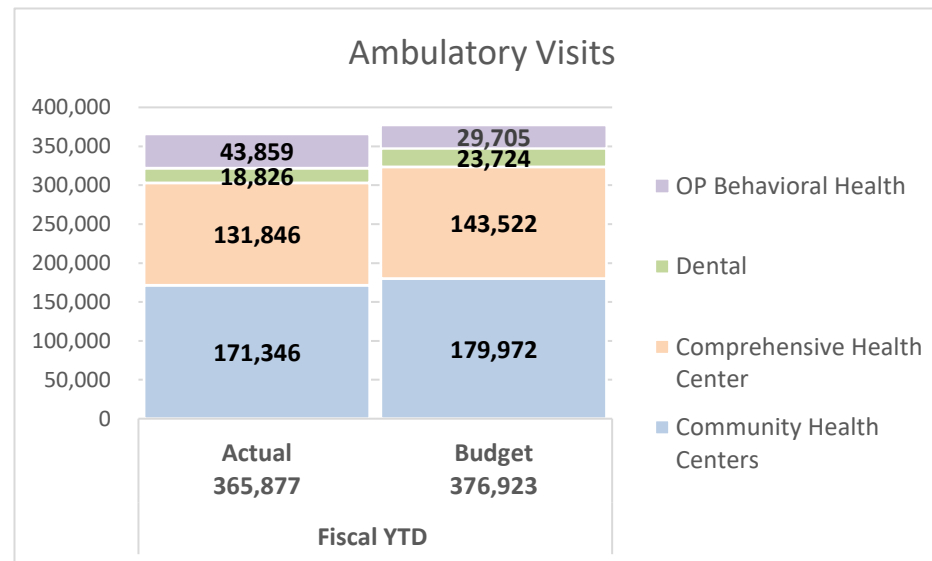
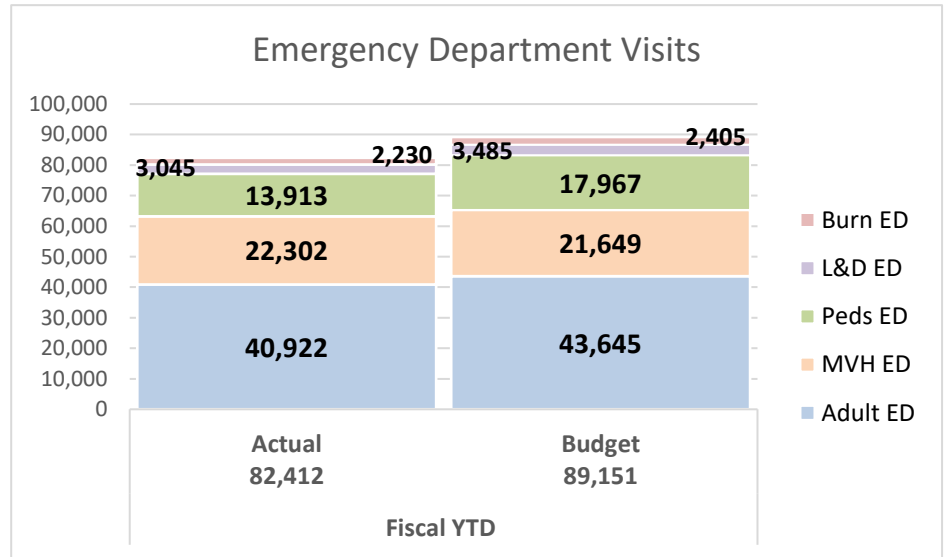
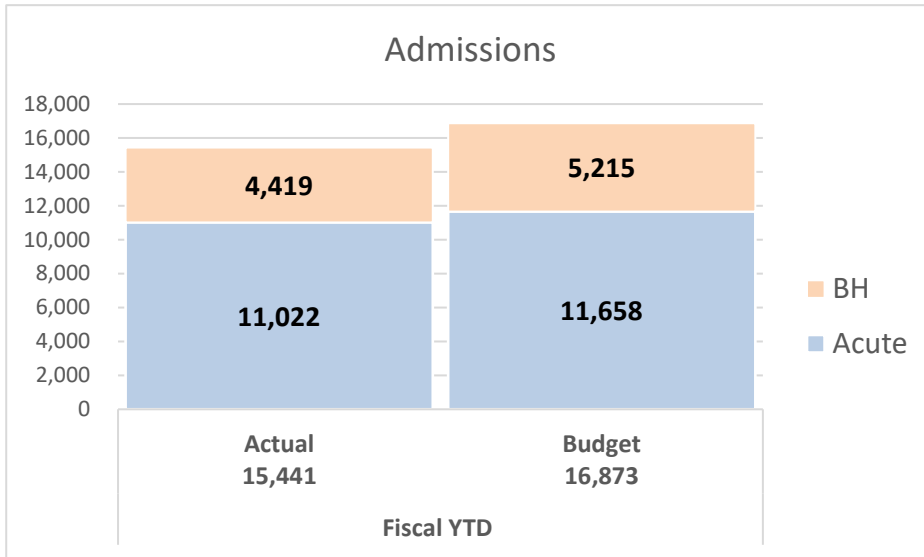


Fiscal Year 2020 Ambulatory Visits



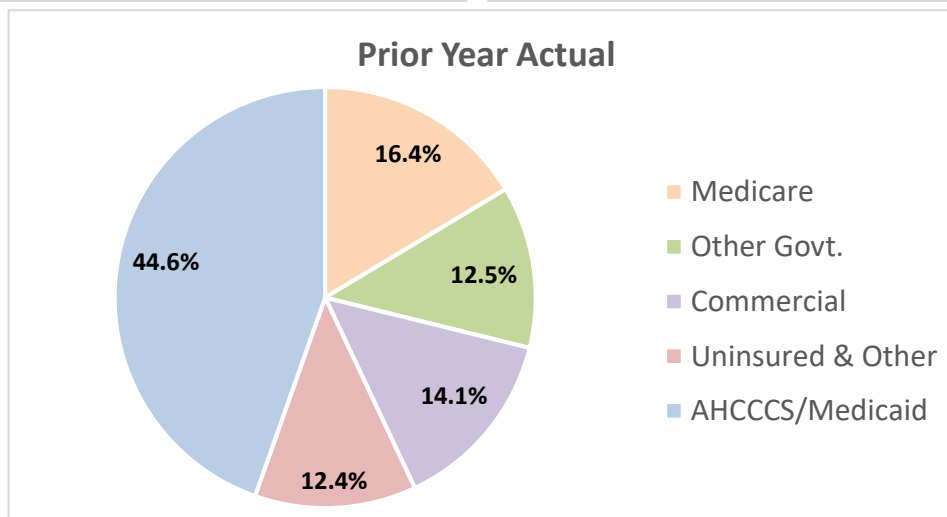
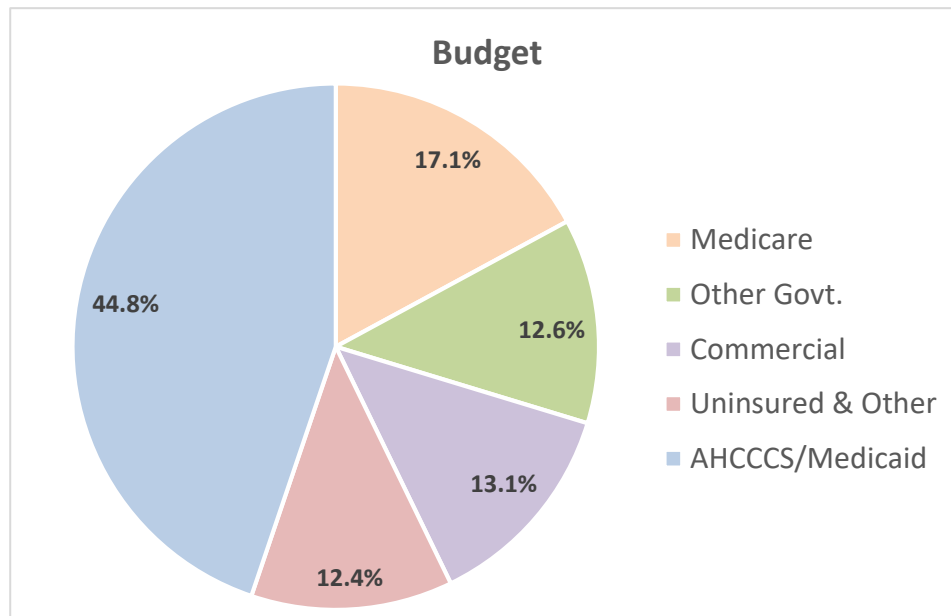
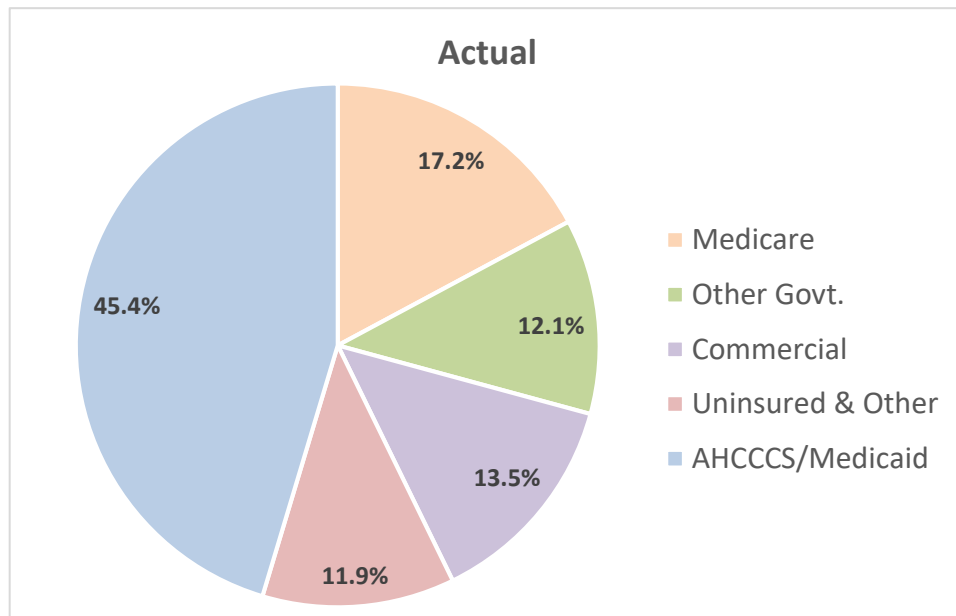
* Includes Telehealth visits -- 2,120 (March 2020) || 12,373 (April 2020) || 11,558 (May 2020)

Fiscal Year 2020 Year-to-Date Volume Summary



* Includes 26,051 Telehealth visits which started in March 2020

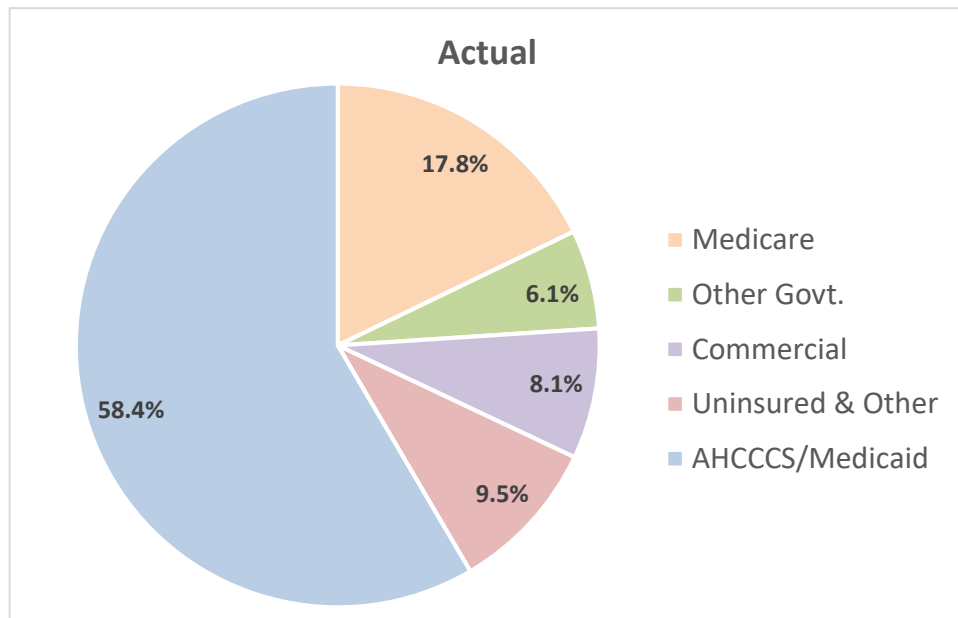
Fiscal Year 2020 Patient Revenue Source by Gross Revenue



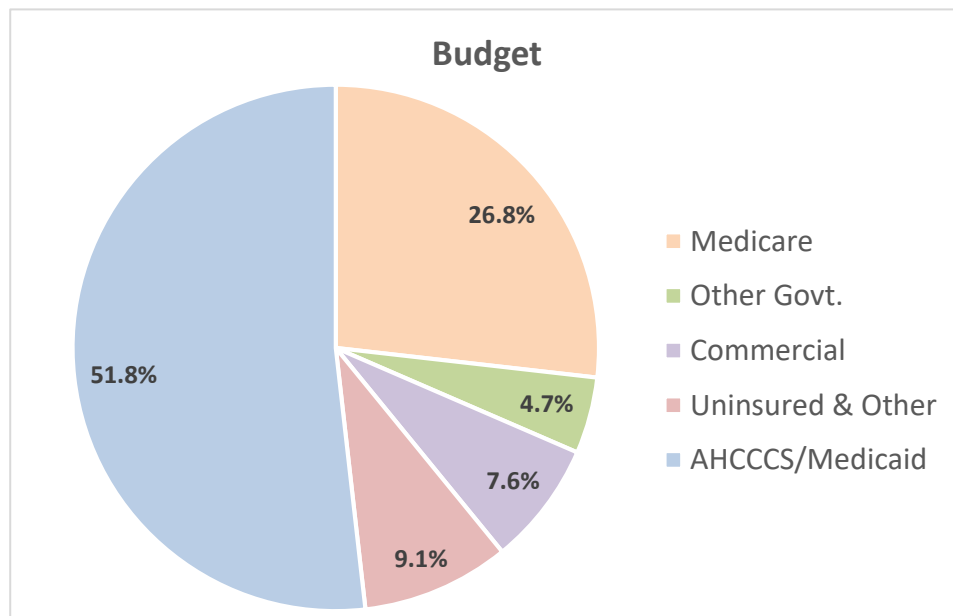
Actual Gross Revenue is
YTD as of May 31, 2020

Prior Year Gross Revenue is
all of fiscal year 2019

Fiscal Year 2020 Patient Revenue Source by Gross Revenue -- Maryvale Campus



Actual Gross Revenue is
YTD as of May 31, 2020





MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

Unusual Item Report

For the month ending May 31, 2020

		MTD Actual
Increase (decrease) in net assets as reported		\$ (5,824,785)
 <i>Unusual items:</i>		
NAP related grant revenue	\$ (84,685)	
CARES Act / HHS stimulus payment (1/3 of \$8.6M)	(2,865,712)	
CARES Act / HRSA-FQHC payment (1/3 of \$1.6M)	(530,044)	
Valleywise Health Foundation relief payment (1/3 of \$500K)	(166,667)	
COVID-19 related additional expenses **	1,131,344	
	<hr/>	<hr/>
		(2,515,763)
Normalized increase (decrease) in net assets		\$ (8,340,548)

** includes labor costs (114.4 FTE's), supplies & other miscellaneous expenses in the COVID-19 cost center
YTD total expenses - \$3,504,265



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF REVENUES AND EXPENSES

For the Period Ending May 31, 2020

	May-20 Actual	May-20 Budget	May-20 Variance	May-20 % Change	Prior Year Same Month May-19	Prior Year Same Month Variance	Prior Year Same Month % Change
Net Patient Service Revenue	\$ 30,101,391	\$ 36,705,461	\$ (6,604,070)	(18.0 %)	\$ 42,200,707	\$ (12,099,316)	(28.7 %)
Other Revenue	6,681,234	6,774,706	(93,472)	(1.4 %)	7,091,029	(409,795)	(5.8 %)
Total Operating Revenue	36,782,625	43,480,167	(6,697,542)	(15.4 %)	49,291,736	(12,509,111)	(25.4 %)
OPERATING EXPENSES							
Salaries and Wages	22,249,131	22,702,052	452,921	2.0 %	22,091,825	(157,307)	(0.7 %)
Contract Labor	1,502,377	1,410,298	(92,079)	(6.5 %)	2,704,263	1,201,886	44.4 %
Employee Benefits	6,130,214	6,617,139	486,925	7.4 %	6,243,504	113,290	1.8 %
Medical Service Fees	7,190,595	6,551,583	(639,012)	(9.8 %)	5,816,022	(1,374,573)	(23.6 %)
Supplies	6,571,439	6,956,255	384,816	5.5 %	7,731,733	1,160,294	15.0 %
Purchased Services	2,639,988	2,325,762	(314,225)	(13.5 %)	1,508,006	(1,131,981)	(75.1 %)
Repair and Maintenance	1,632,517	1,523,403	(109,114)	(7.2 %)	1,445,889	(186,628)	(12.9 %)
Utilities	527,716	745,502	217,786	29.2 %	590,220	62,503	10.6 %
Rent	413,598	448,285	34,687	7.7 %	386,573	(27,025)	(7.0 %)
Other Expenses	1,945,123	1,547,700	(397,423)	(25.7 %)	1,635,866	(309,257)	(18.9 %)
Provider Assessment	652,033	652,033	(0)	(0.0 %)	563,461	(88,572)	(15.7 %)
Depreciation	1,177,457	3,429,526	2,252,068	65.7 %	2,624,151	1,446,693	55.1 %
Total Operating Expense	52,632,189	54,909,538	2,277,349	4.1 %	53,341,512	709,323	1.3 %
Operating Income (Loss)	(15,849,564)	(11,429,371)	(4,420,193)	(38.7 %)	(4,049,776)	(11,799,788)	(291.4 %)
NONOPERATING REVENUES (EXPENSES)							
NonCapital Grants	635,825	1,062,286	(426,461)	(40.1 %)	891,973	(256,149)	(28.7 %)
NonCapital Transfers from County/State	295,658	295,658	0	0.0 %	295,658	0	0.0 %
Investment Income	414,756	459,042	(44,286)	(9.6 %)	1,222,497	(807,741)	(66.1 %)
Other NonOperating Revenues (Expenses)	2,180,797	(1,999,440)	4,180,237	209.1 %	(1,477,864)	3,658,661	247.6 %
Interest Expense	(1,309,179)	(1,580,291)	271,112	17.2 %	(100,625)	(1,208,554)	(1201.0 %)
Tax Levy	11,941,918	11,941,918	(0)	(0.0 %)	9,922,909	2,019,009	20.3 %
Total NonOperating Revenues (Expenses)	14,159,775	10,179,173	3,980,603	39.1 %	10,754,549	3,405,227	31.7 %
Excess of Revenues over Expenses	\$ (1,689,788)	\$ (1,250,198)	\$ (439,591)	(35.2 %)	\$ 6,704,773	\$ (8,394,561)	(125.2 %)
Bond-Related Revenues and Expenses	(4,134,997)	(3,858,748)	(276,249)	(7.2 %)	(4,255,592)	120,595	2.8 %
Increase in Net Assets (normalized)	\$ (5,824,785)	\$ (5,108,946)	\$ (715,839)	(14.0 %)	\$ 2,449,181	\$ (8,273,966)	(337.8 %)



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF REVENUES AND EXPENSES

For the Eleven Periods Ending May 31, 2020

	May-20 YTD Actual	May-20 YTD Budget	May-20 YTD Variance	YTD May-20 % Change	YTD Prior Year May-19	YTD Prior Year Variance	YTD Prior Year % Change
Net Patient Service Revenue	\$ 418,136,016	\$ 442,956,886	\$ (24,820,870)	(5.6 %)	\$ 409,187,682	\$ 8,948,334	2.2 %
Other Revenue	81,902,411	78,059,358	3,843,053	4.9 %	76,028,067	5,874,344	7.7 %
Total Operating Revenue	500,038,427	521,016,244	(20,977,817)	(4.0 %)	485,215,749	14,822,678	3.1 %
OPERATING EXPENSES							
Salaries and Wages	245,715,587	244,975,474	(740,113)	(0.3 %)	219,730,925	(25,984,662)	(11.8 %)
Contract Labor	21,576,335	15,338,661	(6,237,674)	(40.7 %)	19,205,021	(2,371,315)	(12.3 %)
Employee Benefits	70,748,595	71,404,871	656,276	0.9 %	64,297,763	(6,450,832)	(10.0 %)
Medical Service Fees	73,478,526	70,000,123	(3,478,403)	(5.0 %)	69,530,778	(3,947,747)	(5.7 %)
Supplies	83,327,225	75,383,188	(7,944,037)	(10.5 %)	72,769,316	(10,557,910)	(14.5 %)
Purchased Services	27,135,090	25,768,068	(1,367,022)	(5.3 %)	19,940,198	(7,194,892)	(36.1 %)
Repair and Maintenance	17,679,851	16,665,126	(1,014,724)	(6.1 %)	14,737,855	(2,941,995)	(20.0 %)
Utilities	6,965,650	7,898,390	932,740	11.8 %	6,672,005	(293,645)	(4.4 %)
Rent	5,291,288	4,951,169	(340,119)	(6.9 %)	4,532,113	(759,175)	(16.8 %)
Other Expenses	17,843,085	17,159,429	(683,656)	(4.0 %)	15,595,022	(2,248,063)	(14.4 %)
Provider Assessment	7,172,368	7,172,367	(0)	(0.0 %)	6,198,071	(974,297)	(15.7 %)
Depreciation	30,174,324	33,147,094	2,972,771	9.0 %	25,177,355	(4,996,969)	(19.8 %)
Total Operating Expense	607,107,923	589,863,960	(17,243,963)	(2.9 %)	538,386,421	(68,721,502)	(12.8 %)
Operating Income (Loss)	(107,069,496)	(68,847,716)	(38,221,780)	(55.5 %)	(53,170,672)	(53,898,824)	(101.4 %)
NONOPERATING REVENUES (EXPENSES)							
NonCapital Grants	10,622,626	11,924,685	(1,302,059)	(10.9 %)	9,396,771	1,225,855	13.0 %
NonCapital Transfers from County/State	3,252,238	3,252,238	0	0.0 %	3,252,238	0	0.0 %
Investment Income	7,750,003	7,137,355	612,648	8.6 %	9,039,738	(1,289,735)	(14.3 %)
Other NonOperating Revenues (Expenses)	(17,458,481)	(21,925,655)	4,467,174	20.4 %	(18,953,289)	1,494,808	7.9 %
Interest Expense	(12,429,424)	(17,383,203)	4,953,779	28.5 %	(1,235,977)	(11,193,448)	(905.6 %)
Tax Levy	131,361,102	131,361,102	(0)	(0.0 %)	109,152,001	22,209,102	20.3 %
Total NonOperating Revenues (Expenses)	123,098,063	114,366,521	8,731,542	7.6 %	110,651,482	12,446,581	11.2 %
Excess of Revenues over Expenses	\$ 16,028,567	\$ 45,518,806	\$ (29,490,238)	(64.8 %)	\$ 57,480,810	\$ (41,452,242)	(72.1 %)
Bond-Related Revenues and Expenses	(48,120,141)	(44,534,125)	(3,586,016)	(8.1 %)	(43,448,196)	(4,671,945)	(10.8 %)
Increase in Net Assets (normalized)	\$ (32,091,574)	\$ 984,681	\$ (33,076,255)	(3359.1 %)	\$ 14,032,614	\$ (46,124,187)	(328.7 %)



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF NET POSITION

May 31, 2020

	<u>5/31/2020</u>	<u>6/30/2019</u>
ASSETS		
Current Assets		
Cash and Cash Equivalents		
Cash - Care System	\$ 72,331,391	\$ 62,466,303
Short-Term Investment - Care System	<u>82,125,353</u>	<u>106,237,284</u>
Cash and Short-Term Investment	154,456,744	168,703,587
Cash - Bond	174,431,487	171,579,684
Short-Term Investment - Bond	<u>148,064,446</u>	<u>289,276,568</u>
Cash and Short-Term Investment - Bond	322,495,933	460,856,252
Total Cash and Cash Equivalents	476,952,677	629,559,839
Patient A/R, Net of Allowances	99,636,447	93,286,662
Other Receivables and Prepaid Items	42,999,392	32,655,195
Estimated Amounts Due from Third-Party Payors	39,127,201	39,435,152
Due from Related Parties	<u>685,831</u>	<u>1,680,183</u>
Total Current Assets	659,401,548	796,617,032
Capital Assets, Net	475,105,225	359,840,756
Other Assets		
Long-Term Investment	<u>49,981,665</u>	<u>49,793,027</u>
Total Other Assets	49,981,665	49,793,027
Total Assets	1,184,488,437	1,206,250,815
Deferred Outflows	65,048,262	65,048,262
Total Assets and Deferred Outflows	<u>\$ 1,249,536,699</u>	<u>\$ 1,271,299,077</u>



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF NET POSITION

May 31, 2020

	<u>5/31/2020</u>	<u>6/30/2019</u>
LIABILITIES AND NET POSITION		
Current Liabilities		
Current Maturities of Long-Term Debt	\$ 38,912,280	\$ 52,935,721
Accounts Payable	27,296,786	43,848,310
Accrued Payroll and Expenses	22,146,739	26,306,854
Medical Claims Payable	16,421,099	17,252,666
Due to Related Parties	14,580,214	4,661,701
Other Current Liabilities	48,117,745	23,338,160
Total Current Liabilities	<u>167,474,864</u>	<u>168,343,412</u>
Long-Term Debt		
Bonds Payable	463,619,366	500,541,763
Other Long-Term Debt	622,110	622,110
Total Long-Term Debt	<u>464,241,476</u>	<u>501,163,873</u>
Long-Term Liabilities	300,585,929	300,585,929
Total Liabilities	932,302,269	970,093,214
Deferred Inflows	47,528,446	47,528,446
Net Position		
Invested in Capital Assets, Net of Related Debt	435,570,834	306,282,925
Temporarily Restricted	15,234,566	7,916,625
Unrestricted	(181,099,416)	(60,522,132)
Total Net Position	<u>269,705,984</u>	<u>253,677,417</u>
Total Liabilities, Deferred Inflows, and Net Position	<u>\$ 1,249,536,699</u>	<u>\$ 1,271,299,077</u>

SUPPLEMENTAL INFORMATION

Valleywise Health
 Financial and Statistical Information
 31-May-20

Legend		
Greater than or equal to 100% of Budget		
Within 95% to 100% of Budget		
Less than 95% of Budget		

	Current Month				Fiscal Year to Date				Prior Fiscal Year to Date			
	Actual	Budget	Variance	Var %	Actual	Budget	Variance	Var %	Actual	Variance	Var %	
Acute												
Admissions	878	1,086	(208)	(19.2%)	11,022	11,658	(636)	(5.5%)	10,628	394	3.7%	
Length of Stay (LOS)	4.7	4.1	(0.7)	(16.1%)	4.9	4.6	(0.4)	(8.4%)	4.7	(0.2)	(4.4%)	
Patient Days	4,136	4,405	(269)	(6.1%)	54,535	53,199	1,336	2.5%	50,374	4,161	8.3%	
Acute - Observation Days and Admits												
Observation Days	329	365	(36)	(9.8%)	5,620	4,354	1,266	29.1%	4,507	1,113	24.7%	
Observation Admission - Transfer to Inpatient	181	144	37	25.7%	2,089	1,750	339	19.4%	1,686	403	23.9%	
Observation Admission Only	246	298	(52)	(17.4%)	4,092	3,618	474	13.1%	3,659	433	11.8%	
Total Admissions - Acute plus Observation Only	1,124	1,384	(260)	(18.8%)	15,114	15,276	(162)	(1.1%)	14,287	827	5.8%	
Behavioral Health												
Admissions	473	556	(83)	(14.9%)	4,419	5,215	(796)	(15.3%)	3,541	878	24.8%	
Length of Stay (LOS)	18.1	20.2	2.1	10.2%	22.1	20.3	(1.8)	(9.0%)	21.5	(0.7)	(3.1%)	
Patient Days	8,572	11,226	(2,654)	(23.6%)	97,752	105,871	(8,119)	(7.7%)	76,001	21,751	28.6%	
Valleywise Behavioral Health Center-Phoenix	2,344	2,620	(276)	(10.5%)	28,401	28,749	(348)	(1.2%)	36,076	(7,675)	(21.3%)	
Valleywise Behavioral Health Center-Mesa	3,053	3,523	(470)	(13.3%)	36,900	37,885	(985)	(2.6%)	37,533	(633)	(1.7%)	
Valleywise Behavioral Health Center-Maryvale	3,175	5,083	(1,908)	(37.5%)	32,451	39,237	(6,786)	(17.3%)	2,392	30,059	1256.6%	
Combined (Acute + Behavioral Health)												
Adjusted Admissions	2,159	3,057	(899)	(29.4%)	28,237	31,597	(3,360)	(10.6%)	26,383	1,853	7.0%	
Adjusted Patient Days	20,304	29,104	(8,800)	(30.2%)	278,484	297,878	(19,395)	(6.5%)	235,316	43,168	18.3%	
Case Mix Index												
Total Hospital	1.51	1.44	0.07	4.9%	1.50	1.44	0.06	3.9%	1.47	0.03	1.7%	
Acute (Excluding Newborns)	1.76	1.67	0.09	5.3%	1.72	1.67	0.05	2.7%	1.68	0.04	2.1%	
Behavioral Health	1.17	1.14	0.03	2.4%	1.18	1.14	0.04	3.1%	1.15	0.03	2.2%	
Medicare	1.84	1.96	(0.12)	(6.3%)	2.02	1.96	0.06	2.9%	1.97	0.05	2.4%	
AHCCCS	1.87	1.72	0.15	8.5%	1.75	1.72	0.03	1.6%	1.73	0.02	1.0%	
Ambulatory												
Valleywise Community Health Centers Visits - Including WHHS	13,293	13,232	61	0.5%	171,346	179,972	(8,626)	(4.8%)	173,627	(2,281)	(1.3%)	
Valleywise Comprehensive Health Center Visits	9,832	12,013	(2,181)	(18.2%)	131,846	143,522	(11,676)	(8.1%)	144,057	(12,211)	(8.5%)	
Dental Clinics Visits	217	2,142	(1,925)	(89.9%)	18,826	23,724	(4,898)	(20.6%)	23,756	(4,930)	(20.8%)	
7th Ave Walk-In Clinic Visits	0	0	0	0.0%	0	0	0	0.0%	14,962	(14,962)	(100.0%)	
OP Behavioral Health Visits	4,481	2,885	1,596	55.3%	43,859	29,705	14,154	47.6%	23,516	20,343	86.5%	
Total Ambulatory Visits :	27,823	30,272	(2,449)	(8.1%) 	365,877	376,923	(11,046)	(2.9%) 	379,918	(14,041)	(3.7%) 	

Hospital

Valleywise Health
 Financial and Statistical Information
 31-May-20

Legend	
Greater than or equal to 100% of Budget	
Within 95% to 100% of Budget	
Less than 95% of Budget	

	Current Month				Fiscal Year to Date				Prior Fiscal Year to Date		
	Actual	Budget	Variance	Var %	Actual	Budget	Variance	Var %	Actual	Variance	Var %
Surgical Center (SURG) - Total IP & OP Surgeries	410	719	(309)	(43.0%)	6,542	7,281	(739)	(10.1%)	6,814	(272)	(4.0%)
Surgical Center (SURG) - Total Surgical Minutes	47,955	82,382	(34,427)	(41.8%)	736,770	834,211	(97,441)	(11.7%)	779,460	(42,690)	(5.5%)
Surgical Center (SURG) - Minutes per Case	117	115	(2.4)	(2.1%)	113	115	2.0	1.7%	114	1.8	1.5%
Operating Room Utilization	na	70%	na	na	na	70%	na	na	64%	na	na
Deliveries	126	164	(38)	(23.2%)	1,700	1,835	(135)	(7.4%)	1,821	(121)	(6.6%)
Trauma Visits (subset of ED Visits)	137	145	(8)	(5.5%)	1,793	1,642	151	9.2%	1,697	96	5.7%
Emergency Department (ED)	4,946	8,293	(3,347)	(40.4%)	82,412	89,151	(6,739)	(7.6%)	69,902	12,510	17.9%
Adult ED	3,062	4,168	(1,106)	(26.5%)	40,922	43,645	(2,723)	(6.2%)	43,383	(2,461)	(5.7%)
Maryvale ED	1,446	2,124	(678)	(31.9%)	22,302	21,649	653	3.0%	2,480	19,822	799.3%
Peds ED	0	1,429	(1,429)	(100.0%)	13,913	17,967	(4,054)	(22.6%)	18,302	(4,389)	(24.0%)
L&D ED	204	364	(160)	(44.0%)	3,045	3,485	(440)	(12.6%)	3,320	(275)	(8.3%)
Burn ED	234	208	26	12.5%	2,230	2,405	(175)	(7.3%)	2,417	(187)	(7.7%)
% of Total ED Visits Resulting in Admission Adult	17.2%	14.5%	2.7%	18.8%	15.3%	14.5%	0.7%	5.1%	14.6%	0.6%	4.3%
% of Total ED Visits Resulting in Admission Peds	0.0%	4.0%	(4.0%)	(100.0%)	3.7%	4.0%	(0.3%)	(6.3%)	3.9%	(0.2%)	(4.0%)
% of Total ED Visits Resulting in Admission Maryvale	8.4%	5.0%	3.4%	67.7%	5.8%	5.0%	0.8%	16.2%	5.0%	0.8%	16.4%
% of Acute Patients Admitted Through the ED	86.8%	87.4%	(0.6%)	(0.7%)	87.8%	85.3%	2.5%	2.9%	84.2%	3.6%	4.3%
Left Without Treatment (LWOT) ADULT	0.4%	<3%	2.6%	88.0%	1.2%	<3%	1.8%	60.0%	1.3%	0.1%	8.4%
Left Without Treatment (LWOT) PEDIATRICS	0.0%	<3%	3.0%	100.0%	0.3%	<3%	2.7%	90.3%	0.2%	(0.1%)	(45.0%)
Left Without Treatment (LWOT) MARYVALE	0.6%	<3%	2.4%	81.7%	1.3%	<3%	1.7%	57.0%	0.3%	(1.0%)	303.1%
Overall ED Median Length of Stay (minutes) ADULT	197	<240	43	17.9%	215	<240	25	10.4%	222	7	3.2%
Overall ED Median Length of Stay (minutes) PEDS	0	<220	220	100.0%	134	<220	86	39.1%	125	(9)	(7.2%)
Overall ED Median Length of Stay (minutes) MARYVALE	174	<220	46	20.9%	174	<220	46	20.9%	188	14	(7.4%)
PSYCH ED Median LOS (minutes) ADULT	482	<0	(482)	(100.0%)	484	<0	(484)	(100.0%)	502	18	3.6%
PSYCH ED Median LOS (minutes) PEDS	0	<0	0	0.0%	1,511	<0	(1,511)	(100.0%)	859	(653)	(76.0%)
PSYCH ED Median LOS (minutes) MARYVALE	490	<0	(490)	(100.0%)	604	<0	(604)	(100.0%)	472	(132)	(28.0%)
Median Time to Treatment (MTT) (minutes) ADULT	15	<30	15	50.0%	19	<30	11	36.7%	20	1	5.0%
Median Time to Treatment (MTT) (minutes) PEDS	0	<30	30	100.0%	23	<30	7	23.3%	21	(2)	(9.5%)
Median Time to Treatment (MTT) (minutes) MARYVALE	14	<30	16	53.3%	19	<30	11	36.7%	12	(7)	58.3%
Cath Lab Utilization - Room 1	10%	45%	(35.1%)	(77.9%)	18%	45%	(27.3%)	(60.7%)	25%	(7.5%)	(29.7%)
Cath Lab Utilization - Room 2	10%	45%	(35.0%)	(77.7%)	31%	45%	(13.6%)	(30.3%)	33%	(1.5%)	(4.5%)
Cath Lab Utilization - IR	83%	65%	17.8%	27.4%	71%	65%	6.3%	9.6%	66%	5.1%	7.7%
CCTA/Calcium Score	7	15	(8)	(53.3%)	87	165	(78)	(47.3%)	76	11	14.5%
Pediatric ED Visits at Maryvale (under age 18)	125				4,517						
Adult ED Visits at Maryvale (age 18 and over)	1,321				17,785						
Maryvale ED to Inpatient OR	27				239						
Pediatric ED Visits at Roosevelt (under age 18)	402				n/a						
Adult ED Visits at Roosevelt (age 18 and over)	2,660				n/a						

Valleywise Health
 Financial and Statistical Information
 31-May-20

Legend	
Greater than or equal to 100% of Budget	
Within 95% to 100% of Budget	
Less than 95% of Budget	

Current Month			
Actual	Budget	Variance	Var %

Fiscal Year to Date			
Actual	Budget	Variance	Var %

Prior Fiscal Year to Date		
Actual	Variance	Var %

Operating Income / (Loss) in 000s

Valleywise Health	\$	(15,850)	\$	(11,429)	\$	(4,420)	(38.7%)		\$	(107,069)	\$	(68,848)	\$	(38,222)	(55.5%)		\$	(53,171)	\$	(53,899)	(101.4%)	
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Net Income / (Loss) in 000s

Valleywise Health	\$	(1,690)	\$	(1,250)	\$	(440)	(35.2%)		\$	16,029	\$	45,519	\$	(29,490)	(64.8%)		\$	57,481	\$	(41,452)	(72.1%)	
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**Net Income / (Loss) in 000s
Normalized**

Valleywise Health	\$	(5,825)	\$	(5,109)	\$	(716)	(14.0%)		\$	(32,092)	\$	985	\$	(33,076)	(3,359.1%)		\$	14,033	\$	(46,124)	(328.7%)	
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RATIOS:

Liquidity

Total Cash and Investments (000s)	\$	204.4	\$	218.5	\$	(14.1)	(6.4%)	
Total Days Cash on Hand		119.1		140.6		(21.6)	(15.3%)	
Current Ratio		3.9		5.2		(1.2)	(24.1%)	
Current Ratio without Bond-related & Liabilities	Assets	2.6		3.0		(0.4)	(13.1%)	
Days in Accounts Receivable (Hospital only)		111.0		77.0		(34.0)	(44.2%)	

Capital Structure

EBIDA Debt Service Coverage		13.3		16.6		(3.2)	(19.4%)	
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Profitability

Operating Margin		(21.41%)		(13.21%)		(8.20%)	(62.0%)			(11.77%)		(9.64%)	(81.9%)	
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Labor

FTE/AOB WO Residents		5.63		4.13		(1.50)	(36.4%)			4.65		4.33		(0.32)	(7.4%)			4.91		0.25	5.2%	
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Current Month			
Actual	Prior Year	Variance	Var %

Rolling Last Twelve Months			
Actual	Prior Year	Variance	Var %

Turnover Rate - Voluntary	0.89%	1.33%	0.44%	33.08%	16.89%	15.54%	(1.35%)	(8.69%)
Turnover Rate - Involuntary	0.18%	0.66%	0.48%	72.73%	4.16%	4.56%	0.40%	8.77%
Turnover Rate - Uncontrollable	0.06%	0.28%	0.22%	78.57%	2.78%	2.62%	(0.16%)	(6.11%)
Turnover Rate - Total	1.12%	2.28%	1.16%	50.88%	23.83%	22.72%	(1.11%)	(4.89%)

Appendix A Definition of Financial Indicators

Indicator	Definition	Desired Position	
		Trend	Relative to Median
Total Days Cash on Hand	$= \frac{\text{Cash + Short-Term Investments}}{(\text{Operating Expenses Less - Depreciation}) / \text{YTD Days}}$	Up	Above
Days in Accounts Receivable	$= \frac{\text{Net Patient Accounts Receivable (including Due/From)}}{\text{Net Patient Service Revenue} / \text{YTD Days}}$	Down	Below
Cushion Ratio	$= \frac{\text{Cash + Short-Term Investments}}{\text{Principal + Interest Expenses}}$	Up	Above
Cash to Debt	$= \frac{\text{Cash + Short-Term Investments}}{\text{Long Term Debt}} \times 100$	Up	Above
EBITDA Debt Service Coverage	$= \frac{\text{EBITDA}}{\text{Principal + Interest Expenses}}$	Up	Above
Debt to Net Assets	$= \frac{\text{Long Term Debt}}{\text{Long Term Debt + Unrestricted Assets}} \times 100$	Down	Below
Operating Margin	$= \frac{\text{Operating Income (Loss)}}{\text{Operating Revenues}} \times 100$	Up	Above
EBITDA Margin	$= \frac{\text{EBITDA}}{\text{Operating Revenues + Non Operating Revenues}} \times 100$	Up	Above
Excess Margin	$= \frac{\text{Net Income}}{\text{Operating Revenues + Non Operating Revenues}} \times 100$	Up	Above
Case Mix Index - Total Hospital	<p>All discharged accounts. = Includes normal newborns (DRG 795). Includes discharges with a Behavioral Health patient type.</p>	Up	Above
Case Mix Index - Acute (Excluding Newborns)	<p>Discharged accounts. = Excludes normal newborns (DRG 795). Excludes discharges with a Behavioral Health patient type.</p>	Up	Above
Case Mix Index - Behavioral Health	= Discharges with a Behavioral Health patient type.	Up	Above
Case Mix Index - Medicare	<p>Discharged accounts with a financial class of Medicare or Medicare Managed Care. Excludes normal newborns (DRG 795). Excludes discharges with a Behavioral Health patient type.</p>	Up	Above
Case Mix Index - AHCCCS	<p>Discharged accounts with a financial class of AHCCCS or Maricopa Health Plan. Excludes normal newborns (DRG 795). Excludes discharges with a Behavioral Health patient type.</p>	Up	Above

For ALL Case Mix values -- only Patient Types of Inpatient, Behavioral Health and Newborn are counted (as appropriate). Patient Types of Observation, Outpatient and Emergency are excluded from all CMI calculations at all times.

New individual MS-DRG weights are issued by CMS each year, with an effective date of October 1st.



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

VOLUMES

For the Eleven Periods Ending May 31, 2020

	May-20 Actual	May-20 Budget	May-20 Variance	May-20 % Change	Prior Year Same Month May-19	Prior Year Same Month % Change	YTD May-20 Actual	YTD May-20 Budget	YTD May-20 Variance	YTD May-20 % Change	YTD Prior Year May-19	YTD Prior Year % Change
ADMISSIONS												
Acute	878	1,086	(208)	(19.2 %)	987	(11.0 %)	11,022	11,658	(636)	(5.5 %)	10,628	3.7 %
Behavioral Health	473	556	(83)	(14.9 %)	344	37.5 %	4,419	5,215	(796)	(15.3 %)	3,541	24.8 %
Valleywise Behavioral Health Center-Phoenix	115	109	6	5.5 %	137	(16.1 %)	1,063	1,326	(263)	(19.8 %)	1,524	(30.2 %)
Valleywise Behavioral Health Center-Mesa	191	183	8	4.4 %	207	(7.7 %)	1,909	2,244	(335)	(14.9 %)	2,017	(5.4 %)
Valleywise Behavioral Health Center-Maryvale	167	264	(97)	(36.7 %)	0	100.0 %	1,447	1,645	(198)	(12.0 %)	0	100.0 %
Total	1,351	1,642	(291)	(17.7 %)	1,331	1.5 %	15,441	16,873	(1,432)	(8.5 %)	14,169	9.0 %
OBSERVATION ADMISSIONS												
Transferred to Inpatient *	181	144	37	25.7 %	169	7.1 %	2,089	1,750	339	19.4 %	1,686	23.9 %
Observation Admission Only	246	298	(52)	(17.4 %)	419	(41.3 %)	4,092	3,618	474	13.1 %	3,659	11.8 %
Total Observation Admissions	427	442	(15)	(3.4 %)	588	(27.4 %)	6,181	5,368	813	15.1 %	5,345	15.6 %
TOTAL ADMISSIONS AND OBSERVATION ONLY												
Total	1,597	1,940	(343)	(17.7 %)	1,750	(8.7 %)	19,533	20,491	(958)	(4.7 %)	17,828	9.6 %
ADJUSTED ADMISSIONS												
Total	2,159	3,057	(899)	(29.4 %)	2,453	(12.0 %)	28,237	31,597	(3,360)	(10.6 %)	26,383	7.0 %
PATIENT DAYS												
Acute	4,136	4,405	(269)	(6.1 %)	4,913	(15.8 %)	54,535	53,199	1,336	2.5 %	50,374	8.3 %
Behavioral Health	8,572	11,226	(2,654)	(23.6 %)	8,189	4.7 %	97,752	105,871	(8,119)	(7.7 %)	76,001	28.6 %
Valleywise Behavioral Health Center-Phoenix	2,344	2,620	(276)	(10.5 %)	3,311	(29.2 %)	28,401	28,749	(348)	(1.2 %)	36,076	(21.3 %)
Valleywise Behavioral Health Center-Mesa	3,053	3,523	(470)	(13.3 %)	3,414	(10.6 %)	36,900	37,885	(985)	(2.6 %)	37,533	(1.7 %)
Valleywise Behavioral Health Center-Maryvale	3,175	5,083	(1,908)	(37.5 %)	1,464	116.9 %	32,451	39,237	(6,786)	(17.3 %)	2,392	1256.6 %
Total	12,708	15,631	(2,923)	(18.7 %)	13,102	(3.0 %)	152,287	159,070	(6,783)	(4.3 %)	126,375	20.5 %
AVERAGE DAILY CENSUS												
Acute	133	142	(9)	(6.1 %)	158	(15.8 %)	162	158	4	2.5 %	150	7.9 %
Behavioral Health	277	362	(86)	(23.6 %)	264	4.7 %	291	315	(24)	(7.7 %)	227	28.2 %
Valleywise Behavioral Health Center-Phoenix	76	85	(9)	(10.5 %)	107	(29.2 %)	85	86	(1)	(1.2 %)	108	(21.5 %)
Valleywise Behavioral Health Center-Mesa	98	114	(15)	(13.3 %)	110	(10.6 %)	110	113	(3)	(2.6 %)	112	(2.0 %)
Valleywise Behavioral Health Center-Maryvale	102	164	(62)	(37.5 %)	47	116.9 %	97	117	(20)	(17.3 %)	7	1252.6 %
Total	410	504	(94)	(18.7 %)	423	(3.0 %)	453	473	(20)	(4.3 %)	377	20.1 %
ADJUSTED PATIENT DAYS												
Total	20,304	29,104	(8,800)	(30.2 %)	24,151	(15.9 %)	278,484	297,878	(19,395)	(6.5 %)	235,316	18.3 %

* Already included in 'Acute Admissions'.



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

VOLUMES

For the Eleven Periods Ending May 31, 2020

	May-20 Actual	May-20 Budget	May-20 Variance	May-20 % Change	Prior Year Same Month May-19	Prior Year Same Month % Change	May-20 YTD Actual	May-20 YTD Budget	May-20 YTD Variance	YTD May-20 % Change	YTD Prior Year May-19	YTD Prior Year % Change
OPERATING ROOM SURGERIES												
Inpatient	281	403	(122)	(30.3 %)	400	(29.8 %)	3,629	4,080	(451)	(11.1 %)	3,896	(6.9 %)
Outpatient	129	316	(187)	(59.2 %)	309	(58.3 %)	2,913	3,201	(288)	(9.0 %)	2,918	(0.2 %)
Total	410	719	(309)	(43.0 %)	709	(42.2 %)	6,542	7,281	(739)	(10.1 %)	6,814	(4.0 %)
Inpatient Minutes	35,085	52,495	(17,410)	(33.2 %)	50,520	(30.6 %)	465,420	531,466	(66,046)	(12.4 %)	505,995	(8.0 %)
Outpatient Minutes	12,870	29,887	(17,017)	(56.9 %)	28,635	(55.1 %)	271,350	302,745	(31,395)	(10.4 %)	273,465	(0.8 %)
Total	47,955	82,382	(34,427)	(41.8 %)	79,155	(39.4 %)	736,770	834,211	(97,441)	(11.7 %)	779,460	(5.5 %)
DELIVERIES												
Total	126	164	(38)	(23.2 %)	148	(14.9 %)	1,700	1,835	(135)	(7.4 %)	1,821	(6.6 %)
ED VISITS												
Adult	3,062	4,168	(1,106)	(26.5 %)	3,924	(22.0 %)	40,922	43,645	(2,723)	(6.2 %)	43,383	(5.7 %)
Maryvale	1,446	2,124	(678)	(31.9 %)	1,716	(15.7 %)	22,302	21,649	653	3.0 %	2,480	799.3 %
Pediatrics *	0	1,429	(1,429)	(100.0 %)	1,632	(100.0 %)	13,913	17,967	(4,054)	(22.6 %)	18,302	(24.0 %)
Labor & Delivery	204	364	(160)	(44.0 %)	272	(25.0 %)	3,045	3,485	(440)	(12.6 %)	3,320	(8.3 %)
Burn	234	208	26	12.5 %	210	11.4 %	2,230	2,405	(175)	(7.3 %)	2,417	(7.7 %)
Total	4,946	8,293	(3,347)	(40.4 %)	7,754	(36.2 %)	82,412	89,151	(6,739)	(7.6 %)	69,902	17.9 %)
AMBULATORY VISITS												
Valleywise Community Health Centers **	13,293	13,232	61	0.5 %	16,461	(19.2 %)	171,346	179,972	(8,626)	(4.8 %)	173,627	(1.3 %)
Valleywise Comprehensive Health Center	9,832	12,013	(2,181)	(18.2 %)	13,705	(28.3 %)	131,846	143,522	(11,676)	(8.1 %)	144,057	(8.5 %)
Outpatient Behavioral Health	4,481	2,885	1,596	55.3 %	2,568	74.5 %	43,859	29,705	14,154	47.6 %	23,516	86.5 %
Dental	217	2,142	(1,925)	(89.9 %)	2,288	(90.5 %)	18,826	23,724	(4,898)	(20.6 %)	23,756	(20.8 %)
7th Avenue Walk-In Clinic	0	0	0	0.0 %	5	(100.0 %)	0	0	0	0.0 %	14,962	(100.0 %)
Total	27,823	30,272	(2,449)	(8.1 %)	35,027	(20.6 %)	365,877	376,923	(11,046)	(2.9 %)	379,918	(3.7 %)

* These are visits to the Pediatric Emergency Department, not ED visits under a certain age.

** Includes WHH Clinic visits when applicable



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Period Ending May 31, 2020

	May-20 Actual	May-20 Budget	May-20 Variance	May-20 % Change	Prior Year Same Month May-19	Prior Year Same Month Variance	Prior Year Same Month % Change
Net Patient Service Revenue per APD	\$ 1,483	\$ 1,261	\$ 221	17.6 %	\$ 1,747	(\$ 265)	(15.2 %)
Salaries	\$ 22,249,131	\$ 22,702,052	\$ 452,921	2.0 %	\$ 22,091,825	(\$ 157,307)	(0.7 %)
Benefits	6,130,214	6,617,139	486,925	7.4 %	6,243,504	113,290	1.8 %
Contract Labor	1,502,377	1,410,298	(92,079)	(6.5 %)	2,704,263	1,201,886	44.4 %
Total Labor Costs	\$ 29,881,722	\$ 30,729,488	\$ 847,766	2.8 %	\$ 31,039,591	\$ 1,157,869	3.7 %
Supplies	\$ 6,571,439	\$ 6,956,255	\$ 384,816	5.5 %	\$ 7,731,733	\$ 1,160,294	15.0 %
Medical Service Fees	7,190,595	6,551,583	(639,012)	(9.8 %)	5,816,022	(1,374,573)	(23.6 %)
All Other *	6,939,357	10,822,417	3,883,060	35.9 %	7,708,504	769,147	10.0 %
Total	\$ 20,701,391	\$ 24,330,255	\$ 3,628,864	14.9 %	\$ 21,256,259	\$ 554,868	2.6 %
Total Operating and Non-Operating Expenses *	\$ 50,583,113	\$ 55,059,743	\$ 4,476,630	8.1 %	\$ 52,295,850	\$ 1,712,737	3.3 %
* Excludes Depreciation							
Tax Levy							
Property Tax	\$ 6,704,949	\$ 6,704,949	(\$ 0)	(0.0 %)	\$ 6,410,085	\$ 294,864	4.6 %
Bonds	5,236,969	5,236,969	(0)	(0.0 %)	3,512,824	1,724,145	49.1 %
Total Tax Levy	\$ 11,941,918	\$ 11,941,918	(\$ 0)	(0.0 %)	\$ 9,922,909	\$ 2,019,009	20.3 %
Patient Days - Acute	4,136	4,405	(269)	(6.1 %)	4,913	(777)	(15.8 %)
Patient Days - Behavioral Health	8,572	11,226	(2,654)	(23.6 %)	8,189	383	4.7 %
Patient Days - Total	12,708	15,631	(2,923)	(18.7 %)	13,102	(394)	(3.0 %)
Adjusted Patient Days	20,304	29,104	(8,800)	(30.2 %)	24,151	(3,847)	(15.9 %)
APD Ratio	1.60	1.86	(0.26)	(14.2 %)	1.84	(0.25)	(13.3 %)
Admissions - Acute	878	1,086	(208)	(19.2 %)	987	(109)	(11.0 %)
Admissions - Behavioral Health	473	556	(83)	(14.9 %)	344	129	37.5 %
Admissions - Total	1,351	1,642	(291)	(17.7 %)	1,331	20	1.5 %
Adjusted Admissions	2,159	3,057	(899)	(29.4 %)	2,453	(295)	(12.0 %)
Average Daily Census - Acute	133	142	(9)	(6.1 %)	158	(25)	(15.8 %)
Average Daily Census - Behavioral Health	277	362	(86)	(23.6 %)	264	12	4.7 %
Average Daily Census - Total	410	504	(94)	(18.7 %)	423	(13)	(3.0 %)
Adjusted Occupied Beds - Acute	213	265	(51)	(19.4 %)	292	(79)	(27.0 %)



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Period Ending May 31, 2020

	May-20 Actual	May-20 Budget	May-20 Variance	May-20 % Change	Prior Year Same Month May-19	Prior Year Same Month Variance	Prior Year Same Month % Change
Adjusted Occupied Beds - Behavioral Health	442	674	(232)	(34.5 %)	487	(45)	(9.3 %)
Adjusted Occupied Beds - Total	655	939	(284)	(30.2 %)	779	(124)	(15.9 %)
Paid FTEs - Payroll	3,573	3,763	191	5.1 %	3,607	34	0.9 %
Paid FTEs - Contract Labor	314	314	0	0.1 %	414	100	24.1 %
Paid FTEs - Total	3,887	4,078	191	4.7 %	4,021	134	3.3 %
FTEs per AOB	5.93	4.34	(1.59)	(36.6 %)	5.16	(0.77)	(15.0 %)
FTEs per AOB (w/o Residents)	5.63	4.13	(1.50)	(36.4 %)	4.91	(0.72)	(14.8 %)
Benefits as a % of Salaries	27.6 %	29.1 %	1.6 %	5.5 %	28.3 %	0.7 %	2.5 %
Labor Costs as a % of Net Patient Revenue	99.3 %	83.7 %	(15.6 %)	(18.6 %)	73.6 %	(25.7 %)	(35.0 %)
Salaries and Contract Labor per APD	\$ 1,170	\$ 828	(\$ 341)	(41.2 %)	\$ 1,027	(\$ 143)	(13.9 %)
Benefits per APD	302	227	(75)	(32.8 %)	259	(43)	(16.8 %)
Supplies per APD	324	239	(85)	(35.4 %)	320	(4)	(1.1 %)
Medical Service Fees per APD	354	225	(129)	(57.3 %)	241	(113)	(47.1 %)
All Other Expenses per APD *	342	372	30	8.1 %	319	(23)	(7.1 %)
Total Expenses per APD *	\$ 2,491	\$ 1,892	(\$ 599)	(31.7 %)	\$ 2,165	(\$ 326)	(15.1 %)
Salaries and Contract Labor per Adj. Admission	\$ 11,004	\$ 7,887	(\$ 3,117)	(39.5 %)	\$ 10,107	(\$ 897)	(8.9 %)
Benefits per Adj. Admission	2,840	2,164	(676)	(31.2 %)	2,545	(295)	(11.6 %)
Supplies per Adj. Admission	3,044	2,275	(769)	(33.8 %)	3,151	107	3.4 %
Medical Service Fees per Adj. Admission	3,331	2,143	(1,188)	(55.5 %)	2,371	(961)	(40.5 %)
All Other Expenses per Adj. Admission *	3,215	3,540	325	9.2 %	3,142	(73)	(2.3 %)
Total Expenses per Adj. Admission *	\$ 23,434	\$ 18,009	(\$ 5,425)	(30.1 %)	\$ 21,315	(\$ 2,119)	(9.9 %)

* Excludes Depreciation



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Eleven Periods Ending May 31, 2020

	May-20 YTD Actual	May-20 YTD Budget	May-20 YTD Variance	YTD May-20 % Change	YTD Prior Year May-19	YTD Prior Year Variance	YTD Prior Year % Change
Net Patient Service Revenue per APD	\$ 1,501	\$ 1,487	\$ 14	1.0 %	\$ 1,739	(\$ 237)	(13.7 %)
Salaries	\$ 245,715,587	\$ 244,975,474	(\$ 740,113)	(0.3 %)	\$ 219,730,925	(\$ 25,984,662)	(11.8 %)
Benefits	70,748,595	71,404,871	656,276	0.9 %	64,297,763	(6,450,832)	(10.0 %)
Contract Labor	21,576,335	15,338,661	(6,237,674)	(40.7 %)	19,205,021	(2,371,315)	(12.3 %)
Total Labor Costs	\$ 338,040,517	\$ 331,719,006	(\$ 6,321,511)	(1.9 %)	\$ 303,233,709	(\$ 34,806,809)	(11.5 %)
Supplies	\$ 83,327,225	\$ 75,383,188	(\$ 7,944,037)	(10.5 %)	\$ 72,769,316	(\$ 10,557,910)	(14.5 %)
Medical Service Fees	73,478,526	70,000,123	(3,478,403)	(5.0 %)	69,530,778	(3,947,747)	(5.7 %)
All Other *	111,975,237	118,923,407	6,948,170	5.8 %	87,864,530	(24,110,707)	(27.4 %)
Total	\$ 268,780,988	\$ 264,306,718	(\$ 4,474,270)	(1.7 %)	\$ 230,164,624	(\$ 38,616,364)	(16.8 %)
Total Operating and Non-Operating Expenses *	\$ 606,821,505	\$ 596,025,724	(\$ 10,795,781)	(1.8 %)	\$ 533,398,332	(\$ 73,423,173)	(13.8 %)
* Excludes Depreciation							
Tax Levy							
Property Tax	\$ 73,754,439	\$ 73,754,439	(\$ 0)	(0.0 %)	\$ 70,510,936	\$ 3,243,503	4.6 %
Bonds	57,606,664	57,606,664	(0)	(0.0 %)	38,641,065	18,965,599	49.1 %
Total Tax Levy	\$ 131,361,102	\$ 131,361,102	(\$ 0)	(0.0 %)	\$ 109,152,001	\$ 22,209,102	20.3 %
Patient Days - Acute	54,535	53,199	1,336	2.5 %	50,374	4,161	8.3 %
Patient Days - Behavioral Health	97,752	105,871	(8,119)	(7.7 %)	76,001	21,751	28.6 %
Patient Days - Total	152,287	159,070	(6,783)	(4.3 %)	126,375	25,912	20.5 %
Adjusted Patient Days	278,484	297,878	(19,395)	(6.5 %)	235,316	43,168	18.3 %
APD Ratio	1.83	1.87	(0.04)	(2.3 %)	1.86	(0.03)	(1.8 %)
Admissions - Acute	11,022	11,658	(636)	(5.5 %)	10,628	394	3.7 %
Admissions - Behavioral Health	4,419	5,215	(796)	(15.3 %)	3,541	878	24.8 %
Admissions - Total	15,441	16,873	(1,432)	(8.5 %)	14,169	1,272	9.0 %
Adjusted Admissions	28,237	31,597	(3,360)	(10.6 %)	26,383	1,853	7.0 %
Average Daily Census - Acute	162	158	4	2.5 %	150	12	7.9 %
Average Daily Census - Behavioral Health	291	315	(24)	(7.7 %)	227	64	28.2 %
Average Daily Census - Total	453	473	(20)	(4.3 %)	377	76	20.1 %
Adjusted Occupied Beds - Acute	297	296	0	0.1 %	280	17	6.0 %



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Eleven Periods Ending May 31, 2020

	May-20 YTD Actual	May-20 YTD Budget	May-20 YTD Variance	YTD May-20 % Change	YTD Prior Year May-19	YTD Prior Year Variance	YTD Prior Year % Change
Adjusted Occupied Beds - Behavioral Health	532	590	(58)	(9.8 %)	422	110	25.9 %
Adjusted Occupied Beds - Total	829	887	(58)	(6.5 %)	702	126	18.0 %
Paid FTEs - Payroll	3,706	3,728	22	0.6 %	3,342	(364)	(10.9 %)
Paid FTEs - Contract Labor	350	311	(39)	(12.6 %)	301	(48)	(16.1 %)
Paid FTEs - Total	4,056	4,039	(17)	(0.4 %)	3,643	(413)	(11.3 %)
FTEs per AOB	4.89	4.56	(0.34)	(7.4 %)	5.19	0.29	5.7 %
FTEs per AOB (w/o Residents)	4.65	4.33	(0.32)	(7.4 %)	4.91	0.25	5.2 %
Benefits as a % of Salaries	28.8 %	29.1 %	0.4 %	1.2 %	29.3 %	0.5 %	1.6 %
Labor Costs as a % of Net Patient Revenue	80.8 %	74.9 %	(6.0 %)	(8.0 %)	74.1 %	(6.7 %)	(9.1 %)
Salaries and Contract Labor per APD	\$ 960	\$ 874	(\$ 86)	(9.8 %)	\$ 1,015	\$ 56	5.5 %
Benefits per APD	254	240	(14)	(6.0 %)	273	19	7.0 %
Supplies per APD	299	253	(46)	(18.2 %)	309	10	3.2 %
Medical Service Fees per APD	264	235	(29)	(12.3 %)	295	32	10.7 %
All Other Expenses per APD *	402	399	(3)	(0.7 %)	373	(29)	(7.7 %)
Total Expenses per APD *	\$ 2,179	\$ 2,001	(\$ 178)	(8.9 %)	\$ 2,267	\$ 88	3.9 %
Salaries and Contract Labor per Adj. Admission	\$ 9,466	\$ 8,239	(\$ 1,228)	(14.9 %)	\$ 9,056	(\$ 410)	(4.5 %)
Benefits per Adj. Admission	2,506	2,260	(246)	(10.9 %)	2,437	(69)	(2.8 %)
Supplies per Adj. Admission	2,951	2,386	(565)	(23.7 %)	2,758	(193)	(7.0 %)
Medical Service Fees per Adj. Admission	2,602	2,215	(387)	(17.5 %)	2,635	33	1.3 %
All Other Expenses per Adj. Admission *	3,966	3,764	(202)	(5.4 %)	3,330	(635)	(19.1 %)
Total Expenses per Adj. Admission *	\$ 21,491	\$ 18,864	(\$ 2,627)	(13.9 %)	\$ 20,217	(\$ 1,273)	(6.3 %)

* Excludes Depreciation

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending May 31, 2020**

OPERATING REVENUE

Patient Days, Admissions and Adjusted Patient Days

	Actual	Budget	Variance	%Variance
Acute Care				
MTD - Patient Days	4,136	4,405	(269)	-6.1%
YTD - Patient Days	54,535	53,199	1,336	2.5%

MTD - Admissions	878	1,086	(208)	-19.2%
YTD - Admissions	11,022	11,658	(636)	-5.5%

MTD - Average Length of Stay (ALOS)	4.7	4.1	(0.7)	-16.1%
YTD - Average Length of Stay (ALOS)	4.9	4.6	(0.4)	-8.4%

MTD - Average Daily Census (ADC)	133	142	(9)	-6.1%
YTD - Average Daily Census (ADC)	162	158	4	2.5%

	Actual	Budget	Variance	%Variance
Behavioral Health				
MTD - Patient Days	8,572	11,226	(2,654)	-23.6%
YTD - Patient Days	97,752	105,871	(8,119)	-7.7%

MTD - Admissions	473	556	(83)	-14.9%
YTD - Admissions	4,419	5,215	(796)	-15.3%

MTD - Average Length of Stay (ALOS)	18.1	20.2	2.1	10.2%
YTD - Average Length of Stay (ALOS)	22.1	20.3	(1.8)	-9.0%

MTD - Average Daily Census (ADC)	277	362	(86)	-23.6%
YTD - Average Daily Census (ADC)	291	315	(24)	-7.7%

	Actual	Budget	Variance	%Variance
Adjusted Patient Days (APD)				
Month-to-Date	20,304	29,104	(8,800)	-30.2%
Year-to-Date	278,484	297,878	(19,395)	-6.5%

Net patient service revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 30,101,391	\$ 36,705,461	\$ (6,604,070)	-18.0%
Year-to-Date	\$ 418,136,016	\$ 442,956,886	\$ (24,820,870)	-5.6%
Month-to-Date Per APD	\$ 1,483	\$ 1,261	\$ 221	17.6%
Year-to-Date Per APD	\$ 1,501	\$ 1,487	\$ 14	1.0%

Other operating revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 6,681,234	\$ 6,774,706	\$ (93,472)	-1.4%
Year-to-Date	\$ 81,902,411	\$ 78,059,358	\$ 3,843,053	4.9%

The 340(B) revenue continues to be above budget MTD and YTD. Other positive variances for the month include other miscellaneous operating revenue. Negative variances for the month are in medical students program and cafeteria sales.

Total operating revenues

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 36,782,625	\$ 43,480,167	\$ (6,697,542)	-15.4%
Year-to-Date	\$ 500,038,427	\$ 521,016,244	\$ (20,977,817)	-4.0%

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending May 31, 2020**

OPERATING EXPENSES

Salaries and wages

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 22,249,131	\$ 22,702,052	\$ 452,921	2.0%
Year-to-Date	\$ 245,715,587	\$ 244,975,474	\$ (740,113)	-0.3%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's - Payroll</i>	3,573	3,763	191	5.1%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's - Payroll (w/o Residents)</i>	3,383	3,571	188	5.3%

	Actual	Budget	Variance	%Variance
<i>Salaries per FTE's - Payroll</i>	\$ 6,228	\$ 6,033	\$ (195)	-3.2%

Contract labor

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 1,502,377	\$ 1,410,298	\$ (92,079)	-6.5%
Year-to-Date	\$ 21,576,335	\$ 15,338,661	\$ (6,237,674)	-40.7%

	Actual	Budget	Variance	%Variance
<i>FTE's - Contract Labor incl Outsource</i>	314	314	-	0.0%

	Actual	Budget	Variance	%Variance
<i>FTE's - Contract Labor</i>				
Nursing operations - Acute	2	8	6	74.3%
Revenue Cycle	6	6	-	0.0%
Behavioral Health	-	-	-	0.0%
Information Technology	6	3	(3)	-99.9%

	Actual	Budget	Variance	%Variance
<i>FTE's - Outsource Departments</i>				
Food & Nutrition Services	134	134	-	0.0%
Environmental Services	146	146	-	0.0%
Laundry & Linen	8	8	-	0.0%
Gift Shop	2	2	-	0.0%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's - Payroll & Contract Labor</i>	3,887	4,078	191	4.7%

	Actual	Budget	Variance	%Variance
<i>Adjusted Occupied Beds (AOB)</i>	655	939	(284)	-30.2%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's per AOB (w/o Residents)</i>	5.65	4.13	(1.52)	-36.7%

Employee benefits

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 6,130,214	\$ 6,617,139	\$ 486,925	7.4%
Year-to-Date	\$ 70,748,595	\$ 71,404,871	\$ 656,276	0.9%

Expenses are below budget MTD and YTD due primarily to the 'net' self-insured related expenses.

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending May 31, 2020**

Benefits as a % of salaries

	Actual	Budget	Variance	%Variance
Month-to-Date	27.6%	29.1%	1.6%	5.5%
Year-to-Date	28.8%	29.1%	0.4%	1.2%

Medical service fees

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 7,190,595	\$ 6,551,583	\$ (639,012)	-9.8%
Year-to-Date	\$ 73,478,526	\$ 70,000,123	\$ (3,478,403)	-5.0%

Net expenses are over budget MTD and YTD due to collections being lower than expected.

Supplies

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 6,571,439	\$ 6,956,255	\$ 384,816	5.5%
Year-to-Date	\$ 83,327,225	\$ 75,383,188	\$ (7,944,037)	-10.5%

Positive variances for the month are in OR related supplies (i.e. implants, human skin, burn supplies, etc.), food & dining supplies, repairs & maintenance supplies, and other supplies. Majority of the negative variances for the month are in pharmaceuticals, GPO rebates, oxygen & other gases, and blood & plasma.

Purchased services

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 2,639,988	\$ 2,325,762	\$ (314,225)	-13.5%
Year-to-Date	\$ 27,135,090	\$ 25,768,068	\$ (1,367,022)	-5.3%

The major negative variances for the month are in advertising services, other services, and attorney/legal fees. The major positive variances for the month are in other professional services, laboratory services, consulting & management, and claims administration services.

Other expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 4,518,954	\$ 4,264,890	\$ (254,064)	-6.0%
Year-to-Date	\$ 47,779,873	\$ 46,674,113	\$ (1,105,760)	-2.4%

The major negative variances for the month are in risk management related expenses, repairs & maintenance, books/pamphlets/subscriptions, freight, other miscellaneous expenses and bank related charges/fees. The major positive variances for the month are in utilities and overhead/indirect costs.

Provider Assessment

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 652,033	\$ 652,033	\$ (0)	0.0%
Year-to-Date	\$ 7,172,368	\$ 7,172,367	\$ (0)	0.0%

Depreciation

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 1,177,457	\$ 3,429,526	\$ 2,252,068	65.7%
Year-to-Date	\$ 30,174,324	\$ 33,147,094	\$ 2,972,771	9.0%

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending May 31, 2020**

Total operating expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 52,632,189	\$ 54,909,538	\$ 2,277,349	4.1%
Year-to-Date	\$ 607,107,923	\$ 589,863,960	\$ (17,243,963)	-2.9%

Operating income (loss)

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ (15,849,564)	\$ (11,429,371)	\$ (4,420,193)	-38.7%
Year-to-Date	\$ (107,069,496)	\$ (68,847,716)	\$ (38,221,780)	-55.5%

Non-operating revenues (expenses)

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 14,159,775	\$ 10,179,173	\$ 3,980,603	39.1%
Year-to-Date	\$ 123,098,063	\$ 114,366,521	\$ 8,731,542	7.6%

Excess of revenues over expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ (1,689,788)	\$ (1,250,198)	\$ (439,591)	35.2%
Year-to-Date	\$ 16,028,567	\$ 45,518,806	\$ (29,490,238)	-64.8%

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending May 31, 2020**

ASSETS

Cash and cash equivalents - Delivery system

May-20	Jun-19	Change	% change
\$ 154,456,744	\$ 168,703,587	\$ (14,246,843)	-8.4%

Cash and cash equivalents - Bond (restricted)

May-20	Jun-19	Change	% change
\$ 322,495,933	\$ 460,856,252	\$ (138,360,319)	-30.0%

Paid \$52.3M in principal and interest in July 2019 related to the 2nd and 3rd bond offerings.

Paid \$10.5M in principal and interest in January 2020 related to the 2nd and 3rd bond offerings.

Patient A/R, net of allowances

May-20	Jun-19	Change	% change
\$ 99,636,447	\$ 93,286,662	\$ 6,349,785	6.8%

Other receivables and prepaid items

May-20	Jun-19	Change	% change
\$ 42,999,392	\$ 32,655,195	\$ 10,344,196	31.7%

FY20 other receivables / prepaids includes:

\$1.0M due from Home Assist Health

\$817K in retail pharmacy receivable

\$5.8M due from other receivables

\$328K due from other hospital - resident rotation

\$19.1M in prepaids/deposits

\$8.5M in inventories

\$3.7M due from DMG for pro-fees collections

\$1.0M due from Wellpartner/340B program

\$2.6M receivables from grants & research sponsors

\$97K due from Health Foundation

Estimated amounts due from third party payors

May-20	Jun-19	Change	% change
\$ 39,127,201	\$ 39,435,152	\$ (307,951)	-0.8%

FY20 due from third party payors includes:

\$34.3M due from AHCCCS for GME - FY20

\$3.9M due from AHCCCS for DSH - FY20

\$462K due from First Things First

\$262K due from Ryan White Part C program

\$278K due from Ryan White Part D program

Due from related parties

May-20	Jun-19	Change	% change
\$ 685,831	\$ 1,680,183	\$ (994,352)	-59.2%

FY20 due from related parties includes:

\$686K due from Public Health Ryan White Part A programs

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending May 31, 2020**

Capital Assets, net

May-20	Jun-19	Change	% change
\$ 475,105,225	\$ 359,840,756	\$ 115,264,469	32.0%

Other Assets

May-20	Jun-19	Change	% change
\$ 49,981,665	\$ 49,793,027	\$ 188,637	0.4%

FY20 Other assets includes:
\$50.0M - Long-term investments

Deferred outflows

May-20	Jun-19	Change	% change
\$ 65,048,262	\$ 65,048,262	\$ -	0.0%

LIABILITIES AND NET POSITION

Current maturities of long-term debt

May-20	Jun-19	Change	% change
\$ 38,912,280	\$ 52,935,721	\$ (14,023,441)	-26.5%

FY20 current maturities includes:
\$38.8M in Bond current portion and interest payable
\$141K in current portion - RICOH

Accounts payable

May-20	Jun-19	Change	% change
\$ 27,296,786	\$ 43,848,310	\$ (16,551,524)	-37.7%

FY20 accounts payable includes:
\$5.8M due to DMG for annual recon and pass thru payments
\$8.1M in vendor approved payments
\$13.5M in vendor related expense accruals/estimates

Accrued payroll and expenses

May-20	Jun-19	Change	% change
\$ 22,146,739	\$ 26,306,854	\$ (4,160,115)	-15.8%

Medical claims payable

May-20	Jun-19	Change	% change
\$ 16,421,099	\$ 17,252,666	\$ (831,567)	-4.8%

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending May 31, 2020**

Due to related parties

May-20	Jun-19	Change	% change
\$ 14,580,214	\$ 4,661,701	\$ 9,918,513	212.8%

Timing of tax levy revenue accrual and actual collection received.

Other current liabilities

May-20	Jun-19	Change	% change
\$ 48,117,745	\$ 23,338,160	\$ 24,779,586	106.2%

FY20 other current liabilities includes:

\$3.7M in settlement reserved for Medicare	\$426K in deferred income (Health Foundation)
\$2.1M in deferred income for grants, research, & study residuals	\$363K in unclaimed/stale dated checks
\$2.3M in patient credit balances	\$2.6M in settlement reserved for SNCP and FQHC
\$12.8M in other deferred income (TIP, Optum, APSI)	\$486K in advanced payments - RBHA PMPM
\$23.4M in advanced payments - Medicare	

Bonds payable

May-20	Jun-19	Change	% change
\$ 463,619,366	\$ 500,541,763	\$ (36,922,397)	-7.4%

Other long-term debt

May-20	Jun-19	Change	% change
\$ 622,110	\$ 622,110	\$ -	0.0%

FY20 long term debt includes:

\$622K capital leases - long term portion RICOH

Long-term liabilities

May-20	Jun-19	Change	% change
\$ 300,585,929	\$ 300,585,929	\$ -	0.0%

Pension liability per ASRS report - GASB68

Deferred inflows

May-20	Jun-19	Change	% change
\$ 47,528,446	\$ 47,528,446	\$ -	0.0%

Net position

May-20	Jun-19	Change	% change
\$ 269,705,984	\$ 253,677,417	\$ 16,028,567	6.3%

**Maricopa Integrated Health System
Health Plan sale proceeds**

Beginning balance - February 01, 2017			\$	-
ADD: Payment received from UHC for member transfer	\$	33,361,499.99		
Investment income		1,503,875.35		
Bank interest income received - YTD		<u>59,930.38</u>		34,925,305.72
LESS: Consulting services expense		(547,601.00)		
Maricopa Health Foundation Funding		(2,000,000.00)		
Bank charges - transfer fees		(50.00)		
Short - term investments		(32,121,220.98)		
Long - term investments		<u>-</u>		(34,668,871.98)
Ending balance as of May 31, 2020			\$	<u><u>256,433.74</u></u>



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

June 24, 2020

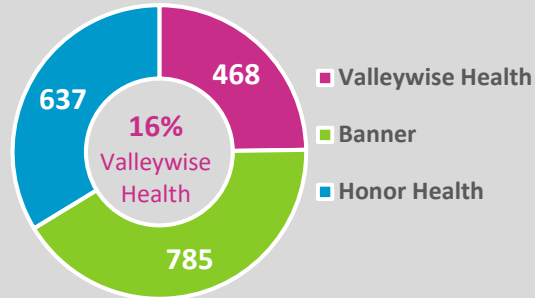
Item 6.a.

**Reports to the Board
Monthly Marketing and
Communications Report**

News Coverage Impressions: 245 Million

Online News: 208M | Blogs: 526K | Television: 36M

Share of Voice Mentions



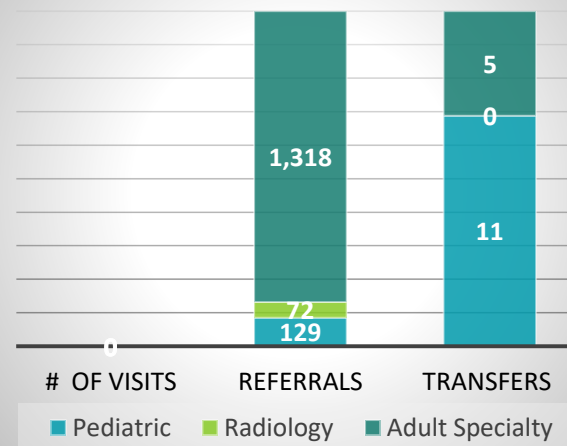
Share of Voice Mentions show how many times various media outlets mentioned an organization by name.

Ad Equivalency

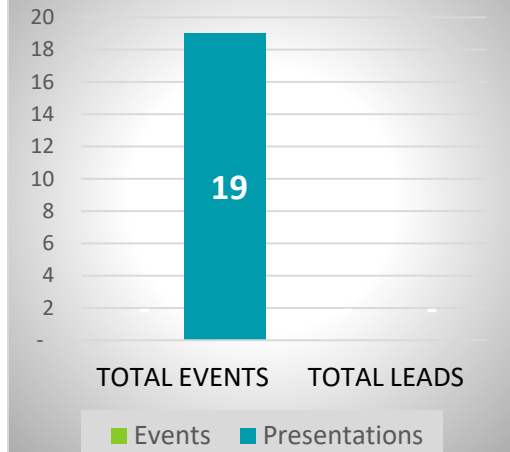
Online News	\$391,378
Blogs	\$989
Television	\$290,063
Total	\$682,430

Ad Equivalency shows how much it would potentially cost to buy the total press coverage. It is calculated by multiplying the readership, potential viewership and average ad cost.

Physician Outreach



Community Outreach



Major Storylines

Local and national media continue to turn to Valleywise Health experts for the latest news and updates on COVID-19. A big shout-out to **Chief Medical Officer Dr. Michael White** who has been very busy answering journalists' questions over the last few months. He made two national appearance in just the last week:

NBC Nightly News/MSNBC

Good Morning America



Advertising: Digital Displays and Paid Search

Digital Display: CTR depending on display channel ranges from 0.17% - 0.66% vs. industry standard of 0.15%

Display Video: CTR depending on video channel ranges from 0.15% - 1.64% vs. industry standard of 0.18%

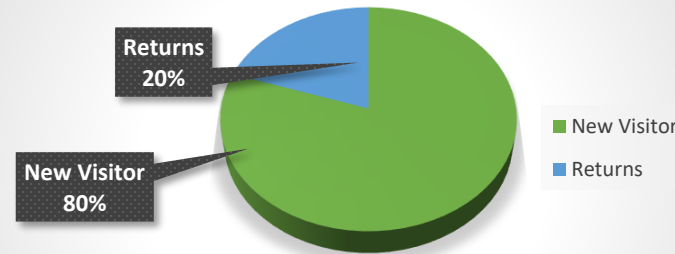
Paid Social: CTR = 0.28% vs. industry standard of 0.83%
 In the end of April and beginning of May we began to see a decrease in CTR on our social advertising. Due to this decrease, we updated creative and featured higher level messaging instead of specific COVID-19 content. Since updating the creative we have seen a steady increase in the past weeks moving from 0.22% to 0.28%.

Paid Search: CTR = 4.96% vs. industry standard of 3.27%
 Search continues to be our highest performing channel. Due to the COVID-19 crisis, we did see a decrease in search performance from previous months. This is to be expected due to the apprehension patients felt in visiting a health care facility. As people become more comfortable with seeking health care and telehealth services are communicated, we expect search performance to continue in a positive trend.

Conversions: Since our campaign began in October, the full media mix has yielded a total of 267 appointments booked via the website, and 5,429 location click throughs for a total of 5,696 conversions. Paid search and display ads continue to be main drivers in the conversion funnel, attributing to 3,694 and 1,044 total conversions respectively.

Web Users

Page Views: 80,192



Page Views Last Measuring Period: 71,812

Users: 28,957

Sessions: 26,354

Average Session Duration: 1:35

Bounce Rate: 56.12%

Web Users

Book Appointment



To schedule an appointment, please call:

1 (833) VLLYWSE

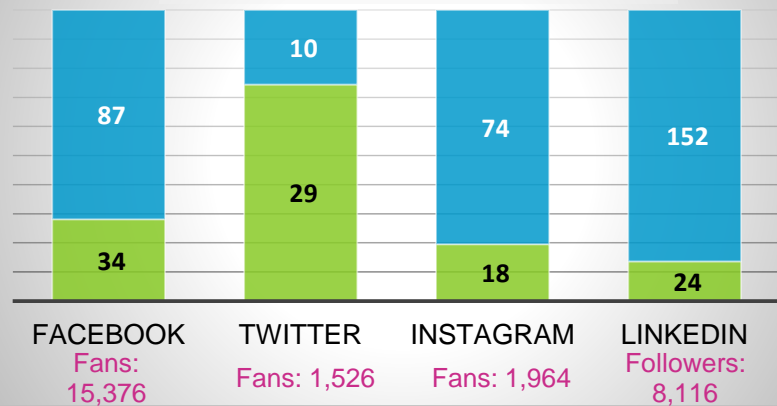
For all hospital general inquiries and main hospital switchboard, please call:

(602) 344-5011

Call to book an appointment now or fill out the form to receive a call from us. We'll give you a call back in the next few days to schedule your appointment.

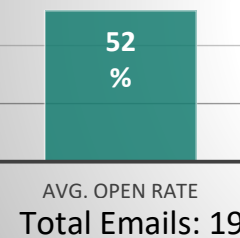
Social Media

■ Posts ■ New Followers



Internal Communications

Avg. Open Rate Last Measuring Period: 52%



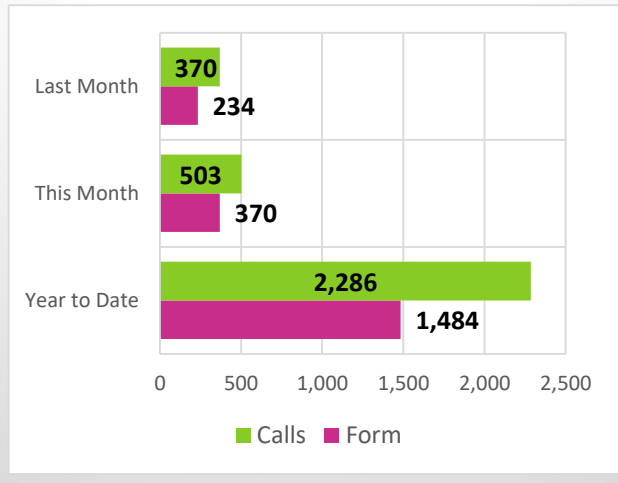
Featured Topics

COVID-19 Response Efforts

GCEO Responds to Race Relations

Curbside Pharmacy

Valleywise Community Health Center





**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

June 24, 2020

Item 6.b.

**Reports to the Board
Monthly Care Reimagined
Capital Purchases**

VALLEYWISE HEALTH fka MARICOPA INTEGRATED HEALTH SYSTEM

Care Reimagined - Spend report

Note: Prior months amount paid are hidden

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		MAR 2020	APR 2020	MAY 2020	Cumulative Total
Functional Area - Outpatient Health Facilities					
ARC Products LLC	19-930				\$ 3,510
ADVANCED STERILIZATION	19-930			\$ 140,000	\$ 140,000
Advanced Testing	19-930				\$ 830
ALLEGIANCE CORP	19-930			\$ 502	\$ 502
ALTURA	19-930		\$ 13,270	\$ 151,663	\$ 164,934
Arizona Department of Health	19-930				\$ 300
ARIZONA PUBLIC SERVICE	19-930				\$ 5,749
Airpark Signs	19-930	\$ 3,070	\$ 137,915	\$ 3,360	\$ 162,210
B BRAUN	19-930			\$ 179,677	\$ 179,677
BAYER HEALTHCARE	19-930	\$ 86,500			\$ 86,500
BONNY PIONTKOWSKI	19-930			\$ 5,295	\$ 5,295
BPG Technologies	19-921			\$ 10,952	\$ 186,534
CAPSULE TECH	19-930			\$ 164,493	\$ 164,493
CARDINAL HEALTH	19-930			\$ 2,070	\$ 2,070
CDW Government	19-930	\$ 41,740	\$ 138,453	\$ 31,346	\$ 221,555
CHEMDAQ	19-930	\$ 21,874			\$ 21,874
City of Peoria			\$ 874	\$ 710	\$ 75,767
CME	19-930		\$ 4,481	\$ 999,839	\$ 1,004,320
COOPER ATKINS	19-930			\$ 22,090	\$ 22,090
COOPER SURGICAL	19-930			\$ 4,334	\$ 4,334
COVIDIEN	19-930		\$ 21,940		\$ 21,940
Cushman and Wakefield of Arizona					\$ 16,500
DAAVLIN DISTRUBITING	19-930		\$ 7,000		\$ 7,000
DATA INNOVATIONS LLC			\$ 14,285		\$ 14,285
DATEX OHMEDA			\$ 379,160		\$ 379,160
DIBBLE ENGINEERING					\$ 12,570
EXTENDATA	19-930	\$ 27,977	\$ 28,792	\$ 3,472	\$ 60,240
FOLLETT	19-930				\$ 23,262
GE	19-930		\$ 316,165	\$ 144,476	\$ 460,641
Goodmans	19-930			\$ 836,776	\$ 842,558
GRAINGER			\$ 9,800	\$ 3,278	\$ 13,078
GRAYBAR ELECTRIC			\$ 630		\$ 630
HELMER			\$ 137,145		\$ 137,145
Henry Schein	19-930	\$ 263,620		\$ 73,089	\$ 368,669
HILL ROM	19-930		\$ 7,247	\$ 19,729	\$ 50,543
Hobbs and Black Associates Inc		\$ 29,811			\$ 3,147,679
Hologic	19-907			\$ 83,750	\$ 589,592
HP INC	19-930	\$ 93,960			\$ 93,960

VALLEYWISE HEALTH fka MARICOPA INTEGRATED HEALTH SYSTEM

Care Reimagined - Spend report

Note: Prior months amount paid are hidden

Description	CER Number	Amount Paid MAR 2020	Amount Paid APR 2020	Amount Paid MAY 2020	Amount Paid Cumulative Total
Hye Tech Network				\$ 175,226	\$ 994,379
INTERMETRO INDUSTRIES			\$ 897	\$ 57,028	\$ 57,925
JRC Design	19-930				\$ 148,090
KRONOS	19-930	\$ 23,505			\$ 23,505
LPIT SOLUTIONS			\$ 10,500		\$ 10,500
Maricopa County Environmental Services	19-930				\$ 2,200
Maricopa County Planning and Development	19-930				\$ 568,893
Mar Cor Purification	19-930	\$ 124,190	\$ 21,629		\$ 205,641
MDM COMMERCIAL	19-930			\$ 40,738	\$ 40,738
MEDIVATORS			\$ 4,500	\$ 10	\$ 4,510
MIZUHO ORTHOPEDICS	19-930			\$ 2,347	\$ 2,347
NATUS MEDICAL	19-930			\$ 10,088	\$ 10,088
NCI INC			\$ 9,262		\$ 9,262
Ninyo and Moore Geotechnical and Environment					\$ 131,725
NUAIER	19-930			\$ 13,123	\$ 13,123
Okland Construction Company	19-930	\$ 1,896,590	\$ 2,869,189		\$ 43,840,554
Olympus	19-930	\$ 454,918	\$ 50,946	\$ 60,739	\$ 566,690
PATRIOT PURVEYORS			\$ 29,499		\$ 29,499
Radiation Physics and Engineering		\$ 4,200			\$ 6,250
RICOH	19-930			\$ 17,080	\$ 17,080
SCRIPTPRO			\$ 99,627		\$ 99,627
SOFT COMPUTER	19-930	\$ 16,419			\$ 16,419
Speedie and Associates					\$ 2,637
SPHERE COMMERCE			\$ 1,577		\$ 1,577
START-UP CIST PEORIA	19-930	\$ 131,855			\$ 131,855
Steris	19-930		\$ 10,179		\$ 366,396
Stryker Communications	19-921	\$ 253,594	\$ 47,501	\$ 86,192	\$ 837,976
TBCX		\$ 13,272		\$ 41,086	\$ 142,401
TDINDUSTRIES	19-930			\$ 54,119	\$ 54,119
THE CBORD GROUP	19-930	\$ 2,780	\$ 4,011		\$ 6,791
Thomas Printworks	19-930				\$ 4,080
TRANSONIC SYSTEMS			\$ 24,389		\$ 24,389
UTECH PRODUCTS			\$ 47,600		\$ 47,600
Vizient Inc				\$ 14,672	\$ 379,135
West Valley Fidelity National Title - Land Purchase (Grand Ave/Cotton)					\$ 5,595,598
West Valley Fidelity National Title (escrow)					\$ 75,000
TOTAL West Valley Specialty Center (WVSC)		\$ 3,489,874.82	\$ 4,448,464	\$ 3,453,346	\$ 63,160,592
Alliance Land Surveying LLC					\$ 1,825
Allstare Rent A Fence					\$ 1,703

VALLEYWISE HEALTH fka MARICOPA INTEGRATED HEALTH SYSTEM

Care Reimagined - Spend report

Note: Prior months amount paid are hidden

Description	CER Number	Amount Paid MAR 2020	Amount Paid APR 2020	Amount Paid MAY 2020	Amount Paid Cumulative Total
DAVES CONSTRUCTION					\$ -
Great American Title (escrow) - Chandler					\$ 1,199,345
SPEEDIE AND ASSOC	19-942				\$ 3,600
Ninyo and Moore Geotechnical and Environment					\$ 70,599
TOTAL Chandler FHC (CHAN)		\$ -	\$ -	\$ -	\$ 1,277,072
Fidelity National Title (escrow) - Miller&Main					\$ 1,977,097
Allstare Rent A Fence	19-944			\$ 780	\$ 2,051
SPEEDIE AND ASSOC	19-944				\$ 3,600
DAVES CONSTRUCTION	19-944				\$ 104,706
DIBBLE ENGINEERING					\$ 8,256
DWL ARCHITECTS + PLANNERS INC	19-944		\$ 167,789	\$ 20,671	\$ 232,919
Maricopa County Planning			\$ 50,000		\$ 50,000
SPRAY SYSTEMS	19-944				\$ 29,640
Ninyo and Moore Geotechnical and Environment					\$ 45,355
TOTAL Mesa FHC (MESA)		\$ -	\$ 217,789	\$ 21,451	\$ 2,453,624
Clear Title Agency (escrow) - Phoenix Metro					\$ 50,000
SPEEDIE AND ASSOC					\$ 3,600
Spray Systems					\$ 119,430
DAVES CONSTRUCTION	19-945				\$ 171,554
Ninyo and Moore Geotechnical and Environment					\$ 36,938
Clear Title Agency (escrow) - Central Phoenix Clinic					\$ 2,704,752
Cushman and Wakefield of Arizona Inc					\$ 4,750
TOTAL Central Phoenix FHC (PHXM)		\$ -	\$ -	\$ -	\$ 3,091,024
DIBBLE ENGINEERING	19-929				\$ 6,904
DWL ARCHITECTS + PLANNERS INC	19-929		\$ 218,055	\$ 141,009	\$ 1,515,377
Fidelity National Title (escrow) - North Metro	19-929				\$ 2,271,759
Jensen Hughes	19-929		\$ 1,590	\$ 2,396	\$ 6,082
LOVITT & TOUCHE	19-929		\$ 3,144		\$ 3,144
SPEEDIE AND ASSOC	19-929		\$ 2,710		\$ 9,650
GOODMANS	19-929				\$ 24,225
SALT RIVER PROJECT	19-929	\$ 23,973			\$ 23,973
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-929		\$ 50,000		\$ 106,500
Sundt Construction Inv	19-929	\$ 824,434	\$ 1,056,994	\$ 759,501	\$ 4,012,905
TOTAL North Phoenix FHC (19AV)		\$ 848,407	\$ 1,332,494	\$ 902,906	\$ 7,980,520
Cox Communications	19-928				\$ 4,489
Centurylink	19-928				\$ 24,539
CITY OF PHOENIX	19-928			\$ 719	\$ 216,799
DIBBLE ENGINEERING	19-928				\$ 7,168
DWL ARCHITECTS + PLANNERS INC	19-928	\$ 69,665	\$ 13,487	\$ 107,296	\$ 1,138,680

VALLEYWISE HEALTH fka MARICOPA INTEGRATED HEALTH SYSTEM

Care Reimagined - Spend report

Note: Prior months amount paid are hidden

Description	CER Number	Amount Paid MAR 2020	Amount Paid APR 2020	Amount Paid MAY 2020	Amount Paid Cumulative Total
Fidelity National Title (escrow) - South Mountain	19-928				\$ 743,456
JENSEN HUGHES	19-928		\$ 2,113	\$ 2,615	\$ 4,728
LOVITT & TOUCHE	19-928		\$ 3,248		\$ 3,248
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-928				\$ 57,550
SOUTH MOUNTAIN RETAIL	19-928				\$ 8,387
Speedie and Associates	19-928		\$ 190		\$ 10,410
SRP	19-928				\$ 8,907
Sundt Construction Inc	19-928	\$ 500,008		\$ 1,256,232	\$ 3,006,444
TRANSACT	19-928			\$ 133,807	\$ 133,807
THOMAS PRINTWORKS	19-928				\$ 351
TOTAL South Phoenix FHC (SPHX)		\$ 569,673	\$ 19,038	\$ 1,500,669	\$ 5,368,962
Fidelity National Title (escrow) - 79thAve&Thomas					\$ 1,873,138
DWL ARCHITECTS + PLANNERS INC			\$ 205,174	\$ 139,219	\$ 344,393
DIBBLE ENGINEERING					\$ 6,534
SPEEDIE AND ASSOC	19-946			\$ 400	\$ 3,800
SRP	19-946				\$ 24,358
SIUNDT CONSTRUCTION	19-946			\$ 731,423	\$ 3,253,713
MARICOPA COUNTY PLANNING AND DEVELOPMENT			\$ 50,000		\$ 50,000
Ninyo and Moore Geotechnical and Environment					\$ 17,200
TOTAL West Maryvale FHC (WM79)		\$ -	\$ 255,174	\$ 871,042	\$ 5,573,135

\$ 4,907,955 \$ 6,272,959 \$ 6,749,414 \$ 88,904,930

Note: Prior months amount paid are hidden

Functional Area - Behavioral Health Services					
Adams and WENDT					\$ 103,416
ADVANCED INN VATIVE SOLUTIONS					\$ 11,735
Airclean Systems	19-912				\$ 5,064
Alliance Land Surveying LLC					\$ 2,400
Allscripts Healthcare	18-913				\$ 240,450
Allscripts Healthcare	19-909				\$ 52,560
Altura Communications	19-909		\$ 16,155		\$ 489,352
Altura Communications	19-939		\$ 1,288		\$ 91,807
Amazon	19-909				\$ 1,080
AMT Datasouth	19-912				\$ 4,040
ARC Products LLC	19-912				\$ 22,560
ARIZONA DEPT OF HEALTH	19-939				\$ 150
Arizona Lock and Safe					\$ 1,025

VALLEYWISE HEALTH *fka* MARICOPA INTEGRATED HEALTH SYSTEM

Care Reimagined - Spend report

Note: Prior months amount paid are hidden

Description	CER Number	Amount Paid MAR 2020	Amount Paid APR 2020	Amount Paid MAY 2020	Amount Paid Cumulative Total
Armstrong Medical	19-912				\$ 35,602
Arrington Watkins Architects					\$ 301,274
Arrow International	19-912				\$ 598
Baxter Healthcare Corp	19-912				\$ 5,368
Bayer Healthcare	18-920	\$ 33,476			\$ 74,376
BEL-Aire Mechanical					\$ 40,215
Burlington Medical	19-912				\$ 2,906
CAPSA SOLUTIONS	19-909				\$ 5,936
Capsule Tech	19-912		\$ 3,705		\$ 143,422
Cardinal Health	19-912		\$ 10,857		\$ 102,300
CDW Government	19-909			\$ (719)	\$ 267,320
CDW Government	19-938				\$ 48,448
CDW Government	19-939				\$ 149,365
CME	19-912				\$ 178,774
Comprehensive Risk Services					\$ 474,403
Coviden	19-912				\$ 11,736
Crosspoint Communications					\$ 25,724
Datcard Systems	19-909				\$ 18,500
DEC MEDICAL	18-918		\$ 80,529		\$ 80,529
Delynn Consultant	19-940				\$ 114,203
DLR Group Inc					\$ 4,222,015
EMD Millpore	19-912				\$ 7,175
ENDOSCOPE SERVICES	19-912				\$ 26,585
Epstexas Storage	19-912				\$ 423
EQ2 LLC	19-912				\$ 41,000
Ethos Evacuation	19-912				\$ 10,130
ETL REPOSE	19-912				\$ 29,482
EXTENDATA SOLUTIONS					\$ 66,659
Felix Storch Inc					\$ 5,796
FERGUSON ENTERPRISES	19-912				\$ 3,571
First American Title - Maryvale Hospital					\$ 7,438,977
Follett	19-912				\$ 38,837
GE Healthcare	18-915	\$ (178,223)	\$ 240,893	\$ 305,752	\$ 1,068,852
GE Healthcare	19-901				\$ 14,880
GE Healthcare	18-917				\$ 766,491
GE Healthcare	18-918		\$ 338,949	\$ 90,133	\$ 2,802,504
GE Healthcare	19-938				\$ 13,999
GE Medical Systems	19-912				\$ 746,560
GE Medical Ultrasound	18-917				\$ 139,527

VALLEYWISE HEALTH *fka* MARICOPA INTEGRATED HEALTH SYSTEM

Care Reimagined - Spend report

Note: Prior months amount paid are hidden

Description	CER Number	Amount Paid MAR 2020	Amount Paid APR 2020	Amount Paid MAY 2020	Amount Paid Cumulative Total
General Devices	19-912				\$ 47,400
Gentherm	19-912				\$ 16,692
Gilbane Building CO.				\$ 2,244,215	\$ 54,570,855
Global Equipment	19-912				\$ 6,679
Goodmans	19-916				\$ 96,476
Goodmans	19-917				\$ 104,809
Goodmans	19-923				\$ 518,395
Goodmans	19-926		\$ 1,419		\$ 154,049
Goodmans	19-939		\$ 1,250		\$ 1,570
Goodmans	18-913		\$ 180		\$ 180
Grainger	19-912				\$ 64,690
Graybar Electric					\$ 5,586
GUEST COMMUNICATIONS	19-912				\$ 5,515
Haemonetics	19-912				\$ 83,854
HD Supply Facilities Maintenance Ltd	19-912				\$ 40,838
Helmer Inc	19-912				\$ 148,037
Hill Rom					\$ 20,409
HP INC	19-909				\$ 317,009
HP INC	19-939				\$ 168,146
HUMANE RESTRAINT	19-909				\$ 40,160
Hye Tech Network	19-909				\$ 510,244
IMEG Corp		\$ 7,700	\$ 4,473		\$ 91,590
Interior Solutions	19-923				\$ 238,194
Interior Solutions	19-926				\$ 100,132
Intermetro Industries	19-912				\$ 42,332
Intersan Manufacturing	19-912				\$ 3,603
Jensen Hughes		\$ (11,538)			\$ 1,020
Kronos Inc					\$ 72,000
Lanmor Services Inc					\$ 2,824
LOGIQUIP	19-912				\$ 1,059
MARICOPA COUNTY PLANNING AND DEVELOPMENT			\$ 12,495		\$ 310,450
MARKETLAB	19-912				\$ 10,839
MCG HEALTH LLC					\$ 37,017
MDM Commercial	19-909				\$ 40,622
Medline	19-912				\$ 3,628
Medtronic	19-912				\$ 7,990
Mindray	19-912				\$ 9,998
Monoprice	19-909				\$ 1,424
Monoprice	19-939				\$ 329

VALLEYWISE HEALTH fka MARICOPA INTEGRATED HEALTH SYSTEM

Care Reimagined - Spend report

Note: Prior months amount paid are hidden

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		MAR 2020	APR 2020	MAY 2020	Cumulative Total
MOPEC	19-912				\$ 17,220
NORIX GROUP INC	19-926				\$ 11,918
NANOSONICS INC	19-912				\$ 22,944
Nindray DS USA Inc	19-912				\$ 85,002
Ninyo and Moore Geotechnical and Environment	19-923				\$ 4,570
NORIX GROUP INC					\$ 400,689
Olympus America					\$ 32,231
OEC Medical Systems	19-904				\$ 80,529
OMC INVESTERS LLC					\$ 11,518
Owens and Minor	19-912				\$ 54,193
PAC VAN					\$ 505
Parks Medical	19-912				\$ 2,130
Philips Healthcare	18-921				\$ 38,523
Physio Control	19-912				\$ 19,458
Progressive Roofing	19-931				\$ 84,628
PRONK TECHNOLOGIES INC					\$ 3,040
QRS Calibrations	19-912				\$ 7,056
Radiation Physics and Engineering	18-917				\$ 1,250
Radiation Physics and Engineering	18-920				\$ 1,600
RETAIL MANAGEMENT SOLUTIONS					\$ 5,961
RICOH AMERICAS CORPORATION					\$ 30,012
Ruiz Custom Upholstery	19-912				\$ 53,718
SCOTTSDALE RESTAURANT SUPPLY					\$ 5,391
Signodtics	19-912				\$ 22,460
Smiths Medical	19-912				\$ 9,253
SOFT COMPUTER CONSULTANT INC					\$ 43,038
Speedie and Associates					\$ 2,189
SPEEDIE AND ASSOCIATES INC					\$ 15,635
Standard Textile	19-912				\$ 4,380
Stryker Communications	19-910				\$ 170,089
Steris Corp					\$ 13,950
Stryker					\$ 384,697
TBJ Inc	19-912				\$ 5,654
TD INDUSTRIES	19-924				\$ 406,296
The Cbord Group	19-909				\$ 26,605
THYSSENKRUPP ELEVATOR CORP	19-912				\$ 587,346
Translogic	19-912				\$ 3,931
Tucson Business Interiors	19-912				\$ 3,000
Tucson Business Interiors	19-923				\$ 34,193

VALLEYWISE HEALTH fka MARICOPA INTEGRATED HEALTH SYSTEM

Care Reimagined - Spend report

Note: Prior months amount paid are hidden

Description	CER Number	Amount Paid MAR 2020	Amount Paid APR 2020	Amount Paid MAY 2020	Amount Paid Cumulative Total
Tucson Business Interiors	19-926				\$ 335,704
UMF Medical	19-912				\$ 11,536
Verathon	19-912				\$ 14,020
VERIZON	19-909				\$ 16,853
WAXIE	19-912				\$ 3,002
World Wide Technology					\$ 701,382
Zoll Medical	19-912				\$ 46,099
TOTAL Maryvale Campus (MV)		\$ (148,586)	\$ 712,192	\$ 2,639,381	\$ 82,282,138
Adams and Wendt	19-936	\$ 46,514			\$ 55,643
AIRPARK SIGNS			\$ 1,305		\$ 1,305
Arizona Department of Health	19-936	\$ 150			\$ 300
AFFILIATED ENGINEERS	19-936		\$ 18,159		\$ 67,813
BUREAU VERITAS			\$ 7,031		\$ 7,031
Engineering Economics	19-936		\$ 530		\$ 5,300
GOODMANS	19-936	\$ 240	\$ 1,520	\$ 5,004	\$ 89,604
Grainger	19-936	\$ 378	\$ 896		\$ 5,504
JENSEN HUGHES	19-936			\$ 861	\$ 861
KITCHELL	19-936	\$ 189,391	\$ 640,570	\$ 125,119	\$ 3,180,097
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-936				\$ 230
Speedie and Assoc		\$ 595			\$ 3,135
Valley Systems	19-936	\$ 896		\$ 2,480	\$ 6,308
TOTAL Annex HVAC Replacement (RSVT)		\$ 238,164	\$ 670,011	\$ 133,465	\$ 3,423,131
					\$ -
					\$ -
TOTAL Annex Building Remodel (RSVT)		\$ -	\$ -	\$ -	\$ -

\$ 89,578 \$ 1,382,202 \$ 2,772,846 \$ 85,705,269

Note: Prior months amount paid are hidden

Functional Area - Acute Care Facilities					
eSTF - Enterprise Strengthening the Foundation (see attached for detail)	17-900				\$ 14,000,000
Client & Mobility (Phase 1)	16-934				\$ 1,434,893
Client & Mobility (Phase 2)	17-906				\$ 1,512,376
IPT (PBX Replacement)	16-909				\$ 2,721,165
Legacy Storage (DP-007)	16-910				\$ 2,506,978
Single Sign on	17-913				\$ 81,150
Fluency Enterprise					\$ -
Perimeter, Internal security	16-900				\$ 67,213

VALLEYWISE HEALTH fka MARICOPA INTEGRATED HEALTH SYSTEM

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Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		MAR 2020	APR 2020	MAY 2020	Cumulative Total
Perimeter, Internal security	18-907				\$ 151,310
Perimeter, Internal security	18-910				\$ 44,235
Perimeter, Internal security	18-912				\$ 51,561
Epic 2014 Monitors (Phase 1)	16-933				\$ 341,470
Epic 2014 Monitors (Phase 2)	17-905				\$ 474,480
LCM	16-937				\$ 199,936
Epic Modules					\$ -
PeriCalm or GEConnect smart tracing software					\$ -
EPCS					\$ -
New software for Contract approval routing					\$ -
Integration					\$ -
VNA & Universal PACS Viewer					\$ -
SEIMS	17-912				\$ 235,134
SEIMS	18-911				\$ 14,468
ESB Framework Enablement	18-914				\$ 1,111,233
Clinical Image Repository	18-915				\$ 1,271,214
MyChart Bedside Tablets					\$ -
Integration SOA Architecture					\$ -
Software Quality Assurance					\$ -
Imprivata Identity	18-916				\$ 576,880
Chartmaxx Infrastructure Upgrade	19-906				\$ 859,682
Imprivata ConfirmID	19-911				\$ 137,295
ESB (Tibco) - Infrastructure	19-918				\$ 34,861
PWIM Global Monitor Software - additional funding required to support implementation of CER15-075, Cloverleaf Availability	16-924				\$ 35,400
Patient monitors - High Acuity	16-908		\$ 5,750	\$ (8,841)	\$ 6,240,243
Pyxis upgrade 2017					\$ -
Unit 10 Phase II					\$ -
Stretcher replacement	16-912				\$ 395,538
IVUS - intravascular ultrasound for placement of stents	16-922				\$ 128,371
Vigileo Monitors (8)	16-928				\$ 96,132
Balloon Pumps	16-920				\$ 149,197
Convert Unit 2 at DV to an Adolescent Unit					\$ -
Endo Tower					\$ -
Zeiss - Cirrus HD ophthal camera	16-919				\$ 60,654
Vivid Q BT12 Ultrasound	16-931				\$ 55,019
Colonoscopes					\$ -
Zoll Thermoguard XP (formerly Alsius)	16-906				\$ 33,230
Replacement of tray line for room service project					\$ -

VALLEYWISE HEALTH *fka* MARICOPA INTEGRATED HEALTH SYSTEM

Care Reimagined - Spend report

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Description	CER Number	Amount Paid MAR 2020	Amount Paid APR 2020	Amount Paid MAY 2020	Amount Paid Cumulative Total
Flexible Ureteroscope (2)					\$ -
3:1 Mesher	16-927				\$ 12,870
1:1 Mesher	16-927				\$ 26,190
2:1 Mesher	16-927				\$ 26,190
Urodynamics machine (for surgery clinic)	16-929				\$ 17,935
UltraMist System	16-925				\$ 20,271
Replace Chair in Eye Room					\$ -
EVS UV floor equipment					\$ -
Fluid Warmers					\$ -
Puffer Tenometer					\$ -
Doppler	16-935				\$ 3,950
Autostainer (Histology)					\$ -
Ultrasound (for breast clinic)	16-931				\$ 22,685
Biom 5	16-930				\$ 8,103
HINNI Laryngoscope					\$ -
Wilson Frame	18-902				\$ 4,852
Medical Beds for Psych Units	16-932				\$ 211,197
King Tong Pelvic fx reducer	16-926				\$ 9,500
Stryker Core Power Equipment --Contract	16-904				\$ 369,113
Patient Monitoring (Low Acuity) - Formerly named Alarm Management	16-907				\$ 347,029
AIMS Upgrade	16-901				\$ 51,232
AIMS Upgrade	16-902				\$ 12,000
AIMS Upgrade	16-903				\$ 112,850
Temperature Monitoring - Non FQHC Depts	17-908				\$ 133,615
Blood Culture Instrument Lease					\$ -
2 Pillcams for Endo	17-911				\$ 13,826
Replace 11 ultrasounds	16-931				\$ 1,142,345
POC Ultrasounds (10)	16-931				\$ 634,702
Plant upkeep and repair					\$ -
Ice Machine Replacement	16-911				\$ 23,881
Steam Condensate Return Piping Replacement	16-914				\$ 62,529
Laundry/Finance/Payroll/Facilities Roof Repairs	17-917				\$ 82,955
Minor renovations					\$ -
Replace OR Cabinets					\$ -
Batteries					\$ -
Roof Repair/Replacement					\$ -
MMC 7th Floor Roof	16-905				\$ 274,582
Facility upkeep	17-910				\$ 4,205
Facility upkeep	18-905				\$ 69,218

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Description	CER Number	Amount Paid MAR 2020	Amount Paid APR 2020	Amount Paid MAY 2020	Amount Paid Cumulative Total
Colposcopes	18-909				\$ 24,607
Chandler ADA Doors	18-042				\$ 5,867
Original Digital X-ray unit and sensors (Panoramic Digital AND Nomad Digital)	16-917				\$ 63,217
Chandler Dental Digital Radiology - Panoramic x-ray	16-915				\$ 63,564
CHC - Digital Panoramic x-ray	16-916				\$ 60,419
CHC Dental Replace Chairs Lights, Compressor and Delivery Units	18-905				\$ 127,642
CHC Cost for new equipment and cost of moving existing to Avondale X-Ray	16-921				\$ 83,327
Avondale- Replace all flooring.	17-904				\$ 72,635
Temperature Monitoring - FQHC Depts	17-909				\$ 82,219
McDowell Dental	16-918				\$ 15,990
CHC Internal Medicine Clinic Renovation - increase the number of exam rooms to accommodate 1st, 2nd & 3rd yr residents as of July 1, 2017 plus	18-900				\$ 221,124
CHC Dental Autoclave Replacement including printer & Cassette rack	18-908				\$ 19,122
Chandler Dental Autoclave Replacement including printer & Cassette rack	18-908				\$ 6,374
Avondale Dental Autoclave Replacement including printer & Cassette rack	18-908				\$ 6,374
FHC Helmer Medical Refrigerators	17-714				\$ 11,110
FHC Helmer Medical Refrigerators	17-901				\$ 169,399
FQHC Contingency - addtl camera	16-936				\$ -
Cabinet and Countertop Replacement South Central FHC	18-904				\$ 8,419
CHC Dental Refresh	18-905				\$ 96,361
POC Molecular (26 units)	19-914				\$ 1,049,613
Bili Meter - Draegar (10 units)	19-927				\$ 71,875
Colposcope - Guadalupe	19-925				\$ 9,927
Colposcopes (2 units)	19-434				\$ -
EKG machines (3 units)	19-922				\$ 37,278
Ultrasound machines (2 units) - Women's	19-417				\$ -
South Central FHC Cooling Tower Repairs	19-707				\$ -
South Central FHC Security Fencing Due to Vandalism	19-015				\$ -
CHC Pediatric Clinic (Primary Care) Pharmacy Refrigerator	19-709				\$ -
FQHC Contingency / Emergency - FQHC LAL only					\$ -
Bond related expenses (legal fees, etc.)	N/A				\$ 325,646
Audiology - Astera Audiometer	16-913				\$ 11,326
3rd Floor Behavioral Health/Medical Unit Remodel	17-903				\$ 2,569,146
22 Behavioral Health Beds for 3rd Floor MMC	17-907				\$ 188,527
Replace MMC Radiology GE Fluoroscopy Imaging Equipment	17-914				\$ 262,145
Endura CCTV System Replacement	18-901				\$ 168,739
IT - (17-900) eSTF Project	17-900				\$ 92,032
Diablo Infrastructure Costs	18-903			\$ 20,795	\$ 400,721
Epic Willow - Ambulatory & Inventory	18-906	\$ 1,433	\$ 1,343		\$ 428,269
Navigant - Proposition 480 planning	16-923				\$ 994,000

VALLEYWISE HEALTH *fka* MARICOPA INTEGRATED HEALTH SYSTEM
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Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		MAR 2020	APR 2020	MAY 2020	Cumulative Total
Kaufmann Hall - Prop 480 planning	16-923				\$ 370,019
IPv4Xchange (ARIN Based Transfer Escrow Payment)	16-923				\$ 7,040
Vanir Construction Management (Planning Phase)	17-915				\$ 749,971
Vanir Construction Management (\$48M) (\$48,300,501 - Entire Project)	17-916		\$ 1,951,278	\$ 1,656,355	\$ 13,193,030
IPMO Modular Building	17-902				\$ 329,631
Dickenson Wright PLLC	16-923				\$ 181,495
Sims Murrery LD	16-923	\$ 1,568	\$ 1,568		\$ 31,772
Devenney Group LTD	16-923				\$ 242,450
MTI Connect Inc	16-923				\$ 181
SHI INTERNATIONAL	19-911				\$ 2,577
Payroll/Supplies/Misc Expenses	16-923	\$ 238,794	\$ 124,259		\$ 1,590,258
EPIC replatform and upgrade to 2016 (see attached for detail)	17-900		\$ 41,760		\$ 7,675,491
Reimbursement for Capital Expenditures	N/A				\$ 36,000,000
TOTAL Tranch 1		\$ 241,795	\$ 2,125,958	\$ 1,668,309	\$ 106,840,069
Atlantic Relocation Systems				\$ 1,695	\$ 36,212
Bond issuance costs					\$ 1,163,260
BPG Technologies LLC					\$ 116,183
Cable Solutions LLC					\$ 53,370
DH Pace					\$ 1,468
Dickinson Wright PLLC			\$ 34,945	\$ 4,813	\$ 263,521
Enterprise Security	16-923				\$ 13,715
FC Hospitality	16-923				\$ 8,376
HD Supply Facilities Maintenance Ltd					\$ 3,780
Hye Tech Neywork and Security Solutions					\$ 41,154
Innerface Architectural Signage					\$ 14,761
IPMO Modular Building	17-902				\$ 165,991
Goodmans					\$ 4,790
GOODMANS	16-923				\$ 19,996
Lovitt & Touche Inc	19-934	\$ 15,000	\$ 63,040	\$ 23,177	\$ 3,335,542
MIHS IPMO Food - Catering	16-923				\$ 104
PAC-VAN	19-955			\$ 1,175	\$ 1,175
Payroll/Supplies/Misc Expenses					\$ 3,028,984
PHOENIX FENCE					\$ 2,283
Sims Murrery LD				\$ 3,994	\$ 28,175
Skyline Builders And Restoration Inc					\$ 122,769
Tempe Diablo LLC					\$ 33,132
Tucson Business Interiors					\$ 447,192
Vanir Construction Management (\$48M) (\$48,300,501 - Entire Project)					\$ 13,838,782
World Wide Technology Co Inc					\$ 5,978

VALLEYWISE HEALTH fka MARICOPA INTEGRATED HEALTH SYSTEM
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Description	CER Number	Amount Paid MAR 2020	Amount Paid APR 2020	Amount Paid MAY 2020	Amount Paid Cumulative Total
Zurich North America	16-923				\$ 47,500
TOTAL Enterprise		\$ 15,000	\$ 97,985	\$ 34,853	\$ 22,798,196
Adams and Wendt	19-935				\$ 7,815
APS	19-935				\$ 331,266
Affiliated Engineers Inc	19-935		\$ 158,653	\$ 76,644	\$ 1,831,897
Affiliated Engineers Inc	19-935				\$ 2,058,558
Arnold Machinery					\$ 34,209
DP Electric	19-923				\$ 6,987
ENGINEERING ECONOMICS	19-935		\$ 4,595		\$ 48,673
JENSEN HUGHES			\$ 4,463		\$ 4,463
KITCHELL	19-935	\$ 3,329,198	\$ 4,094,678	\$ 8,515,610	\$ 36,104,736
Maricopa County	19-935				\$ 239,965
RICOH			\$ 456		\$ 456
Speedie snd Assoc		\$ 60	\$ 3,870	\$ 2,355	\$ 17,656
SOUTHWEST GAS	19-935				\$ 121,938
THE CBORD GROUP			\$ 5,868	\$ 7,154	\$ 13,022
Thomas Printworks	19-935				\$ 3,069
Soft Computer Comsultants	19-935				\$ 46,513
TOTAL Central Utility Plant (RSVT)		\$ 3,329,258	\$ 4,272,583	\$ 8,601,763	\$ 40,871,223
ADAMS AND WENDT	19-949			\$ 8,173	\$ 8,173
AFFILIATED ENGINEERS	19-948		\$ 5,332	\$ 9,775	\$ 170,249
AFFILIATED ENGINEERS	19-954				\$ 1,050
ARIZONA PUBLIC SERVICE	19-947	\$ 1,391,892			\$ 1,391,892
CITY OF PHOENIX	19-947			\$ 79,102	\$ 79,102
Cunningham Architect	19-947	\$ 5,213,812		\$ 1,093,948	\$ 11,670,878
Devenney Group LTD					\$ 530,623
EXCESSIVE CARTS	19-948				\$ 22,782
FC HOSPITALITY	19-948	\$ 22,429	\$ 20,854	\$ 21,327	\$ 111,294
Follett	16-923				\$ 5,249
GOODMANS			\$ 605	\$ 25,251	\$ 37,354
Innerface Architectural Signage	19-948				\$ 862
JENSEN HUGHES			\$ 1,118	\$ 3,080	\$ 4,197
KITCHELL		\$ 1,000,092	\$ 2,526,151	\$ 3,046,196	\$ 16,992,215
KITCHELL	19-937				\$ 662,744
KITCHELL	19-948	\$ 59,850			\$ 59,850
MARICOPA COUNTY PLANNING AND DEVELOPMENT					\$ 616,238
OFFSITE EQUIPMENT STORAGE	19-948				\$ 650
PAC-VAN	19-947			\$ 3,610	\$ 3,610
RMJ Electrical Contractors					\$ 551

VALLEYWISE HEALTH *fka* MARICOPA INTEGRATED HEALTH SYSTEM

Care Reimagined - Spend report

Note: Prior months amount paid are hidden

Description	CER Number	Amount Paid MAR 2020	Amount Paid APR 2020	Amount Paid MAY 2020	Amount Paid Cumulative Total
Smithcraft Signs	19-947				\$ 86,425
SWISSLOG	19-947			\$ 2,500	\$ 2,500
Valley Systems	19-948				\$ 960
Speedie and Assoc			\$ 1,200	\$ 3,430	\$ 7,635
Trademark Visual	19-948				\$ 2,576
Thomas Printworks					\$ 7,517
TOTAL Roosevelt Campus Site Development Plan (RSVT)		\$ 7,688,076	\$ 2,555,259	\$ 4,296,392	\$ 32,477,176
		\$ 11,274,129	\$ 9,051,785	\$ 14,601,316	\$ 202,986,663

Bond Proceeds received to date:

\$631,287,454

TOTAL MONTHLY SPENT AMOUNT

\$ 16,271,662	\$ 16,706,946	\$ 24,123,576	\$ 377,596,862
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REMAINING Cash for disbursement

\$ 253,690,591



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

June 24, 2020

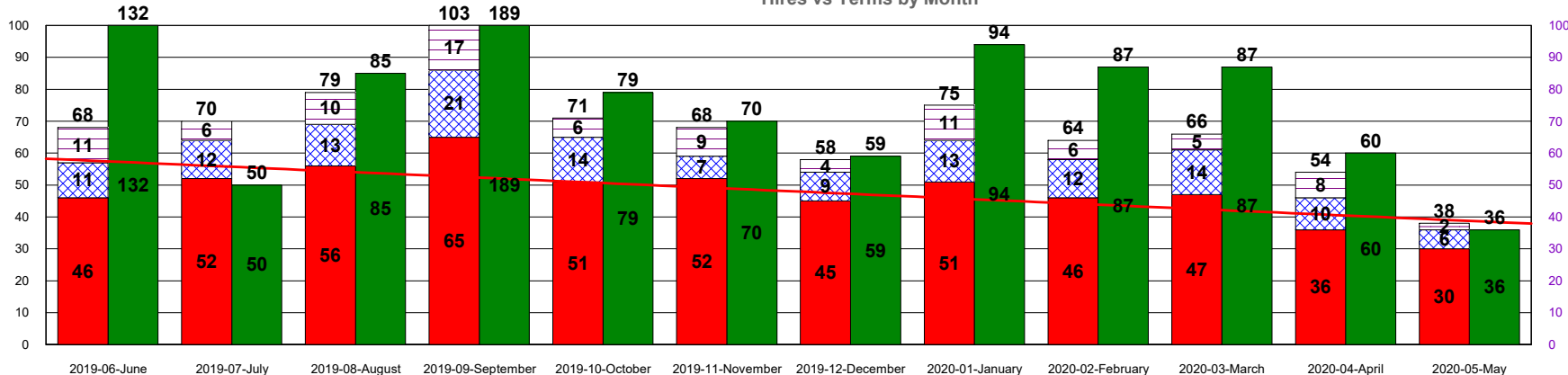
Item 6.c.

**Reports to the Board
Monthly Valleywise Health's Employee
Turnover Report – May 2020**

May - 2020	Avg Emps	Avg Emps 1Yr	Hires	VOL	VOL 1 Yr	VOL 1st Yr %	INVOL	Uncontrol	Retire	VOL%	INVOL%
Administrative	45.25	13.42	2	1	0	0.00 %	1	0	0	0.18 %	0.18 %
Clinical (Non-Licensed)	77.17	31.33	17	11	8	2.13 %	3	1	0	1.19 %	0.32 %
Clinical Licensed	21.17	5.08	0	4	1	1.64 %	0	0	0	1.57 %	0.00 %
Clinical Tech & Specialists	11.67	3.33	2	0	0	0.00 %	0	0	0	0.00 %	0.00 %
Management & Supervision	17.33	2.42	5	1	0	0.00 %	1	0	1	0.48 %	0.48 %
Professional	21.00	5.67	1	2	2	2.94 %	0	0	0	0.79 %	0.00 %
Provider Non-Physician	1.67	0.25	0	0	0	0.00 %	0	0	0	0.00 %	0.00 %
RN	73.67	22.00	7	11	7	2.65 %	1	0	1	1.24 %	0.11 %
Support	12.83	4.50	2	0	0	0.00 %	0	1	0	0.00 %	0.00 %
Total	281.75	88.00	36	30	18	1.70 %	6	2	2	0.89 %	0.18 %

Total (Last 12 Months)	Avg Emps	Avg Emps 1Yr	Hires	VOL	VOL 1 Yr	VOL 1st Yr %	INVOL	Uncontrol	Retire	VOL%	INVOL%
Administrative	532.08	146.75	143	89	42	28.62 %	35	19	12	16.73 %	6.58 %
Clinical (Non-Licensed)	922.42	373.58	412	185	118	31.59 %	49	47	7	20.06 %	5.31 %
Clinical Licensed	252.33	56.00	45	23	10	17.86 %	8	2	2	9.11 %	3.17 %
Clinical Tech & Specialists	146.33	41.33	31	17	9	21.77 %	5	1	2	11.62 %	3.42 %
Management & Supervision	213.42	36.25	29	28	8	22.07 %	16	0	8	13.12 %	7.50 %
Professional	245.25	64.67	64	42	17	26.29 %	1	6	4	17.13 %	0.41 %
Provider Non-Physician	19.75	1.33	2	0	0	0.00 %	0	0	0	0.00 %	0.00 %
RN	920.25	274.75	261	167	95	34.58 %	14	11	14	18.15 %	1.52 %
Support	163.42	58.67	41	26	10	17.05 %	14	9	5	15.91 %	8.57 %
Total	3,415.25	1,053.33	1028	577	309	29.34 %	142	95	54	16.89 %	4.16 %

Hires vs Terms by Month





**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

June 24, 2020

Item 6.d.

**Reports to the Board
Quality Management Council Meeting
Minutes – February 2020**



Meeting Minutes

Quality Management Council

2/27/2020 • 8:00 AM – 9:30 AM • Maricopa East

A = Absent E = Excused G = Guest P = Present

CHAIR/FACILITATOR	Dan Hobohm, MD					
MEMBERS/ATTENDEES	Barbara Harding, RN	David Wisinger, MD	Ken Bourdo	Nelson Silva-Craig, RN	Amin Ostovar, MD	
	Beneká Brown	Dorinne Gray, RN	Kevin Lopez, MD	Paul Pugsley, MD		
	Carol Olson, MD	Elizabeth Ferguson, MD	LT Slaughter	Sherrie Beardsley, RN		
	Crystal Garcia, RN	Gene Cavallo	Manuel Soto-Griego	Sherry Stotler, RN		
	Dale Schultz	Heather Jordan, RN	Mary Harden, RN	Steve Purves		
	Dan Hobohm, MD	Jo-el Detzel, RN	Michael White, MD	Tony Dunnigan, MD		
	Dan Quan, MD	Kelly Summers	Nancy Kaminski			

PURPOSE: Quality and Patient Safety Improvement

CALL TO ORDER

Topic	Findings/Discussion	Conclusion/Action	Responsible
Approval of Minutes	Approval of January 23, 2019 Minutes.	Minutes were approved as written	Committee
Consent Agenda	PCSC - committee minutes and reports; action plans; dashboards.	Consent agenda items were approved	Committee

I. Action item follow-up / Loop closures / Unfinished Business

	Topic	Findings/Discussion	Conclusion/Action	Responsible
A	Just Culture – Sherry Stotler	<ul style="list-style-type: none"> Deferred 		
B	Survey Finding and Plan of	<ul style="list-style-type: none"> DNV unannounced visit in November 2019 for a complaint investigation, which was found unsubstantiated, however, they did look through our documentation and found issues with restraint documentation – action plan was completed. <ul style="list-style-type: none"> Violent Restraints – 1-hour face to face assessments; the causes to why patient was put on restraints was missing. 		

Please use n/a if item does not apply.

Corrections – Shery Stotler	There is a note that can be pulled up and has all of the components in it; when you put someone in violent restraints the provider should be using the template to document within 1-hour after application, not at the same time of application, which DNV saw in the documentation. - Still having some documentation issues – Continue education. - Nursing elements – working on making sure staff does not mix up violent and non-violent restraints.		
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II. Standing Reports

Topic	Findings/Discussion	Conclusion/Action	Responsible																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
A System Wide/CEO Goals (Quarterly) – Shery Stotler	<ul style="list-style-type: none"> Next reporting will be in March 2020. 																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
B Quality Dashboard – Shery Stotler	<div style="text-align: center; background-color: #e0f2f1; padding: 5px;"> <h3>Quality Dashboard</h3> </div> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8px;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 5%;"></th> <th style="width: 5%;"></th> <th style="width: 5%;"></th> <th style="width: 5%;"></th> <th style="width: 5%;"></th> <th style="width: 5%;"></th> <th style="width: 5%;"></th> <th style="width: 5%;"></th> <th style="width: 5%;"></th> <th style="width: 5%;"></th> <th style="width: 5%;"></th> <th style="width: 5%;"></th> <th style="width: 5%;"></th> <th style="width: 5%;"></th> </tr> <tr> <th></th> <th>Reporting Program</th> <th>Benchmark</th> <th>FY19 Year to Date</th> <th>Desired Direction</th> <th>Jul 2019</th> <th>Aug 2019</th> <th>Sep 2019</th> <th>Oct 1 (FY 2020)</th> <th>Oct 2019</th> <th>Nov 2018</th> <th>Dec 2019</th> <th>Oct 2 (FY 2020)</th> <th>Jan 2020</th> </tr> </thead> <tbody> <tr> <td colspan="15">Nursing Workforce</td> </tr> <tr> <td>Overall worked ICU and general patient unit hours per patient day equivalents (excl. L&D, and post-partum)**</td> <td>LF</td> <td>13.92</td> <td>14.03</td> <td>NA</td> <td>12.61</td> <td>13.43</td> <td>13.11</td> <td>13.04</td> <td>13.49</td> <td>14.00</td> <td>13.59</td> <td>13.69</td> <td>13.29</td> </tr> <tr> <td>Overall worked ED hours per patient visit (incl. adult, pediatric and burn)**</td> <td>LF</td> <td>3.05</td> <td>2.92</td> <td>NA</td> <td>2.39</td> <td>2.90</td> <td>3.03</td> <td>2.95</td> <td>3.17</td> <td>3.01</td> <td>2.80</td> <td>2.99</td> <td>2.63</td> </tr> <tr> <td>Pre-op/PACU worked hours per total cases**</td> <td>LF</td> <td>5.65</td> <td>5.52</td> <td>NA</td> <td>5.23</td> <td>5.11</td> <td>5.54</td> <td>5.28</td> <td>5.27</td> <td>6.09</td> <td>5.79</td> <td>5.69</td> <td>5.69</td> </tr> <tr> <td colspan="15">Healthcare Associated Infections; *incl. in Leapfrog</td> </tr> <tr> <td>Hand Hygiene Compliance (Percent)</td> <td>LF</td> <td>≥ 97%</td> <td>97%</td> <td>↑</td> <td>95%</td> <td>96%</td> <td>97%</td> <td>96%</td> <td>94%</td> <td>94%</td> <td>94%</td> <td>94%</td> <td>94%</td> </tr> <tr> <td>Numerator</td> <td></td> <td></td> <td></td> <td></td> <td>1492</td> <td>1206</td> <td>1026</td> <td>3724</td> <td>1233</td> <td>1497</td> <td>1450</td> <td>4180</td> <td>2271</td> </tr> <tr> <td>Denominator</td> <td></td> <td></td> <td></td> <td></td> <td>1566</td> <td>1257</td> <td>1063</td> <td>3886</td> <td>1305</td> <td>1593</td> <td>1537</td> <td>4435</td> <td>2422</td> </tr> <tr> <td>Central Line Associated Blood Stream Infection (CLABSI) Standardized Infection Ratio (SIR) Hospital-acquired CLABSI</td> <td>CMS-VBP-HIQR-HAC</td> <td>≤ 0.687</td> <td>1.019</td> <td>↓</td> <td>1.691</td> <td>2.574</td> <td>0.928</td> <td>1.816</td> <td>0.858</td> <td>0.000</td> <td>0.000</td> <td>0.272</td> <td>0.000</td> </tr> <tr> <td>CLABSI Observed Number</td> <td></td> <td></td> <td></td> <td></td> <td>3</td> <td>4</td> <td>1</td> <td>8</td> <td>1</td> <td>0</td> <td>0</td> <td>1</td> <td>0</td> </tr> <tr> <td>CLABSI Expected Number</td> <td></td> <td></td> <td></td> <td></td> <td>1.774</td> <td>1.554</td> <td>1.078</td> <td>4.406</td> <td>1.165</td> <td>1.061</td> <td>1.328</td> <td>3.680</td> <td>1.330</td> </tr> <tr> <td>Hospital Acquired Catheter Associated Urinary Tract Infections (CAUTI) (SIR)</td> <td>CMS-VBP-HIQR-HAC</td> <td>≤ 0.774</td> <td>0.747</td> <td>↓</td> <td>1.435</td> <td>0.632</td> <td>0.000</td> <td>0.828</td> <td>0.000</td> <td>0.693</td> <td>0.000</td> <td>0.231</td> <td>1.309</td> </tr> <tr> <td>CAUTI Observed Number</td> <td></td> <td></td> <td></td> <td></td> <td>3</td> <td>1</td> <td>0</td> <td>4</td> <td>0</td> <td>1</td> <td>0</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAUTI Expected Number</td> <td></td> <td></td> <td></td> <td></td> <td>2.090</td> <td>1.582</td> <td>1.160</td> <td>4.833</td> <td>1.457</td> <td>1.443</td> <td>1.434</td> <td>4.334</td> <td>1.528</td> </tr> <tr> <td>MRSA Bacteremia (SIR); HO-MRSA BSI Events</td> <td>CMS-VBP</td> <td>≤ 0.763</td> <td>2.401</td> <td>↓</td> <td colspan="8">Report Semi-annually</td> <td>0.978</td> </tr> <tr> <td>MRSA Bacteremia Observed Number</td> <td></td> <td>≤ 1M</td> <td></td> <td></td> <td>2</td> <td>0</td> <td>0</td> <td>2</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>MRSA Bacteremia Expected Number</td> <td></td> <td>NA</td> <td></td> <td></td> <td>-</td> <td>-</td> <td>-</td> <td>1.064</td> <td>-</td> <td>-</td> <td>-</td> <td>0.981</td> <td>-</td> </tr> <tr> <td>Hospital Onset Clostridium difficile (C. diff) SIR; Facility Wide-IN</td> <td>CMS-VBP</td> <td>≤ 0.748</td> <td>0.785</td> <td>↓</td> <td colspan="8">Reported Quarterly</td> <td>0.317</td> </tr> <tr> <td>C. difficile Observed Number</td> <td></td> <td></td> <td></td> <td></td> <td>2</td> <td>1</td> <td>0</td> <td>3</td> <td>4</td> <td>3</td> <td>1</td> <td>8</td> <td>2</td> </tr> <tr> <td>C. difficile Expected Number</td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td>-</td> <td>-</td> <td>9.470</td> <td>-</td> <td>-</td> <td>-</td> <td>9.106</td> <td>-</td> </tr> <tr> <td>Surgical Site Infections (SSI) - Colon Surgery (SIR)</td> <td>CMS-VBP-HIQR-HAC</td> <td>≤ 0.754</td> <td>2.218</td> <td>↓</td> <td colspan="8">Report Semi-annually</td> <td>0.000</td> </tr> <tr> <td>SSI Colon Observed Number</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> </tr> <tr> <td>SSI Colon Expected Number</td> <td></td> <td></td> <td></td> <td></td> <td>0.000</td> <td>0.000</td> <td>0.000</td> <td></td> <td>0.000</td> <td>0.000</td> <td>0.000</td> <td>0.000</td> <td></td> </tr> <tr> <td>Surgical Site Infections (SSI) - Abdominal Hysterectomy (SIR)</td> <td>CMS-VBP-HIQR-HAC</td> <td>0.726</td> <td>0.000</td> <td>↓</td> <td colspan="8">Report Semi-annually</td> <td>-</td> </tr> <tr> <td>SSI HYST Observed Number</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td>0</td> <td>1</td> <td>0</td> <td>1</td> <td></td> </tr> <tr> <td>SSI HYST Expected Number</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> </tr> <tr> <td>Ventilator Associated Condition (rate per 1,000 vent days)</td> <td>HIIN</td> <td>≤ 5.86</td> <td>New Measure</td> <td>↓</td> <td>5.72</td> <td>1.91</td> <td>12.02</td> <td>6.39</td> <td>7.14</td> <td>0.00</td> <td>3.69</td> <td>3.67</td> <td>0.00</td> </tr> <tr> <td>Numerator</td> <td></td> <td></td> <td></td> <td></td> <td>4</td> <td>1</td> <td>6</td> <td>11</td> <td>4</td> <td>0</td> <td>2</td> <td>6</td> <td>0</td> </tr> <tr> <td>Denominator</td> <td></td> <td></td> <td></td> <td></td> <td>699</td> <td>524</td> <td>499</td> <td>1722</td> <td>560</td> <td>535</td> <td>542</td> <td>1637</td> <td>515</td> </tr> <tr> <td>Infection Related Ventilator Associated Condition (rate per 1,000 vent days)</td> <td>HIIN</td> <td>≤ 2.35</td> <td>New Measure</td> <td>↓</td> <td>1.43</td> <td>0.00</td> <td>6.01</td> <td>2.32</td> <td>7.14</td> <td>0.00</td> <td>1.85</td> <td>3.05</td> <td>0.00</td> </tr> <tr> <td>Numerator</td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>0</td> <td>3</td> <td>4</td> <td>4</td> <td>0</td> <td>1</td> <td>5</td> <td>0</td> </tr> <tr> <td>Denominator</td> <td></td> <td></td> <td></td> <td></td> <td>699</td> <td>524</td> <td>499</td> <td>1722</td> <td>560</td> <td>535</td> <td>542</td> <td>1637</td> <td>515</td> </tr> <tr> <td colspan="15">Process of Care Measures; *included in Leapfrog</td> </tr> <tr> <td>Severe Sepsis & Septic Shock (Composite Measure) - Early management bundle (Percent Compliance)</td> <td>CMS-HIQR</td> <td>> 63%</td> <td>61%</td> <td>↑</td> <td>83%</td> <td>50%</td> <td>57%</td> <td>66%</td> <td>50%</td> <td>50%</td> <td>50%</td> <td>50%</td> <td>80%</td> </tr> <tr> <td>Numerator</td> <td></td> <td></td> <td></td> <td></td> <td>10</td> <td>5</td> <td>4</td> <td>19</td> <td>6</td> <td>5</td> <td>7</td> <td>18</td> <td>8</td> </tr> <tr> <td>Denominator</td> <td></td> <td></td> <td></td> <td></td> <td>12</td> <td>10</td> <td>7</td> <td>29</td> <td>12</td> <td>10</td> <td>14</td> <td>36</td> <td>10</td> </tr> <tr> <td>Emergency Department (ED-2) median time (minutes) from Admit Decision Time to ED Departure Time for Admitted Patients</td> <td>CMS-HIQR</td> <td>< 110</td> <td>64</td> <td>↓</td> <td>132</td> <td>76</td> <td>103</td> <td>101</td> <td>80</td> <td>84</td> <td>83</td> <td>83</td> <td>75</td> </tr> <tr> <td>HIIN-Inpatient Falls with injury minor or greater per 1,000 patient days (excl. ED, Peds, OB, Psych)</td> <td>HIIN</td> <td>< 0.99*</td> <td>0.51</td> <td>↓</td> <td>0.38</td> <td>0.89</td> <td>0.69</td> <td>0.64</td> <td>0.00</td> <td>0.50</td> <td>0.21</td> <td>0.21</td> <td>0.19</td> </tr> <tr> <td>Numerator</td> <td></td> <td></td> <td></td> <td></td> <td>2</td> <td>4</td> <td>3</td> <td>9</td> <td>0</td> <td>2</td> <td>1</td> <td>3</td> <td>1</td> </tr> <tr> <td>Denominator</td> <td></td> <td></td> <td></td> <td></td> <td>5283</td> <td>4509</td> <td>4366</td> <td>14158</td> <td>5173</td> <td>4026</td> <td>4844</td> <td>14043</td> <td>5143</td> </tr> </tbody> </table>																	Reporting Program	Benchmark	FY19 Year to Date	Desired Direction	Jul 2019	Aug 2019	Sep 2019	Oct 1 (FY 2020)	Oct 2019	Nov 2018	Dec 2019	Oct 2 (FY 2020)	Jan 2020	Nursing Workforce															Overall worked ICU and general patient unit hours per patient day equivalents (excl. L&D, and post-partum)**	LF	13.92	14.03	NA	12.61	13.43	13.11	13.04	13.49	14.00	13.59	13.69	13.29	Overall worked ED hours per patient visit (incl. adult, pediatric and burn)**	LF	3.05	2.92	NA	2.39	2.90	3.03	2.95	3.17	3.01	2.80	2.99	2.63	Pre-op/PACU worked hours per total cases**	LF	5.65	5.52	NA	5.23	5.11	5.54	5.28	5.27	6.09	5.79	5.69	5.69	Healthcare Associated Infections; *incl. in Leapfrog															Hand Hygiene Compliance (Percent)	LF	≥ 97%	97%	↑	95%	96%	97%	96%	94%	94%	94%	94%	94%	Numerator					1492	1206	1026	3724	1233	1497	1450	4180	2271	Denominator					1566	1257	1063	3886	1305	1593	1537	4435	2422	Central Line Associated Blood Stream Infection (CLABSI) Standardized Infection Ratio (SIR) Hospital-acquired CLABSI	CMS-VBP-HIQR-HAC	≤ 0.687	1.019	↓	1.691	2.574	0.928	1.816	0.858	0.000	0.000	0.272	0.000	CLABSI Observed Number					3	4	1	8	1	0	0	1	0	CLABSI Expected Number					1.774	1.554	1.078	4.406	1.165	1.061	1.328	3.680	1.330	Hospital Acquired Catheter Associated Urinary Tract Infections (CAUTI) (SIR)	CMS-VBP-HIQR-HAC	≤ 0.774	0.747	↓	1.435	0.632	0.000	0.828	0.000	0.693	0.000	0.231	1.309	CAUTI Observed Number					3	1	0	4	0	1	0	1	2	CAUTI Expected Number					2.090	1.582	1.160	4.833	1.457	1.443	1.434	4.334	1.528	MRSA Bacteremia (SIR); HO-MRSA BSI Events	CMS-VBP	≤ 0.763	2.401	↓	Report Semi-annually								0.978	MRSA Bacteremia Observed Number		≤ 1M			2	0	0	2	0	0	0	0	0	MRSA Bacteremia Expected Number		NA			-	-	-	1.064	-	-	-	0.981	-	Hospital Onset Clostridium difficile (C. diff) SIR; Facility Wide-IN	CMS-VBP	≤ 0.748	0.785	↓	Reported Quarterly								0.317	C. difficile Observed Number					2	1	0	3	4	3	1	8	2	C. difficile Expected Number					-	-	-	9.470	-	-	-	9.106	-	Surgical Site Infections (SSI) - Colon Surgery (SIR)	CMS-VBP-HIQR-HAC	≤ 0.754	2.218	↓	Report Semi-annually								0.000	SSI Colon Observed Number					0	0	0		0	0	0	0		SSI Colon Expected Number					0.000	0.000	0.000		0.000	0.000	0.000	0.000		Surgical Site Infections (SSI) - Abdominal Hysterectomy (SIR)	CMS-VBP-HIQR-HAC	0.726	0.000	↓	Report Semi-annually								-	SSI HYST Observed Number					0	0	0		0	1	0	1		SSI HYST Expected Number					0	0	0		0	0	0	0		Ventilator Associated Condition (rate per 1,000 vent days)	HIIN	≤ 5.86	New Measure	↓	5.72	1.91	12.02	6.39	7.14	0.00	3.69	3.67	0.00	Numerator					4	1	6	11	4	0	2	6	0	Denominator					699	524	499	1722	560	535	542	1637	515	Infection Related Ventilator Associated Condition (rate per 1,000 vent days)	HIIN	≤ 2.35	New Measure	↓	1.43	0.00	6.01	2.32	7.14	0.00	1.85	3.05	0.00	Numerator					1	0	3	4	4	0	1	5	0	Denominator					699	524	499	1722	560	535	542	1637	515	Process of Care Measures; *included in Leapfrog															Severe Sepsis & Septic Shock (Composite Measure) - Early management bundle (Percent Compliance)	CMS-HIQR	> 63%	61%	↑	83%	50%	57%	66%	50%	50%	50%	50%	80%	Numerator					10	5	4	19	6	5	7	18	8	Denominator					12	10	7	29	12	10	14	36	10	Emergency Department (ED-2) median time (minutes) from Admit Decision Time to ED Departure Time for Admitted Patients	CMS-HIQR	< 110	64	↓	132	76	103	101	80	84	83	83	75	HIIN-Inpatient Falls with injury minor or greater per 1,000 patient days (excl. ED, Peds, OB, Psych)	HIIN	< 0.99*	0.51	↓	0.38	0.89	0.69	0.64	0.00	0.50	0.21	0.21	0.19	Numerator					2	4	3	9	0	2	1	3	1	Denominator					5283	4509	4366	14158	5173	4026	4844	14043	5143		
	Reporting Program	Benchmark	FY19 Year to Date	Desired Direction	Jul 2019	Aug 2019	Sep 2019	Oct 1 (FY 2020)	Oct 2019	Nov 2018	Dec 2019	Oct 2 (FY 2020)	Jan 2020																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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Overall worked ICU and general patient unit hours per patient day equivalents (excl. L&D, and post-partum)**	LF	13.92	14.03	NA	12.61	13.43	13.11	13.04	13.49	14.00	13.59	13.69	13.29																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
Overall worked ED hours per patient visit (incl. adult, pediatric and burn)**	LF	3.05	2.92	NA	2.39	2.90	3.03	2.95	3.17	3.01	2.80	2.99	2.63																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
Pre-op/PACU worked hours per total cases**	LF	5.65	5.52	NA	5.23	5.11	5.54	5.28	5.27	6.09	5.79	5.69	5.69																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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Hand Hygiene Compliance (Percent)	LF	≥ 97%	97%	↑	95%	96%	97%	96%	94%	94%	94%	94%	94%																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
Numerator					1492	1206	1026	3724	1233	1497	1450	4180	2271																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
Denominator					1566	1257	1063	3886	1305	1593	1537	4435	2422																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
Central Line Associated Blood Stream Infection (CLABSI) Standardized Infection Ratio (SIR) Hospital-acquired CLABSI	CMS-VBP-HIQR-HAC	≤ 0.687	1.019	↓	1.691	2.574	0.928	1.816	0.858	0.000	0.000	0.272	0.000																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
CLABSI Observed Number					3	4	1	8	1	0	0	1	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
CLABSI Expected Number					1.774	1.554	1.078	4.406	1.165	1.061	1.328	3.680	1.330																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
Hospital Acquired Catheter Associated Urinary Tract Infections (CAUTI) (SIR)	CMS-VBP-HIQR-HAC	≤ 0.774	0.747	↓	1.435	0.632	0.000	0.828	0.000	0.693	0.000	0.231	1.309																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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CAUTI Expected Number					2.090	1.582	1.160	4.833	1.457	1.443	1.434	4.334	1.528																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
MRSA Bacteremia (SIR); HO-MRSA BSI Events	CMS-VBP	≤ 0.763	2.401	↓	Report Semi-annually								0.978																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
MRSA Bacteremia Observed Number		≤ 1M			2	0	0	2	0	0	0	0	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
MRSA Bacteremia Expected Number		NA			-	-	-	1.064	-	-	-	0.981	-																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
Hospital Onset Clostridium difficile (C. diff) SIR; Facility Wide-IN	CMS-VBP	≤ 0.748	0.785	↓	Reported Quarterly								0.317																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
C. difficile Observed Number					2	1	0	3	4	3	1	8	2																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
C. difficile Expected Number					-	-	-	9.470	-	-	-	9.106	-																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
Surgical Site Infections (SSI) - Colon Surgery (SIR)	CMS-VBP-HIQR-HAC	≤ 0.754	2.218	↓	Report Semi-annually								0.000																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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Surgical Site Infections (SSI) - Abdominal Hysterectomy (SIR)	CMS-VBP-HIQR-HAC	0.726	0.000	↓	Report Semi-annually								-																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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Ventilator Associated Condition (rate per 1,000 vent days)	HIIN	≤ 5.86	New Measure	↓	5.72	1.91	12.02	6.39	7.14	0.00	3.69	3.67	0.00																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
Numerator					4	1	6	11	4	0	2	6	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
Denominator					699	524	499	1722	560	535	542	1637	515																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
Infection Related Ventilator Associated Condition (rate per 1,000 vent days)	HIIN	≤ 2.35	New Measure	↓	1.43	0.00	6.01	2.32	7.14	0.00	1.85	3.05	0.00																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
Numerator					1	0	3	4	4	0	1	5	0																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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Severe Sepsis & Septic Shock (Composite Measure) - Early management bundle (Percent Compliance)	CMS-HIQR	> 63%	61%	↑	83%	50%	57%	66%	50%	50%	50%	50%	80%																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
Numerator					10	5	4	19	6	5	7	18	8																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
Denominator					12	10	7	29	12	10	14	36	10																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
Emergency Department (ED-2) median time (minutes) from Admit Decision Time to ED Departure Time for Admitted Patients	CMS-HIQR	< 110	64	↓	132	76	103	101	80	84	83	83	75																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
HIIN-Inpatient Falls with injury minor or greater per 1,000 patient days (excl. ED, Peds, OB, Psych)	HIIN	< 0.99*	0.51	↓	0.38	0.89	0.69	0.64	0.00	0.50	0.21	0.21	0.19																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
Numerator					2	4	3	9	0	2	1	3	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
Denominator					5283	4509	4366	14158	5173	4026	4844	14043	5143																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						

Mortality - Rolling Twelve Months (monthly)													
Hospital-Wide Inpatient, risk-adjusted Mortality Index		≤ 0.88	0.77	↓	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Numerator					8	14	8	30	17	19	18	54	23
Denominator					174326	228934	106767	510027	201685	227343	251814	680842	258940
CMS Readmission Project													
READM-HWR: Hospital-wide all cause unplanned 30-day readmissions rate (CDB1540)	CMS-HIQR	< 15.3	8.6	↓	10.5	9.2	5.8	8.5	9.6	6.6	7.0	7.7	6.5
Numerator					81	70	40	191	68	42	54	164	54
Denominator					775	764	695	2234	710	641	771	2122	826
Behavioral Health													
HBIPS-SA - Multiple antipsychotic medications at discharge with appropriate justification (Overall) Percent Compliance	CMS	> 92.2%	96.9%	↑	100.0%	95.0%	100.0%	98.3%	100.0%	100.0%	~	100.0%	~
Ambulatory													
Diabetes: Hemoglobin A1c Poor Control	HRSA	< 16%	32%	↓	37.17%	35.90%	32.54%	Φ	31.76%	31.60%	31.29%	Φ	59.23%
Numerator					3249	3287	3201		3182	3259	3323		2461
Denominator					8741	9157	9838		10019	10312	10619		4155
Patient Experience													
HCAHPS - Would recommend hospital to family?	NRC	> 75.7%	71.3%	↑	Reported Quarterly			65.4%	Reported Quarterly			69.9%	Report
Surveys Returned							130				93		
HCAHPS - How would you rate facility?	NRC	> 73.8%	69.4%	↑				70.8%				70.7%	
Surveys Returned							130				92		
Real Time/Catalyst: NPS Would you recommend this facility? (VHMC OVERALL)	NRC	> 75.2	64.3	↑	65.4	65.4	71.2	67.0	65.1	59.1	76.0	68.5	~
n-size					78	78	59	215	63	22	25	149	
SCI Solutions: How would you rate the overall care given at this hospital? (Behavioral Health)	Internal	> 87.9%	86.4%	↑	88.1%	88.8%	89.3%	88.7%	87.3%	86.3%	88.8%	87.5%	89.6%

- Data Not Available** - unable to calculate (expected number is less than 1) - nurse staffing indicators to be correlated with nursing-sensitive adverse patient safety events; Equal or greater than benchmark (blue circle), Less than 10% negative variance (yellow circle), Greater than 10% negative variance (red circle)
- MRSA Bacteremia – Currently doing well; a lot of work has been done by putting measures in place regarding decolonization across the ICUs and then expanded to Med/Surg.
 - Doing spot checks again after cleaning
 - C. difficile – Continuing to work on 2 patient rooms
 - Ventilator Associated Conditions – Has increased in the last quarter; has been added to the weekly rounds to see if there is anything being missed.
 - Severe Sepsis – We were recognized based on the data they pulled that we have had better outcomes than others.
 - Patient Experience – We are continuing to work on and be proactive; we are seeing movements going in the right direction; report sent out this morning for Q2, 72.9% how do you rate this facility.
 - Cervical Cancer – Drilling down; once Epic report is received will identify which sites has the highest opportunity and specifically focus on those sites to get them in for their screening.
 - Colorectal Surgeries – Showing improvements.
 - Hemoglobin A1C –
 - Telephone outreach to 2092 patients, with follow up letters as needed to let them know they were overdue for care and attempt to get them in for a follow up appointment with PCP.
 - Outreach to patients with A1c >9.1 to bring them in for POC A1c and subsequent med adjustment, encouragement, teaching, etc. Following up on no-showed appointments.
 - Care Manager Extenders conducting outreach to an additional 1073 patients by 12/31/2019.

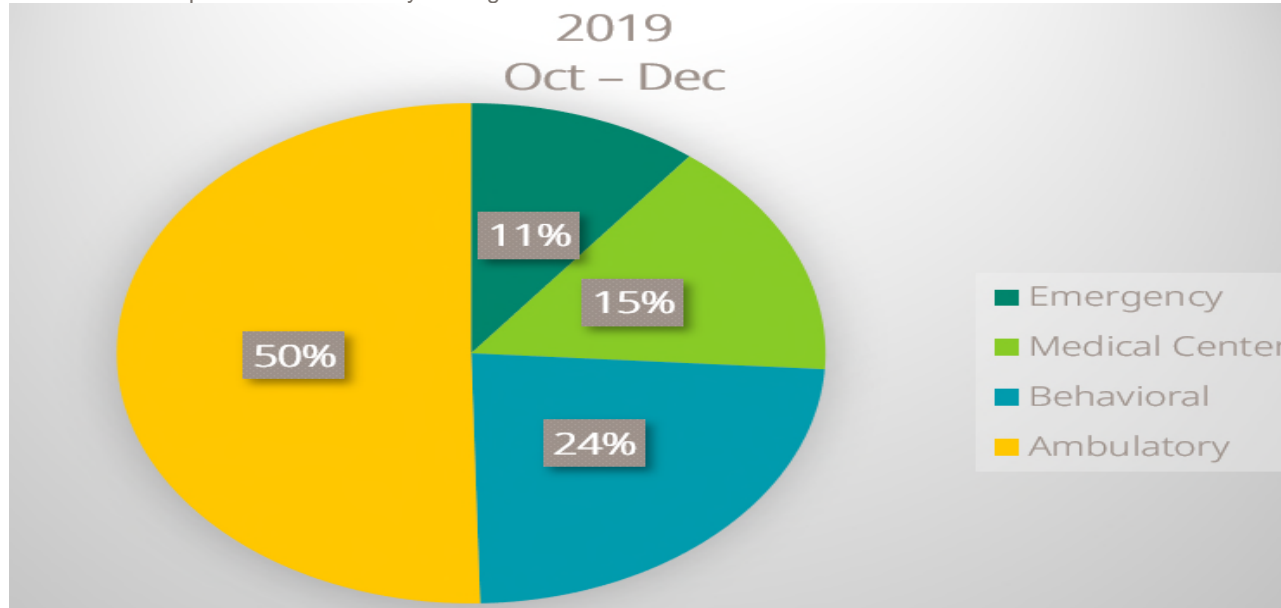
C Patient Care & Safety Committee - Sherry Stotler

- Presentation of metrics not meeting benchmark was presented and discussed to committee members
- BO -
 - iMed Consent – 10 incomplete iMed consents in December. Dept locations:
 - (3) PXC Colposcopy
 - (1) VHMA Post/Ante
 - (1) MVL OB/GYN
 - (1) PXC Podiatry
 - (2) VHMC Main OR
 - (1) SUN Family Practice

		<ul style="list-style-type: none"> - (1) SPX Internal Medicine o Voluntary Turnover Rate - 1st year turnover rate saw no significant change from October to November. - Looking at doing live exit interviews. o Conditions of Admissions (Spanish) – IT fix implemented in September 2019 with upgrade that auto selects the appropriate form based on the patient’s preferred language. - Continued education with staff in 1:1 and during huddles to review important of obtaining the appropriate COA. • Pediatrics - Percentage of patients who left ED within 30 minutes of bed assignment <ul style="list-style-type: none"> o This metric was added to dashboard in Jan 2019 (see details below) o Benchmark met only 1 time since measure initiated. Last met in May 2019; audit charts resumed 11.26.2019. <ul style="list-style-type: none"> - Audit to determine delays implemented April 1, 2019 (done) - Expanded personnel to transport (not just Transporters) - Staff education completed (April 2019) - All staff watching for bed assignment - Request transport as soon as bed assigned - ED staff transporting patients - Improve documentation • Infection Control – Measures not meeting benchmark – NONE <ul style="list-style-type: none"> o Measures not meeting benchmark – NONE o CAUTIs – had 2 o All other’s – Zero o Wrapping up the CLABSI HAI action items and next will be looking at C diff to see if there are any opportunities for improvements. o MRSA – Look into state funding for any opportunities moving forward. 		
D	Patient Safety Officer Report – Crystal Garcia	<ul style="list-style-type: none"> • 1 serious reportable event that recently occurred; currently investigating regarding patient to patient assault. • Leapfrog – Next survey will be due in June 2020; will be working with Dr. Dunnigan; CPOE test needs to be done the 1st week of April. Spring grade will be in April. <ul style="list-style-type: none"> o New proposals (have not made final) <ul style="list-style-type: none"> - Opioid prescribing – Will not be scored or publicly reported for the upcoming 2020; looking at the concurrent prescriptions at discharge, prescription monitoring via state-based prescription drug monitoring program, evidence based prescribing guidelines for surgical patients. Will be focusing on these. - Hand Hygiene – Will be its own section and will be adding a few more that we will need to meet. - Will be removing from NQSA practice Risk/Hazard section. • Cultural of Patient Safety – Will be including Ambulatory in the Spring 2020. <ul style="list-style-type: none"> o Once completed, results will be brought to this committee. 		
E	Risk Department – Dale Schultz	<ul style="list-style-type: none"> • No settled cases and no significant write-offs. • 		
F	Service Excellence – Sherrie Beardsley	<ul style="list-style-type: none"> • Complaints/Grievances <ul style="list-style-type: none"> o 10/01/2019 – 12/31/2019 <ul style="list-style-type: none"> - Number of Patients Reporting Complaints/Grievances: 111 - Total Number of Complaints/Grievances by Patients: 127 <ul style="list-style-type: none"> ▪ Includes patients with more than 1 complaint - Grievances Only: 13 - Number of Closed Complaints/Grievances*: 118 <ul style="list-style-type: none"> ▪ Includes patients with more than 1 complaint o 07/01/2019 - 10/31/2019: Data reflects combination of standard practices between Risk and Service Excellence departments <ul style="list-style-type: none"> - Number of Patients Reporting Complaint/Grievance: 158 - Total Number of Complaints/Grievances by Patients*: 183 		Sherrie Beardsley

- Includes patients with more than 1 complaint
- Grievances Only: 19
- Number of Closed Complaints/Grievances*: 146
- Includes patients with more than 1 complaint

- Patient Complaints/Grievances by Setting



- o 127 Total; 13 Grievances

- Complaint/Grievance Type Top 5

Oct - Dec 2019	
Care	34
Behavior	29
Delay	16
Patient Belongings	8
Billing/charges	7

Jul - Oct 2019	
Care	43
Behavior	36
Delay	24
Patient Belongings	18
Billing/charges	10

- o Care Related
 - October through December 2019; 34 complaints/grievances
 - Ambulatory = 12
 - Behavioral = 8
 - Medical Center = 8
 - Emergency Departments = 6
- o Behavior Related
 - October through December 2019; 29 related complaints/grievances
 - Ambulatory = 19
 - Medical Center = 6

		<ul style="list-style-type: none"> - Emergency Departments = 3 - Behavioral = 1 o Delay Related <ul style="list-style-type: none"> - October through December 2019; 16 related complaints/grievances - Ambulatory = 10 - Behavioral = 3 - Emergency Departments = 2 - Medical Center = 1 		
G	Performance Excellence Projects – Crystal Garcia	<ul style="list-style-type: none"> • Kicked off WO 16, supplies and supplies management process. <ul style="list-style-type: none"> o There are three teams: Perioperative, Lab, and Pharmacy. 		
H	CMS Memos – Sherry Stotler	<ul style="list-style-type: none"> • Coronavirus – Reiterating everything that we are getting from different agencies, aligning what they are asking for: reviewing practice, tweaked policy – found some confusion. 		
I	Infection Control – Dr. Ostovar			
J	H&P Compliance – Manny Soto-Griego	<ul style="list-style-type: none"> • Admission H&P: Medical & Behavioral Health Compliance - Audit completed for December 2019 91.00% Compliant; metrics updated to reflect outcome of audits performed by HIM. • Prior to Anesthesia Services H&P Compliance – Audit completed for November 2019 outcomes shared with Medical Staff Department Chairs and Medical Directors. Results to be presented at Sedation Governance meeting and submitted for reporting to MEC, QMC and PC & SC. December 2019 90.21% Compliant. 		
K	Data Governance – Crystal Garcia	<ul style="list-style-type: none"> • Meets every other week to discuss ideas that have been submitted through Epic to review and how it would affect everyone across the board, before they get approved and moved forward. 		

III. New Business

	Topic	Findings/Discussion	Conclusion/Action	Responsible
A	N/A			

IV. Deferred

	Topic	Findings/Discussion	Conclusion/Action	Responsible
A				
B				

V. Adjourn

NEXT MEETING

Date	Time	Location		
February 27, 2020	8am	Maricopa East		



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

June 24, 2020

Item 7.
No Handout

Concluding Items