



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

February 23, 2022
1:00 p.m.

Agenda



Board Members

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

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

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 Request to Speak form Speaker's Slip and deliver it to the Clerk of the Board prior to the Call to the 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 the 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 the 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 via the Clerk's Office, Valleywise Health Medical Center, 2601 East Roosevelt, Phoenix, Arizona 85008, Monday through Friday between the hours of 9:00 a.m. and 4:00 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 via the Clerk's Office, Valleywise Health Medical Center, 2601 East Roosevelt, Phoenix, Arizona 85008, (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 •

Meeting will be held remotely. Please visit <https://valleywisehealth.org/events/board-of-directors-formal-meeting-february-23-2022/> for further information.

Wednesday, February 23, 2022
1:00 p.m.

One or more of the members of the Board of Directors of the Maricopa County Special Health Care District may be in attendance telephonically or by other technological means. Board members attending telephonically, or by other technological means 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.

Please silence any cell phone, pager, computer, or other sound device to minimize disruption of the meeting.

1:00 **Call to Order**

Roll Call

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** Maricopa County Special Health Care District Board of Directors meeting minutes dated January 26, 2022
Melanie Talbot, Chief Governance Officer; and Clerk of the Board
 - b. **Contracts:**
 - i. **Approve** amendment #55 to the professional services agreement (90-12-084-1-55) between District Medical Group and the Maricopa County Special Health Care District dba Valleywise Health
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer

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

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

b. Contracts, cont.:

- ii. **Approve** amendment #2 to the technology services agreement (90-17-077-1-02) between Sentry Data Systems, Inc. and the Maricopa County Special Health Care District dba Valleywise Health, to update the name and extend the term of the agreement
Jo-el Detzel, MSHA, RRT, Vice President Clinical Ancillary Services
- iii. **Approve** amendment #1 to the sub-operating agreement (90-17-189-1-01) between Southwest Center for HIV/AIDS and the Maricopa County Special Health Care District dba Valleywise Health, for space to provide dental services and for storage
Warren Whitney, MBA, Senior Vice President, Government Relations
- iv. **Approve** new customer orders for the contract (90-16-044-10) between Carefusion Solutions, LLC and the Maricopa County Special Health Care District dba Valleywise Health, to replace and upgrade the Pyxis stations for the Valleywise Health-Maryvale Campus
Jo-el Detzel, MSHA, RRT, Vice President Clinical Ancillary Services
- v. **Approve** a new intergovernmental agreement (90-22-167-1) between Maricopa County and the Maricopa County Special Health Care District dba Valleywise Health, for a Ryan White Part A emergency relief project grant
Michael D. White, MD, MBA, Executive Vice President, Chief Clinical Officer

c. Governance:

- i. **Approve** proposed revisions to Valleywise Health's President & Chief Executive Officer's Performance Goals for fiscal year 2022
Steve Purves, FACHE, President & Chief Executive Officer
- ii. **Approve** change in scope of service: delete Saturday hours at Valleywise Community Health Center-South Phoenix/Laveen effective August 2021
Michael D. White, MD, MBA, Executive Vice President, Chief Clinical Officer
- iii. **Approve** proposed revisions to Section XII of the Approval, Authorization and Responsibility Matrix
Melanie Talbot, Chief Governance Officer; and Clerk of the Board
- iv. **Approve** a quitclaim deed for the transfer of real property and improvements, Maricopa County Assessor Parcel No. 138-65-006C, located in Mesa, Arizona 85210, from the Maricopa County Special Health Care District dba Valleywise Health, to the City of Mesa
Warren Whitney, MBA, Senior Vice President, Government Relations
- v. **Approve** a Notice of Federal Interest for Valleywise Community Health Center-Avondale
Michael D. White, MD, MBA, Executive Vice President, Chief Clinical Officer
- vi. **Approve** request for consent from Osborn Maledon to represent Arizona State University and the Arizona Board of Regents in the claim GL105431041637
Ijana M. Harris, JD, Associate General Counsel

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

- 1:15 1. Approval of Consent Agenda, cont.:
- d. Medical Staff:
 - i. **Approve** Valleywise Health’s Medical Staff credentials for February 2022
William D. Dachman, MD, Immediate Past Chief of Staff
 - ii. **Approve** Valleywise Health’s Allied Health Professional Staff credentials for February 2022
William D. Dachman, MD, Immediate Past Chief of Staff
 - iii. **Approve** proposed revisions to policy 39018 S: Medical Staff Professionalism Policy
William D. Dachman, MD, Immediate Past Chief of Staff
 - e. Care Reimagined Capital:
 - i. INTENTIONALLY LEFT BLANK
 - f. Capital:
 - i. **Approve** a capital expenditure request (CER # 22-023) for the activation and implementation of Epic Healthcare Effectiveness Data and Information Set (HEDIS) Population Health and Analytics Software, for a total cost of \$318,500
Kelly Summers, CHCIO, Senior Vice President, Chief Information Officer

End of Consent Agenda

- 1:30 2. Discuss and Review the Quarterly Quality Report and Metrics Dashboard Including but no limited to Patient Satisfaction Survey Results/Hospital Consumer Assessment of Healthcare Providers and System (HCAHPS) 10 min
Crystal Garcia, RN, Vice President, Surgical, Specialty, Quality and Safety
- 1:40 3. Discuss and Review the Quarterly Infection Control Quality Metrics Dashboard 10 min
Crystal Garcia, RN, Vice President, Surgical, Specialty, Quality and Safety
- 1:50 4. Presentation on Valleywise Health’s Patient Financial Assistance Program and Eligibility Process 15 min
Nancy Kaminski, MHA, Senior Vice President, Revenue Cycle
- 2:05 5. Discuss and Review Valleywise Health’s January 2022 Financials and Statistical Information 15 min
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer
- 2:20 6. Discussion and **Possible Action** on Valleywise Health’s 2022 Legislative Agenda and/or the Maricopa County Special Health Care District’s position regarding proposed State and Federal legislative items 10 min
Michael Fronske, Legislative and Governmental Affairs Director

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

- 2:30 7. Review and **Possible Action** on the Following Reports to the Board of Directors: 15 min
- a. Monthly Marketing and Communications Report (January 2022)
Runjhun Nanchal, MHA, Senior Vice President, Strategy, Marketing and Communications
 - b. Monthly Care Reimagined Capital Purchases Report (January 2022)
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer
 - c. Monthly Valleywise Health Employee Turnover Report (December 2021 and January 2022)
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer
 - d. Quarterly Compliance Officer's Report; Valleywise Health's Finance, Audit and Compliance Committee Activities Report
L.T. Slaughter, CPA, MBA, Chief Compliance Officer
 - e. Quarterly Valleywise Health Foundation's Task Status Report to the Valleywise Health President & Chief Executive Officer; and Annual Status Report to the District
Lisa Hartsock, MPH, CFRE, Foundation Relations Executive
 - f. Fiscal Year to Date Operational Dashboard for Valleywise Health's Federally Qualified Health Center Clinics
Michael D. White, MD, MBA, Executive Vice President, Chief Clinical Officer
 - g. Semi-Annual Creighton University Arizona Health Education Alliance Report
Michael D. White, MD, MBA, Executive Vice President, Chief Clinical Officer
- 2:45 8. Concluding Items 10 min
- a. Old Business:

June 23, 2021
Reports to the Board – Monthly Employee Turnover Report
 - Report on employee satisfaction related to transitions to new facilities and return-to-work efforts
November 23, 2021
Employee Turnover Rates and Retention Efforts
 - Provide a report on the results of actions taken to reduce turnover/increase retention
 - Report on employee satisfaction related to return-to-work efforts
 - b. Board Member Requests for Future Agenda Items or Reports
 - c. Comments
 - i. Chairman and Member Closing Comment
 - ii. President and Chief Executive Officer Summary of Current Events
- 2:55 **Adjourn**



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

February 23, 2022

Item 1.

Consent Agenda



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

February 23, 2022

Item 1.a.i.

**Minutes
January 26, 2022**

Minutes

**Maricopa County Special Health Care District
Board of Directors Meeting
Valleywise Health Medical Center
January 26, 2022
1:00 p.m.**

DRAFT

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

Others Present: Steve Purves, FACHE, President & Chief Executive Officer – *participated remotely*
Michael D. White, MD, MBA, Executive Vice President, Chief Clinical Officer – *participated remotely*
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer – *participated remotely*
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer – *participated remotely*
Ijana Harris, JD, Assistant General Counsel – *participated remotely*
Sherry Stotler, RN, MSN, Senior Vice President, Chief Nursing Officer – *participated remotely*
William D. Dachman, MD, Chief of Staff – *participated remotely*

Guest Presenters: Nate Lowrie, Valleywise Health Foundation, Chief Executive Officer – *participated remotely*
John Hoopes, Valleywise Health Foundation Board of Directors, Chairman – *participated remotely*
Crystal Garcia, RN, Vice President, Surgical, Specialty, Quality and Safety – *participated remotely*
Warren Whitney, MBA, Senior Vice President, Government Relations – *participated remotely*
Michael Fronske, Legislative and Governmental Affairs Director – *participated remotely*
Runjhun Nanchal, MHA, Senior Vice President, Strategy, Marketing and Communications – *participated remotely*
L.T. Slaughter, CPA, MBA, Chief Compliance Officer – *participated remotely*

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

Call to Order:

Chairman Wilcox called the meeting to order at 1:00 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. Director Gerard joined the meeting shortly after roll call.

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

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – January 26, 2022**

Call to the Public

Chairman Wilcox called for public comment.

Ms. Stotler announced that Valleywise Health received a five-year recertification for the Occupational Safety and Health Administration (OSHA) Voluntary Protection Program. She presented Chairman Wilcox with the recertification plaque and expressed appreciation to Valleywise Health staff for providing a safe environment for employees and patients.

NOTE: Director Gerard joined the meeting at 1:03 p.m.

Chairman Wilcox congratulated Valleywise Community Health Center-North Phoenix for being named the fiscal year (FY) 2021 Clinic of the Year. The clinic demonstrated an increase in volumes and received high patient satisfaction scores. She recognized the clinic leadership, Dr. Joshi and Ms. Armburst, and thanked the entire staff for their excellent work.

She announced the January 24, 2022 opening of the newest facility, Valleywise Community Health Center-Mesa. She added that the facility was conveniently located near the light rail and offered behavioral health services for those with Serious Mental Illness (SMI).

Mission Statement

Chairman Wilcox read the mission statement aloud.

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda:
 - a. Minutes:
 - i. Approve Maricopa County Special Health Care District Board of Directors meeting minutes dated November 23, 2021
 - ii. Approve Maricopa County Special Health Care District Board of Directors meeting minutes dated December 15, 2021
 - b. Contracts:
 - i. Approve amendment #4 to the agreement (90-14-074-5-04) between Prometheus Laboratories and the Maricopa County Special Health Care District dba Valleywise Health, for lab testing services
 - ii. Approve a new agreement (90-22-114-1) between the Arizona Department of Health Services (ADHS) and the Maricopa County Special Health Care District dba Valleywise Health, for human immunodeficiency virus (HIV) testing services
 - iii. Approve a new intergovernmental agreement (IGA) (90-22-118-1) between the City of Phoenix, for and on behalf of the Phoenix Fire Department, and the Maricopa County Special Health Care District dba Valleywise Health, for a clinical training agreement
 - iv. Approve amendment #53 to the professional services agreement (90-12-084-1-53) between District Medical Group and the Maricopa County Special Health Care District dba Valleywise Health

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – January 26, 2022**

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

1. Approval of Consent Agenda, cont.:
 - b. Contracts, cont.:
 - v. Approve amendment #54 to the professional services agreement (90-12-084-1-54) between District Medical Group and the Maricopa County Special Health Care District dba Valleywise Health
 - vi. Approve a new agreement (MCO-20-024-MSA) between Imperial Insurance Companies, Inc. and the Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive healthcare services
 - vii. Approve a new intergovernmental agreement (IGA) (90-22-154-1) between Arizona Department of Health Services and the Maricopa County Special Health Care District dba Valleywise Health, for temporary dialysis services expansion
 - viii. Approve a new cooperative agreement (90-22-155-1) between JAR Capital Group Inc. dba Quality Vans and Specialty Vehicles, and the Maricopa County Special Health Care District dba Valleywise Health, for the purchase of a mammography mobile unit and a COVID-19 mobile medical unit, funded by the American Rescue Plan Act
 - c. Governance:
 - i. Approve Health Resources and Services Administration grant application for \$680,985 for Ryan White Part D, Women/Infant/Children/Youth, to provide health care services to patients with human immunodeficiency virus
 - ii. Approve appointment of Susan Lara-Willars as Valleywise Health's Senior Vice President and Chief Human Resources Officer, effective February 7, 2022
 - iii. Approve a no objection letter to the proposed property tax reclassification of real and personal property of Sunlit Arizona, LLC, to be located within foreign trade zone no. 75
 - iv. Approve Valleywise Health Foundation's ALL IN Campaign donor recognition request
 - d. Medical Staff:
 - i. Approve Valleywise Health's Medical Staff credentials for December 2021 and January 2022
 - ii. Approve Valleywise Health's Allied Health Professional Staff credentials for December 2021 and January 2022
 - iii. Approve proposed revisions to policy 39026 T: Operational Credentialing
 - iv. Approve proposed revisions to policy 43374: Valleywise Health Medical Staff Glossary
 - v. Approve proposed revisions to policy 31201 T: Medical Staff Rules & Regulations

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – January 26, 2022**

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

1. Approval of Consent Agenda, cont.:
 - e. Care Reimagined Capital:
 - i. INTENTIONALLY LEFY BLANK
 - f. Capital:
 - i. Approve capital expenditure request (CER #22-421) for the purchase of an endoscopic ultrasound, for a total cost of \$316,722
 - ii. Approve capital expenditure request (CER#22-431) for the purchase of eight acute care invasive mechanical ventilators, for a total cost of \$288,800

Director Harden requested to remove items 1.b.iv. and 1.f.i. from the consent agenda, to be discussed and voted on separately.

Ms. Talbot noted item 1.b.vii. would be removed from the consent agenda and would not be discussed.

MOTION: Vice Chairman Thomas moved to approve the consent agenda minus items 1.b.iv., 1.b.vii., and 1.f.i. Director Dewane seconded.

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

Ms. Agnew addressed item 1.b.iv., amendment #53 to the professional services agreement between District Medical Group (DMG) and the Maricopa County Special Health Care District dba Valleywise Health. She noted an error included in the information provided, specifically related to the vascular call expense. The expense for the term of the amendment was \$96,000, not \$8,000. The total annual value of the amendment was \$953,666.

MOTION: Director Harden moved to approve consent agenda item 1.b.iv., amendment #53 to the professional services agreement between District Medical Group and the Maricopa County Special Health Care District dba Valleywise Health, with the correction of the total expense related to vascular call coverage to \$96,000, for a total annual value of the amendment of \$953,666. Vice Chairman Thomas seconded.

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

Director Harden addressed item 1.f.i., a capital expenditure request for the purchase of an endoscopic ultrasound, and requested clarification on the cost, as two different amounts were provided.

Ms. Stotler confirmed that the amount of the capital expenditure request was \$316,721.67.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – January 26, 2022**

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

1. Approval of Consent Agenda, cont.:

MOTION: Director Harden moved to approve consent agenda item 1.f.i., capital expenditure request for the purchase of an endoscopic ultrasound, for a total expense of \$316,721.67. Vice Chairman Thomas seconded.

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

2. Presentation on Valleywise Health Foundation's 2022 Philanthropic Roadmap and Budget

Mr. Hoopes stated the partnership between the Maricopa County Special Health Care District and the Valleywise Health Foundation was governed by the Cooperative Services Agreement (CSA). He acknowledged the CSA was a great benefit to both the Foundation and Valleywise Health. He highlighted the Foundation's achievements throughout calendar year (CY) 2021, including the expansion of their Board of Directors, the success of the ALL IN campaign, and the continuation of the Emerging Leaders program.

He reviewed the financial achievements throughout the calendar year, including the increase in gift size per donor. He acknowledged a major gift from the Halle Foundation, including naming rights to the Arizona Burn Center. The Foundation was also recognized by the Virginia G. Piper Foundation for assisting Valleywise Health during the COVID-19 pandemic and granted an unsolicited gift of \$2.5 million.

The Foundation raised approximately \$13 million in revenue, increased their presence in the community through social media efforts, and exceeded the benchmarks included in the CSA.

Chairman Wilcox expressed her appreciation to the Foundation for their support throughout the year.

Mr. Lowrie provided an overview of the Foundation's sustained growth, due to the CSA and the support provided through that agreement. Goals for the upcoming year included raising \$7.5 million in revenue and providing more than \$5.2 million in support to Valleywise Health. He mentioned the Foundation was transitioning their focus to increase major gifts and grant opportunities through building their Circles of Influence and continuing the Emerging Leaders program.

He expressed gratitude to the District Board of Directors and Valleywise Health leadership for their assistance in growing the Foundation year over year.

3. Valleywise Health's Response to COVID-19

Dr. White stated the first case of COVID-19 presented in Arizona was two years ago, on January 26, 2020. Since that time, Valleywise Health had treated nearly 4,000 COVID-19 patients and over 400 patients had succumbed to complications of the virus.

Throughout the COVID-19 pandemic, Valleywise Health's staff appropriately responded to the transformation of healthcare delivery to provide safe and effective care to the community. As the pandemic continued, new guidelines and regulations were introduced often, and staff was phenomenal in their response.

He explained that the current variant, Omicron, caused more infections and spread much faster than the original strain of the virus. He anticipated that due to heightened infection rates, increased hospitalizations would occur.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – January 26, 2022**

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

3. Valleywise Health's Response to COVID-19, cont.

Dr. White commended staff for their resilience and for continuing to fulfill the organization's mission to provide exceptional care, without exception, every patient, every time.

Chairman Wilcox requested clarification on the current recommendations from the Centers of Disease Control and Prevention (CDC), should someone test positive for COVID-19.

Dr. White noted the CDC recommendations were recently revised, as transmission of the new variant occurred faster than previous variants. Therefore, COVID-19 positive individuals were to quarantine for at least five days. After the initial five-day quarantine period, if an individual was asymptomatic or their symptoms were progressing, the individual no longer needed to isolate; however, it was recommended that individuals wear a well-fitting mask when interacting with others, for an additional five days.

Mr. Purves conveyed his appreciation for Dr. White's leadership throughout the COVID-19 pandemic, not only internally, but for being a resource for the community. Dr. White was instrumental in the establishing the incident command and continuously provided encouragement and support to the frontline staff.

Director Harden asked if Valleywise Health allowed staff to return to work after receiving a positive test result, should the employee be asymptomatic or mildly symptomatic.

Dr. White acknowledged the CDC regulation that permitted organizations to allow employees to return to work. Upon review it was decided that the recommendation was not conducive to Valleywise Health practices. If an employee tested positive for COVID-19 with symptoms, the individual was encouraged to stay home, rest, and not return to work until the symptoms improved.

4. Review and Discuss American College of Surgeon's National Surgical Quality Improvement Program (NSQIP) data

Ms. Garcia reviewed the American College of Surgeon's (ACS) National Surgical Quality Improvement Program (NSQIP). She explained the program used clinical data, as opposed to administrative data, and outcomes were assessed thirty days after surgery. To ensure data was gathered consistently, a surgical reviewer was trained and assigned to work with a physician partner, known as the surgeon champion.

The data was gathered for preoperative, intraoperative, and postoperative, with two reports being generated with the data. The first was an interim semi-annual report, with the second being the semi-annual report. She noted the two reports overlapped to allow opportunities for improvement to be identified and addressed.

She explained the importance of all hospitals extracting data consistently, so the data is reliable. She reviewed the results of the first quarter of fiscal year (FY) 2022 postoperative occurrences, noting that the superficial, deep, and organ space surgical site infection metric did not meet the benchmark, however, the rates were improving. She elaborated on the variations of surgical site infection categories.

The 30-day unplanned return to the operating room did not meet the benchmark for the first quarter, which was due to information included in the documentation and a process improvement plan was underway to improve the metric.

Ms. Garcia stated that to promote overall success, the NSQIP program was a multi-disciplinary effort, which included quality management, hospital administration, and clinical providers.

Chairman Wilcox asked if the decline in surgery cases, due to the COVID-19 pandemic, impacted the results.

Ms. Garcia said that Valleywise Health was able to meet the total case numbers needed to gather the data, despite the decline in surgical cases.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – January 26, 2022**

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

5. Discuss and Review Valleywise Health's November and December 2021 Financials and Statistical Information, and Quarterly Investment of Funds Report

Ms. Agnew reviewed the unusual items for November 2021, which improved the decrease in net assets by over \$1.8 million. There were 38 surge nurses at no cost to the organization, as well as the receipt of \$466,247 in provider relief funds as part of the American Rescue Plan. Valleywise Health Foundation also provided \$50,000 in relief and the organization recorded the proceeds from the sale of the former Valleywise Community Health Center-EI Mirage building.

She outlined the income statement for November 2021 and stated that regulation changes within the 340B program negatively impacted revenues and expenses. Staff worked with a third-party administrator and a 340B specialist to address the new regulations. She noted funds from the American Rescue Plan had not been received, as budgeted, creating a negative variance within other revenue.

Ms. Agnew explained the negative variance within salaries and wages was attributed to extra shift incentive, overtime paid, and the unbudgeted merit increases awarded to employees at the beginning of the fiscal year. There was a negative variance in contract labor due to the staffing shortages throughout the organization.

Total operating revenue was better than budget by 11% and total operating expenses missed budget by 8.8%, resulting in a decrease in net assets of \$5,664,465 compared to a budgeted loss of \$3,089,942.

Ms. Agnew reviewed the statistical information for December 2021, noting an overall decline in admissions, which was related to an increase in COVID-19 patients and staff shortages. She mentioned an increase length of stay within the behavioral health and acute settings due to the inability to discharge patients to an external facility, also due to staffing shortages.

Overall emergency department visits did not meet budget, however there was increased activity at Valleywise Emergency Department-Maryvale. Unfortunately, increased diversion time at the Roosevelt Campus resulted in decreased emergency department visits.

Chairman Wilcox asked if the increased diversion at the Roosevelt Campus was due to COVID-19.

Ms. Agnew explained there were multiple contributing factors, including staffing challenges, and the higher nursing ratio within the COVID-19 units.

Chairman Wilcox asked if other hospitals were experiencing similar issues.

Dr. White confirmed that many hospitals were in the same situation. He worked closely with local agencies to inform the public about where to receive the appropriate level of care, as many individuals presented to the emergency department with non-emergent ailments.

Ms. Agnew mentioned an overall decline in ambulatory visits, due in part to staffing shortages within specialty services and providers contracting COVID-19.

She reviewed the payer mix for December 2021, noting increases in other government payers, Medicare, and uninsured, with a decrease in Medicaid or Arizona Health Care Cost Containment System (AHCCCS). She explained the circumstances for the shifts in payer sources.

She referenced the Kronos system outage, which was the time management system used by the organization. The outage impacted the ability to generate specific financial reports.

Ms. Agnew reviewed the unusual items for December 2021, including the use of 38 surge nurses and receipt of \$29,494 in COVID-19 related subsidies from Health Resources and Services Administration (HRSA).

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – January 26, 2022**

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

5. Discuss and Review Valleywise Health's November and December 2021 Financials and Statistical Information, and Quarterly Investment of Funds Report, cont.

Ms. Agnew outlined the income statement for December 2021, noting the decrease in surgical cases and patient admissions. However, total operating revenue was better than budget by 11.1% due to a review and adjustments made within the reserves. Operating expenses missed budget by 11.1%, as salaries and wages, contract labor, and employee benefits had negatives variances. She reiterated the Kronos outage and stated the expenses were estimates. Staff would reconcile the salary and wages data and report actual amounts when available.

For the month of December, there was a decrease in net assets of \$2,091,111 compared to a budgeted loss of \$1,762,672.

On a year-to-date basis, there was a decrease in net assets of \$34,299,876 compared to a budgeted loss of \$24,358,643, resulting in a negative variance of \$9,941,233. The unbudgeted merit increase was anticipated to be a \$20 million impact, which was near staff expectations.

Ms. Agnew mentioned the increase in days in accounts receivable and mentioned that was due to an uptick in high-dollar accounts, exceeding \$250,000. She stated many of the high-dollar accounts were associated with burn care provided.

Director Harden referred to the Kronos outage and asked if staff was confident the reconciliation of salaries and wages would be complete prior to the end of the month, so accurate W-2's would be distributed on time.

Ms. Agnew explained the tax forms were based on the amount paid to the employee through the end of 2021. If after the reconciliation, it was determined that an employee was due additional compensation, that amount would be reported in 2022.

Director Harden noted high utilization of endoscopy services at Valleywise Comprehensive Health Center- Peoria and asked if other outpatient surgery services were expected to increase at that location.

Dr. White acknowledged that outpatient surgery services were less than budgeted and he was working with the providers to maximize the utilization of the operating spaced at the location.

Director Gerard questioned if there was an update related to Valleywise Health receiving additional funds through the Coronavirus Aid, Relief and Economic Security (CARES) Act.

Mr. Purves stated that Valleywise Health was excluded from the initial distribution of CARES Act funds, due to a technicality in the accounting process. Staff had since worked with the congressional delegation and Senator Kelly to highlight the organization's need for assistance. Additional CARES Act funds were expected to be released soon, which may benefit Valleywise Health. There were also discussions with the Governor's Office and AHCCCS related to directing provider assessment funding to Valleywise Health.

He noted that staff was also working with hospital associations and the congressional staff.

Director Gerard asked if Senator Sinema had been involved.

Ms. Whitney noted that Senator Sinema was supportive of Valleywise Health, however, Senator Kelly may be more influential in this matter.

Director Gerard asked if there was cooperation on the local level, from the Governor's Office.

Mr. Whitney said that there was a request for funds submitted to the Governor's Office and the State that resulted in a meeting with the budget director. The request had been neither accepted nor denied. Staff would continue to advocate for their consideration.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – January 26, 2022**

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

5. Discuss and Review Valleywise Health's November and December 2021 Financials and Statistical Information, and Quarterly Investment of Funds Report, cont.

Mr. Purves stated that the congressional delegation had been supportive of Valleywise Health, with Congressmen Gallego offering his support.

Ms. Agnew explained how the upcoming funding opportunities may be calculated and because Valleywise Health's amounts were significant, it may cause delays in distribution. Because Valleywise Health was not included in the initial distribution of relief, it may benefit the organization in the upcoming distribution.

6. Update on Valleywise Health's Pilot Paid Time Off Cash-Out Program and Budget Ramifications

Ms. Agnew provided information related to the paid time off (PTO) cash-out pilot program. She explained the data was separated into two categories; employees that had more than 240 PTO hours and employees that had less than 240 PTO hours. There were 200 employees that participated in the program, with 60% of participants having over 240 PTO hours. While employees had the option to cash-out 40, 60, or 80 hours, the average amount selected was 68 hours.

She outlined costs associated with the program, noting the net cost for employees with over 240 PTO hours was considered a new expense and included benefit expenses. For those that had less than 240 PTO hours, the net cost did not include the benefit expense and the organization was able to reduce the accrual expense from the balance sheet. The total net cost of the program was \$359,530.

Due to the Kronos outage, the payment for the program was processed through manual checks. She stated that she received positive feedback and several employees asked whether the program would continue. There was no mention or pushback related to the program paying at 75% of the employee's regular rate.

Ms. Christiansen stated that she also received only positive feedback related to the program.

Chairman Wilcox was pleased that the program was well received. She asked if staff had any recommendation on how to move forward with the program.

Ms. Christiansen said that due to the rapid implementation of the program, there was a chance that not all employees that wished to participate were able to do so. Ideally, employees would be able to take time off throughout the year, however, circumstance may prevent staff from taking time off. Before recommendations could be made, staff needed additional information. She would like to discuss options with the incoming Chief Human Resources Officer, who was scheduled to begin working at Valleywise Health in early February 2022.

Director Harden asked how many employees were eligible to participate in the program.

Ms. Agnew reviewed the parameters for participation, which stated that after participating in the program, employees had to have 100 PTO hours remaining. Given those parameters, she was unsure how many employees were eligible to participate in the program. She would provide that information to the Board. Under normal circumstances, a new program such as this would have an extended timeframe for employees to opt in.

Director Harden understood staffing shortages and the increase in COVID-19 patients prevented some staff from taking time off. **She recommended offering employees an option to cash-out PTO or roll the hours in excess of 240 to the following year.** She was also concerned with paying out the hours at a discounted rate.

Chairman Wilcox reiterated that the pilot appeared to be successful, however, she recommended employees be asked how they would prefer to manage their PTO balances, whether it be a cash-out or roll over option.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – January 26, 2022**

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

5. Discuss and Review Valleywise Health's November and December 2021 Financials and Statistical Information, and Quarterly Investment of Funds Report

Ms. Agnew highlighted the investment performance for FY 2022, noting a change in practice had yielded positive results, for both operating and bond related investments.

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

Mr. Fronske reviewed the current statistics of the legislative session, noting that the Governor released a \$1.43 billion budget on January 14, 2022. While there was no new health related funding in the released budget, \$26 million was included for an accelerated nursing academy with Creighton University, as well as \$132.5 million in tax cuts.

There were 65 bills sent to staff for comment, as those bills may impact the organization, and an additional 35 bills being monitored. Of those bills, he requested the ability to support House Bill (HB) 2157, which would allow for the spending authority to expand community-based services. He also requested the ability to support HB 2551, the children's health insurance redetermination period, which would move the redetermination period to one year, instead of six months, allowing children to stay insured.

Mr. Fronske requested the ability to oppose various bills, including Senate Bill (SB) 1021, a health care liens limitation bill, as it would have a significant impact on the organization. HB 2043 would allow employees to sue employers if they experienced adverse effects from the COVID-19 vaccine; and HB 2453 was an attempt to prohibit governmental entities from requiring masks within their facility. He also sought the ability to oppose any anti-mask and anti-vaccination bills and amendments, as well as any other bills that would end the current state of emergency.

Vice Chairman Thomas asked if the proposed anti-mask and anti-vaccination bills were introduced by those within the healthcare system.

Mr. Fronske explained that members of the legislature introduced the bills, and surprisingly, the anti-mask and anti-vaccination bills had up to 20 sponsors. The healthcare industry opposed those bills, as the pandemic continued to impact communities throughout the state.

Director Harden mentioned there was proposed legislation that would transition school board positions to partisan positions. Being that the District Board of Directors was a non-partisan elected body, she asked if it were possible that transition would impact the District.

Mr. Fronske said the proposed legislation was currently specific to only school boards. While it was possible to expand to other non-partisan bodies, he had no indication that was the case yet.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – January 26, 2022**

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

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

MOTION: Vice Chairman Thomas moved to authorize staff to support and oppose bills and amendments with timely feedback to the Board, with the addition to support House Bill 2157, Supplemental Appropriations; Community-Based Services, and House Bill 2551, Children's Insurance Program; Redetermination; and oppose Senate Bill 1021, Health Care Liens; Limitations, House Bill 2043, Employer Liability; COVID-19 Vaccine Requirement, and House Bill 2453, Governmental Entities; Mask Requirements; Prohibitions; and oppose any other anti-vaccination, anti-mask bills and amendments; and oppose any bills to end the current state of emergency. Director Dewane seconded.

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

Mr. Fronske addressed the federal issues. He noted staff was working with the congressional delegation and hospital associations on key COVID-19 issues. Those issues included increased funding for essential hospitals, targeting the remaining provider relief funds to safety net providers, and avoiding premature discontinuation of financial relief for communities that the providers relied on. Staff would also continue to pursue funding specifically for Valleywise Health and review other options for financial relief.

Mr. Purves commented that over the past year, the American Hospital Association (AHA) was developing criteria to define what would be known as a Metropolitan Anchor Hospital. The criteria were similar to a safety net hospital, however, nuances within the current criteria were identified and corrected. The association would search for sponsors to introduce the legislation and he would report any progress moving forward.

9. Review and Possible Action on the Following Reports to the Board of Directors:
- a. Monthly Marketing and Communications Report (November and December 2021)
 - b. Monthly Care Reimagined Capital Purchases Report (November and December 2021)
 - c. Monthly Valleywise Health Employee Turnover Report (November 2021)
 - d. Quality Management Council Meeting Minutes (November 2021)
 - e. Quarterly Employee Engagement Survey Action Plans
 - f. Quarterly Valleywise Community Health Centers Governing Council Membership Structure Report
 - g. Fiscal Year 2021 Non-Privileged Patient Care Competency Report

Director Harden addressed item 9.c., the Monthly Valleywise Health Employee Turnover Report, and asked if nurses were exiting the organization only to return to the organization as a traveler and receive a higher rate of pay.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – January 26, 2022**

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

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

Dr. White said while some employees may have exited the organization to join a traveling agency, it was rare for a former employee to return to the organization as a traveler. There were occasional occurrences, however, it was not a trend.

Ms. Nanchal addressed item 9.a., the Monthly Marketing and Communications Report for December 2021, and highlighted Valleywise Health's share of voice from earned media as 30% for the month. That was significant, as the organization had less than four percent of the market share.

8. Annual Compliance Training and Conflict of Interest Education

Mr. Slaughter provided an overview of the Board's role in the oversight of the compliance program at Valleywise Health. To properly oversee the compliance program, the Board had to understand the healthcare environment, key regulations, changes in the healthcare market, and the various nuances involved. A risk assessment was required to identify issues to address and mitigate those concerns through a process of support from the Board, management oversight, and various committees. The risk assessment also monitored the organization's compliance with regulations required from numerous regulatory agencies.

He outlined the top risk changes for Valleywise Health in 2022, including pandemic impact such as burnout, employee vacancies, and process changes. A new regulation, the No Surprise Act, protected people covered under group or individual health plans from receiving surprise medical bills when treated by an out-of-network provider or facility.

A key element to an effective compliance program was the Board acting in good faith and ensuring that an adequate corporate information and reporting system was in place. He provided an overview of the main business units within Valleywise Health, along with the major payers and sources of revenue. There were internal processes in place to monitor each department as it related to the overall performance of the organization. Included in the Valleywise Health model were the Federally Qualified Health Center (FQHC) Clinics, which were governed by the Valleywise Community Health Centers Governing Council through the Co-Applicant Operational Agreement between Maricopa County Special Health Care District and the Valleywise Community Health Centers Governing Council.

The Enterprise Risk Management was a process to identify risk, prioritize and score risks, and respond to risk by implementing action plans. Mr. Slaughter outlined the internal controls used, a system-based preventative control, which consisted of strong information technology (IT) security.

He outlined the elements of an effective compliance program and highlighted how Valleywise Health addressed each element, including reviewing the Code of Conduct and Ethics on an annual basis, as well as policies and procedures throughout the organization. He highlighted the continued effort to achieve nearly 100% of employees, medical residents, physicians, and contract medical providers completion of the necessary compliance training.

He provided an overview of other compliance regulations and key issues, such as Conflict of Interest, Anti-Kickback Statute, Stark Law, False Claims Act and the Health Information Portability and Accountability Act (HIPAA).

Mr. Slaughter explained the Emergency Medical Treatment and Active Labor Act (EMTALA) and named the Valleywise Health facilities that were emergency department or dedicated emergency departments. All of which were affected by EMTALA. All patients that present to a dedicated emergency department needed to be logged, screened, and stabilized to comply with EMTALA regulations.

He reviewed the Deficit Reduction Act and noted Valleywise Health was deemed 100% compliant through an audit conducted in 2021.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – January 26, 2022**

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

8. Annual Compliance Training and Conflict of Interest Education, cont.

Mr. Slaughter concluded that Valleywise Health proactively mitigated risks by implementing an effective compliance program, conducting risk assessments, having internal audits, reviewing policies and procedures, designating a compliance officer, privacy officer and information security officer, implementing corrective actions, communication well and expecting the best for the employees.

Chairman Wilcox asked if there were potential risks that could impact the organization.

Mr. Slaughter noted the high turnover rate could affect the organization; however, all new employees were provided comprehensive compliance training so they could do their jobs appropriately.

Director Harden appreciated the continued effort to achieve nearly 100% of employees complete the required compliance training. She referred to the Code of Conduct and Ethics and asked if there was zero tolerance for sexual harassment and bullying within the organization.

Mr. Slaughter stated that all employees were required to act appropriately and professionally. Expectations were included in the Code of Conduct and Ethics and employees received continuous training on the subject matter.

Mr. Purves added that inappropriate behavior within the organization would not be tolerated.

Vice Chairman Thomas asked if the Government Accountability Office (GAO) was involved in compliance regulation.

Mr. Purves said that the organization primarily interacted with the Office of Inspector General, however, the GAO's involvement could center on the review of business practices or other reporting issues.

Chairman Wilcox referenced the importance of cybersecurity and asked if Valleywise Health reviewed cybersecurity capabilities for all third-party vendors with access to the organization's databases.

Mr. Slaughter reviewed the process of interacting with third-party vendors, including the need for a business association agreement, the requirement for specific cybersecurity levels outlined in contracts, and a detailed security assessment. There was also an independent audit of their general and specific application controls. He noted the he contracts outlined the communication expectations, should a breach occur.

10. Concluding Items

a. Old Business:

June 23, 2021

Reports to the Board – Monthly Employee Turnover Report

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

November 23, 2021

Infection Control Quality Metrics Dashboard

- Provide number of colon surgeries performed in September 2021

Financial and Statistical Information

- Separate the statistic for pediatric patients transferred from Valleywise Emergency Department-Maryvale to Valleywise Health Medical Center operating room

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – January 26, 2022**

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

10. Concluding Items, cont.

a. Old Business, cont.:

November 23, 2021, cont.

Employee Turnover Rates and Retention Efforts

- Provide a report on the results of actions taken to reduce turnover/increase retention
- Feedback on the pilot 'PTO cash-out' program and budget ramifications
- Report on employee satisfaction related to return-to-work efforts

Board Member Requests for Future Agenda Items or Reports

- Discussion on the current statistics related to the COVID-19 pandemic, including the outcome of the vaccination mandate implemented in 2021

b. Board Member Requests for Future Agenda Items or Reports

c. Comments

i. Chairman and Member Closing Comment

ii. President and Chief Executive Officer Summary of Current Events

Ms. Christiansen referred to a question asked during agenda item 6 discussion, the Valleywise Health Pilot Paid Time Off Cash-Out Program. There were 867 employees eligible to participate in the program. Of those, 320 employees had over 240 hours in their PTO bank, and 547 employees had less than 240 hours.

Ms. Agnew stated that 23% of all eligible employees participated in the program.

Chairman Wilcox asked if all eligible employees were notified of the program opportunity.

Ms. Christiansen explained that through the communication plan, all employees received information on how to participate, regardless of eligibility status.

Ms. Talbot reviewed old business, noted the items that were addressed, and reiterated outstanding items.

Vice Chairman Thomas shared his experience of attending the Clinic of the Year ceremony at Valleywise Community Health Center-North Phoenix. He commented that the inclusion of the community room was an outstanding component of the new facilities.

Mr. Purves stated that the opening of Valleywise Community Health Center-Mesa was featured on a local news outlet and encouraged the Board to view the segment at their leisure.

Ms. Agnew expressed her appreciation to the employees within IT, human resources, and finance departments for their dedication during the recent Kronos outage. Their hard work ensured that all Valleywise Health employees were paid as accurately as possible during the outage.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – January 26, 2022**

Adjourn

MOTION: Vice Chairman Thomas moved to adjourn the January 26, 2022 Maricopa County Special Health Care District Board of Directors Formal Meeting. Director Harden seconded.

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

Meeting adjourned at 3:48 p.m.

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



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

February 23, 2022

Item 1.b.i.

**Contracts
90-12-084-1-55**



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

DATE: February 7, 2022

TO: Maricopa County Special Health Care District Board of Directors

cc: Steve Purves, President and Chief Executive Officer
 Martin Demos, Sr. VP & General Counsel
 Dr. Michael White, Executive Vice President and Chief Clinical Officer
 Melanie Talbot, Chief Governance Officer

FROM: Claire Agnew, Executive Vice President and Chief Financial Officer

SUBJECT: District Medical Group Contract - Amendment #55

A request for approval of Amendment #55 to the contract between District Medical Group (DMG) and Valleywise Health has been included in the February 23, 2022 Formal Meeting Consent Agenda. This amendment will be effective February 1, 2022, unless otherwise noted. The following requests are segregated by those that have or do not have a financial impact.

Amendment #55 Requests with a Financial Impact

- **Add 1.18 FTE Family Medicine Hospitalist, Effective February 1, 2022**
 Valleywise Health is requesting to add a 1.18 FTE Family Medicine Hospitalist.

Designated Dept. / Service Line	FY2022 Physician and Mid-Level Staffing Fees	FY2022 Estimated Gross Professional Fee Collections	Billing Fee	FY2022 Net Staffing Fees
Family Medicine	\$177,217	\$61,667	\$5,550	\$121,100

Family Medicine	FTE	Rate	Total	FY22 Total
	1.18	\$360,441	\$425,320	\$177,217

The total added cost to Fiscal Year 2022 for the addition of the above FTE is \$177,217 in staffing fees. The additional gross professional fee collections are estimated to be \$61,667 and the billing fee is estimated to be \$5,550.

- **Reduce Managed Care Medical Director from 0.2 FTE to 0.1 FTE, Effective February 1, 2022**

Valleywise Health is requesting to reduce the Managed Care Medical Director from 0.2 FTE to 0.1 FTE.

	FTE	Rate	Total	FY22 Total
Managed Care Medical Director	(0.10)	\$320,057	(\$32,006)	(\$13,336)

The total cost savings to Fiscal Year 2022 from reducing the Managed Care Medical Director position to a 0.1 FTE is \$13,336.

- **Add 0.1 FTE Internal Medicine FQHC Medical Director, Effective February 1, 2022**

Valleywise Health is requesting to add a 0.1 FTE Internal Medicine FQHC Medical Director.

	FTE	Rate	Total	FY22 Total
IM FQHC Medical Director	0.10	\$320,057	\$32,006	\$13,336

The total added cost to Fiscal Year 2022 from adding Internal Medicine FQHC Medical Director is \$13,336.

Amendment #55 Requests without a Financial Impact

The following item has no impact to the cost of the DMG contract with Valleywise Health and consists of corrections or modifications to the language of the contract:

- **Add a footnote allowing contractor to invoice up to a maximum of 1.6 FTE for OB/GYN MFM physician services either through direct employment or by use of independent contractors, effective January 1, 2021.**

The total Fiscal Year 2022 financial impact of Amendment #55 to the Valleywise Health-DMG Contract is: \$121,100.

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Wednesday, February 9, 2022 12:31 PM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment#55 to the Professional Medical Services District Medical Group (DMG)

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Amendment#55 to the Professional Medical Services District Medical Group (DMG)
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject Information button below.

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
V3.Board Narrative VH-DMG Agreement-Amendment 55-Feb 2022.pdf		File	 V3.Board Narrative VH-DMG Agreement-Amendment 55-Feb 2022.pdf

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title Amendment#55 to the Professional Medical Services
Contract Identifier Board - Amendment
Contract Number 90-12-084-1-55
Primary Responsible Party Melton, Christopher C.
Departments
Product/Service Description Amendment#55 to the Professional Medical Services
Action/Background A request for approval of Amendment #55 to the contract between District Medical Group (DMG) and Valleywise Health has been included in the February 23, 2022 Formal Meeting Consent Agenda. This amendment will be effective February 1, 2022, unless otherwise noted. The following requests are segregated by those that have or do not have a financial impact.

Amendment #55 Requests with a Financial Impact

- Add 1.18 FTE Family Medicine Hospitalist, Effective February 1, 2022
Valleywise Health is requesting to add a 1.18 FTE Family Medicine Hospitalist.

The total added cost to Fiscal Year 2022 for the addition of the above FTE is \$177,217 in staffing fees. The additional gross professional fee collections are estimated to be \$61,667 and the billing fee is estimated to be \$5,550.

- Reduce Managed Care Medical Director from 0.2 FTE to 0.1 FTE, Effective February 1, 2022
Valleywise Health is requesting to reduce the Managed Care Medical Director from 0.2 FTE to 0.1 FTE.

The total cost savings to Fiscal Year 2022 from reducing the Managed Care Medical Director position to a 0.1 FTE is \$13,336.

- Add 0.1 FTE Internal Medicine FOHC Medical Director, Effective February 1, 2022
Valleywise Health is requesting to add a 0.1 FTE Internal Medicine FOHC Medical Director.

The total added cost to Fiscal Year 2022 from adding Internal Medicine FOHC Medical Director is \$13,336.

Amendment #55 Requests without a Financial Impact

The following item has no impact to the cost of the DMG contract with Valleywise Health and consists of corrections or modifications to the language of the contract:

- Add a footnote allowing contractor to invoice up to a maximum of 1.6 FTE for OB/GYN MFM physician services either through direct employment or by use of independent contractors, effective January 1, 2021.

The total Fiscal Year 2022 financial impact of Amendment #55 to the Valleywise Health-DMG Contract is: \$121,100.

This Amendment#55 is sponsored by Claire Agnew, Executive Vice President and Chief Financial Officer.

Evaluation Process The requesting department has determined that the Contractor is performing satisfactorily and is meeting the goals and objectives of the organization.

Category

Effective Date 2/1/2022

Term End Date

Annual Value \$121,100.00

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor District Medical Group (DMG)

Responses

Member Name	Status	Comments
-------------	--------	----------

Melton, Christopher C.	Approved	
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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**

February 23, 2022

Item 1.b.ii.

**Contracts
90-17-077-1-02**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Friday, February 11, 2022 2:05 PM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment #2 - Update to Valleywise Health and Extend the Term Sentry Data Systems, Inc.

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Message Information

From [Pardo, Laela](#)

To [Talbot, Melanie](#);





Subject Contract Approval Request: Amendment #2 - Update to Valleywise Health and Extend the Term Sentry Data Systems, Inc.

Additional Indicate whether you approve or reject by clicking the Approve or Reject Information button below.

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
90-17-077-1-02 (unsigned).pdf		File	 90-17-077-1-02 (unsigned).pdf
OIG Sentry 2022.pdf		File	 OIG Sentry 2022.pdf
SAM Sentry 2022.pdf		File	 SAM Sentry 2022.pdf
Sentry invoice summary (1-10-21--1-9-22).pdf		File	 sentry invoice summary)1-10-21--1-9-22).pdf

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title Amendment #2 - Update to Valleywise Health and Extend the Term
Contract Identifier Board - Amendment
Contract Number 90-17-077-1-02
Primary Responsible Party Pardo, Laela N.
Departments PHARMACY - HOSPITAL
Product/Service Description Amendment #2 - Update to Valleywise Health and Extend the Term
Action/Background Approve Amendment #2 to the Technology Services Agreement between Sentry Data Systems, Inc. ("Sentry") and Maricopa County Special Health

Care District dba Valleywise Health to update our name and to extend the term of the agreement. This Amendment #2 updates our dba from Maricopa Integrated Health System to Valleywise Health. Additionally, the term is being extended for one (1) year from January 10, 2022 to January 9, 2023, for an aggregate term of January 10, 2017 to January 9, 2023. Thereafter, the Term will automatically renew for successive one (1) year periods, unless either party provides a written notice of non-renewal at least ninety (90) days prior to the end of the current term. All other terms and conditions remain the same and in full effect. There is no increase in costs and the anticipated annual expense is \$53,931.67 that has been budgeted for operational expenditures by the Pharmacy department. This amendment is sponsored by Jo-el Detzel, VP Clinical Ancillary Services.

Evaluation Process The Contractor was determined to meet the requirements of the requesting department and Valleywise Health. This contract was extended pursuant to HS-106(C) of the Procurement Code in that a primary consideration was taken into account where it has been documented to be advantageous to the District to extend the aggregate contract term beyond five (5) years in that a change from the current Contractor providing the services under this contract would cause a disruption to the Pharmacy department.

Category Other

Effective Date 1/9/2022

Term End Date 1/9/2023

Annual Value \$53,931.67

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Sentry Data Systems, Inc.

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	
Sogard, Anna V.	Approved	Reviewed and approve.
Detzel, Jo-El M.	Approved	
Harris, Ijana M.	Approved	
White, Michael	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Approved	
Summers, Kelly R.	Approved	
Talbot, Melanie L.	Current	



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

February 23, 2022

Item 1.b.iii.

**Contracts
90-17-189-1-01**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Wednesday, February 9, 2022 12:30 PM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment #1 Contract Extension Southwest Center for HIV/AIDS

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Message Information

From [Purves, Steve](#)

To [Talbot, Melanie](#);








Subject Contract Approval Request: Amendment #1 Contract Extension Southwest Center for HIV/AIDS

Additional Indicate whether you approve or reject by clicking the Approve or Reject Information button below.

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
SW HIV Sub-Operating For Dental Clinic Space 90-17-189-1 (1).pdf		File	 SW HIV Sub-Operating For Dental Clinic Space 90-17-189-1 (1).pdf
OIG-Southwest Center for HIV-Aids.pdf		File	 OIG-Southwest Center for HIV-Aids.pdf
SAM-Southwest Center for HIV-Aids.pdf		File	 SAM-Southwest Center for HIV-Aids.pdf
RFBA -90-17-189-1-01 Amendment #1 Extend Agreement SW HIV-Sub-Operating for Dental Clinic Space.pdf		File	 RFBA -90-17-189-1-01 Amendment 1 Extend Agreement SW HIV-Sub-Operating for Dental Clinic Space.pdf
1-21-22 Email Approval of Amendment #1 Language.pdf		File	 1-21-22 Email Approval of Amendment 1 Language.pdf
90-17-189-1-01 Recurring Invoice-McDowell Clinic 2022-2027..pdf		File	 90-17-189-1-01 Recurring Invoice-McDowell Clinic 2022-2027..pdf
Amendment #1 Unsigned		File	 90-17-189-1-01Amendment 1-Extension..pdf

Contract Information

Division Contracts Division

Folder Amendments

Status Pending Approval

Title Amendment #1 Contract Extension

Contract Identifier Board - Amendment

Contract Number 90-17-189-1-01

Primary Responsible Party Hammer, Mary P.

Departments HOSPITAL ADMINISTRATION

Product/Service Description Amendment #1 Contract Extension

Action/Background Approve Amendment #1 to the contract between Southwest Center for HIV/AIDS and Maricopa County Special Health Care District dba Valleywise Health; Southwest Center for HIV/AIDS provides space for the Valleywise Health Dental Clinic and Storage.
 Amendment #1 extends the contract for five (5) years, from July 1, 2022, to June 30, 2027, for an aggregate term of July 1, 2017, to June 30, 2027. The annual cost will increase from \$42,148.00 to \$45,930.00; an annual increase of \$3,782.00 and has been budgeted for operation expenditures. All other terms and conditions remain the same and in full effect.

This Amendment #1 is sponsored by Warren Whitney, Sr. VP Government Relations

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

Category

Effective Date

Term End Date 6/30/2027

Annual Value \$45,930.00

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Southwest Center for HIV/AIDS

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	Reviewed and approve
Harris, Ijana M.	Approved	
White, Michael	Approved	
Agnew, Claire F.	Approved	
Whitney, Warren W.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	
Winovich, Bob J.	Approved	Approved. Thank you.
Harding, Barbara J.	Approved	



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

February 23, 2022

Item 1.b.iv.

**Contracts
90-16-044-10**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Wednesday, February 9, 2022 12:29 PM
To: Melanie Talbot
Subject: Contract Approval Request: New Maryvale Pyxis Stations (Replacement and Upgrade) Carefusion Solutions, LLC

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Message Information

From [Purves, Steve](#)

To [Talbot, Melanie](#);







Subject Contract Approval Request: New Maryvale Pyxis Stations (Replacement and Upgrade) Carefusion Solutions, LLC

Additional Indicate whether you approve or reject by clicking the Approve or Reject Information button below.

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
Customer Order #1000215632 (unsigned).pdf		File	 Customer Order 1000215632 (unsigned).pdf
Customer Order #1000212813 (unsigned).pdf		File	 Customer Order 1000212813 (unsigned).pdf
TAP for CO#1000212813 (unsigned).pdf		File	 TAP for CO1000212813 (unsigned).pdf
OIG Carefusion 2022.pdf		File	 OIG Carefusion 2022.pdf
SAM Carefusion 2022.pdf		File	 SAM Carefusion 2022.pdf
Carefusion Master Agreement.pdf		File	 Carefusion Master Agreement.pdf

Contract Information

Division Contracts Division

Folder Contracts \ Leases - Equipment

Status Pending Approval

Title New Maryvale Pyxis Stations (Replacement and Upgrade)

Contract Identifier Board - New Contract

Contract Number 90-16-044-10

Primary Responsible Party Pardo, Laela N.

Departments OFFICE OF THE CIO,PHARMACY - HOSPITAL

Product/Service Description New Maryvale Pyxis Stations (Replacement and Upgrade)

Action/Background Approve new Customer Orders between Carefusion Solutions, LLC and Maricopa County Special Health Care District dba Valleywise Health for the new Pyxis stations that will go in the Maryvale campus. These Customer Orders will replace and upgrade the current equipment at the Maryvale location. In order for Carefusion to lock in their resources for the project, Customer Orders need to be executed now. Term is sixty (60) months - estimated to begin October 1, 2022. The anticipated annual expense is \$333,084.00 (a savings of \$13,836.72 from current Maryvale annual cost), and is budgeted for operational expenditures by the Pharmacy (rental) and IT (support) departments. This agreement is sponsored by Jo-el Detzel, VP Clinical Ancillary Services.

Evaluation Process The Contractor was determined to meet the requirements of the requesting department and Valleywise Health. Procurement has been satisfied pursuant to HS-102(B)(3) of the Procurement Code in that any agreements with professional association memberships and medical research projects are exempt from the solicitation requirements of the Procurement Code.

Category GPO

Effective Date

Term End Date

Annual Value \$333,084.00

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Carefusion Solutions, LLC

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	
Wynn, Diane J.	Approved	
Sogard, Anna V.	Approved	Reviewed and approve.
Detzel, Jo-El M.	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**

February 23, 2022

Item 1.b.v.

**Contracts
90-22-167-1**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Wednesday, February 9, 2022 12:29 PM
To: Melanie Talbot
Subject: Contract Approval Request: IGA Grant: Emergency Relief Project Grant - Ryan White Part A Maricopa County by and through the Ryan White Program

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.



Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: IGA Grant: Emergency Relief Project Grant - Ryan White Part A Maricopa County by and through the Ryan White Program
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject Information button below.

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
RFBA		File	 RFBA.pdf
IGA Agreement - Pending BOARD signature (February 2022)		File	 Maricopa Ryan White Part A - Valleywise Health IGA Renewal 22-25.pdf

Contract Information

Division Contracts Division
Folder Contracts \ Grants
Status Pending Approval
Title IGA Grant: Emergency Relief Project Grant - Ryan White Part A
Contract Identifier Board - New Contract
Contract Number 90-22-167-1
Primary Responsible Party Tymczynna, Katherine
Departments Grants - Ryan White Part A Primary
Product/Service Description IGA Grant: Emergency Relief Project Grant
Action/Background Approve a new Agreement between Maricopa County by and through the Ryan White Program and Maricopa County Special Health Care District dba Valleywise Health for an Emergency Relief Project Grant.

The Agreement is funded by the Health Resources Services Administration (HRSA), HIV/AIDS Bureau (HAB) Metropolitan Services Division, Ryan White Care Act Title 1 Program CFDA number 93.914-HIV Emergency Relief Projects Grants. Part A of the Ryan White HIV/AIDS Treatment Modernization Act of 2009, Ryan White HIV/AIDS Program provides emergency assistance to Eligible Metropolitan Areas (EMAs) and (TGAs) Transitional Grant Areas that are most severely affected by the HIV/AIDS epidemic. The Maricopa County Ryan White Part A Program is the single agency charged with the responsibility of administrating the Health Resources and Services Administration HIV/AIDS Bureau, Division of Service Systems, Ryan White Treatment Modernization Act of 2006, CFDA Number 93.914 - HIV Emergency Relief Projects Grant for the Phoenix Metropolitan Area located in Maricopa and Pinal Counties. Formula and supplemental funding components of the grant assist the Phoenix EMA in developing or enhancing access to a comprehensive continuum of high quality, community-based care for low-income individuals and families with HIV/AIDS. A comprehensive continuum of care includes primary medical care, HIV-related medications, mental health treatment, substance abuse treatment, oral health and case management services that assist PLWHA (People Living with HIV/AIDS) in accessing treatment. The term of this agreement is effective from March 1, 2022 through February 28, 2025 providing \$2,000,000.00 annually. This contract is grant-funded with all expenses covered by the grant, and an indirect cost of 10% on all direct expenses budgeted.

Subject to availability of funds and acceptable Subrecipient performance, the Subrecipient hereby acknowledges and agrees that the Department shall have the right to extend this Agreement for additional periods, not to exceed a total term of five (5) years, except that the cost will be subject to renegotiation. Maricopa County may terminate the Contract for convenience by providing sixty (60) calendar days advance notice to the Subrecipient.

This grant agreement is sponsored by Dr. Michael White, EVP and Chief Clinical Officer.

Evaluation Process The Contractor was determined to meet the requirements of the requesting department and Valleywise Health. Procurement has been satisfied pursuant to HS-102B(2) of the Procurement Code in that any Valleywise Health compliance with the terms and conditions of a grant, gift or bequest is exempt from the solicitation requirements of the Procurement Code.

Category IGA

Effective Date 3/1/2022

Term End Date 2/28/2025

Annual Value \$2,000,000.00

Expense/Revenue Revenue

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Maricopa County by and through the Ryan White Program

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	
Joiner, Jennifer L.	Approved	
Landas, Lito S.	Approved	

Harding, Barbara J.
White, Michael
Harris, Ijana M.
Agnew, Claire F.
Purves, Steve A.
Talbot, Melanie L.

Approved
Approved
Approved
Approved
Approved
Current



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

February 23, 2022

Item 1.c.i.

Governance

**Revised Chief Executive Officer Goals
for Fiscal Year 2022**

Valleywise Health CEO FY22 Performance Goals

		9/30/2021	12/31/2021	3/31/2022	6/30/2022
1 - FINANCIAL (Weighted distribution: 30%; 20% 1A, 5% each 1B, 1C)					
Objective 1A: Achieve FY22 budgeted EBIDA (Earnings Before Interest, Depreciation, and Amortization) with inclusion of the Board approved budget variances. Metric 1A: FY22 budgeted EBIDA. <i>FY21 results: \$34,719,902* (Minimum set at FY22 budget. Midpoint, Maximum each \$500,000 better. Achievement measured at June 30.) * Preliminary until audit completed</i>					
		Quarterly Budget			
		Quarterly Results			
	Minimum	\$4,455,885			
	Midpoint	\$4,955,885			
	Maximum	\$5,455,885			
Objective 1B: Completion of Valleywise Community Health Centers (West Maryvale and Mesa) on time and on budget. Metric 1B: Completion within the current scheduled timeframe (Nov 2021 for West Maryvale and Jan 2022 for Mesa) and a combined budget of \$34.2M. <i>FY21 results: N/A (Targets set at Achieved and Not Achieved. Achievement measured at June 30.)</i>					
	Achieved				
	Not Achieved				
Objective 1C: Grow Valleywise Comprehensive Health Center—Peoria surgical services. Metric 1C: The number surgical procedures, including endoscopy. <i>FY21 results: 214 (Minimum set at FY22 budget. Midpoint, Maximum each 5% better. Achievement measured at June 30.)</i>					
		Quarterly Budget			
		Quarterly Results			
	Minimum	1,014			
	Midpoint	1,065			
	Maximum	1,115			
2 - SERVICE (Weighted distribution: 15%; 7.5% each 2A, 2B)					
Objective 2A: Increase the percentage of patients responding favorably to HCAHPS hospital satisfaction question regarding overall rating. Metric 2A: Overall rating score for HCAHPS "Using any number from 0-10, what number would you use to rate this hospital during your stay?" <i>FY21 results: 71.2% (Minimum set at 2% improvement. Midpoint, Maximum each 1% better. Achievement measured at YTD June 30.)</i>					
		Results			
	Minimum	72.6%			
	Midpoint	73.3%			
	Maximum	74%			
Objective 2B: Increase the net promoter score for primary care in Federally Qualified Health Centers. Metric 2B: Overall recommendation of facility using any number from 0 - 10, reported through the Real Time Survey <i>FY21 results: Benchmark 77%N/A (Minimum set at 271.1%improvement. Midpoint, Maximum each 1% better. Achievement measured at YTD June 30.)</i>					
		Results			
	Minimum	78.5% 71.1%			
	Midpoint	79.3% 71.8%			
	Maximum	80.1% 72.5%			

Valleywise Health
CEO FY22 Performance Goals

		9/30/2021	12/31/2021	3/31/2022	6/30/2022
3 - GROWTH (Weighted distribution: 10%; 5% each 3A, 3B)					
Objective 3A: Achieve the number of ambulatory outpatient visits budgeted for FY22 including behavioral health and dental visits. Metric 3A: The number of actual outpatient visits at the ambulatory outpatient clinics. <i>FY21 results: 431,247 (Minimum set at FY22 budget. Midpoint 1% better; Maximum 2% better. Achievement measured at June 30.)</i>					
		Quarterly Budget			
		Quarterly Results			
	Minimum	451,742			
	Midpoint	456,259			
	Maximum	460,777			
Objective 3B: Grow the Integrated Behavioral Health program. Metric 3B: The number of patient encounters completed within the Integrated Behavioral Health program <i>FY 21 results 13,276 (Minimum set at budget. Midpoint, Maximum each 1% better. Achievement measured at June 30.)</i>					
		Quarterly Budget			
		Quarterly Results			
	Minimum	14,810			
	Midpoint	14,958			
	Maximum	15,106			
4 - PEOPLE (Weighted distribution: 15%; 5% each 4A, 4B and 4C)					
Objective 4A: Improve employee engagement. Metric 4A: Perceptyx results on the employee engagement score for highly engaged employees. <i>FY21 results: 84% (Minimum set at FY21 results. Midpoint, Maximum each 0.5% better. Achievement measured at June 30.)</i>					
	Minimum	84%			
	Midpoint	84.4%			
	Maximum	84.8%			
Objective 4B: Increase employee safety. Metric 4B: Total number of cases with a light duty or days off work designation. <i>FY21 results: 35 VHMC cases (Minimum set at FY 21 results. Midpoint, Maximum each 1 person reduction. Achievement measured at June 30.)</i>					
	Minimum	35			
	Midpoint	34			
	Maximum	33			
Objective 4C: Drive organization diversity and cultural competency through the health care system. Metric 4C: Increase in overall favorability on the employee engagement survey in the diversity and inclusion category. <i>FY21 results: 75.5% (Minimum set at FY 21 results. Midpoint, Maximum each 0.5% better. Achievement measured at June 30.)</i>					
	Minimum	75.5%			
	Midpoint	75.9%			
	Maximum	76.2%			

**Valleywise Health
CEO FY22 Performance Goals**

			9/30/2021	12/31/2021	3/31/2022	6/30/2022
5 - QUALITY (Weighted distribution: 30%; 7.5% each 5A, 5B and 15% 5C)						
Objective 5A: Decrease the number of hospital-onset MRSA Bacteremia, as reported to CDC and National Healthcare Safety Network. Metric 5A: The Standardize Infection Rate (SIR) of hospital-onset MRSA bacteremia. <i>FY21 results: 2.294 (Minimum set at FY21 results. Midpoint, Maximum each 1.5% better. Achievement measured at YTD June 30.)</i>						
		Semiannual Results				
	Minimum	2.294				
	Midpoint	2.264				
	Maximum	2.234				
Objective 5B: Increase the percentage of women 51 - 74 years of age who receive a mammogram for breast cancer. Metric 5B: Percentage of qualifying women who had a mammogram. <i>FY 21 results: 55.67% (Minimum set at improvement. Midpoint, Maximum each 1% better. Achievement measured at YTD June 30.)</i>						
	Minimum	56.2%				
	Midpoint	56.8%				
	Maximum	57.4%				
Objective 5C: Increase the percentage of employees and providers receiving the COVID-19 vaccine. Metric 5C: Percent of Valleywise Health employees and DMG medical providers that will be vaccinated for COVID-19 or have completed required declination for a medical exemption or a sincerely held religious belief. <i>FY21 results: 62% (Minimum set at FY 21 results. Midpoint 21% better, Maximum 31% better. Achievement measured at June 30December 31.)</i>						
	Minimum	62%				
	Midpoint	75%				
	Maximum	98%				



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

February 23, 2022

Item 1.c.ii.

Governance

Change in Scope - Valleywise Community
Health Center-South Phoenix/Laveen



Office of the Senior Vice President & CEO FQHC Clinics
2601 East Roosevelt Street • Phoenix • AZ • 85008

Date: February 23, 2022

To: Maricopa County Special Health Care District Board of Directors

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

Subj: Change in Scope (CIS): Removal of Clinic Hours at Valleywise
Community Health Center – South Phoenix/Laveen

Last August, the Maricopa County Special Health Care District Board of Directors (Board) approved a change in scope request to be filed with Health Resources and Services Administration to add Saturday hours at Valleywise Community Health Center – South Phoenix/Laveen. However, due to difficulties with increasing staffing capacity, I have been unable to implement this change. Therefore, I am requesting that the Board approve a change in scope request to remove the Saturday hours at Valleywise Community Health Center – South Phoenix/Laveen.

The Valleywise Community Health Centers Governing Council (Governing Council) approved this CIS at their February 2, 2022 meeting. Per the Co-Applicant Operational Arrangement between the Board and the Governing Council, changes in scope for the FQHC clinics are subject to approval by the Board.



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

February 23, 2022

Item 1.c.iii.

Governance

**Revisions to Section XII of the Approval,
Authority & Responsibility Matrix - Redline**

Approval, Authorization and Responsibility Matrix
ADOPTED 06/28/2017 REVISED 10/24/2018

XII. PROPOSITION 480 PROJECTS	Board of Directors			MANAGEMENT	
Issue/Transaction	<div style="display: flex; justify-content: space-between; padding: 5px;"> <div style="width: 15%; transform: rotate(-45deg); background-color: yellow; border: 1px solid black;">Special Health Care District Board of Directors (Notice means via email from the CEO)</div> <div style="width: 15%; transform: rotate(-45deg); background-color: lightgrey; border: 1px solid black;">CEO with Concurrent Notice to Board</div> <div style="width: 15%; transform: rotate(-45deg); background-color: lightgrey; border: 1px solid black;">CFO with Concurrent Notice to Board</div> <div style="width: 15%; transform: rotate(-45deg); background-color: lightgrey; border: 1px solid black;">Prop 480 IPMO Project Executives with Written Approval by CEO and Telephonic and E-mail Notice to Board within 24 Hours of Taking Action</div> <div style="width: 15%; transform: rotate(-45deg); background-color: lightgrey; border: 1px solid black;">Prop 480 Project Executives with Telephonic and E-mail Notice to Board within 24 Hours of Taking Action</div> </div>				
A. Program Planning and Development					
1. Business Plans for All Projects	X				
2. Tactical Plan	X				
3. Program, Procurement and Contracting Process	X				
B. Financial Planning, Budgeting and Oversight					
1. Financial Planning and Budgeting Calendar	X				
2. Oversight Financial Planning Activities	Notice	Notice	X		
3. Strategic Financial Plan	X				
4. Annual Budget	X				
5. External Auditor	X				
6. Internal Audit Plans	X				
C. Contracts, Procurement, and Group Purchasing Organization Contracts (GPO)					
<u>1. Any new contracts and any amendments to previously approved contracts equal to and under \$99,999 in annual aggregate amount</u>				X	
1. Contracts, GPO Contracts and Guaranteed Maximum Price (GMP) Amendments to Previously Approved Contracts When the Total Contract Price Remains Under \$500,000 <u>2. Any new contracts and any amendments to previously approved contracts \$100,000 - \$499,999 in annual aggregate amount</u>	Notice	X			
2. Guaranteed Maximum Price (GMP) Amendments to Previously Approved Contracts When the Total Contract Price Is Over \$500,000	X				
3. Any new contracts Over \$500,000 <u>Any new contracts and any amendments to previously approved contracts equal to and over \$500,000 in annual aggregate amount</u>	X				
Regarding items 1, 2, and 3 above the IPMO Project Executive may approve expenditures under \$100,000 contingent on the task being approved was within the budget the Board consented to for the project. The Board will be notified of these expenditures on a monthly basis.					

Approval, Authorization and Responsibility Matrix
ADOPTED 06/28/2017 REVISED **10/24/2018**

XII. PROPOSITION 480 PROJECTS	Board of Directors			MANAGEMENT	
Issue/Transaction	<div style="display: flex; justify-content: space-between; padding: 5px;"> <div style="width: 20%; transform: rotate(-45deg); background-color: yellow;">Special Health Care District Board of Directors (<u>Notice means via email from the CGO</u>)</div> <div style="width: 20%; transform: rotate(-45deg); background-color: lightgrey;">CEO with Concurrent Notice to Board</div> <div style="width: 20%; transform: rotate(-45deg); background-color: lightgrey;">CFO with Concurrent Notice to Board</div> <div style="width: 20%; transform: rotate(-45deg); background-color: lightgrey;">Prop 480 IPMO Project Executives with Written Approval by CEO and Telephonic and E-mail Notice to Board within 24 Hours of Taking Action</div> <div style="width: 20%; transform: rotate(-45deg); background-color: lightgrey;">Prop 480 Project Executives with Telephonic and E-mail Notice to Board within 24 Hours of Taking Action</div> </div>				
4. Procurement Card: Purchases of Goods and Services with a Valleywise Health Procurement Card and in Preapproved Amounts as Determined by the P-Card Holder's Manager and the C.F.O. in Accordance with the Procurement Card Policy <u>IPMO Project Executive</u>	Notice			Refer to current Procurement Card Policy & Procedure for Authority Limits <u>X Plus monthly report to Board via Care Reimagined Capital Purchases Report</u>	Plus Quarterly Reports to the Board
5. If a contract/equipment procurement requires Board approval, however, a delay in waiting for the next a regularly scheduled Board meeting would negatively impact the project's schedule or a discount would not be realized, the <u>IPMO Project Executive will notify the Board Procurement Oversight Representatives who can preliminarily direct the IPMO Project Executive to</u> would be authorized to direct the Project Executive to execute the contract/equipment procurement up to \$3 million, <u>subject to Board ratification at</u> . This contract/change order would be brought to the next regularly scheduled Board meeting for ratification by the Board. The Board would recommend two Board members to serve as the Board Procurement Oversight Representatives.	Notice to Board <u>Procurement Oversight Representatives</u>			<u>X Will text the BPOR separately and include CGO</u>	
D. Emergency Change Orders and Authorizations					
1. Emergency Change Orders and Authorizations Under \$500,000	Notice				X
2. Emergency Change Orders and Authorizations Over \$500,000 But Under \$1,000,000	Notice			X	
3. Emergency Change Orders and Authorizations Over \$1,000,000	X				
"Emergency" is as any occurrence which halts or severely adversely impacts ongoing construction of a Project and therefore requires an immediate decision					
E. Non-Emergency Change Orders and JOC Work Orders					
1. Subject to ¶ E. 4 Below, Non-Emergency Change Orders and JOC Work Orders Under \$250,000	Notice				X
2. Subject to ¶ E.4 below, Non-Emergency Change Orders and JOC Work Orders Over \$250,000, But Under \$500,000	Notice			X	
3. Non-Emergency Change Orders and JOC Work Orders Over \$500,000	X				

Approval, Authorization and Responsibility Matrix
ADOPTED 06/28/2017 REVISED 10/24/2018

XII. PROPOSITION 480 PROJECTS	Board of Directors			MANAGEMENT	
Issue/Transaction	<div style="display: flex; justify-content: space-between; padding: 5px;"> <div style="width: 15%; transform: rotate(-45deg); font-size: small; color: red;">Special Health Care District Board of Directors (Notice means via email from the CEO)</div> <div style="width: 15%; transform: rotate(-45deg); font-size: small; color: red;">CEO with Concurrent Notice to Board</div> <div style="width: 15%; transform: rotate(-45deg); font-size: small; color: red;">CFO with Concurrent Notice to Board</div> <div style="width: 15%; transform: rotate(-45deg); font-size: small; color: red;">Prop 480 IPMO Project Executives with Written Approval by CEO and Telephonic and E-mail Notice to Board within 24 Hours of Taking Action</div> <div style="width: 15%; transform: rotate(-45deg); font-size: small; color: red;">Prop 480 Project Executives with Telephonic and E-mail Notice to Board within 24 Hours of Taking Action</div> </div>				
4. Cumulative Change Orders and JOC Work Orders on any Project: (i) Exceeding 5% of the Project Cost or \$5,000,000, whichever is Less; or (ii) That Create a Significant Change In Project Scope Beyond Prior Approval by the Board	X				
F. D. Risk Management					
1. Settlements of Proposition 480 Related Lawsuits Not Covered related claims and lawsuits not covered by the District's Self Insurance Plan equal to and under \$99,999 Under \$100,000	Notice	X			
2. Settlements of Proposition 480 Related Lawsuits Not Covered related claims and lawsuits not covered by the District's Self Insurance Plan equal to and over Over \$100,000	X				
3. Approval of Valleywise Health Insurance Coverages, Self-Insurance Policy Retention Amounts, and Related Premiums	X				
G. E. Excess/Surplus Materials					
1. Sale, Trade-in, and/or Disposal of Excess/Surplus Materials equal to and under \$499,999 Under \$500,000	Notice	X		X	
2. Sale, Trade-in, and/or Disposal of Excess/Surplus Materials equal to and over Over \$500,000	X				



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

February 23, 2022

Item 1.c.iii.

Governance

**Revisions to Section XII of the Approval,
Authority & Responsibility Matrix - Clean**

Approval, Authorization and Responsibility Matrix
ADOPTED 06/28/2017 REVISED 10/24/2018

XII. PROPOSITION 480 PROJECTS	Board of Directors	MANAGEMENT		
Issue/Transaction	Special Health Care District Board of Directors (Notice means via email from the CGO)	Chief Executive Officer	Chief Financial Officer	IPMO Project Executive
A. Program Planning and Development				
1. Business Plans for All Projects	X			
2. Tactical Plan	X			
3. Program, Procurement and Contracting Process	X			
B. Financial Planning, Budgeting and Oversight				
1. Financial Planning and Budgeting Calendar	X			
2. Oversight Financial Planning Activities	Notice	Notice	X	
3. Strategic Financial Plan	X			
4. Annual Budget	X			
5. External Auditor	X			
6. Internal Audit Plans	X			
C. Contracts				
1. Any new contracts and any amendments to previously approved contracts equal to and under \$99,999 in annual aggregate amount				X
2. Any new contracts and any amendments to previously approved contracts \$100,000 - \$499,999 in annual aggregate amount	Notice	X		
3. Any new contracts and any amendments to previously approved contracts equal to and over \$500,000 in annual aggregate amount	X			
4. Procurement Card: Purchases of Goods and Services with a Valleywise Health Procurement Card and in Preapproved Amounts as Determined by the IPMO Project Executive				X Plus monthly report to Board via Care Reimagined Capital Purchases Report

Approval, Authorization and Responsibility Matrix
ADOPTED 06/28/2017 REVISED 10/24/2018

XII. PROPOSITION 480 PROJECTS	Board of Directors	MANAGEMENT		
Issue/Transaction	Special Health Care District Board of Directors (Notice means via email from the CGO)	Chief Executive Officer	Chief Financial Officer	IPMO Project Executive
5. If a contract/equipment procurement requires Board approval, however, a delay in waiting for the next regularly scheduled Board meeting would negatively impact the project's schedule or a discount would not be realized, the IPMO Project Executive will notify the Board Procurement Oversight Representatives who can preliminarily direct the IPMO Project Executive to execute the contract/equipment procurement up to \$3 million, subject to Board ratification at the next regularly scheduled Board meeting. The Board would recommend two Board members to serve as the Board Procurement Oversight Representatives.				<p align="center">X Will text the BPOR separately and include CGO</p>
D. Risk Management				
1. Settlements of Proposition 480 related claims and lawsuits not covered by the District's Self Insurance Plan equal to and under \$99,999	Notice	X		
2. Settlements of Proposition 480 related claims and lawsuits not covered by the District's Self Insurance Plan equal to and over \$100,000	X			
3. Approval of Valleywise Health Insurance Coverages, Self-Insurance Policy Retention Amounts, and Related Premiums	X			
E. Excess/Surplus Materials				
1. Sale, Trade-in, and/or Disposal of Excess/Surplus Materials equal to and under \$499,999	Notice			X
2. Sale, Trade-in, and/or Disposal of Excess/Surplus Materials equal to and over \$500,000	X			



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

February 23, 2022

Item 1.c.iv.

Governance
Quitclaim Deed

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Monday, February 7, 2022 3:19 PM
To: Melanie Talbot
Subject: Contract Approval Request: Quitclaim Deed with the City of Mesa re Assessor Parcel No. 138-65-006C City of Mesa

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.


Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Quitclaim Deed with the City of Mesa re Assessor Parcel No. 138-65-006C City of Mesa
Additional Indicate whether you approve or reject by clicking the Approve or Reject Information button below.

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
QC Deed VH to City of Mesa draft 012722.pdf		File	 QC Deed VH to City of Mesa draft 012722.pdf

Contract Information

Division Contracts Division
Folder Contracts \ Leases - Property
Status Pending Approval
Title Quitclaim Deed with the City of Mesa re Assessor Parcel No. 138-65-006C
Contract Identifier Board - New Contract
Contract Number 90-22-170-1
Primary Responsible Party Melton, Christopher C.
Departments HOSPITAL ADMINISTRATION
Product/Service Description Quitclaim Deed with the City of Mesa re Assessor Parcel No. 138-65-006C
Action/Background Approve a new Quit Claim Deed with Maricopa County.

The purpose of this Deed is to quitclaim to Maricopa County all right, title and interest in the certain real property and improvement situated in Maricopa County and described as follows:

PARCEL NO. 1:
The West 97 feet of Lot 3, Block 35, MESA, according to Book 3 of Maps,
Page 18, records of Maricopa County, Arizona,

EXCEPT the North 30 feet thereof; and also
EXCEPT the West 29.3 feet of the South 100 feet thereof.

PARCEL NO. 2:
Lot 4, Block 35, MESA, according to Book 3 of Maps, Page 11, records of
Maricopa County, Arizona,

EXCEPT the North 30 feet and;
EXCEPT the West 80 feet of the South 100 feet and;
EXCEPT the East 50 feet of the West 130 feet of the South 165 feet and
EXCEPT the East 35.7 feet of the South 100 feet.

A purported Plat for City of Mesa was recorded in Book 23 of Maps, Page 18,
records of Maricopa County, Arizona

This new Quitclaim Deed is sponsored by Warren Whitney, SVP Government
Relations.

Evaluation Process

Category

Effective Date

Term End Date

Annual Value \$10.00

Expense/Revenue Revenue

Budgeted Travel Type

Procurement Number

Primary Vendor City of Mesa

Responses

Member Name	Status	Comments
Melton, Christopher C.	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

February 23, 2022

Item 1.c.v.

Governance

Notice of Federal Interest for Valleywise
Community Health Center-Avondale



Office of the Senior Vice President & CEO FQHC Clinics
2601 East Roosevelt Street • Phoenix • AZ • 85008

Date: February 23, 2022

To: Maricopa County Special Health Care District Board of Directors

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

Subj: Health Resources and Services Administration (HRSA) American
Rescue Plan Health Center Construction and Capital
Improvements (C8E) – Notice of Federal Interest for Avondale

Last June, the Maricopa County Special Health Care District Board of Directors (Board) approved a grant application to HRSA for Construction and Capital Improvements (C8E) funding in the amount of \$1.46 million for Federally Qualified Health Center (FQHC) Clinics. Part of the grant would be used for infrastructure and plumbing at Valleywise Community Health Center-Avondale. Since the project costs are greater than \$500,000, HRSA is requesting a Notice of Federal Interest (NFI).

A NFI is a lien attached to the property and exists in perpetuity unless the property is no longer needed for the purpose of delivering health care services.

The NFI would require that the District obtain prior approval from HRSA for new mortgages, if it were to sell the facility, or to lease the facility to an entity that does not provide healthcare. The NFI is subordinate to all pre-existing mortgages, pre-existing loans, and obligations recorded against the property.

The NFI is allowable under the District's enabling legislation and is consistent with the District's goals and objectives.



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

February 23, 2022

Item 1.c.vi.

No Handout

Governance
Request for Consent



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

February 23, 2022

Item 1.d.i.

**Medical Staff
Medical Staff Appointments for
February 2022**

Recommended by Credentials Committee: February 1, 2022
 Recommended by Medical Executive Committee: February 8, 2022
 Submitted to MSHCDB: February 23, 2022

PVALLEYWISE 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
Hany S. Ashamalla, M.D.	Active	Psychiatry	03/01/2022 to 02/29/2024	
Collette Rochelle Harris, M.D.	Courtesy	Family & Community Medicine	03/01/2022 to 02/29/2024	
Michele D. Lee, M.D.	Courtesy	Surgery / Ophthalmology	03/01/2022 to 02/29/2024	
Evan B. Taber, M.D.	Active	Obstetrics & Gynecology	03/01/2022 to 02/29/2024	
Danlu Wang, D.O.	Active	Internal Medicine / Gastroenterology	03/01/2022 to 02/29/2024	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	SPECIALTY/PRIVILEGES	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Weihua Chen, M.D.	Psychiatry	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Adolescent, Adult, Geriatric Psychiatry Core Privileges.
William John Corey Steinbrecher, M.D.	Emergency Medicine	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Procedural Sedation Privileges.
Kateland Cobleigh Ham Townley, M.D.	Emergency Medicine	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Emergency Medicine Cognitive and Procedural Core Privileges.

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Maria-Jesus Bailon, M.D., Ph.D.	Active	Psychiatry	03/01/2022 to 02/29/2024	
Mary J. Connell, M.D.	Active	Radiology	03/01/2022 to 02/29/2024	
Katharine C. Dahl, M.D.	Courtesy	Internal Medicine (Nephrology)	03/01/2022 to 02/29/2024	
Michelle Lee Embling, M.D.	Courtesy	Pediatrics (Emergency Medicine)	03/01/2022 to 02/29/2024	
Angela S. Filler, M.D.	Active	Pediatrics	03/01/2022 to 02/29/2024	
Patricia A. Graham, M.D.	Active	Obstetrics / Gynecology	03/01/2022 to 02/29/2024	

Recommended by Credentials Committee: February 1, 2022
 Recommended by Medical Executive Committee: February 8, 2022
 Submitted to MSHCDB: February 23, 2022

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
Arpana Jain, M.D.	Active	Surgery (Burn)	03/01/2022 to 02/29/2024	
Mary Kirkilas, D.O.	Courtesy	Pediatrics (Emergency Medicine)	03/01/2022 to 02/29/2024	
Felicitas Koster, D.O.	Active	Psychiatry	03/01/2022 to 02/29/2024	
Edgardo R. Laurel, M.D.	Courtesy	Internal Medicine (Nephrology)	03/01/2022 to 02/29/2024	
Marc R. Matthews, M.D.	Active	Surgery (Burn)	03/01/2022 to 02/29/2024	
Andrew L. Papez, M.D.	Courtesy	Pediatrics (Cardiology)	03/01/2022 to 02/29/2024	
Rashmi Phanindra Rao, M.D.	Courtesy	Pediatrics (Cardiology)	03/01/2022 to 02/29/2024	
John C. Porter, M.D.	Active	Surgery (Physical Medicine & Rehabilitation)	03/01/2022 to 02/29/2024	
Valentin Zaharia, M.D.	Courtesy	Internal Medicine (Nephrology)	03/01/2022 to 02/29/2024	
Steven Ilan Zell, M.D.	Courtesy	Radiology	03/01/2022 to 02/29/2024	

RECREDEntIALING BY PROXY				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	ORGANIZATION
Sanjay Kumar Jain, M.D.	Courtesy	Radiology (Teleradiology)	03/01/2022 to 02/29/2024	Rapid Radiology Inc.

CHANGE IN PRIVILEGES			
NAME	DEPARTMENT/SPECIALTY	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Marie Elizabeth Oberst, D.O.	Family & Community Medicine	<u>Addition:</u> In-Patient Core Adult Cognitive & Adult Procedural Privileges	FPPE: a retrospective review of five (5) procedures/cases
Atsuko Koyama, M.D.	Pediatrics (Emergency Medicine)	<u>Addition:</u> Point-of-Care Pediatric Emergency Ultrasound Privileges	FPPE: Retrospective review of ten (10) cases
Mika Iwano, M.D.	Pediatrics (Emergency Medicine)	<u>Addition:</u> Point-of-Care Pediatric Emergency Ultrasound Privileges	FPPE: Retrospective review of ten (10) cases
Charles Edwin Runyan, M.D.	Radiology	<u>Addition:</u> PET/CT Interpretation	FPPE: Retrospective review of the first two (2) cases
Zola N. Trotter, M.D.	Pediatrics (Emergency Medicine)	<u>Addition:</u> Point-of-Care Pediatric Emergency Ultrasound Privileges	FPPE: Retrospective review of ten (10) cases

Recommended by Credentials Committee: February 1, 2022
 Recommended by Medical Executive Committee: February 8, 2022
 Submitted to MSHCDB: February 23, 2022

STAFF STATUS CHANGE			
NAME	DEPARTMENT	CHANGE FROM/TO	COMMENTS
Steven H. Miller, M.D.	Surgery (Hand)	Courtesy to Medical Leave of Absence	Medical leave of absence effective March 1, 2022 (Current Reappointment: October 1, 2021 – September 30, 2023)

WAIVER REQUEST			
NAME	SPECIALTY/PRIVILEGES	CATEGORY	COMMENTS
Mary Kirkilas, D.O.	Pediatrics (Emergency Medicine)	Courtesy	The Medical Executive Committee and Credentials Committee concurs with the Chair of Pediatrics recommendation of the physician's request for a waiver from Medical Staff Credentials Policy 2.A.1. (k). The Chair of the Pediatrics' proposed action plan to include retrospective review of cases and concurrent review of cases by Medical Director of Pediatrics Emergency Medicine is supported by the Medical Executive Committee and Credentials Committee.

RESIGNATIONS			
<i>Information Only</i>			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Michelle Beth Cederburg, M.D.	Anesthesiology	Active to Inactive	Resigned effective December 31, 2021
Anne Margaret Floyd, M.D.	Surgery (Ophthalmology)	Courtesy to Inactive	Resigned effective February 1, 2022
Brenner Lewis Freeman, M.D.	Psychiatry	Active to Inactive	Resigned effective December 31, 2021
Tong Li, M.D.	Anesthesiology	Courtesy to Inactive	Resigned effective February 28, 2022
Renuka B. Nigam, M.D.	Pediatrics	Active to Inactive	Resigned effective December 31, 2021
Rahul Kutur Reddy, M.D.	Surgery (Ophthalmology)	Courtesy to Inactive	Resigned effective February 28, 2022
Zhi Yuan Wu, M.D.	Psychiatry	Active to Inactive	Resigned effective December 31, 2021

CORRECTION TO THE JANUARY 26, 2022 VALLEYWISE HEALTH CARE DISTRICT BOARD MEETING			
NAME	SPECIALTY/PRIVILEGES	CATEGORY	COMMENTS
Peter J. Stevenson, M.D.	Pediatrics / Neonatal-Perinatal Medicine	Courtesy to Withdrawn	Provider submitted withdrawal of application after submission deadline for the Valleywise Health Care District Board Meeting

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**

February 23, 2022

Item 1.d.ii.

Medical Staff

**Allied Health Professional Staff
Appointments for February 2022**

**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
Almedina Hajric, P.A.-C.	Family & Community Medicine	Practice Prerogatives on file	03/01/2022 to 02/29/2024	
Jessica K. Fries, C.C.P.	Surgery	Practice Prerogatives on file	03/01/2022 to 02/29/2024	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION

NAME	DEPARTMENT/SPECIALTY	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Sara Joyce Edmund, P.M.H.N.P.	Psychiatry	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Nurse Practitioner Psychiatric/Mental Health Core Privileges.
Brittney Kathleen Whitney, W.H.N.P.	Obstetrics / Gynecology	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Subdermal Contraceptive Capsule Privileges.

ALLIED HEALTH PROFESSIONALS – REAPPOINTMENTS

NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Sara Marie Brown, C.R.N.A.	Anesthesiology	Practice Prerogatives on file	03/01/2022 to 02/29/2024	
Wendy Anne Byers, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	03/01/2022 to 02/29/2024	
Laura Dietrich-Lake, F.N.P.	Internal Medicine	Practice Prerogatives on file	03/01/2022 to 02/29/2024	
Tracey Lee Gillispie, N.N.P.	Pediatrics	Practice Prerogatives on file	03/01/2022 to 02/29/2024	
Eva Hernandez, L.C.S.W.	Psychiatry	Practice Prerogatives on file	03/01/2022 to 02/29/2024	
LouAnne Jones, F.N.P.	Surgery (Burn)	Practice Prerogatives on file	03/01/2022 to 02/29/2024	
Ruth A. Lewis, C.R.N.A.	Anesthesiology	Practice Prerogatives on file	03/01/2022 to 02/29/2024	
Lynn Rene Meadows, P.A.-C.	Family & Community Medicine	Practice Prerogatives on file	03/01/2022 to 02/29/2024	
Udaini Narasimhan, C.R.N.A.	Anesthesiology	Practice Prerogatives on file	03/01/2022 to 02/29/2024	
Lizabeth A. Starkey, P.A.-C	Surgery	Practice Prerogatives on file	03/01/2022 to 02/29/2024	
Chelsa Ranae Wamsley, C.R.N.A.	Anesthesiology	Practice Prerogatives on file	03/01/2022 to 02/29/2024	
Brittney Kathleen Whitney, W.H.N.P.	Obstetrics / Gynecology	Practice Prerogatives on file	03/01/2022 to 02/29/2024	

Recommended by Credentials Committee: February 1, 2022
 Recommended by Medical Executive Committee: February 8, 2022
 Submitted to MSHCDB: February 23, 2022

CHANGE IN PRIVILEGES			
NAME	DEPARTMENT	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Alexis Elizabeth Sotis, P.A.-C	Family & Community Medicine	<u>Addition</u> : Therapeutic Procedures including Arthrocentesis/Joint Aspiration and Injection of joints, tendons, bursa or trigger points.	FPPE: Ongoing review of competency and performance conducted by supervising physician(s).; First three (3) cases will be under Personal Supervision.

RESIGNATIONS (Information Only)			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Mandi L. Filla, A.G.N.P.	Internal Medicine	Allied Health Professional to Inactive	Resigned effective December 15, 2021
Helen Grace Jorski, P.A.-C	Surgery (Burn)	Allied Health Professional to Inactive	Resigned effective January 23, 2022
Anita Woodard Martinez, C.N.M.	Obstetrics / Gynecology	Allied Health Professional to Inactive	Resigned effective January 2, 2022
Lisa M. Sandre, Au.D.	Surgery	Allied Health Professional to Inactive	No longer contracted with contracting agency effective January 14, 2022
Adriana Vulic, F.N.P.	Family & Community Medicine	Allied Health Professional to Inactive	Resigned effective December 31, 2021

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
- (2) Direct Supervision
- (3) Personal 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.
 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.
 A physician must be in the room during the performance of the procedure.



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

February 23, 2022

Item 1.d.iii.

**Medical Staff
Revisions to Policy 39018 S: Medical
Staff Professionalism**



FEBRUARY 2022

SUMMARY OF PROPOSED REVISIONS

VALLEYWISE HEALTH MEDICAL STAFF PROFESSIONALISM POLICY (#39018 S)

Policy:

Section 3. General Guidelines/Principles

- **3.A. (1)** Language added to better clarify the notification workflow involving medical staff/advanced practice clinicians/allied health professionals.

- **3.A. (2)** Language added to better define the HR role when their involvement is requested and to clarify that any and all information collected by HR is not documented/maintained in employment files or other files maintained by HR as this information falls under Arizona's peer review statute, with due care taken to ensure that confidential peer review information is maintained in a peer review protected file at Valleywise Health (i.e., Medical Staff Services)..

Section 4. Reporting of Unprofessional Conduct

- **4.A.** Language added to better define the HR role and/or Valleywise Health employee role in reporting incidents involving Valleywise Health employed medical staff/advance practice clinicians/allied health professionals with reports submitted through the Midas Care Management system and forwarded to the Director of Medical Staff Services. This information will then be directed to the Chief of Staff and/or Chief Clinical Officer.

Section 8. Review of Reports of Sexual Harassment and Other Identity Based Harassment

The title of this section was expanded to include the wording "Sexual Harassment". Also, this section was expanded to include a better defined review process to address matters of sexual harassment and other identity based harassment that will be referred to the Medical Staff Behavioral Peer Review Committee. Further, progressive steps have been included ranging from Practitioner's Letter of Admonition/Warning, Performance Improvement Plan to referral to the Medical Executive Committee.

Updates made throughout the document to change CMO to CCO and Maricopa Integrated Health System to Valleywise Health.

VALLEYWISE HEALTH

MEDICAL STAFF

PROFESSIONALISM POLICY

APPROVED
October 2019 DRAFT FEBRUARY 2022

VALLEYWISE HEALTH
MEDICAL STAFF PROFESSIONALISM POLICY

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VALLEYWISE HEALTH

MEDICAL STAFF PROFESSIONALISM POLICY

1. POLICY STATEMENT

- 1.A ***Scope of Policy.*** This Policy applies to all practitioners who provide patient care services at Valleywise Health. For purposes of this Policy, a “practitioner” is defined as a Medical Staff member or an Allied Health Professional who has been granted clinical privileges to practice in Valleywise Health.

All efforts undertaken pursuant to this Policy are part of Valleywise Health’s performance improvement and professional practice evaluation/peer review activities. The process outlined in this Policy is applicable to all practitioners and is not intended to be a precursor to any disciplinary action, but rather is designed to address incidents of unprofessional conduct through collegial and educational efforts.

- 1.B ***Expectations for Professional Conduct/Culture of Safety.*** Communication, collegiality, and collaboration are essential for the provision of safe and competent patient care. As such, all practitioners must treat others with respect, courtesy, and dignity and conduct themselves in a professional and cooperative manner.

In dealing with incidents of unprofessional conduct, the following are paramount concerns:

- (1) the protection of patients, employees, practitioners, and others, as well as the orderly operation of the Medical Staff and Valleywise Health;
- (2) assisting practitioners in resolving conduct issues in a constructive, educational, and successful manner; and
- (3) complying with the law and providing an environment free from harassment and other forms of discrimination.

- 1.C ***Policy Objectives.***

- (1) This Policy outlines progressive steps, beginning with collegial and educational efforts, which can be used by Medical Staff and Valleywise Health Leaders to address conduct that does not meet expected standards. The goal of these efforts is to arrive at voluntary, responsive actions by the practitioner to resolve the concerns that have been raised in a constructive manner, and thus avoid the necessity of proceeding through the disciplinary process outlined in the Credentials Policy.

- (2) This Policy is not intended to interfere with a practitioner’s ability to express, in a professional manner and in an appropriate forum:
- (a) opinions on any topic that are contrary to opinions held by other practitioners, Medical Staff Leaders, or Valleywise Health personnel;
 - (b) disagreement with any Medical Staff or Valleywise Health Bylaws, policies, procedures, proposals, or decisions; or
 - (c) constructive criticism of the care provided by any practitioner, nurse, or other Valleywise Health personnel.

2. EXAMPLES OF UNPROFESSIONAL CONDUCT

To aid in both the education of practitioners and the enforcement of this Policy, examples of “unprofessional conduct” include, but are not limited to:

- threatening or abusive language or actions directed at patients, visitors, nurses, students, volunteers, other Valleywise Health personnel, or practitioners (e.g., belittling, berating, and/or non-constructive criticism that intimidates, undermines confidence, or implies stupidity or incompetence);
- degrading, demeaning, or condescending comments or actions regarding patients, families, nurses, physicians, Valleywise Health personnel, or Valleywise Health;
- reluctance to answer questions, return phone calls or pages, irresponsive to patient needs, condescending language or voice intonation, impatience with questions, answering with silence;
- profanity or similarly offensive language while in Valleywise Health and/or while speaking with patients, families, nurses, or other Valleywise Health personnel;
- retaliating or threatening retaliation against any individual who may report a quality and/or behavior concern about a practitioner (this includes approaching and directly discussing the matter with the individual who reported the concern);
- fail to demonstrate compassion, integrity, and respect for others, or sensitivity and responsiveness to a diverse population;
- inappropriate physical contact with another individual or other aggressive behavior that is threatening or intimidating;
- throwing an object of any kind, including but not limited to, any medical/surgical instrument or supply;

- derogatory comments about the quality of care being provided by Valleywise Health, another practitioner, or any other individual outside of appropriate Medical Staff or Valleywise Health administrative channels;
- inappropriate medical record entries impugning the quality of care being provided by Valleywise Health, other practitioners, or any other individual;
- inappropriate medical record entries criticizing Valleywise Health policies or processes, or accreditation and regulatory requirements;
- imposing idiosyncratic requirements on Valleywise Health staff that have little impact on improved patient care but serve only to burden Valleywise Health employees with “special” techniques and procedures;
- altering or falsifying any medical record entry or hospital document (including, but not limited to, incorrectly dating or timing an entry or document to give the impression it was completed prior to when it was actually completed);
- disregard of patient privacy and autonomy through inappropriate access, use, disclosure, or release of confidential patient information;
- audio, video, or digital recording that is not consented to by others present, including patients and other members of the health care team;
- use of social media in a manner that involves unprofessional conduct as defined in this Policy or other Medical Staff or Valleywise Health policies;
- refusal or failure to abide by Medical Staff requirements as delineated in this Policy, the Medical Staff Bylaws, Credentials Policy, Rules and Regulations, or other Medical Staff policies (including, but not limited to, emergency call issues, response times, medical recordkeeping, patient consents, other patient care responsibilities, failure to participate on assigned committees, and an unwillingness to work cooperatively and harmoniously with other members of the Medical Staff and Valleywise Health employees); and/or
- engaging in identity-based harassment as described in Section 8 of this Policy.

3. GENERAL GUIDELINES/PRINCIPLES

3.A *Valleywise Health Conduct.*

(1) Issues of employee conduct will be addressed in accordance with Valleywise Health’s Human Resources Policies. Issues of conduct by practitioners will be addressed in accordance with this Policy with all reports and supporting documentation forwarded to the CCO and Chief of Staff for review in accordance with Section 5 of this Policy. If the matter

involves an employed practitioner, Valleywise Health Administration, in consultation with appropriate Medical Staff Leaders and legal counsel, will determine which, of any, applicable policies will be applied.

(2) When requested, representatives of Valleywise Health’s Human Resources play an integral part in the review process outlined within this Policy. However, given the privileged status of the information that is generated pursuant to this Policy under Arizona’s peer review statute, due care must be taken to ensure that confidential peer review information is maintained only in a peer review-protected file at Valleywise, and that it is *not* documented or maintained in employment or other files maintained by Human Resources.

3.B ***Coordination with Other Policies.*** Every effort will be made to coordinate the actions contemplated in this Policy with the provisions of the Credentials Policy. In the event of any apparent or actual conflict between this Policy and the Credentials Policy, the provisions of this Policy shall control.

3.C ***Immediate Referrals to the Medical Executive Committee.*** This Policy outlines collegial and progressive steps (e.g., counseling, warnings, and meetings with a practitioner; behavior modification education) that can be taken to address concerns about unprofessional conduct by practitioners. However, a single incident of unprofessional conduct or a pattern of unprofessional conduct may be so unacceptable or egregious that more significant action is required. Therefore, nothing in this Policy precludes an immediate referral of a matter being addressed through this Policy to the MEC or the elimination of any particular step in the Policy.

3.D ***No Legal Counsel or Recordings During Collegial Meetings.***

In order to promote the collegial and educational objectives of this Policy, all discussions and meetings with a practitioner whose conduct is at issue shall involve only the practitioner and the appropriate Medical Staff or Valleywise Health Leaders (unless the Medical Staff or Valleywise Health Leaders determine otherwise in a particular situation). Any such meetings and discussions shall be conducted as part of the Valleywise Health Medical Staff professional practice evaluation/peer review process. No counsel for either the practitioner or the Medical Staff or Valleywise Health shall attend any of these meetings, and no recording (audio or video) shall be permitted or made. Smart phones, iPads, and similar devices must be left outside the meeting room or verified to be powered off.

3.E ***Education Regarding Appropriate Professional Behavior.*** The Medical Staff and Valleywise Health Leaders shall provide education to all practitioners regarding appropriate professional behavior, make employees and other personnel

in Valleywise Health aware of this Policy, and shall encourage the prompt reporting of inappropriate conduct.

- 3.F ***Supervising Physicians and Allied Health Professionals.*** A physician who is a primary supervising or collaborating physician may be kept apprised of any concerns that are reviewed pursuant to this Policy. Without limiting the foregoing, the supervising or collaborating physician may be copied on all correspondence that an Allied Health Professional is sent under this Policy and may be invited to participate in any meetings or interventions. The supervising or collaborating physician shall maintain in a confidential manner all information related to reviews under this Policy.

4. REPORTING OF UNPROFESSIONAL CONDUCT

- 4.A ***Reports of Unprofessional Conduct.*** Nurses and other Valleywise Health employees who observe, or are subjected to, unprofessional conduct by a practitioner shall report the incident in a timely manner [to the Valleywise Health Human Resources Department](#). All such reports shall be [submitted through the Midas Care Management system](#) and forwarded to the Director of Medical Staff Services to be logged into a practitioner's confidential file.

Any practitioner who observes such behavior by another practitioner shall complete a report [through the Midas Care Management system](#), or in writing to the Director of Medical Staff Services, [CMO Chief Clinical Officer \("CCO"\)](#), or Chief of Staff.

All reports and supporting documentation shall then be forwarded to the [CMO CCO](#) and Chief of Staff for review in accordance with Section 5 of this Policy.

- 4.B ***Follow-up with Individual Who Filed Report.*** The [CMO-CCO](#) (or his or her designee) shall follow up with the individual who made the report by:
- informing him/her by telephone or confidential e-mail that the matter is being reviewed in accordance with this Policy and that the Medical Staff and Valleywise Health Leaders may need further information from him/her;
 - thanking him/her for reporting the matter and participating in Valleywise Health's culture of safety and quality care;
 - informing him/her that while every effort will be made to protect his/her identity, the specifics of the reported concern will be discussed with the Practitioner;

- informing him/her that if the Practitioner draws conclusions about the identity of the reporter, those conclusions will not be confirmed, and that no retaliation is permitted against an individual who raises a concern so he/she should report any incidents of retaliation or other abusive or unprofessional conduct; and
- informing him/her that, due to legal confidentiality requirements, no further information can be provided regarding the outcome of the review, but they can be assured a thorough review will be conducted.

A letter or email that can be used for this purpose is attached as **Appendix A**. As an alternative to sending a letter or email, the content of the letter may be used as talking points to discuss verbally with the individual who reported a concern regarding conduct.

- 4.C. ***Anonymous Reports.*** Practitioners and employees may report concerns anonymously, but all individuals are encouraged to identify themselves when making a report. This identification promotes an effective review of the concern because it permits the Medical Staff Services Support Staff to contact the reporter for additional information, if necessary.
- 4.D. ***Unsubstantiated Reports or False Reports.*** If a report cannot be substantiated, or is determined to be without merit, the matter shall be closed as requiring no further review. False reports will be grounds for disciplinary action. False reports by Practitioners will be referred to the [CMO-CCO](#) and Chief of Staff. False reports by Hospital employees will be referred to human resources.

5. REVIEW PROCEDURES

- 5.A ***Initial Review.*** The [CMO-CCO](#) and Chief of Staff shall review the report and, if necessary, may meet with the individual who prepared it and/or any witnesses to the incident to ascertain additional details of the incident. The [CMO-CCO](#) and Chief of Staff may also request that the Valleywise Health Human Resources Department [and/or BPRC](#) conduct additional fact-finding and report the findings. If the [CMO-CCO](#) and Chief of Staff are not in agreement on how to handle the matter, the issue will be referred to the Leadership Council for triage.
- 5.B ***Determination and/or Intervention.*** If the [CMO-CCO](#) and Chief of Staff determine that an incident of unprofessional conduct has likely occurred, they have several options, including, but not limited to, the following:
- for minor, first-time incidents, direct the report to the relevant Department Chair for review and informal counseling. The nature and outcome of any counseling sessions shall be reported back to Medical Staff Services and documented in the practitioner's confidential credential file;

- notify the practitioner that a report has been received and invite the practitioner to provide a written response or to meet with the [EMO-CCO](#) and/or Chief of Staff to provide his/her perspective;
- send the practitioner a letter of guidance or counsel about the incident;
- meet with the practitioner to counsel and educate the individual about the concerns and the necessity to modify the behavior in question;
- educate the practitioner about administrative channels that are available for registering concerns about quality or services, if the practitioner's conduct suggests that such concerns led to the behavior. Other sources of support may also be identified for the practitioner, as appropriate; and/or
- refer the matter to the Behavioral Peer Review Committee (BPRC) or MEC.

5.C ***Letters Placed in Practitioner's Confidential Credential File.*** Unless otherwise documented by the applicable Department Chair, the BPRC, or MEC, the [EMO-CCO](#) and Chief of Staff will prepare documentation for a practitioner's confidential credential file that is maintained in the Medical Staff Services Department regarding his/her efforts to address concerns with the practitioner. The practitioner shall be apprised of any concerns that are documented by the applicable Department Chair, the BPRC or MEC, the [EMO-CCO](#), and/or Chief of Staff and given an opportunity to respond in writing. Any such response shall then be kept in the practitioner's confidential file along with the original concern and the documentation prepared by any of the above Medical Staff Leaders.

6. REFERRAL TO THE BPRC

6.A ***BPRC's Initial Review.*** The BPRC shall review the reports of unprofessional conduct that it receives, and, if necessary, may meet with the individual or individuals who prepared them and/or any witnesses to the incidents to ascertain details of the reports. The BPRC may also request that the relevant Human Resources Department conduct additional fact-finding and report the findings.

The BPRC possesses no disciplinary authority. Only the MEC has the authority to conduct non-routine, formal investigations and to recommend restrictions of clinical privileges, as described in the Medical Staff Credentials Policy. The composition of the BPRC is set forth in the Medical Staff Organization Manual and the duties of the BPRC are described in this Policy.

6.B ***Obtaining Input from the Practitioner.***

- (1) The BPRC (or its designee) will notify the practitioner that a report has been submitted and invite the practitioner to participate in the review process and provide his/her perspective at the BPRC meeting.

- (2) The BPRC will provide the practitioner a brief summary of the concerns that have been raised in the manner set forth in this section and in the Policy on Practitioner Access to Confidential Files. In preparing such a summary, the specific identity of the individual reporting the unprofessional conduct or otherwise providing information about a matter will not be disclosed to the practitioner unless:
 - (i) the individual specifically consents to the disclosure; and
 - (ii) the BPRC determines that an exception should be made in a particular situation.

This section does not prohibit notification to a Practitioner that a concern has been raised even if the description of the concern would allow the Practitioner to guess the identity of the reporter (e.g., where the reporter and the Practitioner were the only two people present when an incident occurred). In such case, the identity of the reporter will not be disclosed or confirmed, and particular attention should be paid to reminding the Practitioner to avoid any action that could be perceived as retaliation.

- (3) The practitioner must maintain all information related to the review in a strictly confidential manner, as required by Arizona law. The practitioner may not disclose information to, or discuss it with, anyone except the following individuals without first obtaining the written permission of Valleywise Health: (i) the BPRC (or its designees), (ii) respective Department Chair, or (ii) any legal counsel who may be advising the practitioner.
- (4) The practitioner may not retaliate against anyone who they believe may have raised a concern or who may have provided information regarding a matter. This means that the practitioner may not directly discuss the matter with any such individual, nor may the practitioner engage in any other retaliatory or abusive conduct such as confronting, ostracizing, or discriminating against such individual.
- (5) The BPRC will remind the practitioner of the obligations set forth in this section as part of seeking his or her input. A cover letter similar to the one set forth in **Appendix B** shall be used for this purpose. The practitioner may also be asked to sign the “Confidentiality and Non-Retaliation Agreement” that is attached as **Appendix C** before such a letter is sent if the BPRC has particular concerns about maintaining confidentiality or ensuring a professional, non-threatening environment for the individuals involved in a specific situation.

6.C ***BPRC’s Determination and/or Intervention.*** If the BPRC determines that an incident of unprofessional conduct has likely occurred, it may take steps to address the concerns, including, but not limited to, the following:

- require the practitioner to meet with the full BPRC or a designated subgroup to discuss the concerns with the practitioner’s conduct and the need to modify the conduct;
- require the practitioner to meet with other specified individuals (including any combination of current or past Medical Staff Leaders or an outside consultant(s));
- issue a letter of warning or reprimand;
- require the practitioner to complete a behavior modification course that is acceptable to the BPRC;
- develop a Performance Improvement Plan for Conduct, as described in Section 6.D below; and/or
- refer the matter to the MEC.

The imposition of any of these actions does not entitle the practitioner to a hearing or appeal as described in the Credentials Policy, nor are any reportable to the Arizona Medical Board or to the National Practitioner Data Bank.

6.D ***Performance Improvement Plan for Conduct.*** A Performance Improvement Plan for Conduct may include, but is not limited to, one or more of the following actions or requirements. (**Appendix D** provides additional guidance regarding these and other Performance Improvement Plan options for conduct and their related implementation issues.) Performance Improvement Plans are part of the Valleywise Health’s performance improvement and professional practice evaluation/peer review process. Performance Improvement Plans are not disciplinary in nature. Because a Performance Improvement Plan is recommended by a non-disciplinary committee that has no authority to restrict privileges and is voluntarily accepted by the practitioner, the Performance Improvement Plan is not reportable to the National Practitioner Data Bank or any state licensing board.

- (1) ***Meeting with BPRC, Medical Executive Committee, or Designated Group.*** The practitioner may be required to meet with the full BPRC, Medical Executive Committee, or a designated subgroup to discuss the concerns with the practitioner’s conduct and the need to modify the conduct. The subgroup may include any combination of current or past Medical Staff Leaders, Hospital leaders, outside consultants, and/or the Board Chair or other Board members if the BPRC determines that Board member involvement is reasonably likely to impress upon the practitioner involved the seriousness of the matter and the necessity for the practitioner’s conduct to improve. A letter outlining the discussion and expectations for conduct shall be sent to the practitioner after the meeting;

- (2) ***Periodic Meetings with Medical Staff Leaders or Mentors.*** The practitioner may be required to meet periodically with one or more Medical Staff Leaders or a mentor designated by the BPRC. The purpose of these meetings is to provide input and updates on the practitioner’s performance, as well as to offer assistance and support with any challenging issues the practitioner may be encountering;
- (3) ***Review of Literature Concerning the Connection Between Behavior and Patient Safety.*** The BPRC may require the Practitioner to review selected literature concerning the established connection between behavior and patient care and safety and then provide a report to the BPRC summarizing the information reviewed and how it can be applied to the individual’s practice;
- (4) ***Letter of Warning or Reprimand.*** The BPRC may send the practitioner a letter of warning or reprimand, particularly if there have been prior incidents and a pattern may be developing;
- (5) ***Behavior Modification Course.*** The BPRC may require the practitioner to complete a behavior modification course that is acceptable to the BPRC. The practitioner shall be responsible for any costs associated with participation in a behavior modification course, unless otherwise determined by the Behavior Peer Review Committee and approved by the Medical Executive Committee. The BPRC may require that the organization or individual conducting the behavior modification course provide status reports on the program. In such cases, the practitioner will be required to sign a special release set forth in Appendix E allowing the BPRC to receive information from and provide information to the organization or individual conducting the program;
- (6) ***Personal Code of Conduct.*** The BPRC may develop a “personal” code of conduct for the practitioner, make continued appointment and clinical privileges contingent on the practitioner’s adherence to it, and outline the specific consequences of the practitioner’s failure to abide by it; and/or
- (7) ***Other.*** Elements not specifically listed above may be included in a Performance Improvement Plan. The BPRC has wide latitude to tailor Performance Improvement Plans to the specific concerns identified, always with the objective of helping the practitioner to improve his or her performance and to protect patients and staff.

If a practitioner agrees to participate in a Performance Improvement Plan developed by the BPRC, such agreement will be documented in writing. If a practitioner disagrees with the need for a Performance Improvement Plan developed by the BPRC, the practitioner is under no obligation to participate in the Performance Improvement Plan. In such case, the BPRC cannot compel the

practitioner to agree with the Performance Improvement Plan. Instead, the BPRC will refer the matter to the Medical Executive Committee for its independent review and action pursuant to the Medical Staff Credentials Policy.

- 6.E ***Practitioner's Refusal to Work with the BPRC.*** If the practitioner fails or refuses to:– (i) provide a written response to the BPRC, or (ii) meet with the BPRC or other specified individuals when requested to do so in accordance with this Policy, the practitioner's clinical privileges may be automatically relinquished until the information is provided or the meeting occurs, pursuant to the provisions in the Credentials Policy.
- 6.F ***Correspondence Placed in Practitioner's Confidential File.*** Correspondence sent to the practitioner as part of the efforts to address the practitioner's conduct shall be placed in the practitioner's confidential file. The practitioner shall be permitted to respond in writing, and the Practitioner's response shall also be kept in the practitioner's confidential file.
- 6.G ***Determination to Address Concerns through Practitioner Health Policy.*** The BPRC may determine to address the conduct concerns through the Practitioner Health Policy if it believes that there may be a legitimate, underlying health issue that is causing the concerns, and the review process outlined in the Practitioner Health Policy is more likely to resolve the concerns.
- 6.H ***Additional Reports of Unprofessional Conduct.*** If additional reports of unprofessional conduct are received concerning a practitioner, the BPRC may continue to use collegial and progressive steps outlined in this Section as long as it believes that there is still a reasonable likelihood that those efforts will resolve the concerns.
- 6.I ***Documentation.*** Any documentation created pursuant to this Policy, including but not limited to memos to file, notes of interviews, and notes of telephone conversations, shall be maintained in the practitioner's confidential file. Such documentation shall not be maintained in a Medical Staff Leader's personal computer or filing cabinet.

7. REFERRAL TO THE MEC

- 7.A ***Referral to the Medical Executive Committee.*** At any point, the ~~EMO-CCO~~ and Chief of Staff, or BPRC may refer the matter to the MEC for review and action. The MEC shall be fully apprised of the actions taken previously by the ~~EMOCCO~~, COS and/or BPRC to address the concerns. When it makes such a referral, the ~~EMOCCO~~, COS or BPRC may also suggest a recommended course of action.
- 7.B ***Medical Executive Committee Review.*** The MEC shall review the matter and take appropriate action in accordance with the Credentials Policy. These actions

include all of the Performance Improvement Options set forth in **Appendix D**, as well as short-term suspensions, long-term suspensions, and/or the revocation of appointment and clinical privileges.

- 7.C ***Recommendation That Entitles Practitioner to a Hearing.*** If the Medical Executive Committee makes a recommendation that entitles the practitioner to request a hearing under the Credentials Policy, the practitioner shall be provided with copies of all relevant reports so that he or she can prepare for the hearing, subject to a written agreement by the practitioner and his/her counsel, if any, that all documents and information shall be maintained as confidential and shall not be disclosed or used for any purpose outside of the hearing.

8. **REVIEW OF REPORTS OF SEXUAL HARASSMENT AND OTHER IDENTITY-BASED HARASSMENT**~~REVIEW OF REPORTS OF IDENTITY-BASED HARASSMENT~~

8.A ***Definition.*** Sexual and other identity-based harassment is verbal or physical conduct that: (i) is unwelcome and offensive to an individual who is subjected to it or who witnesses it; (ii) could be considered harassing from the objective standpoint of a “reasonable person”; and (iii) is covered by state or federal laws governing discrimination. Sexual harassment and other identity-based includes, but is not limited to, sexual harassment and racial, ethnic, or religious discrimination. Depending on the circumstances, any of the examples of unprofessional conduct described in Section 2 of this Policy may also qualify as sexual harassment or other identity-based. Additional examples include, but are not limited to, the following:

- (1) Verbal: innuendoes, epithets, derogatory slurs, off-color jokes, propositions, graphic commentaries, threats, and suggestive or insulting sounds;
- (2) Visual/Non-Verbal: derogatory posters, cartoons, or drawings; suggestive objects or pictures; leering; and obscene gestures;
- (3) Physical: unwanted physical contact, including touching, interference with an individual’s normal work movement, and assault;
- (4) Quid Pro Quo: suggesting that submission to an unwelcome sexual advance will lead to a positive employment action or avoid a negative employment action; and
- (5) Retaliation: retaliating or threatening retaliation as a result of an individual’s complaint regarding harassing conduct.

8.B **Review Process for Sexual Harassment and Other Identity-Based Harassment Concerns and Agreements to Voluntarily Refrain from Clinical Activities**

During Review. All reports of potential sexual harassment and other identity-based Harassment will be reviewed by the BPRC in the same manner as set forth above. In addition, while a practitioner may be asked to voluntarily refrain from exercising clinical privileges pending the review of any behavioral matter under this Policy, particular attention will be paid to whether it is necessary to utilize such a temporizing safeguard while an allegation of sexual harassment or other identity-based harassment is being reviewed.

8.C *Personal Meeting and Letter of Admonition and Warning.* Because of the unique legal implications surrounding sexual harassment and other identity-based harassment, a single confirmed incident requires the following actions:

- (1) Two or more members of the BPRC will personally meet with the Practitioner to discuss the incident.
- (2) If the Practitioner acknowledges the seriousness of the matter and agrees that there will be no repeat of such conduct, the meeting will be followed with a formal letter of admonition and warning to be placed in the practitioner's confidential file. This letter will also set forth any additional actions or conditions imposed on the practitioner's continued practice at Valleywise Health as a result of the meeting.

8.D *Performance Improvement Plan.* In addition to the letter of admonition and warning, concerns about sexual harassment and other identity-based harassment may also be addressed by a Performance Improvement Plan for conduct as described in this Policy.

8.E *Referral to Medical Executive Committee.* The matter may be immediately referred to the Medical Executive Committee if:

- (1) the practitioner refuses to acknowledge the concern, does not recognize the seriousness of it, or will not agree that there will be no repeat of such conduct;
- (2) there are confirmed reports of retaliation or further incidents of sexual harassment or other identity-based harassment, after the practitioner agreed there would be no further such conduct; or
- (3) the BPRC otherwise determines that Medical Executive Committee review is appropriate under the circumstances.

The Medical Executive Committee will conduct its review in accordance with the Credentials Policy. Such referral does not preclude other action under applicable Valleywise Health's Human Resources policies.

~~8.A **Definition.** Identity based harassment is verbal or physical conduct that: (i) is unwelcome and offensive to an individual who is subjected to it or who witnesses it; (ii) could be considered harassing from the objective standpoint of a “reasonable person”; and (iii) is covered by state or federal laws governing discrimination. Identity based harassment includes, but is not limited to, sexual harassment and racial, ethnic, or religious discrimination. Depending on the circumstances, any of the examples of unprofessional conduct described in Section 2 of this Policy may also qualify as identity based harassment. Additional examples of identity based harassment include, but are not limited to, the following:~~

- ~~(1) **Verbal:** innuendoes, epithets, derogatory slurs, off color jokes, propositions, graphic commentaries, threats, and suggestive or insulting sounds;~~
- ~~(2) **Visual/Non Verbal:** derogatory posters, cartoons, or drawings; suggestive objects or pictures; leering; and obscene gestures;~~
- ~~(3) **Physical:** unwanted physical contact, including touching, interference with an individual’s normal work movement, and assault;~~
- ~~(4) **Quid Pro Quo:** suggesting that submission to an unwelcome sexual advance will lead to a positive employment action or avoid a negative employment action; and~~
- ~~(5) **Retaliation:** retaliating or threatening retaliation as a result of an individual’s complaint regarding harassing conduct.~~

~~8.B **Review of Reports of Identity Based Harassment.**~~

- ~~(1) All reports of potential identity based harassment will be logged in with the Director of Medical Staff Services as noted in Section 4 and immediately referred to the BPRC the relevant Human Resources Department, which will conduct a comprehensive review in accordance with applicable human resources medical staff policies.~~
- ~~(2) Upon completion of its review, the relevant Human Resources Department BPRC shall forward a report to the CMO CCO and the BPRC documenting the results of its review and any actions taken. The BPRC CCO may accept the report or take further action if it believes additional steps are appropriate.~~

~~8.C **General.**~~

~~(1) Nothing in this section shall be interpreted to prohibit immediate action under the Medical Staff Bylaws or other applicable Medical Staff policies, regardless of whether an issue has been referred to the relevant Human Resources Department or the status of that referral.~~

~~(2) Nothing in this section shall be interpreted to interfere with the contractual relationship between an employed practitioner and his or her employer (i.e., Valleywise Health or District Medical Group). The practitioner's employer may terminate the employment of a practitioner pursuant to his or her employment agreement regardless of the status of a case being reviewed through the process outlined in this section.~~

~~8.D ***Reports of Retaliation or Additional Unprofessional Conduct.*** Any reports of retaliation or any further reports of identity based harassment, after the practitioner has agreed to stop the improper conduct, shall be immediately reviewed by the CMOCCO. If the review results in a finding that further improper conduct took place, the CMO CCO shall refer the matter to the MEC for a formal investigation or other steps in accordance with the Credentials Policy. Such referral shall not preclude other action under applicable Valleywise Health human resources policies.~~

Revised on:

MEC: 02/2022

Board: 02/2022

Approval/Rev: 12/2005, 08/2008, 11/2008, 01/2012 (Prior to 06/2013 known as Disposition of Disruptive Behavior Allegations), 06/2013, 04/2017, 8/2019, 10/2019, 02/2022

APPENDIX A

LETTER TO RESPOND TO INDIVIDUAL WHO REPORTS AN INCIDENT OF UNPROFESSIONAL CONDUCT*

Dear _____:

Thank you for reporting your concerns. We appreciate your participation in our efforts to promote and maintain a culture of safety and quality care at Valleywise Health.

Your concerns will be reviewed in accordance with the Medical Staff Professionalism Policy. We will contact you if we need additional information.

Because your report may involve confidential matters under Arizona law, we may not be able to inform you of the specific outcome of the review. However, please be assured that your report will be fully reviewed and appropriate steps will be taken to address the matter.

Your report will be treated with the utmost confidentiality and your identity will not be disclosed to the subject of the report. –However, you should understand that specifics related to your reported concern will be discussed with the Practitioner. While every effort will be made to protect your identity, the circumstances of your report may allow for the Practitioner to draw conclusions regarding who filed the complaint. Such conclusions will not be confirmed and, in any event, as part of our culture of safety and quality care, no retaliation is permitted against you for reporting this matter. This means that the practitioner at issue may not approach you directly to discuss this matter or engage in any abusive or unprofessional conduct directed at you. If you believe that you have been subjected to any retaliation as a result of raising these concerns, please report that immediately to me.

Once again, thank you for bringing your concerns to our attention. If you have any questions or wish to discuss this matter further, please do not hesitate to call me at-_____.

Sincerely,

Chief ~~Medical~~Clinical Officer

** As an alternative to sending a letter, the content of this letter may be used as talking points to respond verbally to the individual who reported a concern regarding conduct, and/or may be communicated in a confidential e-mail by the Medical Staff Services Department.*

APPENDIX B

**COVER LETTER TO PHYSICIAN
ENCLOSING INFORMATION ABOUT REPORTED CONCERNS**

VIA HAND DELIVERY

[Date]

[Name]

[Address]

Re: Information Related to Behavioral Concerns

Dear _____:

As you know from our conversation, concerns have been raised about your professional conduct at ~~Maricopa Integrated Health System~~ (“Valleywise Health”). When these issues arise, the Behavioral Peer Review Committee (the “BPRC”) attempts to review them fairly. We also hope to work with our colleagues to resolve them in a professional and constructive manner, and certainly in a way that avoids the risk of any disciplinary action or any reports to the Arizona Medical Board or the National Practitioner Data Bank. In order to accomplish these goals, however, your cooperation is essential. As part of the review process, the BPRC would like you to be aware of the relevant issues. Specifically, there is an allegation on DATE _____, in the LOCATION, you SHORT DESCRIPTION (i.e. raised your voice; were rude, or dismissive; etc.) with staff.

The BPRC will meeting to discuss this matter on _____ and they would appreciate you attending that meeting to provide your perspective on these issues.

Your input into these issues is essential as we attempt to achieve our goal of having a timely, fair, and constructive process. If you do not respond to this request to attend the meeting, your privileges may be deemed to be automatically relinquished as set forth in the Medical Staff Professionalism Policy.

The BPRC has an obligation to ensure that all peer review information is maintained in a confidential manner. The BPRC also has an obligation to ensure a professional, non-threatening environment for all who work and practice at Valleywise Health.

Accordingly, we remind you of the following obligations that apply to all Medical Staff members, as set forth in the Medical Staff Professionalism Policy:

- (1) You must maintain all information related to this review in a *strictly confidential* manner, as required by Arizona law. Specifically, you may not disclose this information to, or

discuss it with, anyone *except* your Department Chair, the Chair of the BPRC- (or his/her designees), or (iii) any legal counsel who may be advising you.

- (2) You may not retaliate against anyone who may have raised a concern about you or provided information regarding this matter. ***This means that you may not directly discuss this matter with any such individual, nor may you engage in any other retaliatory or abusive conduct*** such as confronting, ostracizing, or discriminating against such individual.

Please recognize that any retaliation by you, as described in the previous paragraph, is a very serious matter. Any such conduct will be grounds for immediate referral to the Medical Executive Committee for its review and disciplinary action pursuant to the Credentials Policy.

Of course, you are fully permitted to raise any question or concern that you may have regarding the care being provided by a nurse or other Valleywise Health employee, another physician, or Valleywise Health itself. However, you must use the established and confidential Medical Staff and administrative channels in order to register any such concerns.

Thank you for your attention to this matter.

Sincerely,

Chair of BPRC

APPENDIX C

CONFIDENTIALITY AND NON-RETALIATION AGREEMENT

Concerns have been raised about my professional conduct at ~~the Maricopa Integrated Health System~~ (“Valleywise Health”). As part of the review process, the Behavioral Peer Review Committee (“BPRC”) would like me to be fully aware of the concerns, as well as have the ability to provide my perspective and any response that I believe may be necessary or appropriate.

However, the BPRC also wants to take appropriate steps to maintain the confidentiality of the information under Arizona and federal law, as well as to ensure a professional, non-threatening environment for all who work and practice at Valleywise Health. Accordingly, I agree to the following:

1. I will maintain all the information that I review in a *strictly confidential* manner. Specifically, I will not disclose or discuss this information *except* to the following individuals: (i) the BPRC (or its designees), (ii) my Department Chair, or any legal counsel who may be advising me. I will not share or discuss this information with any other individual(s) without first obtaining the express written permission of Valleywise Health.
2. I understand that this information is being provided to me as part of the Medical Staff’s policy of attempting to utilize collegial intervention and progressive steps, where possible, to address any questions or concerns that may arise with my practice.
3. I understand that Valleywise Health and the Medical Staff have a responsibility to provide a safe, non-threatening workplace for my physician colleagues and for Valleywise Health employees. I therefore agree that *I will not directly discuss this matter with any individual who may have expressed concerns about me or otherwise provided information in this matter, nor will I engage in any other retaliatory or abusive conduct with respect to these individuals.* This means that I will not directly approach, confront, ostracize, discriminate against, or otherwise mistreat any such individual with respect to any information that the individual may have provided.
4. I understand that any retaliation by me, as described in the previous paragraph, is a very serious matter and cannot be tolerated. Any such conduct by me will be grounds for immediate referral to the Medical Executive Committee for its review and disciplinary action pursuant to the Medical Staff Credentials Policy.

By signing this Agreement, I understand that I am *not waiving* any of the rights or privileges afforded to me under the Medical Staff Bylaws and related documents.

I also understand that I am fully permitted to raise any question or concern that I may have regarding the care being provided by a nurse or other Valleywise Health employee, another practitioner, or Valleywise Health itself. *However, I understand that I must use the established and confidential Medical Staff and administrative channels in order to register any such*

concerns. These mechanisms are part of Valleywise Health’s ongoing performance improvement and peer review activities, and permit the appropriate Medical Staff or Valleywise Health leadership to fully review and assess the matter and take action to address the issue, as may be necessary.

_____, *[Respective Credential]* Date _____

[Include the following signature line only if an appropriate Medical Staff Leader(s) personally reviews the content of this Agreement with the individual]

Approved by:

Appropriate Medical Staff Leader Date _____

APPENDIX D

MARICOPA INTEGRATED HEALTH SYSTEM VALLEYWISE HEALTH

PERFORMANCE IMPROVEMENT PLAN OPTIONS FOR CONDUCT

(May Be Used Individually or in Combination)

IMPLEMENTATION ISSUES CHECKLIST

(For Use by the BPRC and the MEC)

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“Other”	9

PIP OPTION	IMPLEMENTATION ISSUES
<p><i>Meeting with BPRC, MEC, or Designated Group</i></p>	<p><i>Who Should Meet with Practitioner?</i></p> <p><input type="checkbox"/> Entire BPRC</p> <p><input type="checkbox"/> Entire MEC</p> <p><input type="checkbox"/> Other designated individuals or an ad hoc group (may include Board Chair or other Board members, BPRC Chair, other BPRC members, Human Resources representatives), including:</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> May practitioner bring a colleague (<u>not</u> legal counsel) to the meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Is pre-meeting to plan intervention necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and when: _____</p> <p>_____</p> <p><i>Scheduling Meeting with Practitioner</i></p> <p><input type="checkbox"/> Date of meeting: _____</p> <p><input type="checkbox"/> Time of meeting: _____</p> <p><input type="checkbox"/> Location of meeting: _____</p> <p><i>Notice of Meeting</i></p> <p><input type="checkbox"/> Notice of meeting sent by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> CMOCCO <input type="checkbox"/> Chief of Staff <input type="checkbox"/> BPRC Chair <input type="checkbox"/> <input type="checkbox"/> CEO <input type="checkbox"/> Other: _____ <p><input type="checkbox"/> Practitioner notified that this is a peer review meeting with colleagues, therefore</p> <ul style="list-style-type: none"> <input type="checkbox"/> No attorneys allowed at the meeting <input type="checkbox"/> No audio or video recording of meeting <p><input type="checkbox"/> Does notice state that failure to appear results in automatic relinquishment of clinical privileges? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Method of Delivery</i></p> <p><input type="checkbox"/> In person/hand delivered (preferred)</p> <p><input type="checkbox"/> Certified mail, return-receipt requested</p> <p><input type="checkbox"/> Other: _____</p> <p><i>Documentation</i></p> <p><input type="checkbox"/> If not already provided, will documentation/substance of reports regarding unprofessional conduct be shared before or during meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> If yes, has the practitioner been provided a cover letter explaining the practitioner's obligation to maintain the confidentiality of the information and not to retaliate against any individual who may have reported or signed</p>

PIP OPTION	IMPLEMENTATION ISSUES
<p><i>Meeting with BPRC, MEC, or Designated Group (cont'd.)</i></p>	<p>an agreement not to retaliate?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Follow-Up</i></p> <p><input type="checkbox"/> Monitor for additional incidents</p> <p><input type="checkbox"/> Through standard reported concerns process</p> <p><input type="checkbox"/> More focused (e.g., interviews with Valleywise Health personnel at intervals):</p> <hr/>

PIP OPTION	IMPLEMENTATION ISSUES
<p><i>Letters of Warning or Reprimand</i></p>	<p><i>Drafting/Contents of Letter</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Who will draft the letter? <ul style="list-style-type: none"> <input type="checkbox"/> EMOCCO <input type="checkbox"/> Chief of Staff <input type="checkbox"/> BPRC Chair <input type="checkbox"/> Director, Medical Staff <input type="checkbox"/> CEO <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Other: _____ <input type="checkbox"/> Practitioner informed that he/she may provide response for inclusion in file <input type="checkbox"/> Copy included in practitioner's credentials/quality file <p><i>Review/Signature</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Who must review and approve the letter? <ul style="list-style-type: none"> <input type="checkbox"/> Full BPRC <input type="checkbox"/> Full MEC <input type="checkbox"/> Individuals: _____ <input type="checkbox"/> Who signs/sends the letter? <ul style="list-style-type: none"> <input type="checkbox"/> EMOCCO <input type="checkbox"/> Chief of Staff <input type="checkbox"/> BPRC Chair <input type="checkbox"/> CEO <input type="checkbox"/> Other: _____ <p><i>Method of Delivery</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> In person/hand delivered (preferred) <input type="checkbox"/> Certified mail, return-receipt requested <input type="checkbox"/> Other: _____ <p><i>Follow-Up</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Monitor for additional incidents <ul style="list-style-type: none"> <input type="checkbox"/> Through standard reported concerns process <input type="checkbox"/> More focused (e.g., interviews with Valleywise Health personnel at intervals): _____

PIP OPTION	IMPLEMENTATION ISSUES
<p><i>Behavior Modification Course</i></p>	<p><i>Scope of Behavior Modification Course</i></p> <p><input type="checkbox"/> Acceptable programs include: <hr/> <hr/></p> <p><input type="checkbox"/> BPRC or MEC approval required before practitioner enrolls</p> <p style="margin-left: 20px;"><input type="checkbox"/> Program approved: _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Date of approval: _____</p> <p><input type="checkbox"/> Who pays for the behavior modification course?</p> <p style="margin-left: 20px;"><input type="checkbox"/> Practitioner subject to PIP</p> <p style="margin-left: 20px;"><input type="checkbox"/> Medical Staff</p> <p style="margin-left: 20px;"><input type="checkbox"/> Valleywise Health</p> <p style="margin-left: 20px;"><input type="checkbox"/> Combination</p> <hr/> <p><input type="checkbox"/> Time Frame</p> <p style="margin-left: 20px;"><input type="checkbox"/> Practitioner must enroll by: _____ Date</p> <p style="margin-left: 20px;"><input type="checkbox"/> Program must be completed by: _____ Date</p> <p><i>Practitioner's Responsibilities</i></p> <p><input type="checkbox"/> Sign release allowing BPRC or MEC to provide information to course (if necessary) and course to provide report to BPRC or MEC</p> <hr/> <hr/> <p><input type="checkbox"/> Practitioner must submit</p> <p style="margin-left: 20px;"><input type="checkbox"/> Documentation of successful completion signed by course director</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other: _____</p> <hr/> <p><i>Follow-Up</i></p> <p><input type="checkbox"/> Monitor for additional incidents</p> <p style="margin-left: 20px;"><input type="checkbox"/> Through standard reported concerns process</p> <p style="margin-left: 20px;"><input type="checkbox"/> More focused (e.g., interviews with Valleywise Health personnel at intervals):</p> <hr/>

PIP OPTION	IMPLEMENTATION ISSUES
<p style="text-align: center;">Personal Code of Conduct</p> <p style="text-align: center;">(Conditional Continued Appointment/ Conditional Reappointment)</p>	<p>Drafting/Contents of Personal Code of Conduct</p> <p><input type="checkbox"/> Who will draft the personal code of conduct?</p> <ul style="list-style-type: none"> <input type="checkbox"/> CMOCCO <input type="checkbox"/> Chief of Staff <input type="checkbox"/> BPRC Chair <input type="checkbox"/> CEO <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Other: _____ <p><input type="checkbox"/> Practitioner informed that he/she may provide response for inclusion in file.</p> <p><input type="checkbox"/> Copy of personal code of conduct included in practitioner's credentials/quality file.</p> <p><input type="checkbox"/> Is practitioner required to agree in writing to abide by the personal code of conduct? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, written agreement to abide by personal code of conduct received on: _____ Date</p> <p><input type="checkbox"/> Does the personal code of conduct describe the following consequences of a confirmed violation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Consequence of first violation (e.g., final warning): _____</p> <p><input type="checkbox"/> Practitioner notified of possible violation on: _____ Date</p> <p><input type="checkbox"/> Practitioner provided opportunity for input on: _____ Date</p> <p><input type="checkbox"/> Violation confirmed on: _____ Date</p> <p>Consequence of second violation (e.g., short-term suspension): _____</p> <p><input type="checkbox"/> Practitioner notified of possible violation on: _____ Date</p> <p><input type="checkbox"/> Practitioner provided opportunity for input on: _____ Date</p> <p><input type="checkbox"/> Violation confirmed on: _____ Date</p>

PIP OPTION

IMPLEMENTATION ISSUES

**Personal
Code of Conduct**

**(Conditional Continued
Appointment/
Conditional Reappointment)
(cont'd.)**

Consequence of third violation (e.g., recommendation for disciplinary action; perhaps limited hearing):

Practitioner notified of possible violation on: _____
Date

Practitioner provided opportunity for input on: _____
Date

Violation confirmed on: _____
Date

Review/Signature

Who must review and approve the letter outlining the personal code of conduct?
 Full BPRC
 Full MEC
 Individuals: _____

Who signs/sends the letter outlining the personal code of conduct?
 [EMOCCO](#)
 Chief of Staff
 BPRC Chair
 CEO
 Other: _____

Method of Delivery

In person/hand delivered- (preferred)
 Certified mail, return-receipt requested
 Other: _____

Follow-Up

Monitor for additional incidents
 Through standard reported concerns process
 More focused (e.g., interviews with Valleywise Health personnel at intervals):

PIP OPTION	IMPLEMENTATION ISSUES
<p><i>Short-Term Suspension That Does Not Trigger a Hearing or Reporting (for use by MEC only)</i></p>	<p><i>Date/Duration of Suspension</i></p> <p><input type="checkbox"/> Suspension begins on: _____ Date</p> <p><input type="checkbox"/> Suspension ends on: _____ Date</p> <p><i>Patient Care Arrangements</i></p> <p><input type="checkbox"/> If suspension begins immediately, what arrangements are made for patients currently in the hospital? _____</p> <p><input type="checkbox"/> What arrangements are made for on-call responsibilities? _____</p> <p><i>Drafting/Contents of Notice of Suspension</i></p> <p><input type="checkbox"/> Who will draft the notice of suspension?</p> <ul style="list-style-type: none"> <input type="checkbox"/> EMOCCO <input type="checkbox"/> Chief of Staff <input type="checkbox"/> CEO <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Other: _____ <p><input type="checkbox"/> Practitioner informed that he/she may provide response for inclusion in file.</p> <p><input type="checkbox"/> Copy of notice included in practitioner's credentials/quality file.</p> <p><i>Review/Signature</i></p> <p><input type="checkbox"/> Who must review and approve the notice of suspension?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Full MEC <input type="checkbox"/> Individuals: _____ <p><input type="checkbox"/> Notice of suspension signed by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> CEO <input type="checkbox"/> EMOCCO <input type="checkbox"/> Chief of Staff <input type="checkbox"/> Other: _____ <p><i>Method of Delivery</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> In person/hand delivered (preferred) <input type="checkbox"/> Certified mail, return-receipt requested <input type="checkbox"/> Other: _____

PIP OPTION	IMPLEMENTATION ISSUES
<p><i>Short-Term Suspension That Does Not Trigger a Hearing or Reporting (cont'd.)</i></p>	<p><i>Follow-Up</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Monitor for additional incidents <ul style="list-style-type: none"> <input type="checkbox"/> Through standard reported concerns process <input type="checkbox"/> More focused (e.g., interviews with Valleywise Health personnel at intervals): <hr/> <hr/>

APPENDIX E

CONFIDENTIAL PEER REVIEW DOCUMENT

**CONSENT FOR DISCLOSURE OF INFORMATION
AND
RELEASE FROM LIABILITY**

I hereby authorize Maricopa County Special Health Care District, d.b.a., [Maricopa Integrated Health System](#) (“Valleywise Health”) and the Valleywise Health Medical Staff (“Medical Staff”) to exchange with *[name of entity or individual conducting behavior modification, or coaching]*, all information, written and oral, relevant to developing and overseeing a behavior modification program.

I also understand that the information being exchanged is protected by the federal Health Care Quality Improvement Act of 1986, as well as Arizona’s statutory peer review and quality assurance activities privilege laws and that Valleywise Health, *[name of entity or individual conducting behavior modification, or coaching]* and others involved in the peer review and quality process are required to maintain the confidentiality of peer and quality review information, pursuant to Arizona law.

I release from any and all liability, agree not to sue and hold harmless, Valleywise Health, any of its officers, directors, or employees, any physician on Valleywise Health’s Medical Staff, or any authorized representative of Valleywise Health, or the Valleywise Health Medical Staff for any matter arising out of the exchange of information by Valleywise Health or the Valleywise Health Medical Staff to *[name of entity or individual conducting behavior modification, or coaching]*.

I also release from any and all liability, agree not to sue, and hold harmless *[name of entity or individual conducting behavior modification, or coaching]* provision of an evaluation of the status of the behavior modification program to Valleywise Health.

Date

Signature of Practitioner



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

February 23, 2022

Item 1.e.i.

Care Reimagined Capital
INTENTIONALLY LEFT BLANK



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

February 23, 2022

Item 1.f.i.

Capital
CER # 22-023



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

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

DATE: January 19, 2022

TO: Valleywise Health Board of Directors

cc: Steve Purves, President and CEO
Lia Christiansen, EVP and CAO
Claire Agnew, EVP and CFO
Melanie Talbot, Executive Director Board Operations

FROM: Kelly Summers, Senior Vice President and CIO
Anthony Dunnigan, MD, Vice President & Chief Medical Information Officer
Diane Wynn, Director, IT Service Management

SUBJECT: Epic Healthcare Effectiveness Data and Information Set (HEDIS) Population Health & Analytics Software

1. Background / Problem Statement:

In 2021, Valleywise Health was awarded American Rescue Plan Act funding from the Health Resources and Services Administration (HRSA) to prevent, mitigate, and respond to COVID-19 and to enhance health care services and infrastructure. The activities proposed by Valleywise Health for the utilization of these funds included purchase and upgrades to the current Electronic Health Record (EHR) in support of enhancing the accessibility and availability of comprehensive primary care services to meet the ongoing and evolving needs of the service area and its vulnerable patient populations.

Valleywise Health uses Epic Systems for its Electronic Health Record (EHR) to access, organize, store, and share electronic medical records. The current EHR modules lack the capability to load and view claims data from payors or analyze the discrepancy between the care provided to patients and the health care recommended to them by providers. These gaps in care can negatively impact patient health and overall clinical outcomes. Any analysis of this kind can only currently be completed for a particular purpose or as necessary using care gap information provided by health plans. Valleywise Health staff must then compare this data with the appropriate metrics and other demographic data in Epic before being able to determine a plan for patient engagement. Our data warehouse needs enhancements for end-to-end data processing of metrics for payer plans and increased ability to track performance on HEDIS clinical measures from a central location using provider-specific and administrator dashboards to analyze payor plans, individual providers, and clinics.

2. Solution Option(s):

The Epic HEDIS Population Health & Analytics Software is an enhancement to the existing EHR platform that will allow the ability to track performance on HEDIS clinical measures from a central location using provider-specific and administrator dashboards. Trends can be reviewed for providers, departments, or contracts with drill-down abilities for each clinical measure. Certified HEDIS clinical measures will assist in the monitoring of performance for attributed patients assigned to value-based care agreements. These clinical outcome measures match the National Committee for Quality Assurance (NCQA) specifications, which will simplify the annual validation process and help make informed decisions about our value-based agreements.

3. Recommendation & Next Steps:

Recommend the activation and implementation of Epic HEDIS Population Health & Analytics Software to enhance the Epic Systems EHR platform. This will enable the aggregation and normalization of external payer and provider data for quality and value-based analytics. Although there are no license fees to purchase the HEDIS software, the annual maintenance is required to be paid up front upon activation, interface software connections will need to be licensed, as well as implementation costs. Upon purchase and completion of a pre-requisite phase, the anticipated next steps for implementation are as follows:

- Month 1/Phase 1 – Direction Setting
- Month 2/Phase 2 – Workflow Walkthrough and Configuration
- Month 3/Phase 3 – Testing and Training Preparations
- Month 4/Phase 4 – End User Trainings
- Month 5/Phase 5 – Cutover and Dress Rehearsal
- Months 6 and 7/Phase 6 – Post-live Support and Optimization

4. Financial Assumptions:

The cost and breakdown of the Epic HEDIS Population Health & Analytics Software is proposed as follows:

Item	Total Cost
Implementation of Epic Software and Additional Project Costs (Team Training, Project Coordination, Data Aggregation Services)	\$289,000.00
Interface Connections Licensing Fees	\$16,000.00
Initial Annual Maintenance (ongoing costs)	\$13,500.00
	\$318,500.00
Total	

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, February 1, 2022 10:28 AM
To: Melanie Talbot
Subject: Contract Approval Request: Epic HEDIS Population Health & Analytics Software

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Message Information





From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Epic HEDIS Population Health & Analytics Software
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject Information button.

Add comments as necessary.

Approve/Reject Contract

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

Attachments

Name	DescriptionType	Current File / URL
Investment Justification Memo - EPIC HEDIS Toolkit Data Warehouse Final.docx	File	 Investment Justification Memo - EPIC HEDIS Toolkit Data Warehouse Final.docx
EPIC HEDIS Pop Health Software CER 22-023.xlsm	File	 EPIC HEDIS Pop Health Software CER 22-023.xlsm
2021122805 HEDIS 1-3-22.pdf	File	 2021122805 HEDIS 1-3-22.pdf
Epic HEDIS Population Health & Analytics Software	Contract	 EPIC HEDIS Pop Health Software CER 22-023.xlsm

Contract Information

Division Capital Division
Folder ---
Status Pending Approval
Title Epic HEDIS Population Health & Analytics Software
Contract Identifier Grant
Contract Number 22-023
Primary Responsible Party Charles, Derrick J.
Departments FQHC American Rescue Fund

Product/Service
 Description
 Action/Background
 Evaluation Process
 Category
 Effective Date
 Term End Date
 Annual Value \$318,500.00
 Expense/Revenue
 Budgeted Travel Type Yes
 Procurement Number
 Primary Vendor

Responses

Member Name	Status	Comments
Dunnigan, Anthony M.	Approved	
Melton, Christopher C.	Approved	
Pardo, Sean P.	Approved	
Madhavan, Lalitha	Approved	
Williams, Gail A.	Approved	
Summers, Kelly R.	Approved	
Christiansen, Lia K.	Approved	
Detzel, Jo-El M.	Approved	
White, Michael	Approved	
Landas, Lito S.	Approved	
Meier, Matthew P.	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

February 23, 2022

Item 2.

Quarterly Quality Report and
Metric Dashboard with
HCAHPS



Date: 2/23/2022

To: Mary Rose Wilcox, Chairman, District 5
J. Woodfin Thomas, Vice Chairman, District 4
Mary A Harden, RN, District 1
Mark Dewane, District 2
Susan Gerard, Director, District 3

From: Sherry Stotler, CNO
Crystal Garcia, VP of Specialty Services, Quality and Safety

cc: Steve Purves, President & CEO
Dr. Michael White, Executive Vice President & Chief Clinical Officer

Subject: Quality and Infection Control Indicators FY22 Quarter 2

Hand Hygiene –

- Hand hygiene compliance continues to be above benchmark. Currently 97% compliance during FY22 Q2.
- The number of observations during FY22 Q2 increased to 3022.

CLABSI – FY22 Q2 Standardized Infection Ratio (SIR) was below benchmark at 0.869. FY22 benchmark is set at <0.596.

- 5 case of CAUTI during FY22 Q2: 4 cases in IDU and 1 case MICU. Case investigation with identified opportunities for re-education which was provided by Infection Prevention included completing bundle documentation and biopatch placement.

CAUTI – FY22 Q2 SIR was better than benchmark at 0.486. FY22 benchmark is set at <0.676.

- 3 cases of CAUTI during FY22 Q1: 2 cases in IDU and 1 Burn Center. Case investigations were performed with opportunities for some re-education on foley alternatives and hospital specific CAUTI prevention which was provided by Infection Prevention.

C. diff – FY22 Q2 SIR was better than benchmark at 0.274. FY22 benchmark is set at <0.544.

3 cases of healthcare-onset C. difficile infection occurred during FY22 Q2: 1 SICU, 1 Medicine/Oncology and 1 IDU. Case investigations were performed with no trends noted.

Severe Sepsis and Septic Shock – FY22 Q2 was better than benchmark at 79%, FY 22 benchmark is set at >59%.

Service Excellence: Continues to focus on improving the Patient Experience.

- Action plans on improving response rate and reimplementing the 10/5 rule will be implemented in February.
- Leadership rounding Tuesday through Thursday during no meeting time.
- Service Ambassadors still active within organization to help promote service excellence within the departments.
- Developed separate meetings for service lines:
 - Clinical and Emergency Department
 - Ambulatory/Outpatient Settings
- Based upon Best Practice from NRC working with Ambulatory/Outpatient settings to review Real Time Questions.

Patient Safety Update

Patient Safety Improvements

- Culture of Safety – Medical Center, Behavioral Health and Ambulatory
 - Will distribute survey in March 2022.
- Medication Events –
 - Bar Code Medication Administration FY22 Q2 ended at 96% with a FY22 benchmark set at >95%. This is discussed during the Inpatient Care & Safety Committee to ensure continued compliance.
 - CPOE: Computerized Physician Order Entry Percent FY22 Q2 ended at 97% with a FY22 benchmark set at >85%. This is discussed during the Inpatient Care & Safety Committee to ensure continued compliance.
 - Current medication safety improvements are focusing on processes regarding
 - ECRI best practices and guidance to help improve processes around medication safety.
 - Administration of Vancomycin after Dialysis
 - Monitoring of critically timed medications.
- Patient Safety Indicators (PSI) not meeting benchmarks for FY22 Q2 are PSI 3, 4, 12 and 14. A multidisciplinary workgroup meets monthly to review and discuss opportunities for each PSI. Pulling data for specific service lines using Clinical Database (CDB) to determine action items. Continue to monitor for trends.
- Prolonged restraints monitoring-
 - Monitored monthly and meeting benchmark set for the organization.
- Falls –A continuous drill down analysis is conducted on each fall with injury that occurs within the facilities with process improvements implemented as needed. Post fall and huddle documentation is recorded within the Cheq-IT system for tracking, analysis, and ultimate development of process improvement actions.

Nurse Staffing – Patient Safety Indicators

- There has been no correlation between nurse staffing and the nurse sensitive indicators.

February 23, 2022

Quarterly Quality/Patient Safety/Patient Experience Dashboard

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

Quality Metrics

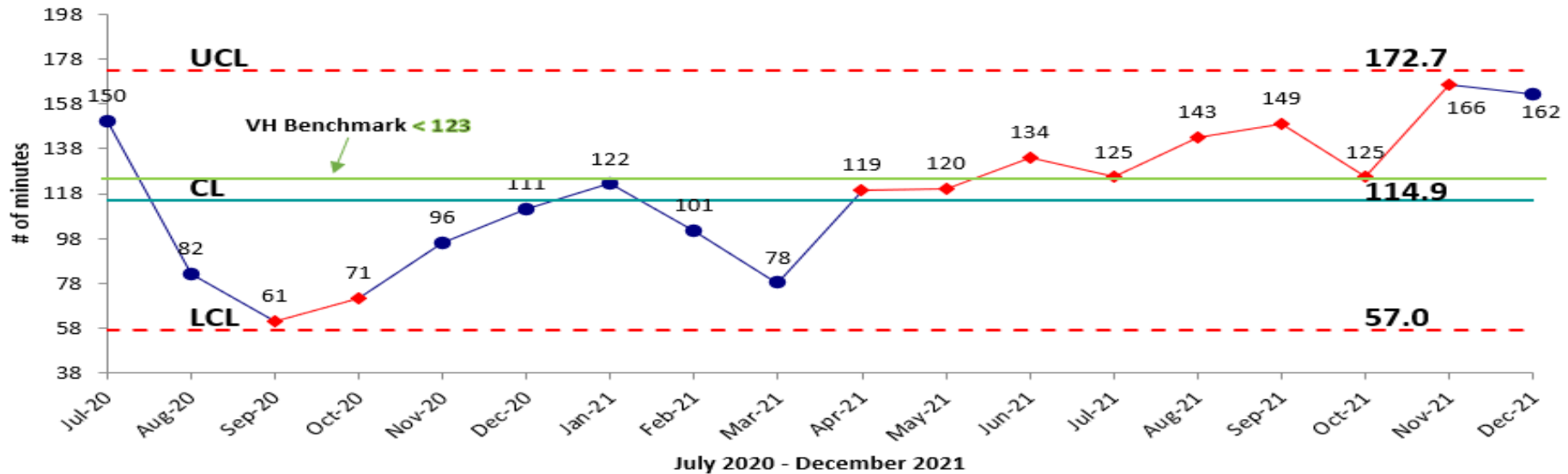
Quality Dashboard		Reporting Program	Benchmark	FY21 Year to Date	Desired Direction	Jul 2021	Aug 2021	Sep 2021	Qtr 1 (FY 2022)	Oct 2021	Nov 2021	Dec 2021	Qtr 2 (FY 2022)	Qtr 3 (FY 2022)	Qtr 4 (FY 2022)	FY22 Year to Date
		LF														
Nursing Workforce																
Overall worked ICU and general patient unit hours per patient day equivalents (excl. L&D, and post-partum)**	LF	13.92	14.71	NA	11.98	13.40	12.71	13.81	10.45	10.51	10.08	14.38				11.47
Overall worked ED hours per patient visit (incl. adult, pediatric and burn)**	LF	3.05	3.05	NA	2.78	2.51	2.56	3.21	2.58	2.41	2.55	3.35				2.56
Pre-op/PACU worked hours per total cases**	LF	5.65	5.15	NA	5.77	4.93	4.76	5.21	4.44	4.21	4.35	5.15				4.73
Process of Care Measures; *included in Leapfrog																
SEP-1: Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	CMS-HIQR	> 59%	93%	↑	100%	78%	75%	83%	57%	90%	86%	79%				81%
Numerator					7	7	6	20	4	9	6	19				39
Denominator					7	9	8	24	7	10	7	24				48
Emergency Department (ED-2) median time (minutes) from Admit Decision Time to ED Departure Time for Admitted Patients	CMS-HIQR	< 110	106	↓	125	143	149	146	126	164	162	154				146

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	⬇️ⓧ
Quarterly data is not applicable	⊖

Measures *Not* meeting Benchmark

Measure	Benchmark	December 2021	FY22 Q2	FYTD 2022
ED-2b – Admit Decide → Depart (mins) - Admitted Patients Median Time -REPORTING	≤ 123 mins	162 mins	154 mins	146 mins

**ED-2b - Admit Decide → Depart (mins) - Admitted Patients
Median Time Control Chart**



Measures Analysis and Actions

Analysis:

July 2021-December 2021:

- Influx of Covid-19 patients.
- Increased boarding times in the ED went up significantly due to shortages in staffing in both the ED and inpatient units.
- ED couldn't get patients moved through to inpatient beds due to no staffed inpatient beds and at times were holding up to 16 admitted patients that normally would have been in inpatient beds.
- Having to hold patients like that causes a longer LOS for admissions and well as discharges because less beds are available in the ED to bring patients into to evaluate them.
- All the above creates a ripple effect causing patients wait longer in the ED to be seen because the ED beds are filled with inpatients and the inpatient beds can't be filled due to staffing challenges.

Open Action Items / Barriers

• Action(s) –

- January 2022: Improve ED flow, ED throughput times, & pt experience by extensive cleaning in front of ED & ED lobby; redesigning lobby flow to enhance safety & pt satisfaction; developing new workflow w/ physicians to separate PUI pt's and peds pt's more efficiently.
- September-December 2021: Recruitment to bring in contract labor and to hire full-time positions in inpatient as well as the ED is ongoing. There is a major focus to increase both day & nighttime staffing as well as addressing staffing concerns in both areas.
- August 2021: Increase staffing, labor pool activation, training new residents on timeline expectations in the ED.
- July 2021: ED Leadership working to streamline bed placement by developing new quicker processes for covid testing.
- **Barrier** – Staffing
- **Action incomplete > 60 days** – N/A
 - **Barrier** – N/A

Quality Metrics

Quality Dashboard		Reporting Program	Benchmark	FY21 Year to Date	Desired Direction	Jul 2021	Aug 2021	Sep 2021	Qtr 1 (FY 2022)	Oct 2021	Nov 2021	Dec 2021	Qtr 2 (FY 2022)	Qtr 3 (FY 2022)	Qtr 4 (FY 2022)	FY22 Year to Date
Mortality - Rolling Twelve Months (monthly)																
Hospital-Wide Inpatient, risk-adjusted Mortality Index		≤ 0.88	0.11	↓	0.08	0.10	0.10	0.09	0.10	0.09	0.11	0.10			0.10	
CMS Readmission Project																
READM-HWR: Hospital-wide all cause unplanned 30-day readmissions rate (CDB1540)	CMS-HIQR	< 15.3	6.6	↓	6.5	5.2	5.9	5.8	6.8	6.8	5.6	6.4			6.1	
Behavioral Health																
HBI/PS-5A - Multiple antipsychotic medications at discharge with appropriate justification (Overall) Percent Compliance	CMS	≥ 65.0%	92.1%	↑	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%	97.4%			98.8%	
Ambulatory																
Breast Cancer Screening	HRSA	> 45.34%	54.45%	↑	55.33%	56.50%	56.99%	Φ	57.66%	58.30%	58.38%	Φ			52.41%	

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	⬇*
Quarterly data is not applicable	Φ

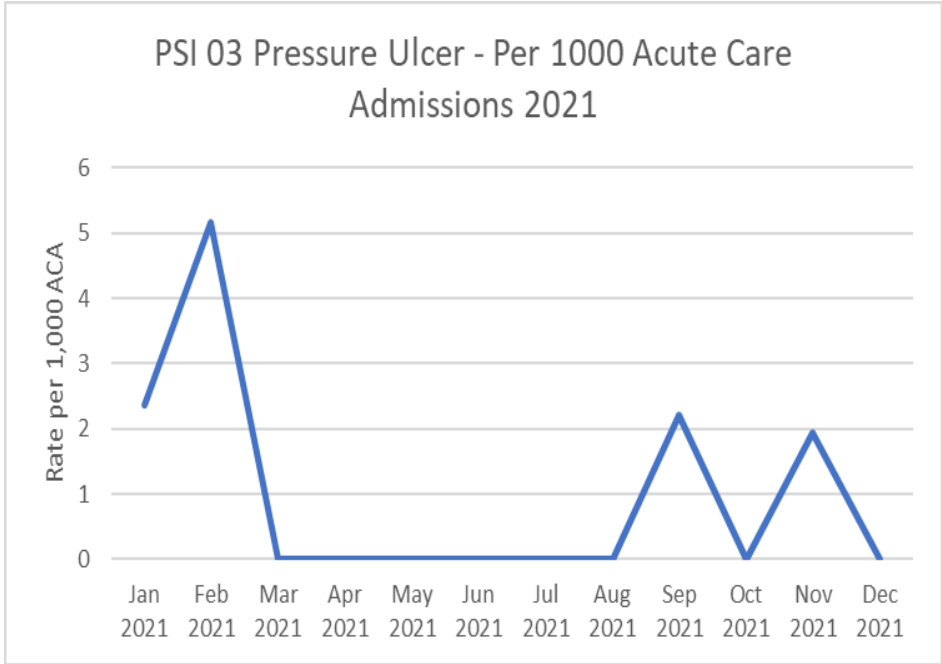
Quality Metrics

<i>Inpatient Care & Safety</i>			Reporting Program	Benchmark	FY21 Year to Date	Desired Direction	Jul 2021	Aug 2021	Sep 2021	Qtr 1 (FY 2022)	Oct 2021	Nov 2021	Dec 2021	Qtr 2 (FY 2022)	Qtr 3 (FY 2022)	Qtr 4 (FY 2022)	FY22 Year to Date
PSI																	
PSI-03: Pressure ulcer rate (stage 3, 4 & unstageable)	CMS	≤ 0.59	1.07	↓	0.00	0.00	2.25	✖ 0.74	0.00	1.96	0.00	✖ 0.68					✖ 0.70
Numerator					0	0	1	1	0	1	0	1					2
Denominator					452	463	444	1359	458	511	512	1481					2840
PSI-06: Iatrogenic pneumothorax rate	CMS	≤ 0.23	0.74	↓	1.63	0.00	0.00	✖ 0.54	0.00	0.00	0.00	✔ 0.00					✖ 0.26
Numerator					1	0	0	1	0	0	0	0					1
Denominator					615	634	617	1866	659	667	689	2015					3881
PSI-08: In-hospital fall rate with hip fracture	CMS	≤ 0.10	0.00	↓	0.00	0.00	0.00	✔ 0.00	0.00	0.00	0.00	✔ 0.00					✔ 0.00

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	✖
Quarterly data is not applicable	⊖

PS Measures Meeting Benchmark with Ongoing Action Items

Measure	Benchmark	Dec 2021	FY22 Q2	FYTD
PSI-03 Pressure Ulcer rate	≤ 0.59	0.00	0.68	0.70



- ### Open Action Items / Barriers
- **Action** – Drill down on cases to find commonalities.
 - **Action** - Trial new pillow for proning patients to help offload facial pressure.
 - **Action** – Evaluate ETT holders for possible use of different harness and padding
 - **Action** – Onboard travel WOCN with dedicated amount of time in IDU to help position patients / offload pressure

Quality Metrics

Operative & Procedural Services	Reporting Program	Benchmark	FY21 Year to Date	Desired Direction	Jul 2021	Aug 2021	Sep 2021	Qtr 1 (FY 2022)	Oct 2021	Nov 2021	Dec 2021	Qtr 2 (FY 2022)	Qtr 3 (FY 2022)	Qtr 4 (FY 2022)	FY22 Year to Date
	PSI														
PSI-04: Death Among Surgical Patients with serious treatable complications, per 1,000 Admissions	CMS	≤ 143.41 (overall)	🟢 137.25	⬇️	333.33	153.85	125.00	🔴 185.19	285.71	142.86	153.85	🔴 176.47			🔴 180.33
Numerator					2	2	1	5	2	2	2	6			11
Denominator					6	13	8	27	7	14	13	34			61
PSI-09: Perioperative hemorrhage or hematoma rate, per 1,000 Admissions	CMS	≤ 2.25	🟢 0.00	⬇️	0.00	0.00	0.00	🟢 0.00	0.00	0.00	0.00	🟢 0.00			🟢 0.00
PSI-10: Postoperative acute kidney injury requiring dialysis rate, per 1,000 Admissions	CMS	≤ 0.88	🟢 0.00	⬇️	0.00	0.00	0.00	🟢 0.00	0.00	0.00	0.00	🟢 0.00			🟢 0.00
PSI-11: Postoperative respiratory failure rate, per 1,000 Admissions	CMS	≤ 4.41	🟡 5.85	⬇️	0.00	0.00	0.00	🟢 0.00	0.00	0.00	0.00	🟢 0.00			🟢 0.00

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	🔴
Quarterly data is not applicable	⊖

Measure Analysis and Actions

Analysis:

- No exclusion criteria for Trauma cases
- Extensive review process to confirm PSI
- All cases sent to Peer Review for Opportunities For Improvement (OFIs)

Open Action Items / Barriers

- **Action** – Review at multidisciplinary workgroup – ongoing
 - Determining the areas, the cases are occurring such as burn, surg/trauma and medical services to see if there are other opportunities for improvement specific to those service lines.
- **Barrier** – none
- **Action incomplete > 60 days** – none
 - **Barrier** – none

Quality Metrics


Operative & Procedural Services	Reporting Program	Benchmark	FY21 Year to Date	Desired Direction	Jul 2021	Aug 2021	Sep 2021	Qtr 1 (FY 2022)	Oct 2021	Nov 2021	Dec 2021	Qtr 2 (FY 2022)	Qtr 3 (FY 2022)	Qtr 4 (FY 2022)	FY22 Year to Date
	PSI														
PSI-12: Postoperative PE or DVT rate per 1,000 Admissions	CMS	< 3.37	✔ 3.10	↓	5.85	6.45	6.45	✖ 6.24	5.85	6.58	0.00	✖ 4.13			✖ 5.18
Numerator					1	1	1	3	1	1	0	2			5
Denominator					171	155	155	481	171	152	161	484			965
PSI-13: Postoperative sepsis rate, per 1,000 Admissions	CMS	≤ 3.97	✔ 0.00	↓	0.00	0.00	0.00	✔ 0.00	0.00	0.00	0.00	✔ 0.00			✔ 0.00
PSI-14: Postoperative wound dehiscence rate, per 1,000 Admissions	CMS	≤ 0.67 (overall)	✖ 1.62	↓	0.00	0.00	0.00	✔ 0.00	18.87	0.00	0.00	✖ 6.13			✖ 2.97
Numerator					0	0	0	0	1	0	0	1			1
Denominator					71	63	40	174	53	63	47	163			337
PSI-15: Unrecognized abdominopelvic accidental puncture or laceration rate per 1,000 Admissions	CMS	≤ 1.04	✔ 0.00	↓	0.00	0.00	0.00	✔ 0.00	0.00	0.00	0.00	✔ 0.00			✔ 0.00


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	✖
Quarterly data is not applicable	⊖

Service Excellence: HCAHPS

HCAHPS Stoplight Report

Overall	Benchmarks	HCAHPS		
	FY 2023 CMS Achievement Threshold*	Qtr 4 FY2021	Qtr 1 FY2022	Qtr 2 FY2022‡
Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?	71.7% (n=300)	77.5% (n=120)	68.1% (n=119)	71.1% (n=114)
Would Recommend Hospital	--	78.2% (n=119)	66.1% (n=121)	68.4% (n=114)

 Blue - score is significantly greater than the NRC Average

 Green - score is equal to or greater than the NRC Average, but may not be significantly

 Yellow - score is less than the NRC Average, but may not be significantly

 Red - score is significantly less than the NRC Average

μ - Warning: n-size is low!

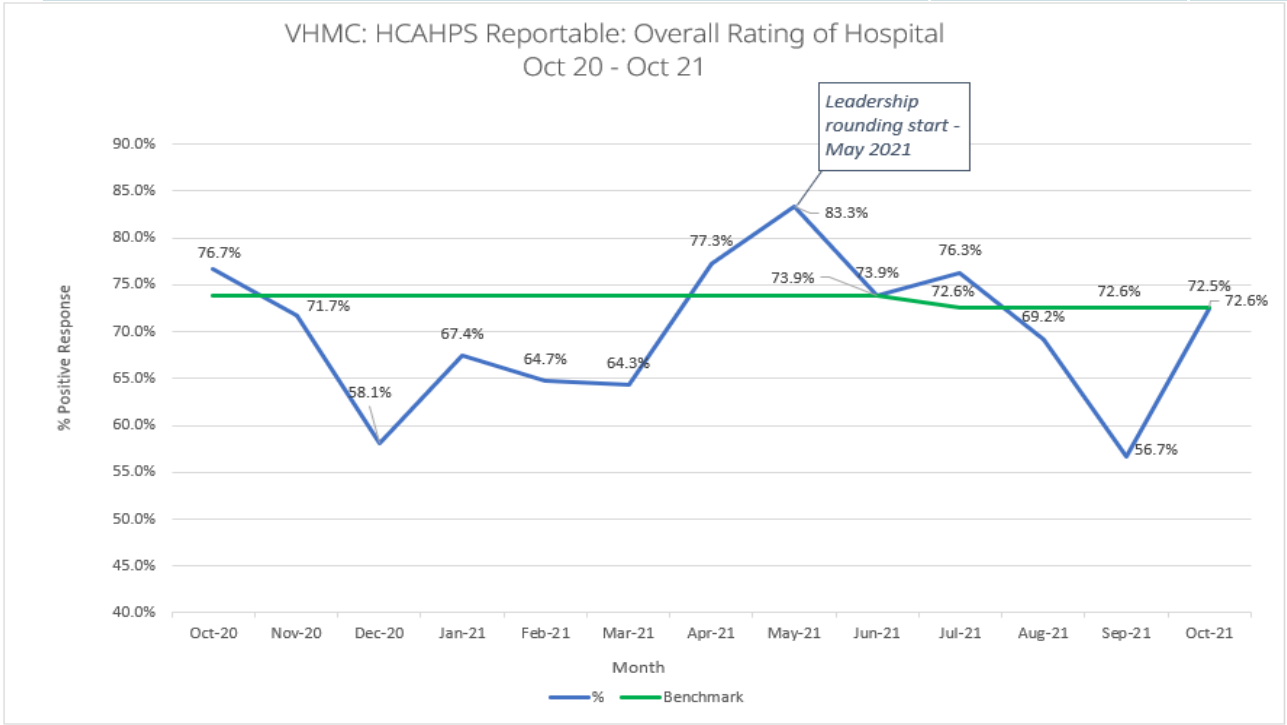
‡ - Data is not final and subject to change.

* - Benchmark that is used to determine the color on each line.

PR=Percentile Rank

Measures Not Meeting Benchmark with Ongoing Action Items

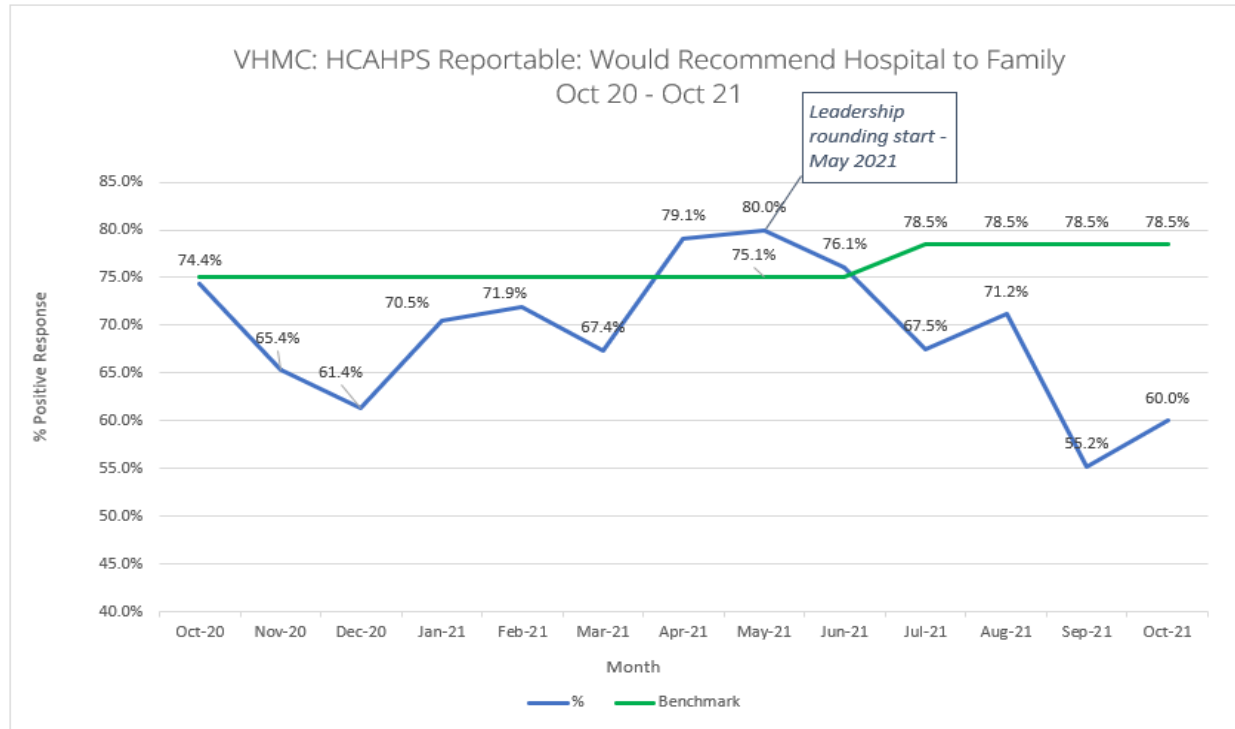
Measure	Benchmark	FY22 Q1	Oct 2021	FYTD
HCAHPS Reportable: Overall Rating of Hospital	> 72.6%	68.1 %	72.5 %	68.9%



- Open Action Items / Barriers**
- Action**
- Actions to increase the HCAHPS Response Rates implement in JAN
 - Implement ACCEPT in JAN
 - Implement IP and ED actions JAN/FEB
 - Working with NRC and IT to send a daily file instead of weekly to help increase response rate.
- Barriers**
- Increased patient acuity/staffing vacancies
 - Low survey response rate (8-9% return rate for the HCAHPS survey)
 - Delay in the finalized HCAHPS data but resolved after working with NRC

Measures Not Meeting Benchmark with Ongoing Action Items

Measure	Benchmark	FY22 Q1	Oct 2021	FYTD
HCAHPS Reportable: Would Recommend Hospital	> 78.5%	66.1 %	60.0%	64.7%



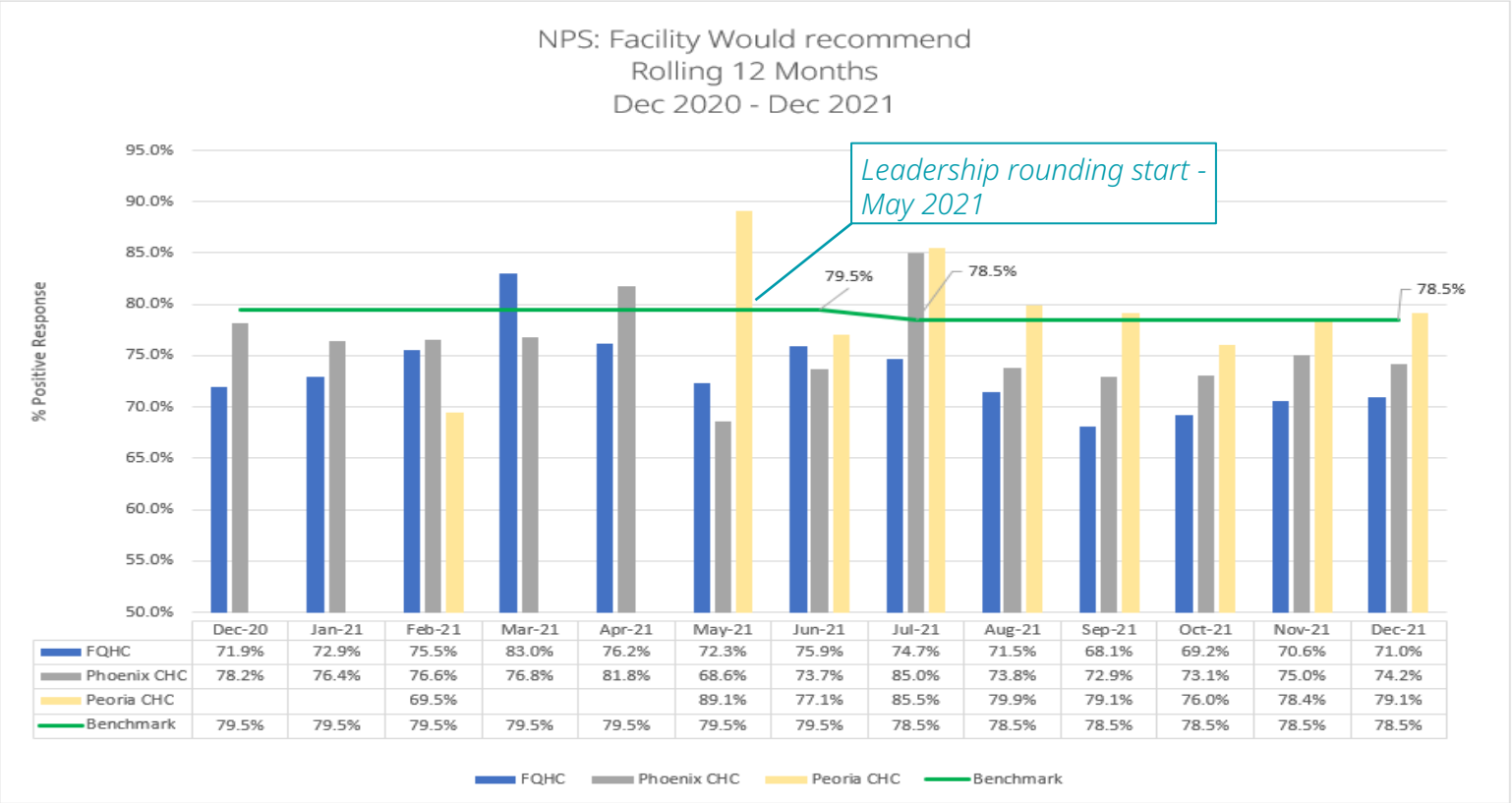
Open Action Items / Barriers Action

- Actions to increase the HCAHPS Response Rates implement in JAN
- Implement ACCEPT in JAN
- Implement IP and ED actions JAN/FEB
- Working with NRC and IT to send a daily file instead of weekly to help increase response rate.

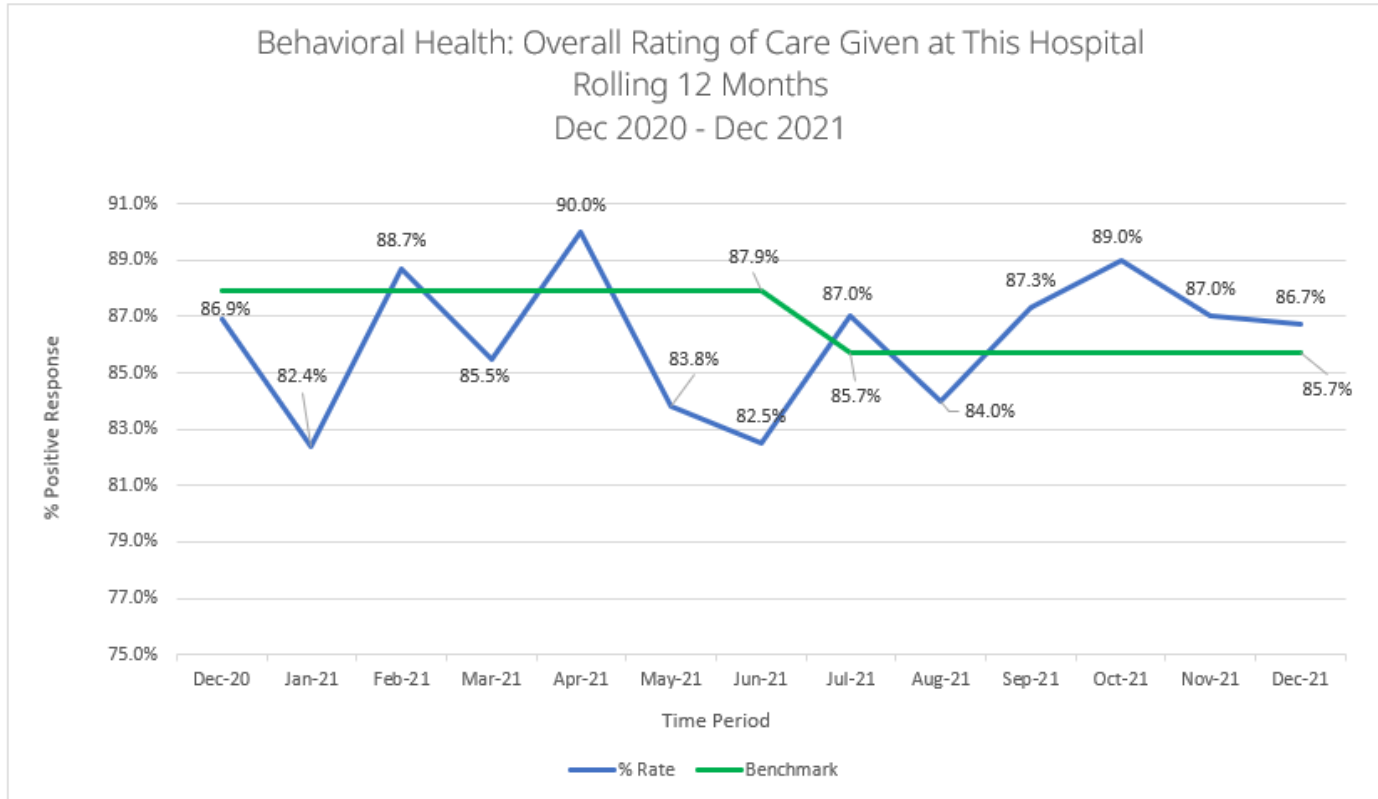
Barriers

- Increased patient acuity/staffing vacancies
- Low survey response rate (8-9% return rate for the HCAHPS survey)
- Delay in the finalized HCAHPS data but resolved after working with NRC

Overview of Phoenix CHC, Peoria CHC and Family Health Centers



Behavioral Health: Overall



The graph represents a rolling 12 months.

The new benchmark for FY 2022 is >85.7%

FY22 Q1 = 86.1%

FY22 Q2 = 87.6%

FYQ2 TD = 86.8%





Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

February 23, 2022

Item 3.

Quarterly Infection Control
Quality Metric Dashboard

February 23, 2022

Quarterly Infection Control Dashboard

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

Infection Control

Infection Prevention & Control		Reporting Program	Benchmark	FY21 Year-to-Date	Desired Direction	Jul 2021	Aug 2021	Sep 2021	Qtr 1 (FY 2022)	Oct 2021	Nov 2021	Dec 2021	Qtr 2 (FY 2022)	Qtr 3 (FY 2022)	Qtr 4 (FY 2022)	FY22 Year to Date
Quality /Regulatory Metrics																
Hand Hygiene Compliance (Percent)	LeapFrog / DNV	≥ 97%	99%	↑	98%	99%	99%	99%	99%	98%	96%	97%				98%
Numerator					1019	840	980	2839	928	1005	1010	2943				5782
Denominator					1038	849	991	2878	939	1027	1056	3022				5900
Central Line Associated Blood Stream Infection (CLABSI) Standardize Infection Ratio (SIR)	CMS-VBP	≤ 0.596	0.401	↓	0.000	0.463	0.000	0.159	0.000	1.104	1.524	0.869				0.426
CLABSI Observed Number					0	1	0	1	0	2	3	5				6
CLABSI Expected Number					2.090	2.159	2.047	6.296	1.976	1.812	1.968	5.756				14.088
Catheter Associated Urinary Tract Infections (CAUTI) (SIR)	CMS-VBP	≤ 0.676	1.212	↓	0.000	0.453	0.487	0.321	0.484	0.000	0.935	0.486				0.403
CAUTI Observed Number					0	1	1	2	1	0	2	3				5
CAUTI Expected Number					2.090	2.207	2.055	6.352	2.066	1.966	2.140	6.172				12.409

Data Not Available	~
Equal or greater than benchmark	✓
Less than 10% negative variance	!
Greater than 10% negative variance	✗

* Unable to calculate; expected number of infection is less than 1.000

Measure Analysis and Actions

Analysis:

There were 5 CLABSI for 2021 Q4; 4 in IDU and 1 from MICU South.

Drill down analysis showed incomplete documentation from nursing staff, bundle audits are not performed in IDUs, and flowsheet documentation for dialysis catheter is different than for regular central lines.

Open Action Items / Barriers

- **Action** – Unit leader will work on improving nursing documentation, implement bundle audits in IDU units, and place IDEA ticket for Epic to standardize HD flowsheet documentation
- Due date 3/1/22

Infection Control

Infection Prevention & Control		Reporting Program	Bench mark	FY21 Year to Date	Desired Direction	Jul 2021	Aug 2021	Sep 2021	Qtr 1 (FY 2022)	Oct 2021	Nov 2021	Dec 2021	Qtr 2 (FY 2022)	Qtr 3 (FY 2022)	Qtr 4 (FY 2022)	FY22 Year to Date
		Quality /Regulatory Metrics														
MRSA Bacteremia (SIR); HO-MRSA BSI Events	CMS-VBP	≤ 0.727	3.755	↓	Reported Semi-annually							✖ 3.086	Reported Semi-	✖ 3.613		
MRSA Bacteremia Observed Number					1	1	0	2	2	1	1	4			6	
MRSA Bacteremia Expected Number					*	*	*	0.760	*	*	*	1.184			2.214	
Clostridium difficile (C. diff) SIR; Facility Wide-IN	CMS-VBP	≤ 0.544	0.496	↓	Reported Quarterly			✔ 0.536	Reported Quarterly			✔ 0.274			✔ 0.394	
C. difficile Observed Number					0	4	1	5	1	0	2	3			8	
C. difficile Expected Number					*	*	*	*	*	*	*	10.954			20	

Data Not Available	~
Equal or greater than benchmark	✔
Less than 10% negative variance	!
Greater than 10% negative variance	✖

* Unable to calculate; expected number of infection is less than 1.000

Measure Analysis and Actions

Analysis:

- There were 4 HO-MRSA bacteremia infections during Oct-Dec 2021, 1 in Burn center, 1 in MICU South and 2 in IDU 1. Drill down analysis showed 2 of the cases did not have MRSA screening on admission, was sent for further provider review.
- VHMC joined AHRQ Safety Program for MRSA Prevention for IDU, Burn Center and Step Down units. Teams will be assembled in February with participation April 2022 – October 2023

Open Action Items / Barriers

- Action – Assemble Teams to participate in AHRQ program
 - Due Date 2/28/22
- Action - Participate in prevention program
 - Due Date 4/1/22 – 10/31/23

Infection Control

Infection Prevention & Control		Reporting Program	Bench mark	FY21 Year to Date	Desired Direction	Jul 2021	Aug 2021	Sep 2021	Qtr 1 (FY 2022)	Oct 2021	Nov 2021	Dec 2021	Qtr 2 (FY 2022)	Qtr 3 (FY 2022)	Qtr 4 (FY 2022)	FY22 Year to Date
		Quality /Regulatory Metrics														
Surgical Site Infections (SSI) - Colon Surgery (SIR)	CMS-VBP	≤ 0.734	0.434	↓	Reported Semi-annually							0.594	Reported Semi-		0.594	
SSI Colon Observed Number					0	0	1	1	1	0	1	1			1	
SSI Colon Expected Number					0	0	0	0	0	0	0	1.684			1.684	
Surgical Site Infections (SSI) - Abdominal Hysterectomy (SIR)	CMS-VBP	0.732	*	↓	Reported Semi-annually							*	Reported Semi-		*	
SSI HYST Observed Number					0	0	0	0	0	0	0	0			0	
SSI HYST Expected Number					0	0	0	0	0	0	0	0.381			0.381	

Data Not Available	~
Equal or greater than benchmark	🟢
Less than 10% negative variance	🟡
Greater than 10% negative variance	🔴

* Unable to calculate; expected number of infection is less than 1.000





Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

February 23, 2022

Item 4.

Financial Assistance Program
and Eligibility Process

Eligibility & Financial Counseling

Presenters:

Clara Hartneck, Director Patient Access

Nancy Kaminski, Sr VP Revenue Cycle

Agenda

- Current processes
 - New EPIC Financial Assistance Module
- 2021 Eligibility Statistics
 - Appointments
 - AHCCCS Applications
 - Pending & Closed Cases (Self-pay or Expiring Sliding Fee)
 - Connecting Kids to Care
 - Family Planning Services
- Afghan Refugee
- Healthcare Navigator

The Current Eligibility Process

An Overview of new Financial Assistance Module

An Overview – Sliding Fee / Financial Assistance

- To qualify for Financial Assistance (Sliding Fee), a patient must be screened, and approved by an Eligibility Specialist.
- Sliding Fee Determinations are dispositioned as:
 - Category 1 – 0-100% FPL
 - Category 2 – 101-138% FPL
 - Category 3 – 139-150% FPL
 - Category 4 – 151-200% FPL
 - Category 5 - >200% FPL
- FPL is determined by Income and Family size

FAQ:

- Pregnant Women: <156% FPL (Cat 1-4)
- Adults and Children Ages 6-18: <133% FPL (Cat 1-2)

Financial Assistance Module in EPIC

All required information for our discount programs are entered into the Financial Assistance module in EPIC. Income, expenses & family size are recorded in the case & the system determines FPL.

Financial Assistance Case 100045 - Valleywise Health

Case Status: In Progress

Requested On: 1/20/2022

Primary Contact: [Redacted]

Assigned User: Lara Bergen

Application Provided On: 1/20/2022

Service Area: Valleywise Health

For Patient: [Redacted]

Associated Guarantor: [Redacted]

Type	Frequency	Amount	Comment	Family Size	Number of Dependents
Pension	Biweekly	500.00		2	1

Gross Income: 13,044.38

% FPL (Gross): 75

Sliding Fee

Status: Approved

Effective Dates (Start - End): 1/1/2022 - 1/1/2023

Decision Date: 1/1/2022

Application Received Date: 1/1/2022

Approval Type: Full Approval

Responsible User: BERGEN, LARA

Comments: Sliding fee cat 1 approved 01/01/2022-01/01/2023

Details: Family size - 3, Monthly income - \$1000 from pension, Documents provided to support income

Status History: 1/20/2022 11:43 AM Pending - Initiated the process for Sliding Fee

A program tracker is added to the case. Trackers include the following:

- Sliding Fee
- prenatal/maternity package
- AHCCCS approved/pending.

Multiple trackers can be added to one case (i.e. Sliding fee & AHCCCS pending.)

The sliding fee tracker can easily be seen on the Storybook (left side "toolbar") in EPIC. By hovering over the FINANCIAL ASSISTANCE heading, a pop up will open with the details regarding any financial trackers that are completed for the patient.

The screenshot displays the EPIC 'Update Admission' interface for patient Jerry Diegrinder. The left sidebar contains a 'FINANCIAL ASSISTANCE' section with a 'Sliding Fee' link. A green arrow points to this link. A pop-up window titled 'Financial Assistance' is open, showing details for Case 100045. The pop-up includes a table with columns for Assigned User, Application Provided Date, Primary Contact, Gross FPL, and Net FPL. Below the table, it shows 'Sliding Fee (1/1/2022 - 1/1/2023)' with a status of 'Approved' and a decision date of 1/1/2022. The last comment indicates a 'Full Approval' with a discounting of hospital and professional billing. The pop-up also displays 'Bad Debt Balance: 0.00', 'Self Pay Balance: 0.00', and 'Hosp acct balance: 0.00'. The main screen shows patient demographics, including address (52 Redwolf Ridge Rd, Phoenix, AZ 85008) and contact information (Home: 602-344-5011). The 'FINANCIAL ASSISTANCE' section in the sidebar also shows 'SLIDING FEE/SLIDING FEE CAT 1' with a guarantor of P/F - Self and a total self-pay of \$0.00.

Eligibility/Financial Assistance Statistics

Access to financial screening

- To qualify for Sliding Fee, an appointment must be made with one of our Eligibility Team Members.
 - 21 Team Members are located across the PHX metro area
 - 16 – Ambulatory 5 – Hospital (incl. Maryvale & Desert Vista)
- Access to an Eligibility appointment is 1-3 days
- Appointment times are 20 minutes (40 minutes for ≥ 4 family size)

Metric	2019	2021
Appointments Scheduled	24,864	40,368
Appointment No Shows	7,512 (30%)	5,742 (16%)
Interviews Completed	14,784	34,676

FY'22 AHCCCS application submissions

Applications Submitted by Month 2021/2022							
Clinic	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
AVONDALE - ERLINDA	19	8	7	12	19	15	80
CHANDLER - LORRAINE	25	21	19	20	9	14	108
CHC - JUANA	16	16	26	20	19	23	120
CHC - DORA	19	23	18	16	16	14	106
CHC - ROSIE	0	0	0	0	0	1	1
CHC - LIZBETH	28	26	21	19	13	28	135
GUADALUPE - MARIA	3	17	8	5	19	6	58
MARYVALE - CYNTHIA	8	18	16	11	8	6	67
MCDOWELL - LAURA	0	2	2	4	3	3	14
MESA - CARINA	0	0	0	0	17	28	45
NORTH PHX - GEORGE	13	13	7	11	13	14	71
PEORIA - VANESSA	15	17	6	16	13	24	91
PEORIA - LIZ	4	12	14	6	11	4	51
S. CENTRAL - ELIZABETH	18	7	20	13	12	11	81
S. PHX/LAVEEN - MICHELLE	0	0	1	4	6	2	13
MONTHLY TOTALS	168	180	165	157	178	193	1041

- Application submission takes 20-30 minutes, based on family size.
- FES Application submission plus sliding fee takes 30-40 minutes, based on family size
- Current processing time for approval / denial from AHCCCS is 60-90 days.

FY'22 Financial Assistance Module Tracking Self-pay and/or Expiring Sliding Fee

Total number of Cases In-progress or Completed							
Clinic	7/1/2021 *	8/1/2021 *	Sep-21	Oct-21	Nov-21	Dec-21	Total
AVONDALE - ERLINDA			172	158	123	146	599
CHANDLER - LORRAINE			152	128	132	100	512
CHC - JUANA			222	200	202	184	808
CHC - DORA			157	153	185	150	645
CHC - ROSIE			0	0	0	12	12
CHC - LIZBETH			132	158	181	114	585
GUADALUPE - MARIA			147	53	114	83	397
MARYVALE - CYNTHIA			204	165	168	112	649
MCDOWELL - LAURA			187	197	191	193	768
MESA - CARINA			0	27	126	174	327
NORTH PHX - GEORGE			120	105	154	128	507
PEORIA - VANESSA			52	85	99	133	369
PEORIA - LIZ			142	121	119	144	526
S. CENTRAL - ELIZABETH			5	143	241	222	611
S. PHX/LAVEEN - MICHELLE			83	113	128	57	381
Monthly Totals	0	0	1,775	1,806	2,163	1,952	7,696

*Data not collected

Propensity To Pay (P2P)

Propensity to Pay (P2P) is manually run from NThrive to determine household income. The income returned from P2P is based on income that is reported for the address on file.

Running P2P along with HEA, assists the staff with more timely determinations of what programs they may qualify for.

P2P Usage							
Clinic	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
AVONDALE - ERLINDA	83	112	82	7	1	6	291
CHANDLER - LORRAINE	289	209	214	214	140	126	1192
CHC - JUANA	428	314	469	533	511	466	2721
CHC - DORA	52	38	30	6	0	0	126
CHC - ROSIE	0	0	0	0	0	1	1
CHC - LIZBETH	322	139	42	10	0	0	513
GUADALUPE - MARIA	658	616	631	264	565	599	3333
MARYVALE - CYNTHIA	578	408	342	396	420	183	2327
MCDOWELL - LAURA	0	0	0	0	0	0	0
MESA - CARINA	0	0	0	2	0	0	2
NORTH PHX - GEORGE	0	0	0	0	0	0	0
PEORIA - VANESSA	11	30	8	9	4	16	78
PEORIA - LIZ	35	67	19	7	7	14	149
S. CENTRAL - ELIZABETH	763	143	780	23	0	36	1745
S. PHX/LAVEEN - MICHELLE	0	0	98	101	79	68	346
Monthly Totals	3219	2076	2715	1572	1727	1515	12824



Connecting Kids to Care (CK2C)

In 2021, Valleywise Eligibility specialists were able to apply 1085 children and their families for AHCCCS.

Prenatal, Maternity & Title X Family Planning

In 2021, Valleywise eligibility specialists were able to qualify 1235 women seeking healthcare based on their family planning needs through various programs:

- Prenatal packages: 734
- Maternity packages: 171
- Family Planning grant: 330



Eligibility / Financial Assistance Refugee & Healthcare Navigator Programs

Afghan Refugee Sliding fee program

- Eligibility Specialists worked closely with Cultural Health Navigators to obtain necessary documentation & demographics to place Afghan refugees on our sliding fee program.
- The CHC Eligibility team was able to qualify over 150 Afghan Refugee men, women & children for the Valleywise Health sliding fee program so they had immediate access to health care.



Healthcare Navigator Grant

- Valleywise Health was awarded a Healthcare Navigator grant to assist with outreach and signing members up for the Marketplace insurance.
- Currently have 2 staff that are certified Healthcare Navigators at CHC & Avondale.
- 3 fulltime Healthcare Navigators will be stationed at Mesa, West Maryvale & CHC.







Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

February 23, 2022

Item 5.

Financial and Statistical
Information
January 2022



Financial and Statistical Information

for the month ending
January 31, 2022



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Financial Highlights – January 2022

Due to the COVID-19 pandemic, Patient Volume, Operating Revenues and Operating Expenses continues to be impacted during the month of January 2022.

Patient Activity

Total admissions in January were 19.0% below budget, and almost the same as January 2021 last year. Year-to-date total admissions were 5.8% below budget and 5.0% higher than YTD January 2021. Inpatient acute admissions for the month were 3.2% below budget and 11.4% higher than last January 2021. Behavioral health admissions were 50.0% below budget for the month and 28.7% lower than last January 2021.

Emergency department visits were 3.4% over budget for the month and 41.9% higher than last January 2021. Year-to-date visits were 6.1% over budget and 32.9% higher than YTD January 2021.

Ambulatory visits were 0.6% below budget for the month and 4.4% higher than last January 2021. Year-to-date visits were almost right on budget and 3.0% higher than YTD January 2021.

Operating Revenue

Net patient service revenues were 0.4% over budget for the month and were 7.4% higher than budget on a year-to-date basis. Other revenues were 5.3% below budget for the month. Overall total operating revenues were 0.6% below budget for the month primarily in other revenues.

Operating Expense

Total operating expenses were 2.9% over budget for the month of January. Labor expense, which includes salaries, benefits, and contract labor, were 10.9% over budget for the month. Majority of the negative variances are in overtime, extra shift incentives and contract labor due to the staffing shortage. Negative variance in contract labor were in nursing, especially the ICU/IDU/Burn units, ER departments, OR services, respiratory therapy, behavioral health units and information technology. Net medical service fees were 3.1% below budget for the month primarily in staffing. Supplies were 16.6% below budget with positive variances in pharmaceuticals and surgery related supplies. Purchased services were 12.8% below budget primarily in other services and collection fees. Lastly, all other expenses excluding depreciation were almost right on budget for the month.

Non-Operating Revenue (Expense) – In total, net non-operating revenues and expenses were 8.2% over budget for the month of January mostly in interest expense being below budget. Year-to-date, net non-operating revenues and expenses were 16.0% over budget primarily due to reduction in interest expense, COVID related subsidies and sale of El Mirage clinic.



Cash and Cash Equivalents (including investments)

	<u>January 2022</u>	<u>June 2022</u>
Operating / General Fund	\$197.1M	\$262.2M
Bond related – Restricted	<u>345.7M</u>	<u>477.0M</u>
Total cash and cash equivalents (including investments)	\$542.8M	\$739.2M

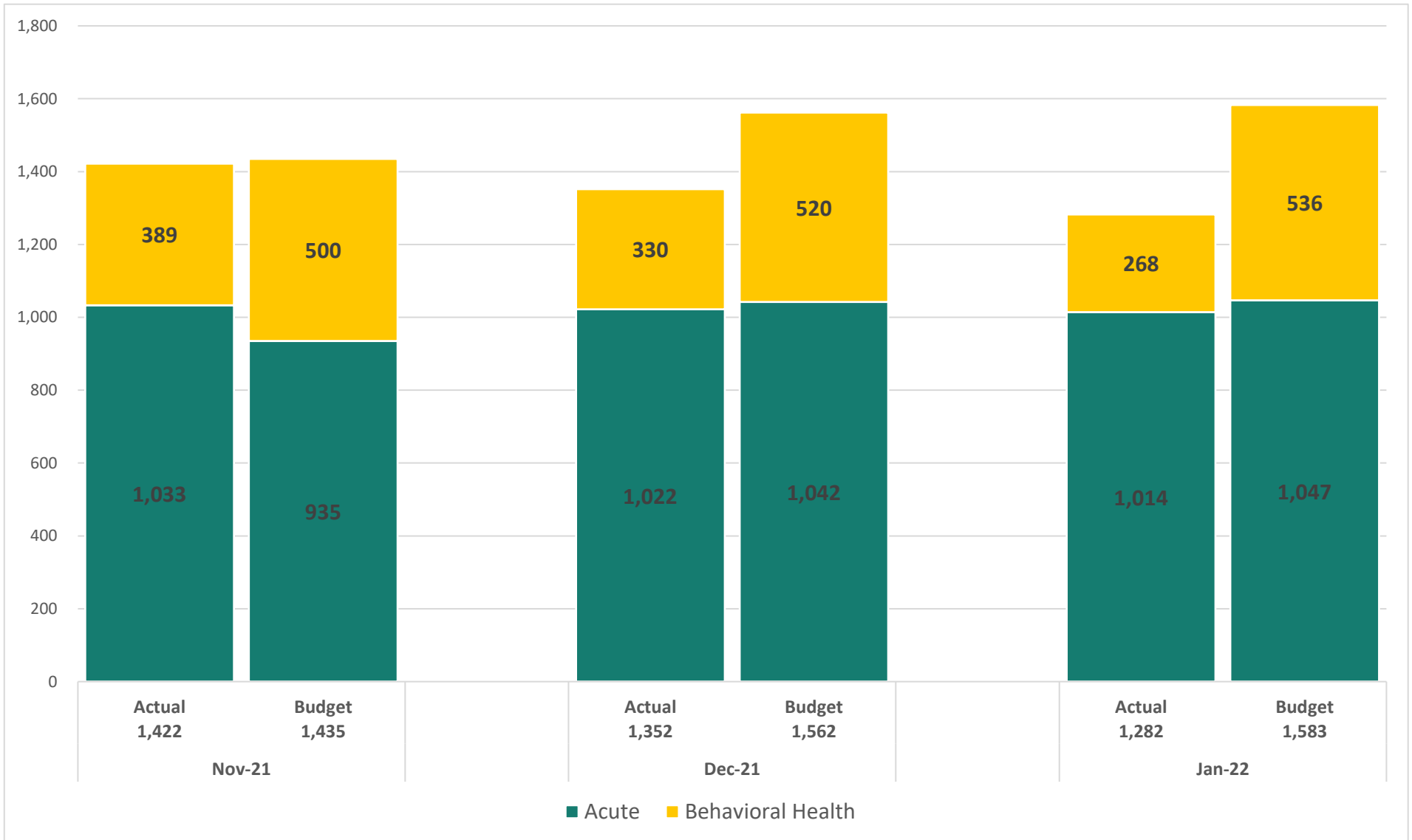
Select Ratios

	FY2022 YTD as of January	2018 Moody’s “A3” Medians
Liquidity		
Days cash on hand (unrestricted)	95.3	183.5
Days in Accounts Receivable	75.2	47.0
Current Ratio (excludes Bond funds)	2.6	1.8

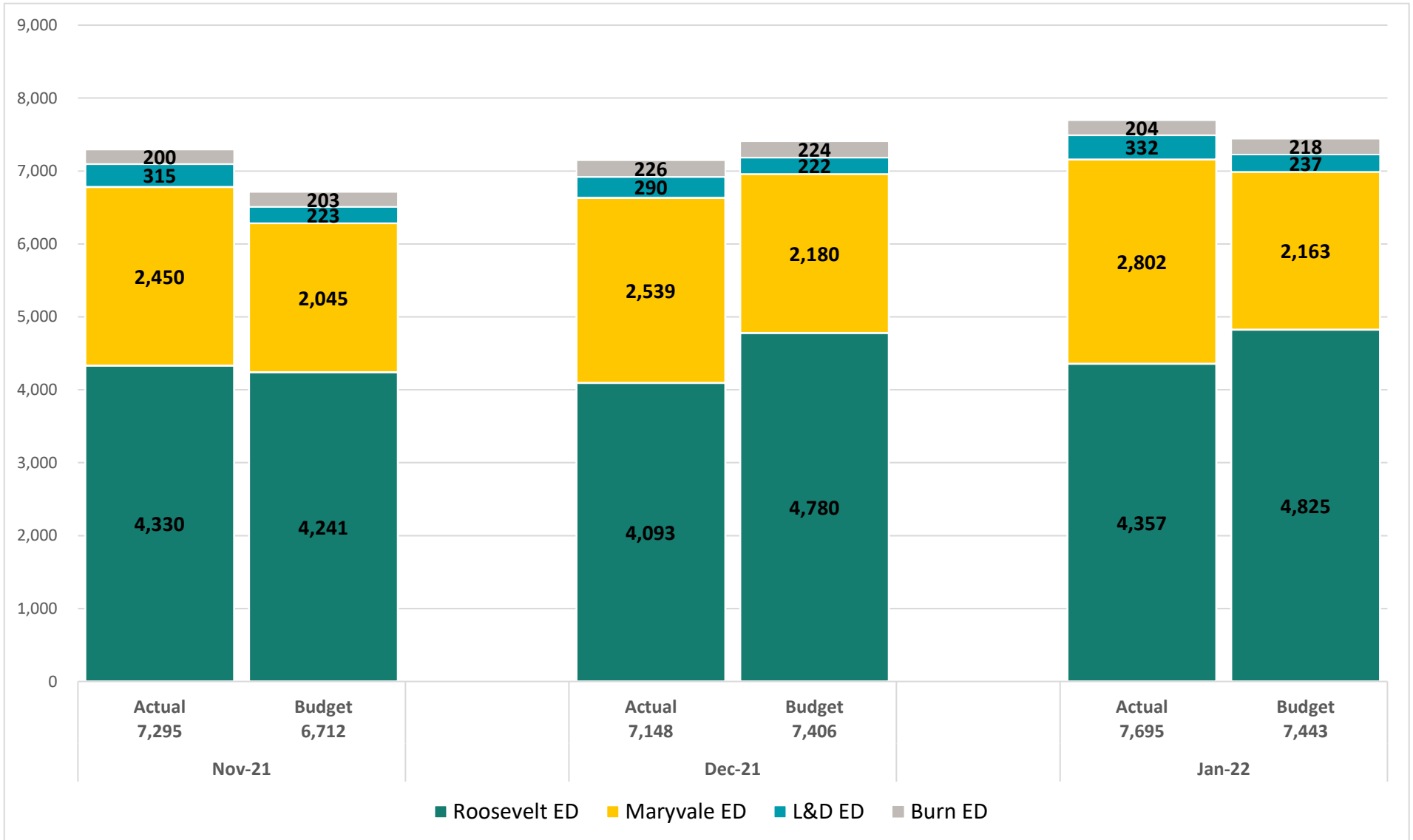
	FY2022	
	YTD Actual	YTD Budget
Profitability		
Operating Margin (%)	(24.9)	(21.8)
Excess Margin – normalized (%)	(11.0)	(8.2)
Productivity		
FTE/AOB w/o Residents	4.80	4.70

If you have any questions, please do not hesitate to contact Melanie Talbot or Claire Agnew, CFO.

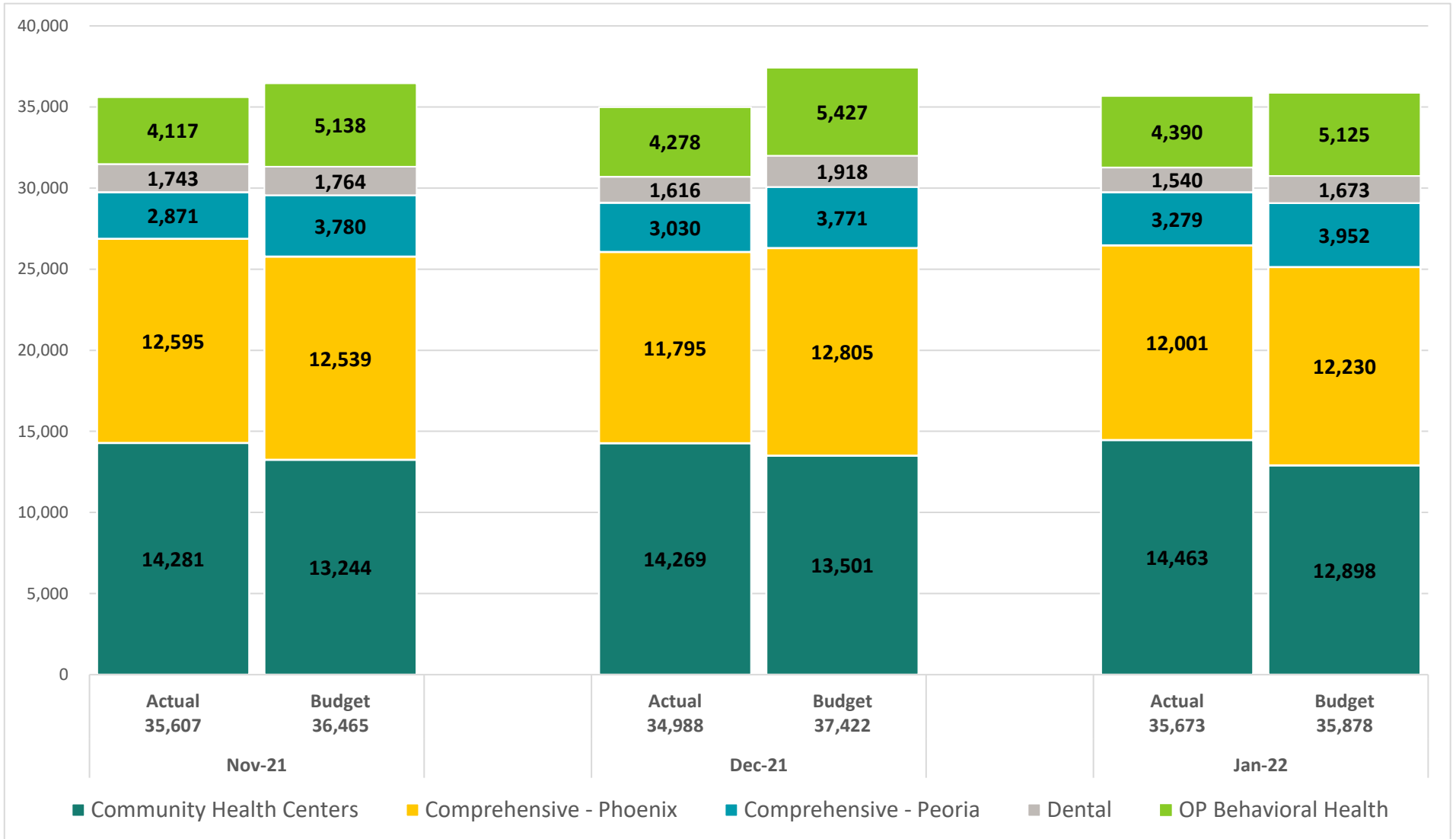
Fiscal Year 2022 Admissions



Fiscal Year 2022 Emergency Department Visits

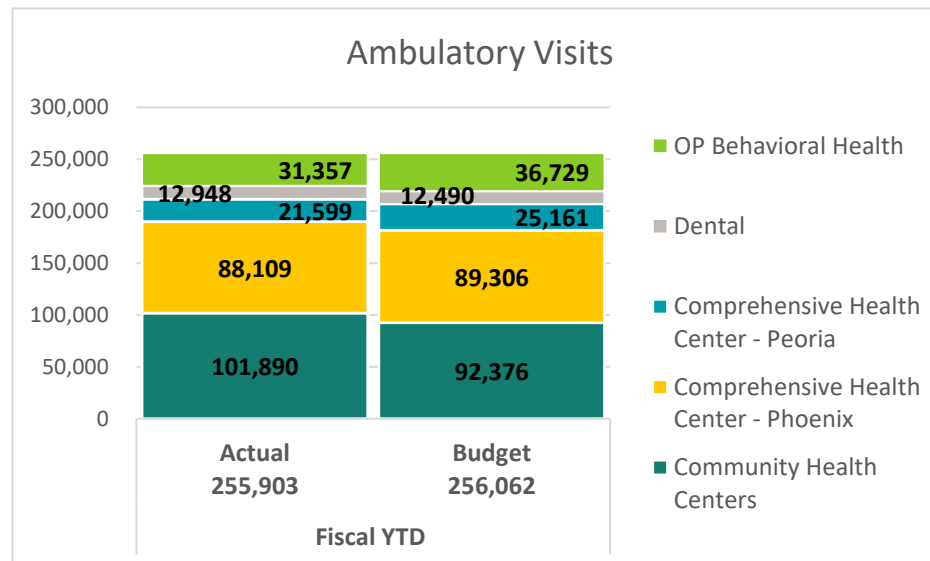
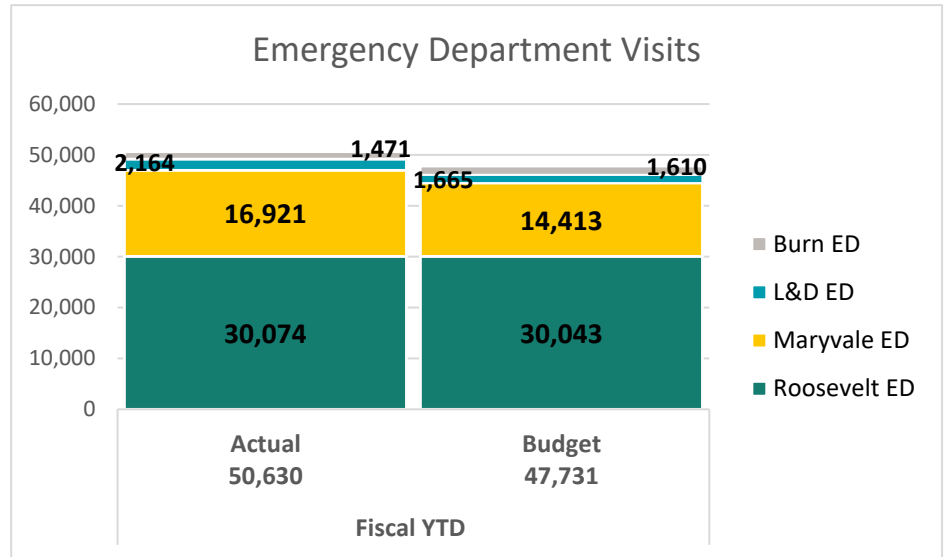
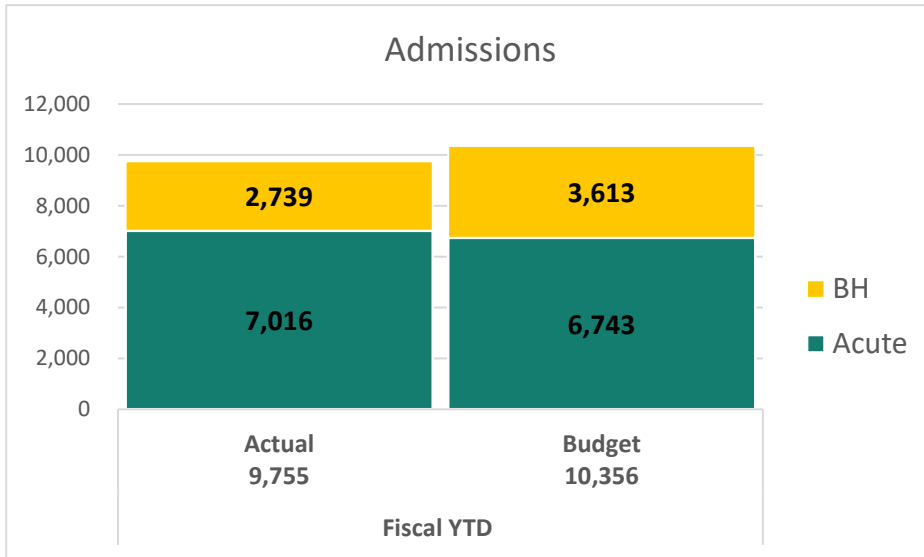


Fiscal Year 2022 Ambulatory Visits



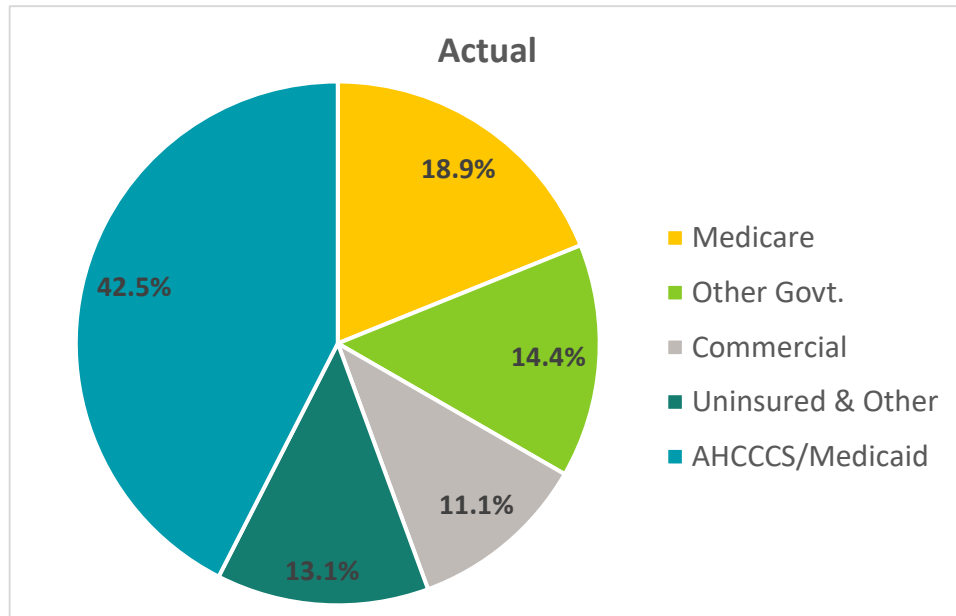
* Includes Telehealth visits -- 6,561 (November 2021) || 7,236 (December 2021) || 10,635 (January 2022)

Fiscal Year 2022 Year-to-Date Volume Summary

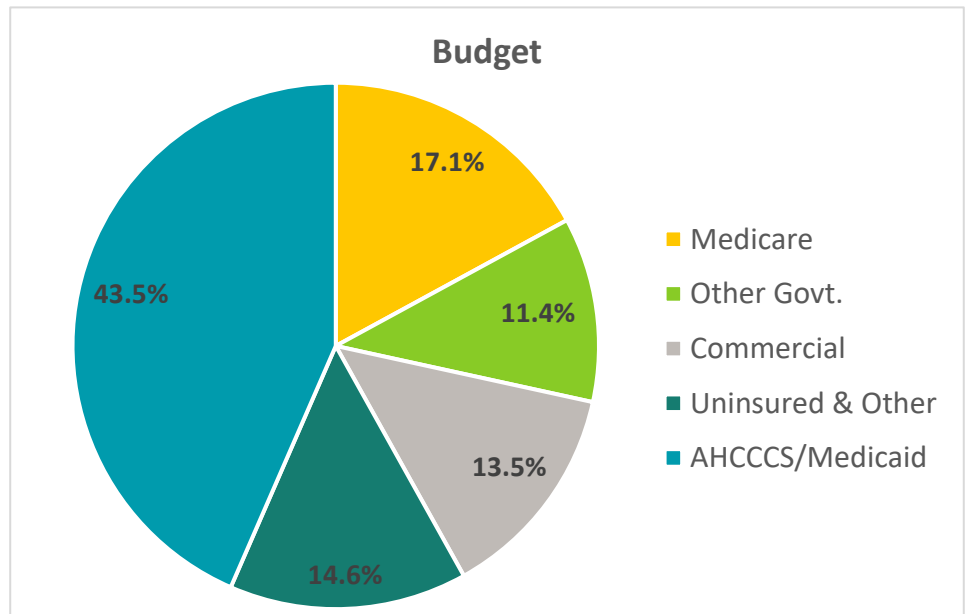


* Includes 52,698 Telehealth visits in FY 2022

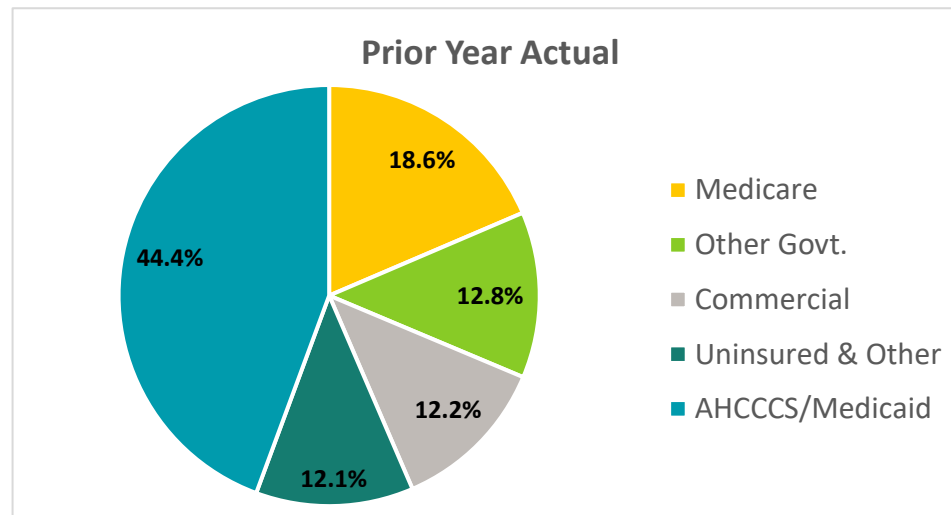
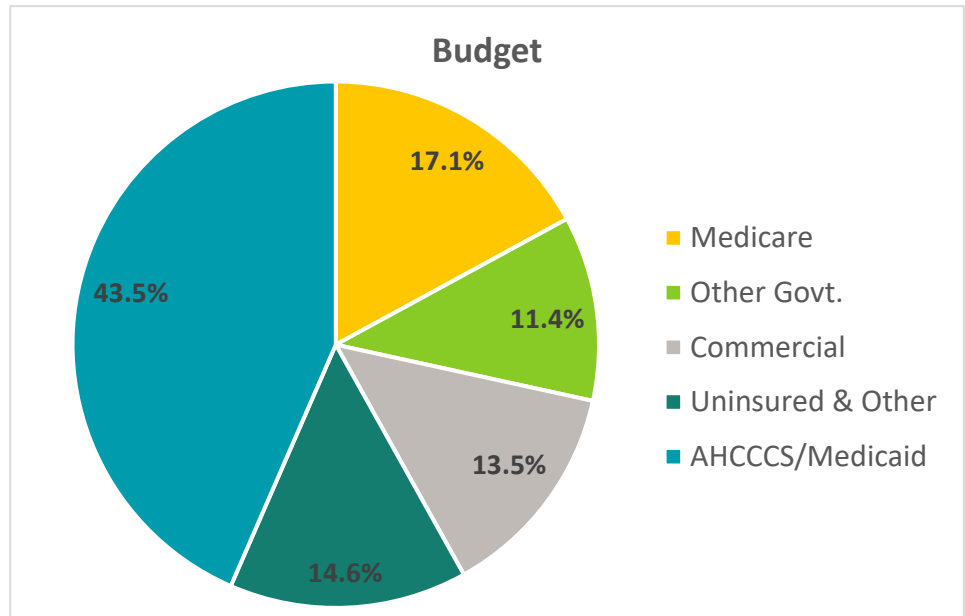
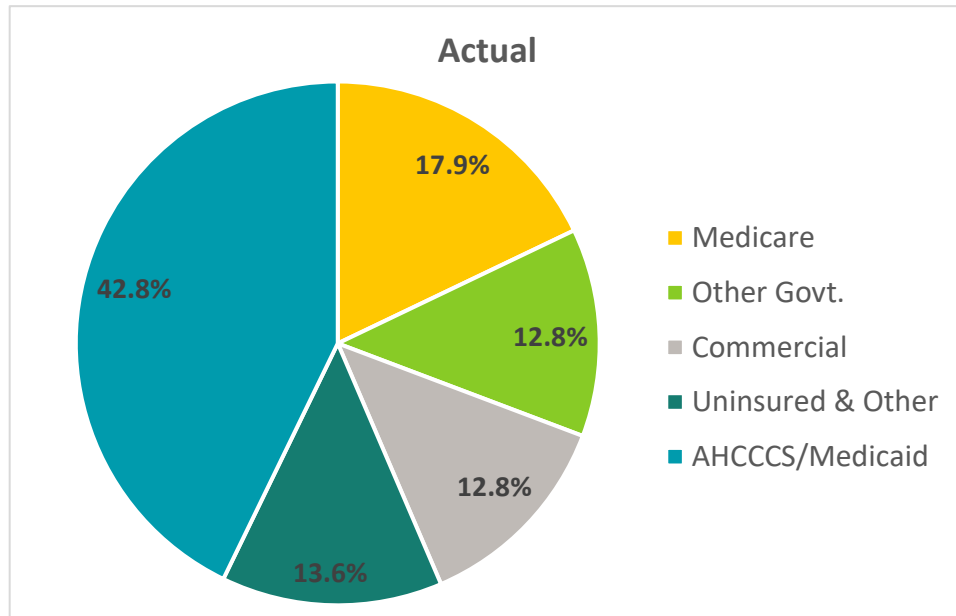
Fiscal Year 2022 Patient Revenue Source by Gross Revenue



Actual Gross Revenue is month of January 31, 2022



Fiscal Year 2022 Patient Revenue Source by Gross Revenue



Actual Gross Revenue is
YTD as of January 31, 2022

Prior Year Gross Revenue is
all of fiscal year 2021



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

Unusual Item Report

For the month ending January 31, 2022

		MTD Actual
Increase (decrease) in net assets as reported		\$ (7,332,320)
 <i>Unusual items:</i>		
State of AZ - Surge nurses relief (Contract Labor) - 4.0 FTE's	\$ 112,955	
State of AZ - Surge nurses relief (Non-operating revenue)	(112,955)	
COVID related subsidies - various HRSA grants	(57,055)	
	<hr/>	<hr/> (57,055)
Normalized increase (decrease) in net assets		<u><u>\$ (7,389,375)</u></u>



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF REVENUES AND EXPENSES

For the Period Ending January 31, 2022

	Jan-22 Actual	Jan-22 Budget	Jan-22 Variance	Jan-22 % Change	Prior Year Same Month Jan-21	Prior Year Same Month Variance	Prior Year Same Month % Change
Net Patient Service Revenue	\$ 44,649,953	\$ 44,453,403	\$ 196,550	0.4 %	\$ 38,262,002	\$ 6,387,952	16.7 %
Other Revenue	9,208,362	9,728,470	(520,108)	(5.3 %)	8,357,511	850,851	10.2 %
Total Operating Revenue	53,858,315	54,181,873	(323,558)	(0.6 %)	46,619,513	7,238,802	15.5 %
OPERATING EXPENSES							
Salaries and Wages	26,776,501	25,206,883	(1,569,618)	(6.2 %)	24,937,006	(1,839,494)	(7.4 %)
Contract Labor	4,805,894	2,891,044	(1,914,850)	(66.2 %)	1,948,691	(2,857,203)	(146.6 %)
Employee Benefits	8,034,195	7,632,424	(401,771)	(5.3 %)	7,658,085	(376,110)	(4.9 %)
Medical Service Fees	8,202,667	8,463,906	261,239	3.1 %	6,968,520	(1,234,148)	(17.7 %)
Supplies	7,087,175	8,502,211	1,415,036	16.6 %	7,323,079	235,904	3.2 %
Purchased Services	2,166,996	2,486,062	319,066	12.8 %	2,205,522	38,526	1.7 %
Repair and Maintenance	1,699,658	2,023,850	324,192	16.0 %	1,596,228	(103,430)	(6.5 %)
Utilities	434,977	473,441	38,464	8.1 %	714,738	279,761	39.1 %
Rent	480,158	457,103	(23,055)	(5.0 %)	416,521	(63,636)	(15.3 %)
Other Expenses	2,213,838	1,825,433	(388,405)	(21.3 %)	1,573,762	(640,076)	(40.7 %)
Provider Assessment	1,963,959	1,963,959	0	0.0 %	1,801,301	(162,657)	(9.0 %)
Depreciation	4,066,055	4,069,684	3,630	0.1 %	3,520,756	(545,299)	(15.5 %)
Total Operating Expense	67,932,072	65,996,000	(1,936,072)	(2.9 %)	60,664,208	(7,267,863)	(12.0 %)
Operating Income (Loss)	(14,073,757)	(11,814,127)	(2,259,629)	(19.1 %)	(14,044,696)	(29,061)	(0.2 %)
NONOPERATING REVENUES (EXPENSES)							
NonCapital Grants	484,751	533,969	(49,218)	(9.2 %)	417,611	67,140	16.1 %
NonCapital Transfers from County/State	295,658	295,658	0	0.0 %	295,658	0	0.0 %
Investment Income	270,995	260,083	10,912	4.2 %	130,697	140,298	107.3 %
Other NonOperating Revenues (Expenses)	(1,457,483)	(1,444,119)	(13,365)	(0.9 %)	1,554,342	(3,011,826)	(193.8 %)
Interest Expense	(1,507,861)	(2,334,137)	826,277	35.4 %	(1,249,231)	(258,630)	(20.7 %)
Tax Levy	12,085,171	12,085,170	0	0.0 %	11,633,850	451,321	3.9 %
Total NonOperating Revenues (Expenses)	10,171,231	9,396,625	774,605	8.2 %	12,782,928	(2,611,697)	(20.4 %)
Excess of Revenues over Expenses	\$ (3,902,526)	\$ (2,417,502)	\$ (1,485,024)	(61.4 %)	\$ (1,261,768)	\$ (2,640,758)	(209.3 %)



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF REVENUES AND EXPENSES

For the Period Ending January 31, 2022

	Jan-22 Actual	Jan-22 Budget	Jan-22 Variance	Jan-22 % Change	Prior Year Same Month Jan-21	Prior Year Same Month Variance	Prior Year Same Month % Change
Bond-Related Revenues and Expenses	(3,429,793)	(2,512,505)	(917,288)	(36.5 %)	(3,380,831)	(48,963)	(1.4 %)
Increase (Decrease) in Net Assets (normalized)	\$ (7,332,320)	\$ (4,930,008)	\$ (2,402,312)	(48.7 %)	\$ (4,642,598)	\$ (2,689,721)	(57.9 %)



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF REVENUES AND EXPENSES

For the Seven Periods Ending January 31, 2022

	Jan-22 YTD Actual	Jan-22 YTD Budget	Jan-22 YTD Variance	YTD Jan-22 % Change	YTD Prior Year Jan-21	YTD Prior Year Variance	YTD Prior Year % Change
Net Patient Service Revenue	\$ 311,652,220	\$ 290,174,313	\$ 21,477,907	7.4 %	\$ 274,342,323	\$ 37,309,897	13.6 %
Other Revenue	64,917,175	67,256,284	(2,339,109)	(3.5 %)	57,421,083	7,496,092	13.1 %
Total Operating Revenue	376,569,395	357,430,597	19,138,798	5.4 %	331,763,406	44,805,989	13.5 %
OPERATING EXPENSES							
Salaries and Wages	177,003,688	159,417,331	(17,586,357)	(11.0 %)	164,806,860	(12,196,828)	(7.4 %)
Contract Labor	37,020,873	20,216,300	(16,804,572)	(83.1 %)	13,370,245	(23,650,627)	(176.9 %)
Employee Benefits	51,875,198	48,982,229	(2,892,969)	(5.9 %)	50,036,227	(1,838,971)	(3.7 %)
Medical Service Fees	57,013,334	58,348,039	1,334,705	2.3 %	50,412,681	(6,600,653)	(13.1 %)
Supplies	57,571,153	57,269,785	(301,368)	(0.5 %)	52,929,172	(4,641,980)	(8.8 %)
Purchased Services	17,490,142	18,054,557	564,415	3.1 %	18,680,037	1,189,894	6.4 %
Repair and Maintenance	12,085,874	13,552,070	1,466,196	10.8 %	11,958,858	(127,016)	(1.1 %)
Utilities	4,297,536	4,380,660	83,124	1.9 %	4,944,040	646,504	13.1 %
Rent	3,675,917	3,462,946	(212,970)	(6.1 %)	3,203,536	(472,380)	(14.7 %)
Other Expenses	12,871,930	12,742,215	(129,715)	(1.0 %)	10,918,529	(1,953,400)	(17.9 %)
Provider Assessment	13,627,631	13,627,631	0	0.0 %	9,858,399	(3,769,232)	(38.2 %)
Depreciation	25,755,826	25,230,082	(525,744)	(2.1 %)	24,316,367	(1,439,459)	(5.9 %)
Total Operating Expense	470,289,101	435,283,845	(35,005,255)	(8.0 %)	415,434,952	(54,854,149)	(13.2 %)
Operating Income (Loss)	(93,719,705)	(77,853,248)	(15,866,457)	(20.4 %)	(83,671,545)	(10,048,160)	(12.0 %)
NONOPERATING REVENUES (EXPENSES)							
NonCapital Grants	3,312,299	3,590,990	(278,691)	(7.8 %)	3,324,724	(12,424)	(0.4 %)
NonCapital Transfers from County/State	2,069,606	2,069,606	0	0.0 %	2,069,606	0	0.0 %
Investment Income	1,647,338	1,820,583	(173,245)	(9.5 %)	1,202,875	444,463	37.0 %
Other NonOperating Revenues (Expenses)	(5,146,802)	(9,586,277)	4,439,475	46.3 %	3,827,189	(8,973,991)	(234.5 %)
Interest Expense	(9,768,584)	(16,370,444)	6,601,860	40.3 %	(8,790,269)	(978,315)	(11.1 %)
Tax Levy	84,596,194	84,596,193	1	0.0 %	81,436,949	3,159,245	3.9 %
Total NonOperating Revenues (Expenses)	76,710,051	66,120,652	10,589,400	16.0 %	83,071,074	(6,361,023)	(7.7 %)
Excess of Revenues over Expenses	\$ (17,009,654)	\$ (11,732,597)	\$ (5,277,058)	(45.0 %)	\$ (600,472)	\$ (16,409,183)	(2732.7 %)



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF REVENUES AND EXPENSES

For the Seven Periods Ending January 31, 2022

	Jan-22 YTD Actual	Jan-22 YTD Budget	Jan-22 YTD Variance	YTD Jan-22 % Change	YTD Prior Year Jan-21	YTD Prior Year Variance	YTD Prior Year % Change
Bond-Related Revenues and Expenses	(24,622,542)	(17,556,054)	(7,066,487)	(40.3 %)	(23,785,026)	(837,515)	(3.5 %)
Increase (Decrease) in Net Assets (normalized)	\$ (41,632,196)	\$ (29,288,651)	\$ (12,343,545)	(42.1 %)	\$ (24,385,498)	\$ (17,246,698)	(70.7 %)



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF NET POSITION

January 31, 2022

	1/31/2022	6/30/2021
ASSETS		
Current Assets		
Cash and Cash Equivalents		
Cash - Care System	\$ 197,062,107	\$ 262,238,041
Cash and Short-Term Investment	197,062,107	262,238,041
Cash - Bond	345,740,638	477,027,521
Cash and Short-Term Investment - Bond	345,740,638	477,027,521
Total Cash and Cash Equivalents	542,802,745	739,265,563
Patient A/R, Net of Allowances	111,333,337	99,414,043
Other Receivables and Prepaid Items	56,213,271	30,623,897
Estimated Amounts Due from Third-Party Payors	78,324,058	56,788,953
Due from Related Parties	1,160,712	1,766,465
Total Current Assets	789,834,123	927,858,920
Capital Assets, Net	666,578,582	594,155,126
Other Assets		
Total Other Assets	0	0
Total Assets	1,456,412,705	1,522,014,046
Deferred Outflows	89,357,989	89,357,989



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF NET POSITION

January 31, 2022

	1/31/2022	6/30/2021
Total Assets and Deferred Outflows	<u>\$ 1,545,770,694</u>	<u>\$ 1,611,372,035</u>
 LIABILITIES AND NET POSITION		
Current Liabilities		
Current Maturities of Long-Term Debt	\$ 42,947,557	\$ 42,619,328
Accounts Payable	52,212,193	44,530,242
Accrued Payroll and Expenses	38,292,148	43,855,191
Medical Claims Payable	15,267,658	15,116,287
Due to Related Parties	11,379,110	6,855,908
Other Current Liabilities	<u>54,392,388</u>	<u>60,526,351</u>
Total Current Liabilities	214,491,054	213,503,307
Long-Term Debt		
Bonds Payable	<u>680,882,947</u>	<u>730,462,381</u>
Total Long-Term Debt	680,882,947	730,462,381
Long-Term Liabilities	394,175,117	394,175,117
Total Liabilities	1,289,549,117	1,338,140,805
Deferred Inflows	3,972,294	3,972,294



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF NET POSITION

January 31, 2022




	<u>1/31/2022</u>	<u>6/30/2021</u>
Net Position		
Invested in Capital Assets, Net of Related Debt	623,631,025	551,535,798
Temporarily Restricted	17,145,012	10,301,941
Unrestricted	<u>(388,526,754)</u>	<u>(292,578,803)</u>
Total Net Position	252,249,282	269,258,937
Total Liabilities, Deferred Inflows, and Net Position	<u><u>\$ 1,545,770,694</u></u>	<u><u>\$ 1,611,372,035</u></u>

















































































Comprehensive Health Center – Peoria (pictured)

Supplemental Information

Valleywise Health
 Financial and Statistical Information
 31-Jan-22

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	1,014	1,047	(33)	(3.2%) 	7,016	6,743	273	4.0% 	6,280	736	11.7% 	
Length of Stay (LOS)	6.1	4.7	(1.4)	(29.2%) 	5.9	4.9	(1.0)	(19.2%) 	5.9	(0.0)	(0.8%) 	
Patient Days	6,152	4,915	1,237	25.2% 	41,374	33,358	8,016	24.0% 	36,749	4,625	12.6% 	
Acute - Observation Days and Admits												
Observation Days	356	452	(96)	(21.3%) 	3,069	2,821	248	8.8% 	2,163	906	41.9% 	
Observation Admission - Transfer to Inpatient	148	191	(43)	(22.5%) 	1,212	1,188	24	2.0% 	1,037	175	16.9% 	
Observation Admission Only	225	365	(140)	(38.4%) 	2,014	2,269	(255)	(11.2%) 	1,575	439	27.9% 	
Total Admissions - Acute plus Observation Only	1,239	1,412	(173)	(12.3%) 	9,030	9,012	18	0.2% 	7,855	1,175	15.0% 	
Behavioral Health												
Admissions	268	536	(268)	(50.0%) 	2,739	3,613	(874)	(24.2%) 	3,012	(273)	(9.1%) 	
Length of Stay (LOS)	28.7	19.3	(9.4)	(48.9%) 	22.5	18.5	(4.0)	(21.7%) 	20.1	(2.4)	(12.1%) 	
Patient Days	7,688	10,328	(2,640)	(25.6%) 	61,645	66,802	(5,157)	(7.7%) 	60,457	1,188	2.0% 	
Valleywise Behavioral Health Center-Phoenix	1,194	2,651	(1,457)	(55.0%) 	14,041	15,963	(1,922)	(12.0%) 	15,150	(1,109)	(7.3%) 	
Valleywise Behavioral Health Center-Mesa	2,576	2,980	(404)	(13.6%) 	19,683	20,466	(783)	(3.8%) 	19,156	527	2.8% 	
Valleywise Behavioral Health Center-Maryvale	3,918	4,697	(779)	(16.6%) 	27,921	30,373	(2,452)	(8.1%) 	26,151	1,770	6.8% 	
Combined (Acute + Behavioral Health)												
Adjusted Admissions	2,160	2,899	(739)	(25.5%) 	16,855	19,056	(2,201)	(11.5%) 	15,380	1,476	9.6% 	
Adjusted Patient Days	23,322	27,915	(4,593)	(16.5%) 	178,002	184,303	(6,302)	(3.4%) 	160,891	17,111	10.6% 	
Case Mix Index												
Total Hospital	1.66	1.60	0.06	3.7% 	1.60	1.60	0.00	0.1% 	1.64	(0.04)	(2.4%) 	
Acute (Excluding Newborns)	1.90	1.88	0.02	1.1% 	1.86	1.88	(0.02)	(1.3%) 	1.93	(0.07)	(3.8%) 	
Behavioral Health	1.23	1.20	0.03	2.2% 	1.20	1.20	0.00	0.3% 	1.20	0.00	0.3% 	
Medicare	2.18	2.25	(0.07)	(3.3%) 	2.31	2.25	0.06	2.7% 	2.31	0.00	0.1% 	
AHCCCS	1.75	1.88	(0.13)	(7.1%) 	1.79	1.88	(0.09)	(4.7%) 	1.94	(0.15)	(7.6%) 	
Ambulatory												
Valleywise Community Health Centers Visits	14,463	12,898	1,565	12.1% 	101,890	92,376	9,514	10.3% 	115,393	(13,503)	(11.7%) 	
Valleywise Comprehensive Health Center-Phoenix Visits	12,001	12,230	(229)	(1.9%) 	88,109	89,306	(1,197)	(1.3%) 	90,477	(2,368)	(2.6%) 	
Valleywise Comprehensive Health Center-Peoria Visits	3,279	3,952	(673)	(17.0%) 	21,599	25,161	(3,562)	(14.2%) 	242	21,357	8825.2% 	
Dental Clinics Visits	1,540	1,673	(133)	(7.9%) 	12,948	12,490	458	3.7% 	8,524	4,424	51.9% 	
OP Behavioral Health Visits	4,390	5,125	(735)	(14.3%) 	31,357	36,729	(5,372)	(14.6%) 	33,881	(2,524)	(7.4%) 	
Total Ambulatory Visits :	35,673	35,878	(205)	(0.6%) 	255,903	256,062	(159)	(0.1%) 	248,517	7,386	3.0% 	

Valleywise Health
Financial and Statistical Information

31-Jan-22

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 %

Other														
Operating Room Utilization	54%	70%	(16.4%)	(23.4%)		66%	70%	(4.3%)	(6.2%)		59%	6.3%	10.5%	
Total Main OR Surgical Minutes - Roosevelt	51,390	78,408	(27,018)	(34.5%)		488,205	520,968	(32,763)	(6.3%)		454,890	33,315	7.3%	
Main OR Minutes per Case - Roosevelt	106	113	6.5	5.7%		110	112	2.6	2.3%		117	6.7	5.8%	
Total Main OR Surgeries - Roosevelt	484	696	(212)	(30.5%)		4,446	4,636	(190)	(4.1%)		3,903	543	13.9%	
OP Surgeries - Peoria	23	44	(21)	(47.7%)		211	226	(15)	(6.6%)		0	211	100.0%	
Total Surgeries - Roosevelt (Main OR) and Peoria	507	740	(233)	(31.5%)		4,657	4,862	(205)	(4.2%)		3,903	754	19.3%	
Endoscopy Cases - Roosevelt	159	262	(103)	(39.3%)		1,460	1,781	(321)	(18.0%)		1,482	(22)	(1.5%)	
Endoscopy Cases - Peoria	43	50	(7)	(14.0%)		401	272	129	47.4%		0	401	100.0%	
Total Endoscopy Cases - Roosevelt and Peoria	202	312	(110)	(35.3%)		1,861	2,053	(192)	(9.4%)		1,482	379	25.6%	
Deliveries	191	150	41	27.3%		1,251	1,039	212	20.4%		994	257	25.9%	
Trauma Visits (subset of ED Visits)	144	124	20	16.1%		1,142	778	364	46.8%		873	269	30.8%	
Emergency Department (ED)	7,695	7,443	252	3.4%		50,630	47,731	2,899	6.1%		38,099	12,531	32.9%	
Roosevelt ED	4,357	4,825	(468)	(9.7%)		30,074	30,043	31	0.1%		23,496	6,578	28.0%	
Maryvale ED	2,802	2,163	639	29.5%		16,921	14,413	2,508	17.4%		11,578	5,343	46.1%	
L&D ED	332	237	95	40.1%		2,164	1,665	499	30.0%		1,617	547	33.8%	
Burn ED	204	218	(14)	(6.4%)		1,471	1,610	(139)	(8.6%)		1,408	63	4.5%	
% of Total ED Visits Resulting in Admission Roosevelt	13.4%	13.4%	(0.1%)	(0.5%)		13.3%	13.3%	(0.0%)	(0.1%)		15.2%	(2.0%)	(12.8%)	
% of Total ED Visits Resulting in Admission Maryvale	6.7%	5.4%	1.3%	23.4%		6.3%	5.4%	0.9%	17.1%		8.1%	(1.8%)	(21.8%)	
% of Acute Patients Admitted Through the ED	91.1%	86.0%	5.2%	6.0%		87.7%	85.2%	2.5%	2.9%		87.2%	0.5%	0.5%	
Left Without Treatment (LWOT) ROOSEVELT	3.9%	<3%	(0.9%)	(30.8%)		3.4%	<3%	(0.4%)	(13.7%)		0.6%	(2.8%)	(459.0%)	
Left Without Treatment (LWOT) MARYVALE	1.5%	<3%	1.5%	48.7%		1.6%	<3%	1.4%	46.7%		0.9%	(0.7%)	73.9%	
Overall ED Median Length of Stay (minutes) ROOSEVELT	248	<240	(8)	(3.3%)		246	<240	(6)	(2.5%)		203	(43)	(21.2%)	
Overall ED Median Length of Stay (minutes) MARYVALE	176	<220	44	20.0%		181	<220	39	17.7%		168	(13)	7.7%	
PSYCH ED Median LOS (minutes) ROOSEVELT	740	<0	(740)	(100.0%)		643	<0	(643)	(100.0%)		517	(126)	(24.4%)	
PSYCH ED Median LOS (minutes) MARYVALE	672	<0	(672)	(100.0%)		607	<0	(607)	(100.0%)		481	(126)	(26.1%)	
Median Time to Treatment (MTT) (minutes) ROOSEVELT	38	<30	(8)	(26.7%)		33	<30	(3)	(10.0%)		16	(17)	(106.3%)	
Median Time to Treatment (MTT) (minutes) MARYVALE	29	<30	1	3.3%		28	<30	2	6.7%		14	(14)	100.0%	
Cath Lab Utilization - Room 1	16%	45%	(28.6%)	(63.6%)		16%	45%	(28.5%)	(63.3%)		16%	0.5%	2.9%	
Cath Lab Utilization - Room 2	13%	45%	(32.0%)	(71.1%)		16%	45%	(28.5%)	(63.4%)		19%	(2.6%)	(13.6%)	
Cath Lab Utilization - IR	81%	65%	15.6%	24.0%		92%	65%	27.5%	42.3%		88%	4.3%	4.9%	
CCTA/Calcium Score	8	15	(7)	(46.7%)		79	105	(26)	(24.8%)		54	25	46.3%	
Pediatric ED Visits at Maryvale (under age 18)	475					2,938					1,171	1,767	150.9%	
Adult ED Visits at Maryvale (age 18 and over)	2,327					13,983					10,407	3,576	34.4%	
Maryvale ED to Inpatient OR (under age 18)	3					14					14	-	0.0%	
Maryvale ED to Inpatient OR (Total)	21					171					150	21	14.0%	
Pediatric ED Visits at Roosevelt (under age 18)	683					5,084					2,862	2,222	77.6%	
Adult ED Visits at Roosevelt (age 18 and over)	3,674					24,990					20,634	4,356	21.1%	

Valleywise Health
 Financial and Statistical Information
 31-Jan-22

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 %

Operating Income / (Loss) in 000s

Valleywise Health	\$	(14,074)	\$	(11,814)	\$	(2,260)	(19.1%)		\$	(93,720)	\$	(77,853)	\$	(15,866)	(20.4%)		\$	(83,672)	\$	(10,048)	(12.0%)	
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Net Income / (Loss) in 000s

Valleywise Health	\$	(3,903)	\$	(2,418)	\$	(1,485)	(61.4%)		\$	(17,010)	\$	(11,733)	\$	(5,277)	(45.0%)		\$	(600)	\$	(16,409)	(2732.7%)	
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**Net Income / (Loss) in 000s
Normalized**

Valleywise Health	\$	(7,332)	\$	(4,930)	\$	(2,402)	(48.7%)		\$	(41,632)	\$	(29,289)	\$	(12,344)	(42.1%)		\$	(24,385)	\$	(17,247)	(70.7%)	
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RATIOS:

Liquidity

Total Cash and Investments (000s)	\$	197.1	\$	264.8	\$	(67.7)	(25.6%)	
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Total Days Cash on Hand	95.3	143.6	(48.3)	(33.6%)	
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Current Ratio	3.7	4.6	(0.9)	(19.6%)	
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Current Ratio without Bond-related Assets & Liabilities	2.6	2.8	(0.2)	(7.1%)	
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Days in Accounts Receivable (Hospital only)	75.2	70.6	(4.6)	(6.5%)	
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Capital Structure

EBIDA Debt Service Coverage	0.6	1.7	(1.1)	(64.7%)	
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Profitability

Operating Margin	(26.10%)	(21.80%)	(4.30%)	(19.7%)		(24.90%)	(21.80%)	(3.10%)	(14.2%)		(20.80%)	(4.10%)	(19.7%)	
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Labor

FTE/AOB WO Residents	5.16	4.60	(0.56)	(12.2%)		4.80	4.70	(0.10)	(2.2%)		5.18	0.38	7.3%	
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	Current Month			
	Actual	Prior Year	Variance	Var %
Turnover Rate - Voluntary	2.40%	1.80%	(0.60%)	(33.33%)
Turnover Rate - Involuntary	0.34%	0.19%	(0.15%)	(78.95%)
Turnover Rate - Uncontrollable	0.34%	0.40%	0.06%	15.00%
Turnover Rate - Total	3.09%	2.38%	(0.71%)	(29.83%)

	Rolling Last Twelve Months			
	Actual	Prior Year	Variance	Var %
Turnover Rate - Voluntary	22.95%	16.62%	(6.33%)	(38.09%)
Turnover Rate - Involuntary	3.57%	3.48%	(0.09%)	(2.59%)
Turnover Rate - Uncontrollable	4.13%	3.94%	(0.19%)	(4.82%)
Turnover Rate - Total	30.65%	24.04%	(6.61%)	(27.50%)

Appendix A Definition of Financial Indicators

Indicator	Definition	Desired Position	
		Trend	Median
Total Days Cash on Hand	$= \frac{\text{Cash} + \text{Short-Term Investments}}{(\text{Operating Expenses Less - Depreciation}) / \text{YTD Days}}$	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	$= \frac{\text{Cash} + \text{Short-Term Investments}}{\text{Principal} + \text{Interest Expenses}}$	Up	Above
Cash to Debt	$= \frac{\text{Cash} + \text{Short-Term Investments}}{\text{Long Term Debt}} \times 100$	Up	Above
EBITDA Debt Service Coverage	$= \frac{\text{EBITDA}}{\text{Principal} + \text{Interest Expenses}}$	Up	Above
Debt to Net Assets	$= \frac{\text{Long Term Debt}}{\text{Long Term Debt} + \text{Unrestricted Assets}} \times 100$	Down	Below
Operating Margin	$= \frac{\text{Operating Income (Loss)}}{\text{Operating Revenues}} \times 100$	Up	Above
EBITDA Margin	$= \frac{\text{EBITDA}}{\text{Operating Revenues} + \text{Non Operating Revenues}} \times 100$	Up	Above
Excess Margin	$= \frac{\text{Net Income}}{\text{Operating Revenues} + \text{Non Operating Revenues}} \times 100$	Up	Above
Case Mix Index - Total Hospital	All discharged accounts. = Includes normal newborns (DRG 795). Includes discharges with a Behavioral Health patient type.	Up	Above
Case Mix Index - Acute (Excluding Newborns)	Discharged accounts. = Excludes normal newborns (DRG 795). Excludes discharges with a Behavioral Health patient type.	Up	Above
Case Mix Index - Behavioral Health	= Discharges with a Behavioral Health patient type.	Up	Above
Case Mix Index - Medicare	Discharged accounts with a financial class of Medicare <u>or</u> Medicare Managed Care. Excludes normal newborns (DRG 795). Excludes discharges with a Behavioral Health patient type.	Up	Above
Case Mix Index - AHCCCS	Discharged accounts with a financial class of AHCCCS <u>or</u> Maricopa Health Plan. Excludes normal newborns (DRG 795). Excludes discharges with a Behavioral Health patient type.	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 Seven Periods Ending January 31, 2022

	Jan-22 Actual	Jan-22 Budget	Jan-22 Variance	Jan-22 % Change	Prior Year Same Month Jan-21	Prior Year Same Month % Change	Jan-22 YTD Actual	Jan-22 YTD Budget	Jan-22 YTD Variance	YTD Jan-22 % Change	YTD Prior Year Jan-21	YTD Prior Year % Change
ADMISSIONS												
Acute	1,014	1,047	(33)	(3.2 %)	910	11.4 %	7,016	6,743	273	4.0 %	6,280	11.7 %
Behavioral Health	268	536	(268)	(50.0 %)	376	(28.7 %)	2,739	3,613	(874)	(24.2 %)	3,012	(9.1 %)
Valleywise Behavioral Health Center-Phoenix	16	105	(89)	(84.8 %)	81	(80.2 %)	441	690	(249)	(36.1 %)	599	(26.4 %)
Valleywise Behavioral Health Center-Mesa	130	165	(35)	(21.2 %)	144	(9.7 %)	1,000	1,142	(142)	(12.4 %)	1,136	(12.0 %)
Valleywise Behavioral Health Center-Maryvale	122	266	(144)	(54.1 %)	151	(19.2 %)	1,298	1,781	(483)	(27.1 %)	1,277	1.6 %
Total	1,282	1,583	(301)	(19.0 %)	1,286	(0.3 %)	9,755	10,356	(601)	(5.8 %)	9,292	5.0 %
OBSERVATION ADMISSIONS												
Transferred to Inpatient *	148	191	(43)	(22.5 %)	125	18.4 %	1,212	1,188	24	2.0 %	1,037	16.9 %
Observation Admission Only	225	365	(140)	(38.4 %)	155	45.2 %	2,014	2,269	(255)	(11.2 %)	1,575	27.9 %
Total Observation Admissions	373	556	(183)	(32.9 %)	280	33.2 %	3,226	3,457	(231)	(6.7 %)	2,612	23.5 %
TOTAL ADMISSIONS AND OBSERVATION ONLY												
Total	1,507	1,948	(441)	(22.6 %)	1,441	4.6 %	11,769	12,625	(856)	(6.8 %)	10,867	8.3 %
ADJUSTED ADMISSIONS												
Total	2,160	2,899	(739)	(25.5 %)	2,053	5.2 %	16,855	19,056	(2,201)	(11.5 %)	15,380	9.6 %
PATIENT DAYS												
Acute	6,152	4,915	1,237	25.2 %	5,597	9.9 %	41,374	33,358	8,016	24.0 %	36,749	12.6 %
Behavioral Health	7,688	10,328	(2,640)	(25.6 %)	8,045	(4.4 %)	61,645	66,802	(5,157)	(7.7 %)	60,457	2.0 %
Valleywise Behavioral Health Center-Phoenix	1,194	2,651	(1,457)	(55.0 %)	2,067	(42.2 %)	14,041	15,963	(1,922)	(12.0 %)	15,150	(7.3 %)
Valleywise Behavioral Health Center-Mesa	2,576	2,980	(404)	(13.6 %)	2,240	15.0 %	19,683	20,466	(783)	(3.8 %)	19,156	2.8 %
Valleywise Behavioral Health Center-Maryvale	3,918	4,697	(779)	(16.6 %)	3,738	4.8 %	27,921	30,373	(2,452)	(8.1 %)	26,151	6.8 %
Total	13,840	15,243	(1,403)	(9.2 %)	13,642	1.5 %	103,019	100,160	2,859	2.9 %	97,206	6.0 %
AVERAGE DAILY CENSUS												
Acute	198	159	40	25.2 %	181	9.9 %	192	155	37	24.0 %	171	12.6 %
Behavioral Health	248	333	(85)	(25.6 %)	260	(4.4 %)	287	311	(24)	(7.7 %)	281	2.0 %
Valleywise Behavioral Health Center-Phoenix	39	86	(47)	(55.0 %)	67	(42.2 %)	65	74	(9)	(12.0 %)	70	(7.3 %)
Valleywise Behavioral Health Center-Mesa	83	96	(13)	(13.6 %)	72	15.0 %	92	95	(4)	(3.8 %)	89	2.8 %
Valleywise Behavioral Health Center-Maryvale	126	152	(25)	(16.6 %)	121	4.8 %	130	141	(11)	(8.1 %)	122	6.8 %
Total	446	492	(45)	(9.2 %)	440	1.5 %	479	466	13	2.9 %	452	6.0 %
ADJUSTED PATIENT DAYS												
Total	23,322	27,915	(4,593)	(16.5 %)	21,779	7.1 %	178,002	184,303	(6,302)	(3.4 %)	160,891	10.6 %

* Already included in 'Acute Admissions'.



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

VOLUMES

For the Seven Periods Ending January 31, 2022

	Jan-22 Actual	Jan-22 Budget	Jan-22 Variance	Jan-22 % Change	Prior Year Same Month Jan-21	Prior Year Same Month % Change	Jan-22 YTD Actual	Jan-22 YTD Budget	Jan-22 YTD Variance	Jan-22 YTD % Change	YTD Prior Year Jan-21	YTD Prior Year % Change
OPERATING ROOM SURGERIES - ROOSEVELT												
Inpatient	307	380	(73)	(19.2 %)	267	15.0 %	2,602	2,495	107	4.3 %	2,359	10.3 %
Outpatient	177	316	(139)	(44.0 %)	160	10.6 %	1,844	2,141	(297)	(13.9 %)	1,544	19.4 %
Total	484	696	(212)	(30.5 %)	427	13.3 %	4,446	4,636	(190)	(4.1 %)	3,903	13.9 %
Inpatient Minutes	31,875	49,020	(17,145)	(35.0 %)	31,755	0.4 %	292,470	321,855	(29,385)	(9.1 %)	295,485	(1.0 %)
Outpatient Minutes	19,515	29,388	(9,873)	(33.6 %)	16,320	19.6 %	195,735	199,113	(3,378)	(1.7 %)	159,405	22.8 %
Total	51,390	78,408	(27,018)	(34.5 %)	48,075	6.9 %	488,205	520,968	(32,763)	(6.3 %)	454,890	7.3 %
OPERATING ROOM SURGERIES - PEORIA												
Outpatient	23	44	(21)	(47.7 %)	0	100.0 %	211	226	(15)	(6.6 %)	0	100.0 %
Outpatient Minutes	2,685	4,092	(1,407)	(34.4 %)	0	100.0 %	20,880	21,018	(138)	(0.7 %)	0	100.0 %
ENDOSCOPY CASES - ROOSEVELT												
Inpatient	50	72	(22)	(30.6 %)	47	6.4 %	432	433	(1)	(0.2 %)	401	7.7 %
Outpatient	109	190	(81)	(42.6 %)	126	(13.5 %)	1,028	1,348	(320)	(23.7 %)	1,081	(4.9 %)
Total	159	262	(103)	(39.3 %)	173	(8.1 %)	1,460	1,781	(321)	(18.0 %)	1,482	(1.5 %)
ENDOSCOPY CASES - PEORIA												
Outpatient	43	50	(7)	(14.0 %)	0	100.0 %	401	272	129	47.4 %	0	100.0 %
DELIVERIES												
Total	191	150	41	27.3 %	144	32.6 %	1,251	1,039	212	20.4 %	994	25.9 %
ED VISITS												
Adult	4,357	4,825	(468)	(9.7 %)	3,264	33.5 %	30,074	30,043	31	0.1 %	23,496	28.0 %
Maryvale	2,802	2,163	639	29.5 %	1,712	63.7 %	16,921	14,413	2,508	17.4 %	11,578	46.1 %
Labor & Delivery	332	237	95	40.1 %	245	35.5 %	2,164	1,665	499	30.0 %	1,617	33.8 %
Burn	204	218	(14)	(6.4 %)	203	0.5 %	1,471	1,610	(139)	(8.6 %)	1,408	4.5 %
Total	7,695	7,443	252	3.4 %	5,424	41.9 %	50,630	47,731	2,899	6.1 %	38,099	32.9 %
AMBULATORY VISITS												
Valleywise Community Health Centers	14,463	12,898	1,565	12.1 %	15,787	(8.4 %)	101,890	92,376	9,514	10.3 %	115,393	(11.7 %)
Valleywise Comprehensive Health Center-Phoenix	12,001	12,230	(229)	(1.9 %)	12,315	(2.5 %)	88,109	89,306	(1,197)	(1.3 %)	90,477	(2.6 %)
Valleywise Comprehensive Health Center-Peoria	3,279	3,952	(673)	(17.0 %)	242	1255.0 %	21,599	25,161	(3,562)	(14.2 %)	242	8825.2 %
Outpatient Behavioral Health	4,390	5,125	(735)	(14.3 %)	4,446	(1.3 %)	31,357	36,729	(5,372)	(14.6 %)	33,881	(7.4 %)
Dental	1,540	1,673	(133)	(7.9 %)	1,369	12.5 %	12,948	12,490	458	3.7 %	8,524	51.9 %
Total	35,673	35,878	(205)	(0.6 %)	34,159	4.4 %	255,903	256,062	(159)	(0.1 %)	248,517	3.0 %



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Period Ending January 31, 2022

	Jan-22 Actual	Jan-22 Budget	Jan-22 Variance	Jan-22 % Change	Prior Year Same Month Jan-21	Prior Year Same Month Variance	Prior Year Same Month % Change
Net Patient Service Revenue per APD	\$ 1,914	\$ 1,592	\$ 322	20.2 %	\$ 1,757	\$ 158	9.0 %
Salaries	\$ 26,776,501	\$ 25,206,883	(\$ 1,569,618)	(6.2 %)	\$ 24,937,006	(\$ 1,839,494)	(7.4 %)
Benefits	8,034,195	7,632,424	(401,771)	(5.3 %)	7,658,085	(376,110)	(4.9 %)
Contract Labor	4,805,894	2,891,044	(1,914,850)	(66.2 %)	1,948,691	(2,857,203)	(146.6 %)
Total Labor Costs	\$ 39,616,589	\$ 35,730,351	(\$ 3,886,238)	(10.9 %)	\$ 34,543,782	(\$ 5,072,807)	(14.7 %)
Supplies	\$ 7,087,175	\$ 8,502,211	\$ 1,415,036	16.6 %	\$ 7,323,079	\$ 235,904	3.2 %
Medical Service Fees	8,202,667	8,463,906	261,239	3.1 %	6,968,520	(1,234,148)	(17.7 %)
All Other *	11,924,930	13,008,103	1,083,173	8.3 %	8,002,961	(3,921,969)	(49.0 %)
Total	\$ 27,214,772	\$ 29,974,220	\$ 2,759,448	9.2 %	\$ 22,294,559	(\$ 4,920,213)	(22.1 %)
Total Operating and Non-Operating Expenses *	\$ 66,831,361	\$ 65,704,572	(\$ 1,126,789)	(1.7 %)	\$ 56,838,341	(\$ 9,993,020)	(17.6 %)
* Excludes Depreciation							
Tax Levy							
Property Tax	\$ 7,335,985	\$ 7,335,985	\$ 0	0.0 %	\$ 7,020,082	\$ 315,904	4.5 %
Bonds	4,749,185	4,749,185	0	0.0 %	4,613,768	135,417	2.9 %
Total Tax Levy	\$ 12,085,171	\$ 12,085,170	\$ 0	0.0 %	\$ 11,633,850	\$ 451,321	3.9 %
Patient Days - Acute	6,152	4,915	1,237	25.2 %	5,597	555	9.9 %
Patient Days - Behavioral Health	7,688	10,328	(2,640)	(25.6 %)	8,045	(357)	(4.4 %)
Patient Days - Total	13,840	15,243	(1,403)	(9.2 %)	13,642	198	1.5 %
Adjusted Patient Days	23,322	27,915	(4,593)	(16.5 %)	21,779	1,543	7.1 %
APD Ratio	1.69	1.83	(0.15)	(8.0 %)	1.60	0.09	5.6 %
Admissions - Acute	1,014	1,047	(33)	(3.2 %)	910	104	11.4 %
Admissions - Behavioral Health	268	536	(268)	(50.0 %)	376	(108)	(28.7 %)
Admissions - Total	1,282	1,583	(301)	(19.0 %)	1,286	(4)	(0.3 %)
Adjusted Admissions	2,160	2,899	(739)	(25.5 %)	2,053	107	5.2 %
Average Daily Census - Acute	198	159	40	25.2 %	181	18	9.9 %
Average Daily Census - Behavioral Health	248	333	(85)	(25.6 %)	260	(12)	(4.4 %)
Average Daily Census - Total	446	492	(45)	(9.2 %)	440	6	1.5 %
Adjusted Occupied Beds - Acute	334	290	44	15.2 %	288	46	16.0 %



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Period Ending January 31, 2022

	Jan-22 Actual	Jan-22 Budget	Jan-22 Variance	Jan-22 % Change	Prior Year Same Month Jan-21	Prior Year Same Month Variance	Prior Year Same Month % Change
Adjusted Occupied Beds - Behavioral Health	418	610	(192)	(31.5 %)	414	4	0.9 %
Adjusted Occupied Beds - Total	752	900	(148)	(16.5 %)	703	50	7.1 %
Paid FTEs - Payroll	3,476	3,818	341	8.9 %	3,839	363	9.4 %
Paid FTEs - Contract Labor	596	515	(81)	(15.8 %)	332	(264)	(79.4 %)
Paid FTEs - Total	4,072	4,332	260	6.0 %	4,171	99	2.4 %
FTEs per AOB	5.41	4.81	(0.60)	(12.5 %)	5.94	0.52	8.8 %
FTEs per AOB (w/o Residents)	5.16	4.60	(0.56)	(12.2 %)	5.65	0.49	8.6 %
Benefits as a % of Salaries	30.0 %	30.3 %	0.3 %	0.9 %	30.7 %	0.7 %	2.3 %
Labor Costs as a % of Net Patient Revenue	88.7 %	80.4 %	(8.3 %)	(10.4 %)	90.3 %	1.6 %	1.7 %
Salaries and Contract Labor per APD	\$ 1,354	\$ 1,007	(\$ 348)	(34.5 %)	\$ 1,234	(\$ 120)	(9.7 %)
Benefits per APD	344	273	(71)	(26.0 %)	352	7	2.0 %
Supplies per APD	304	305	1	0.2 %	336	32	9.6 %
Medical Service Fees per APD	352	303	(49)	(16.0 %)	320	(32)	(9.9 %)
All Other Expenses per APD *	511	466	(45)	(9.7 %)	367	(144)	(39.1 %)
Total Expenses per APD *	\$ 2,866	\$ 2,354	(\$ 512)	(21.7 %)	\$ 2,610	(\$ 256)	(9.8 %)
Salaries and Contract Labor per Adj. Admission	\$ 14,619	\$ 9,692	(\$ 4,927)	(50.8 %)	\$ 13,096	(\$ 1,524)	(11.6 %)
Benefits per Adj. Admission	3,719	2,633	(1,086)	(41.3 %)	3,730	11	0.3 %
Supplies per Adj. Admission	3,281	2,933	(348)	(11.9 %)	3,567	286	8.0 %
Medical Service Fees per Adj. Admission	3,797	2,920	(877)	(30.0 %)	3,394	(403)	(11.9 %)
All Other Expenses per Adj. Admission *	5,520	4,487	(1,033)	(23.0 %)	3,898	(1,622)	(41.6 %)
Total Expenses per Adj. Admission *	\$ 30,936	\$ 22,665	(\$ 8,271)	(36.5 %)	\$ 27,685	(\$ 3,251)	(11.7 %)

* Excludes Depreciation



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Seven Periods Ending January 31, 2022

	Jan-22 YTD Actual	Jan-22 YTD Budget	Jan-22 YTD Variance	YTD Jan-22 % Change	YTD Prior Year Jan-21	YTD Prior Year Variance	YTD Prior Year % Change
Net Patient Service Revenue per APD	\$ 1,751	\$ 1,574	\$ 176	11.2 %	\$ 1,705	\$ 46	2.7 %
Salaries	\$ 177,003,688	\$ 159,417,331	(\$ 17,586,357)	(11.0 %)	\$ 164,806,860	(\$ 12,196,828)	(7.4 %)
Benefits	51,875,198	48,982,229	(2,892,969)	(5.9 %)	50,036,227	(1,838,971)	(3.7 %)
Contract Labor	37,020,873	20,216,300	(16,804,572)	(83.1 %)	13,370,245	(23,650,627)	(176.9 %)
Total Labor Costs	\$ 265,899,758	\$ 228,615,861	(\$ 37,283,898)	(16.3 %)	\$ 228,213,332	(\$ 37,686,426)	(16.5 %)
Supplies	\$ 57,571,153	\$ 57,269,785	(\$ 301,368)	(0.5 %)	\$ 52,929,172	(\$ 4,641,980)	(8.8 %)
Medical Service Fees	57,013,334	58,348,039	1,334,705	2.3 %	50,412,681	(6,600,653)	(13.1 %)
All Other *	78,964,414	91,776,799	12,812,385	14.0 %	64,526,478	(14,437,936)	(22.4 %)
Total	\$ 193,548,902	\$ 207,394,623	\$ 13,845,722	6.7 %	\$ 167,868,332	(\$ 25,680,570)	(15.3 %)
Total Operating and Non-Operating Expenses *	\$ 459,448,660	\$ 436,010,484	(\$ 23,438,176)	(5.4 %)	\$ 396,081,664	(\$ 63,366,996)	(16.0 %)
* Excludes Depreciation							
Tax Levy							
Property Tax	\$ 51,351,897	\$ 51,351,897	\$ 0	0.0 %	\$ 49,140,571	\$ 2,211,326	4.5 %
Bonds	33,244,297	33,244,296	1	0.0 %	32,296,378	947,919	2.9 %
Total Tax Levy	\$ 84,596,194	\$ 84,596,193	\$ 1	0.0 %	\$ 81,436,949	\$ 3,159,245	3.9 %
Patient Days - Acute	41,374	33,358	8,016	24.0 %	36,749	4,625	12.6 %
Patient Days - Behavioral Health	61,645	66,802	(5,157)	(7.7 %)	60,457	1,188	2.0 %
Patient Days - Total	103,019	100,160	2,859	2.9 %	97,206	5,813	6.0 %
Adjusted Patient Days	178,002	184,303	(6,302)	(3.4 %)	160,891	17,111	10.6 %
APD Ratio	1.73	1.84	(0.11)	(6.1 %)	1.66	0.07	4.4 %
Admissions - Acute	7,016	6,743	273	4.0 %	6,280	736	11.7 %
Admissions - Behavioral Health	2,739	3,613	(874)	(24.2 %)	3,012	(273)	(9.1 %)
Admissions - Total	9,755	10,356	(601)	(5.8 %)	9,292	463	5.0 %
Adjusted Admissions	16,855	19,056	(2,201)	(11.5 %)	15,380	1,476	9.6 %
Average Daily Census - Acute	192	155	37	24.0 %	171	22	12.6 %
Average Daily Census - Behavioral Health	287	311	(24)	(7.7 %)	281	6	2.0 %
Average Daily Census - Total	479	466	13	2.9 %	452	27	6.0 %
Adjusted Occupied Beds - Acute	333	285	47	16.5 %	283	50	17.5 %



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Seven Periods Ending January 31, 2022

	Jan-22 YTD Actual	Jan-22 YTD Budget	Jan-22 YTD Variance	YTD Jan-22 % Change	YTD Prior Year Jan-21	YTD Prior Year Variance	YTD Prior Year % Change
Adjusted Occupied Beds - Behavioral Health	495	572	(76)	(13.3 %)	465	30	6.4 %
Adjusted Occupied Beds - Total	828	857	(29)	(3.4 %)	748	80	10.6 %
Paid FTEs - Payroll	3,560	3,709	149	4.0 %	3,742	182	4.9 %
Paid FTEs - Contract Labor	606	508	(98)	(19.4 %)	338	(268)	(79.2 %)
Paid FTEs - Total	4,166	4,217	51	1.2 %	4,080	(86)	(2.1 %)
FTEs per AOB	5.03	4.92	(0.11)	(2.3 %)	5.45	0.42	7.7 %
FTEs per AOB (w/o Residents)	4.80	4.70	(0.10)	(2.2 %)	5.18	0.38	7.3 %
Benefits as a % of Salaries	29.3 %	30.7 %	1.4 %	4.6 %	30.4 %	1.1 %	3.5 %
Labor Costs as a % of Net Patient Revenue	85.3 %	78.8 %	(6.5 %)	(8.3 %)	83.2 %	(2.1 %)	(2.6 %)
Salaries and Contract Labor per APD	\$ 1,202	\$ 975	(\$ 228)	(23.4 %)	\$ 1,107	(\$ 95)	(8.6 %)
Benefits per APD	291	266	(26)	(9.7 %)	311	20	6.3 %
Supplies per APD	323	311	(13)	(4.1 %)	329	6	1.7 %
Medical Service Fees per APD	320	317	(4)	(1.2 %)	313	(7)	(2.2 %)
All Other Expenses per APD *	444	498	54	10.9 %	401	(43)	(10.6 %)
Total Expenses per APD *	\$ 2,581	\$ 2,366	(\$ 215)	(9.1 %)	\$ 2,462	(\$ 119)	(4.8 %)
Salaries and Contract Labor per Adj. Admission	\$ 12,698	\$ 9,427	(\$ 3,271)	(34.7 %)	\$ 11,585	(\$ 1,113)	(9.6 %)
Benefits per Adj. Admission	3,078	2,570	(507)	(19.7 %)	3,253	176	5.4 %
Supplies per Adj. Admission	3,416	3,005	(410)	(13.7 %)	3,442	26	0.8 %
Medical Service Fees per Adj. Admission	3,383	3,062	(321)	(10.5 %)	3,278	(105)	(3.2 %)
All Other Expenses per Adj. Admission *	4,685	4,816	131	2.7 %	4,196	(489)	(11.7 %)
Total Expenses per Adj. Admission *	\$ 27,259	\$ 22,881	(\$ 4,378)	(19.1 %)	\$ 25,754	(\$ 1,505)	(5.8 %)

* Excludes Depreciation

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending January 31, 2022**

OPERATING REVENUE

Patient Days, Admissions and Adjusted Patient Days

Acute Care	Actual	Budget	Variance	%Variance
MTD - Patient Days	6,152	4,915	1,237	25.2%
YTD - Patient Days	41,374	33,358	8,016	24.0%
MTD - Admissions	1,014	1,047	(33)	-3.2%
YTD - Admissions	7,016	6,743	273	4.0%
MTD - Average Length of Stay (ALOS)	6.1	4.7	(1.4)	-29.2%
YTD - Average Length of Stay (ALOS)	5.9	4.9	(1.0)	-19.2%
MTD - Average Daily Census (ADC)	198	159	40	25.2%
YTD - Average Daily Census (ADC)	192	155	37	24.0%
Behavioral Health	Actual	Budget	Variance	%Variance
MTD - Patient Days	7,688	10,328	(2,640)	-25.6%
YTD - Patient Days	61,645	66,802	(5,157)	-7.7%
MTD - Admissions	268	536	(268)	-50.0%
YTD - Admissions	2,739	3,613	(874)	-24.2%
MTD - Average Length of Stay (ALOS)	28.7	19.3	(9.4)	-48.9%
YTD - Average Length of Stay (ALOS)	22.5	18.5	(4.0)	-21.7%
MTD - Average Daily Census (ADC)	248	333	(85)	-25.6%
YTD - Average Daily Census (ADC)	287	311	(24)	-7.6%
Adjusted Patient Days (APD)	Actual	Budget	Variance	%Variance
Month-to-Date	23,322	27,915	(4,593)	-16.5%
Year-to-Date	178,002	184,303	(6,302)	-3.4%

Net patient service revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 44,649,953	\$ 44,453,403	\$ 196,550	0.4%
Year-to-Date	\$ 311,652,220	\$ 290,174,313	\$ 21,477,907	7.4%
Month-to-Date Per APD	\$ 1,914	\$ 1,592	\$ 322	20.2%
Year-to-Date Per APD	\$ 1,751	\$ 1,574	\$ 176	11.2%

Other operating revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 9,208,362	\$ 9,728,470	\$ (520,108)	-5.3%
Year-to-Date	\$ 64,917,175	\$ 67,256,284	\$ (2,339,109)	-3.5%

The majority of the negative variances are in the 340B program and offsetting revenue grants/research; while the positive variances for the month are in other misc. operating revenue and retail pharmacy sales.

Total operating revenues

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 53,858,315	\$ 54,181,873	\$ (323,558)	-0.6%
Year-to-Date	\$ 376,569,395	\$ 357,430,597	\$ 19,138,798	5.4%

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending January 31, 2022**

OPERATING EXPENSES

Salaries and wages

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 26,776,501	\$ 25,206,883	\$ (1,569,618)	-6.2%
Year-to-Date	\$ 177,003,688	\$ 159,417,331	\$ (17,586,357)	-11.0%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's - Payroll</i>	3,476	3,818	341	8.9%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's - Payroll (w/o Residents)</i>	3,460	3,813	352	9.2%

	Actual	Budget	Variance	%Variance
<i>Salaries per FTE's - Payroll</i>	\$ 7,703	\$ 6,603	\$ (1,100)	-16.7%

Contract labor

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 4,805,894	\$ 2,891,044	\$ (1,914,850)	-66.2%
Year-to-Date	\$ 37,020,873	\$ 20,216,300	\$ (16,804,572)	-83.1%

	Actual	Budget	Variance	%Variance
<i>FTE's - Contract Labor incl Outsource</i>	596	515	(81)	-15.7%

	Actual	Budget	Variance	%Variance
<i>FTE's - Contract Labor</i>				
Nursing operations - Acute	48	6	(43)	-741.3%
Revenue Cycle	4	2	(2)	-84.4%
Behavioral Health	12	0	(12)	-100.0%
Information Technology	6	3	(4)	-160.0%
Support Services	18	2	(15)	-648.6%

	Actual	Budget	Variance	%Variance
<i>FTE's - Outsource Departments</i>				
Food & Nutrition Services	140	140	-	0.0%
Environmental Services	158	158	-	0.0%
Laundry & Linen	8	7	(1)	-14.3%
Gift Shop	2	2	-	0.0%
Interns & Residents	187	187	-	0.0%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's - Payroll & Contract Labor</i>	4,072	4,332	260	6.0%

	Actual	Budget	Variance	%Variance
<i>Adjusted Occupied Beds (AOB)</i>	752	900	(149)	-16.5%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's per AOB</i>	5.41	4.81	(0.60)	-12.5%

Employee benefits

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 8,034,195	\$ 7,632,424	\$ (401,771)	-5.3%
Year-to-Date	\$ 51,875,198	\$ 48,982,229	\$ (2,892,969)	-5.9%

The negative variances for the month are primarily in ASRS, and taxes. The positive variances for the month are primarily in the paid leave accrual, and the net medical expenses.

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending January 31, 2022**

Benefits as a % of salaries

	Actual	Budget	Variance	%Variance
Month-to-Date	30.0%	30.3%	0.3%	0.9%
Year-to-Date	29.3%	30.7%	1.4%	4.6%

Medical service fees

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 8,202,667	\$ 8,463,906	\$ 261,239	3.1%
Year-to-Date	\$ 57,013,334	\$ 58,348,039	\$ 1,334,705	2.3%

The positive variance for the month is primarily related to staffing.

Supplies

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 7,087,175	\$ 8,502,211	\$ 1,415,036	16.6%
Year-to-Date	\$ 57,571,153	\$ 57,269,785	\$ (301,368)	-0.5%

The majority of the positive variances for the month are primarily in OR/surgery related supplies, pharmaceuticals, radiology supplies, and blood/plasma supplies; while negative variance for the month is primarily in food cost and oxygen & other gases.

Purchased services

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 2,166,996	\$ 2,486,062	\$ 319,066	12.8%
Year-to-Date	\$ 17,490,142	\$ 18,054,557	\$ 564,415	3.1%

The major positive variances for the month are in collection fees, and other services; while the negative variance is in employee recruitment expenses.

Other expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 4,828,631	\$ 4,779,827	\$ (48,805)	-1.0%
Year-to-Date	\$ 32,931,255	\$ 34,137,890	\$ 1,206,635	3.5%

The major negative variance for the month is in risk management related expense. The major positive variances for the month are in repair & maintenance, and books/pamphlets/subscriptions.

Provider Assessment

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 1,963,959	\$ 1,963,959	-	0.0%
Year-to-Date	\$ 13,627,631	\$ 13,627,631	-	0.0%

Depreciation

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 4,066,055	\$ 4,069,684	\$ 3,630	0.1%
Year-to-Date	\$ 25,755,826	\$ 25,230,082	\$ (525,744)	-2.1%

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending January 31, 2022**

Total operating expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 67,932,073	\$ 65,996,000	\$ (1,936,072)	-2.9%
Year-to-Date	\$ 470,289,101	\$ 435,283,845	\$ (35,005,255)	-8.0%

Operating income (loss)

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ (14,073,757)	\$ (11,814,127)	\$ (2,259,629)	-19.1%
Year-to-Date	\$ (93,719,705)	\$ (77,853,248)	\$ (15,866,457)	-20.4%

Non-operating revenues (expenses)

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 10,171,231	\$ 9,396,625	\$ 774,605	8.2%
Year-to-Date	\$ 76,710,051	\$ 66,120,652	\$ 10,589,400	16.0%

Excess of revenues over expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ (3,902,526)	\$ (2,417,502)	\$ (1,485,024)	61.4%
Year-to-Date	\$ (17,009,654)	\$ (11,732,597)	\$ (5,277,058)	45.0%

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending January 31, 2022**

ASSETS

Cash and cash equivalents - Delivery system

Jan-22	Jun-21	Change	% change
\$ 197,062,107	\$ 262,238,041	\$ (65,175,934)	-24.9%

Cash and cash equivalents - Bond (restricted)

Jan-22	Jun-21	Change	% change
\$ 345,740,638	\$ 477,027,521	\$ (131,286,884)	-27.5%

Paid \$32.5M in principal and interest in July 2021 related to the 2nd and 3rd bond offerings.
Paid \$16.3M in principal and interest in January 2022 related to the 3rd and 4th bond offerings.

Patient A/R, net of allowances

Jan-22	Jun-21	Change	% change
\$ 111,333,337	\$ 99,414,043	\$ 11,919,294	12.0%

Other receivables and prepaid items

Jan-22	Jun-21	Change	% change
\$ 56,213,271	\$ 30,623,897	\$ 25,589,374	83.6%

FY22 other receivables / prepaids includes:

\$32.7M in prepaids/deposits	\$827K due from other hospital - resident rotation
\$10.8M in inventories	\$802K due from Home Assist Health
\$2.1M in Psych subsidy	\$41K due from Wellpartner/340B program
\$1.8M receivables from grants & research sponsors	\$1.7M in retail pharmacy receivable
\$5.6M in Healthy II payments from various AHCCCS plan	

Estimated amounts due from third party payors

Jan-22	Jun-21	Change	% change
\$ 78,324,058	\$ 56,788,953	\$ 21,535,105	37.9%

FY22 due from third party payors includes:

\$75.3M due from AHCCCS for GME - FY21 & FY22	\$559K due from First Things First
\$2.5M due from AHCCCS for DSH - FY21	

Due from related parties

Jan-22	Jun-21	Change	% change
\$ 1,160,712	\$ 1,766,465	\$ (605,753)	-34.3%

FY22 due from related parties includes:

\$1.2M 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 January 31, 2022**

Capital Assets, net

Jan-22	Jun-21	Change	% change
\$ 666,578,582	\$ 594,155,126	\$ 72,423,456	12.2%

Other Assets

Jan-22	Jun-21	Change	% change
\$ -	\$ -	\$ -	0.0%

Deferred outflows

Jan-22	Jun-21	Change	% change
\$ 89,357,989	\$ 89,357,989	\$ -	0.0%

LIABILITIES AND NET POSITION

Current maturities of long-term debt

Jan-22	Jun-21	Change	% change
\$ 42,947,557	\$ 42,619,328	\$ 328,230	0.8%

FY22 current maturities includes:

\$43.0M in Bond current portion and interest payable

Accounts payable

Jan-22	Jun-21	Change	% change
\$ 52,212,193	\$ 44,530,242	\$ 7,681,951	17.3%

FY22 accounts payable includes:

\$34.8M in vendor related expense accruals/estimates

\$17.4M in vendor approved payments

Accrued payroll and expenses

Jan-22	Jun-21	Change	% change
\$ 38,292,148	\$ 43,855,191	\$ (5,563,043)	-12.7%

Medical claims payable

Jan-22	Jun-21	Change	% change
\$ 15,267,658	\$ 15,116,287	\$ 151,371	1.0%

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending January 31, 2022**

Due to related parties

Jan-22	Jun-21	Change	% change
\$ 11,379,110	\$ 6,855,908	\$ 4,523,202	66.0%

Timing of tax levy revenue accrual and actual collection received.

Other current liabilities

Jan-22	Jun-21	Change	% change
\$ 54,392,388	\$ 60,526,351	\$ (6,133,963)	-10.1%

FY22 other current liabilities includes:

\$13.5M in advanced payments	\$4.1M in settlement reserved for Medicare
\$11.9M in deferred income (FQHC)	\$2.7M in deferred income for grants, research, & study residuals
\$8.4M in deferred income (Health Foundation)	\$1.3M in other deferred income
\$7.8M in patient credit balances	\$372K in unclaimed/stale dated checks
\$5.0M in other deferred income (TIP, Optum, APSI)	

Bonds payable

Jan-22	Jun-21	Change	% change
\$ 680,882,947	\$ 730,462,381	\$ (49,579,434)	-6.8%

Reclassified current maturities portion of Bond payable

Long-term liabilities

Jan-22	Jun-21	Change	% change
\$ 394,175,117	\$ 394,175,117	\$ -	0.0%

Pension liability per ASRS report - GASB68

Deferred inflows

Jan-22	Jun-21	Change	% change
\$ 3,972,294	\$ 3,972,294	\$ -	0.0%

Net position

Jan-22	Jun-21	Change	% change
\$ 252,249,282	\$ 269,258,937	\$ (17,009,654)	-6.3%



**Valleywise Health
Health Plan sale proceeds**

Beginning balance - February 01, 2017		\$ -
ADD: Payment received from UHC for member transfer	\$ 33,361,499.99	
Investment income	1,601,294.04	
Fund Interest	76,672.95	
Bank interest income received - YTD	<u>81,273.91</u>	
		35,120,740.89
LESS: Consulting services expense	(547,601.00)	
Valleywise Health Foundation Funding	(3,750,000.00)	
Bank charges - transfer fees	<u>(50.00)</u>	
		(4,297,651.00)
Ending balance as of January 31, 2022		<u><u>\$ 30,823,089.89</u></u>



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

February 23, 2022

Item 6.

Updated Information

Legislative Agenda



February 23, 2022

Legislative & Governmental Relations

Michael Fronske
Director of Legislative and Government Affairs

Current Statistics of Session

Day	45
Bills posted	1678
Bills passed	1
Bills vetoed	0
Bills signed	0
Resolutions passed	4

State Legislation and Issues

Deadlines:

March 25th Last day for House Consideration of Senate bills and Senate Consideration of House bills.

April 15th Last day for Conference Committees.

April 23rd Saturday of the week of the 100th day of session. This is the date required by rule for sine Die Adjournment unless leaders extend the deadline. Leadership can extend it no more than 7 days; thereafter any extension requires a majority vote in each Chamber.

State Legislation and Issues

91 Bills Sent Out for Comment
41 Bills on Monitor List

Cross Over Week, COW and 3rd Read

Bills We Are Tracking Closely:

- HB 2431: EMERGENCY MEDICAL SERVICES; PATIENT TRANSPORT (Awaiting COW)
- HB 2498 COVID-19; VACCINATION REQUIREMENTS; PROHIBITION (SIT COW Amendment expected to exempt Special Health Care Districts)
- HB 2453 GOV ENTITIES; MASK REQUIREMENTS (Amended to exempt Special Health Care Districts)
- SB 1210 MENTALLY ILL; TRANSPORTATION; EVALUATION; TREATMENT (With Amended. Support)

Action Items

Request to Support and Oppose Bills

Request to Support:

HB 2691 HEALTH CARE WORKFORCE; GRANT PROGRAMS (Awaiting COW)

Request to Oppose:

SB 1078 Striker Now CONFIDENTIAL MEDICAL INFORMATION (Awaiting Rules)

SB 1113 COURT-ORDERED TREATMENT; ENHANCED SERVICE (Amended waiting COW)

Oppose Other Anti-Vaccination, Anti-Mask Bills and Amendments

Federal Issues

Key Issues:

- A short-term continuing resolution passed to maintain government funding through March 11, giving lawmakers more time to agree on a final funding bill..
- Working with our Congressional Delegation to pass the Provider Relief Fund Improvement Act (H.R. 5963) and direct the administration to target remaining or future PRF disbursements to safety net providers who see high volumes of low-income, uninsured, or underinsured COVID-19 patients; and
- The Department of Health and Human Services will distribute \$19.2 million in American Rescue Plan Act funds through a grant program to help train primary care residents to provide quality care to diverse populations and communities, particularly in underserved and rural areas.





Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

February 23, 2022

Item 7.

Reports to the Board



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

February 23, 2022

Item 7.a.

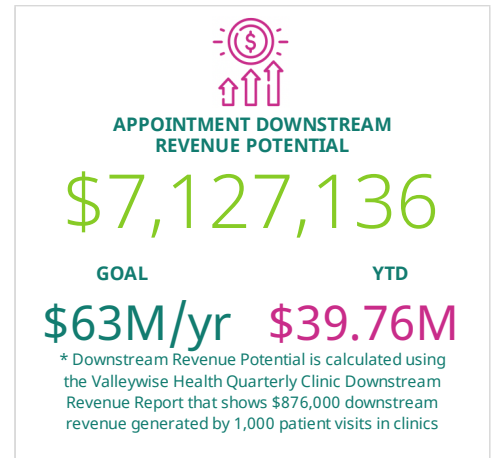
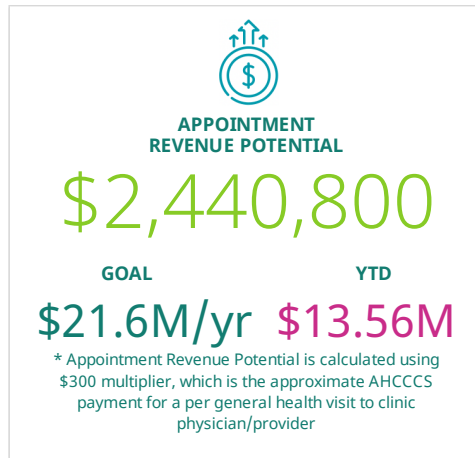
Reports to the Board
Monthly Marketing and Communications
Report

Valleywise Marketing Communications Snapshot

January 2022

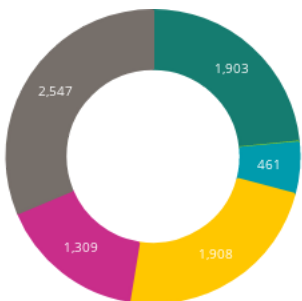
Marketing Communication Budget \$5.1M

REQUESTS FOR APPOINTMENTS



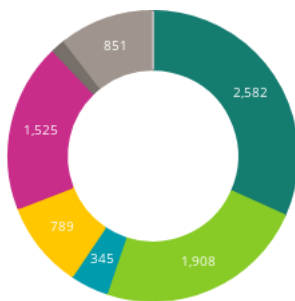
REQUEST FOR APPOINTMENT BREAKDOWN

TOTAL REQUEST BY SOURCE



- Click to Call - 9973
- Click to Call - VLLYWSE
- Click to Call - Other
- Net Calls
- Calls from Ads
- Form Submits

TOTAL REQUESTS BY CATEGORY



- Website - Direct
- Net Calls
- Telehealth
- CHC
- Core
- Mesa
- GMB

PAID RESULTS BREAKDOWN

- 277 TELEHEALTH**
Target Audience: General market audience, including new and existing patients served by the entire Valleywise ambulatory network in the Valley, with a focus on segments with intent or interest in Telehealth services.
- 4,039 CHC**
Target Audience: Hyperlocal geographic targeting reaching unique prospective patients based on the communities they live in and services they are looking for.
- 5,526 CORE**
Target Audience: General market audience, including new and existing patients served by the entire Valleywise ambulatory network.
- 192 Mesa**
Target Audience: General market audience, including new and existing patients served by the entire Valleywise ambulatory network.

EMAIL

82,000

TOTAL EMAILS SENT

One Month Previous 77,336

31,809

TOTAL OPENED

One Month Previous 27,242

38.79%

OPEN RATE

One Month Previous 35.23%

4.47%

CTO

One Month Previous 5.24%

TOTAL MENTIONS

486

SHARE OF VOICE

18%

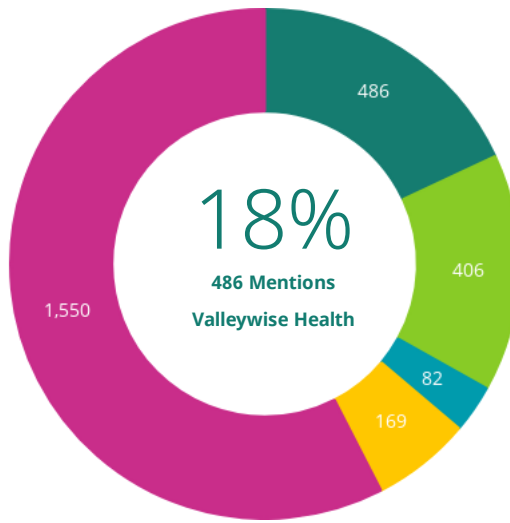
AD EQUIVALENCY

\$1.4M

BROADCAST VIEWERSHIP

3.6M

EARNED MEDIA
SHARE OF VOICE GRAPH



- Valleywise Health 18% - 486 Mentions
- Banner Health 15% - 406 Mentions
- Honor Health 3% - 82 Mentions
- Abrazo Health 5% - 169 Mentions
- Dignity Health 58% - 1,550 Mentions

MEDIA SCREENSHOTS

Valleywise Health Continues Expansion of Community Health Center Network With New Location Opening in Mesa

To better serve the healthcare needs of East Valley patients, Valleywise Health is proud to open its doors to its newest community health clinic in Mesa on Monday, January 24. Valleywise Community Health Center - Mesa is located near S. Stapley Drive and Main Street and will replace the facility on Hibbert, allowing for a convenient transition for current patients.

The new 26,000-square-foot clinic offers an extensive line of services,

CORONAVIRUS PANDEMIC
70 COVID-19 PATIENTS AT VALLEYWISE
VALLEYWISE HEALTH ENCOURAGING EVERYONE TO GET VACCINATED

NEW AT 8
VALLEYWISE HEALTH OPENS NEW MESA LOCATION
WILL PROVIDE PRIMARY AND PEDIATRIC CARE TO EAST VALLEY RESIDENTS

HEALTH WATCH
FDA APPROVES FIRST INJECTION FOR HIV
HELPS LOWER THE RISK OF CONTRACTING THE VIRUS

CORONAVIRUS PANDEMIC
DR. FRANK LOVECCHIO
EMERGENCY MEDICINE, VALLEYWISE HEALTH MEDICAL CENTER

SOCIAL

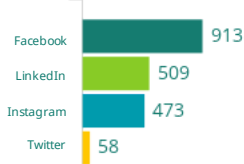
MOST ENGAGED POSTS

LinkedIn: Call the center today... the grand opening of our new Community Health Center in Mesa.

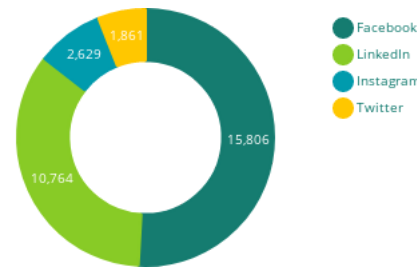
Instagram: The Daily... Valleywise Health Chief Executive Officer... the grand opening of our new Community Health Center in Mesa.

Facebook: Call the center today... the grand opening of our new Community Health Center in Mesa.

ENGAGED USERS



TOTAL FANS BY PLATFORM



WEBSITE (MoM)

60,438

TOTAL WEB VISITS

One Month Previous 46,275

126,400

TOTAL PAGE VIEWS

One Month Previous 92,853

43,070

UNIQUE VISITORS

One Month Previous 32,867

113,263

TOTAL BLOG VISITS

One Month Previous 96,231



COMMUNITY OUTREACH

COMMUNITY PARTNER ENGAGEMENT

13
MEETINGS (VIRTUAL)
323
PARTICIPANTS

- Urban Strategies
- Guadalupe Community Partnership
- Department of Economic Security
- Glendale Strong Families Network
- Maricopa County Public Health

EVENTS

- **Bike Helmet Distribution Event at Wilson Elementary School** Total reach of 250+ families.
- **Mesa Public Schools- Valleywise behavioral Health Presentation** - 85 attendees.

COMMUNITY BUSINESS DEVELOPMENT

6
MEETINGS (VIRTUAL)
300
PARTICIPANTS

- Greater Phoenix Chamber
- Peoria Chamber of Commerce
- WESTMARC
- Glendale Chamber of Commerce

TOTAL EMPLOYEE EMAILS

17
One Month Previous 19



INTERNAL MEDIA

OPEN RATE

64.88%

One Month Previous 67.34%

AREA OF FOCUS

- Work Reimagined Update
- Kronos Restoration
- New Mesa Clinic Opens
- Major Arizona Burn Center Grant



Employee E-News | January 6, 2022

Work Reimagined Update

Our "Work Reimagined" initiative continues with several departments moving from remote to hybrid work starting Monday, January 10. We already have welcomed back hundreds of Valleywise Health employees – 85 percent of our workforce is back either 100 percent or in a hybrid work model.

The health and safety of our team members is our top priority and we are closely monitoring local COVID-19 conditions and will adjust our approach as necessary.

What to expect:

- There is no "one size fits all" policy. Department leaders have been working on flexible schedules for individual teams.
- Areas such as IT, Finance and PAC will remain remote at this time
- Other departments, including Marketing/PR, HR and Compliance, will be adopting hybrid models, with staff returning at least 50 percent.

As we're entering this "new normal," Valleywise Health also has adopted requirements to ensure a safe workplace. Those include:

- Mandatory COVID-19 vaccinations for all employees
- Mask requirements while on Valleywise Health premises
- Safe, socially distanced use of public spaces, including elevators, conference rooms, and cafeteria.
- Designated employee entrances.
- Updated [remote work policy](#).
- [Signed work agreements](#) by all employees.

All this information is located on the [Work Reimagined information page](#) on the Vine.



A Message from our
Chief Administrative Officer
Lia Christiansen



Kronos Restoration

I am pleased to announce that on Wednesday, January 19, at 7 a.m. we will relaunch the Kronos Workforce Central Application for all Valleywise Health employees.

We are working to get the application back into use as quickly as possible so that we can process an accurate payroll for Pay Period #2 (Sunday, January 9 to Saturday, January 22) to ensure that all employees receive a correct paycheck on Friday, January 28.

What you need to know:

- Once the application is available, all employees should use it as they had done before the downtime.
- Employees who previously "punched" on the time clocks should continue to do so.
- Remote or hybrid employees who used Kronos to punch remotely should again start using Kronos for remote timeclock punches.
- All position and pay changes will be reflected in the Friday, January 28, paycheck. This includes the 3% merit increase. You will not see retroactive pay until we have completed reconciliation of the previous pay periods.
- All supervisors and managers with timecard approval responsibilities will need to log into the system prior to Monday, January 24. This is to allow sufficient time to reconcile all CY '22 Pay Period #2 punches and timecards for accurate payroll processing on January 28.
- After Monday, January 24, please submit additional adjustments on your Pay Period #2 to the [Payroll timecard/Attendance points correction form](#).
- Self-Scheduling and Shift Swap will not be available until all future schedules are created and up to date.

We are working hard to review previous pay periods (CY '21 Pay Periods #25, #26, or CY '22 Pay Period #1) but at this time they may not be reconciled or fully available. Over the next several weeks we will be working to reconcile those previous pay periods.

I want to thank you all for your patience during this challenging time. We remain committed to ensuring our employees are fairly and accurately compensated for hours worked.

If you have questions, please contact the IT Service Desk at ext. 48888.

Sincerely,

Lia Christiansen
EVP, Chief Administrative Officer

Access all Kronos information [here](#)



Employee E-News | January 20, 2022

New Mesa Clinic Opens Monday

To better serve the healthcare needs of East Valley patients, Valleywise Health is proud to open its doors to its newest community health clinic in Mesa on Monday, January 24. [Valleywise Community Health Center – Mesa](#) is located near S. Stapley Drive and Main Street and will replace the facility on Hibbert, allowing for a convenient transition for current patients.



The new 26,000-square-foot clinic offers an extensive line of services, including primary and pediatric care, OB/GYN, specialty diabetes care and integrated behavioral health. Onsite lab testing, ultrasounds and pharmacy services are all available at the new facility. The new center also houses a [Family Resource Center](#) (FRC), which provides guidance and resources to improve the health of families, whether that be class on nutrition, parenting tips or receiving information on insurance options. The FRC is open to everyone in the community. Connected to the new community health clinic is the Mesa Behavioral Health Specialty Clinic supporting members with a Seriously Mentally Ill (SMI) designation who are enrolled as a part of the Mercy Care Regional Behavioral Health Agreement.

Kelly Summers CIO of the Year finalist

Kelly Summers has been named as a Finalist in the Healthcare category for the [2022 Arizona CIO of the Year ORBIE Awards](#), presented by the Arizona CIO Leadership Association (ArizonaCIO).

"Over 250 nominations were received this year, and the quality of the CIOs nominated clearly demonstrates the excellence that technology leaders are providing to Arizona organizations," the organization said. Summers will be honored at the CIO ORBIE Awards on April 8, 2022.

The CIO of the Year ORBIE Awards is the premier technology executive recognition program in the United States. Since its inception in 1998, over 1,800 CIOs have been honored as finalists and over 400 CIO of the Year winners have received the prestigious ORBIE Award. The ORBIE honors chief information officers, and those in equivalent roles, who have demonstrated excellence in technology leadership.



Employee E-News | January 27, 2022

Valleywise Health Foundation Receives Major Grant for Naming of the New Arizona Burn Center

Valleywise Health Foundation is thrilled to announce it has received major grant funding from the Diane & Bruce Halle Foundation to support naming of the Diane & Bruce Halle Arizona Burn Center, currently under construction as part of the new 10-story Valleywise Health Medical Center, scheduled to open in late 2023.

"A new burn center has been a long time coming," said Dr. Kevin Foster, Director of the Arizona Burn Center at Valleywise Health. "With the support of the Halle Foundation, this will not just be a new facility, but a new way of caring for patients. This will be the premier burn center in the country."

[Read more here](#)



Artis's Rendering

Celebrate Wear Red Day Friday, Feb 4!

Wear red to raise awareness about cardiovascular disease, the No. 1 killer of adults in the United States – including women! Wear RED wherever you are next Friday, February 4, and send your selfies to marketing@valleywisehealth.org so we can share them to raise awareness and encourage women of all ages to take charge of their heart health.

[Learn more.](#)

#OurHearts

National Wear Red Day February 4

Heart disease is the leading cause of death in the U.S. Know your risk and protect your heart.

hearttruth.gov



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

February 23, 2022

Item 7.b.

**Reports to the Board
Monthly Care Reimagined Capital
Purchases Report**



Tower, West Elevation

Care Reimagined – Spend report (January 2022)

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		OCT 2021	NOV 2021	DEC 2021	JAN 2022	Cumulative Total
Functional Area - Outpatient Health Facilities						
ABBOTT RAPID DIAGNOSTICS	19-930					\$ 1,870
ADAMS AND WENDT	19-930					\$ 57,101
ADVANCED STERILIZATION	19-930					\$ 140,587
Advanced Testing	19-930					\$ 8,000
Airpark Signs	19-930					\$ 184,498
ALLEGIANCE CORP	19-930					\$ 39,905
ALTURA	19-930					\$ 204,410
AMICO	19-930					\$ 5,097
ARC Products LLC	19-930					\$ 3,510
Arizona Department of Health	19-930					\$ 300
ARIZONA PUBLIC SERVICE	19-930					\$ (30,357)
Armstrong Medical	19-930					\$ 8,955
ARTHREX	19-930					\$ 64,558
B BRAUN	19-930					\$ 184,373
BAYER HEALTHCARE	19-930					\$ 86,500
Baxter Health	19-930					\$ 4,995
BONNY PIONTKOWSKI	19-930					\$ 7,720
BPG Technologies	19-921					\$ 190,548
BPG Technologies	19-930					\$ 16,080
CAPSULE TECH	19-930					\$ 166,454
CARDINAL HEALTH	19-930					\$ 2,070
CAREFUSION	19-930	\$ 2,960	\$ 1,384			\$ 265,392
CDW Government	19-930					\$ 300,754
CENTURYLINK	19-930					\$ 12,532
CHEMDAQ	19-930					\$ 21,874
City of Peoria						\$ 80,987
CME	19-930	\$ 3,201			\$ 3,865	\$ 1,742,846
COOPER ATKINS	19-930					\$ 33,041
COOPER SURGICAL	19-930	\$ 310				\$ 11,851
COVIDIEN	19-930					\$ 83,550
CROSSPOINT COMMUNICATIONS	19-930					\$ 18,657
Cushman and Wakefield of Arizona						\$ 16,500
C-SCAN TECHNOLOGIES	19-930					\$ 230
DAAVLIN DISTRUBITING	19-930					\$ 7,000
DAN GWILLIAM CONSULTING						\$ 300
DANIELS MOVING	19-930					\$ 23,133
Davis Enterprises	19-930					\$ 14,807

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		OCT 2021	NOV 2021	DEC 2021	JAN 2022	Cumulative Total
DATA INNOVATIONS LLC						\$ 14,285
DATEX OHMEDA						\$ 387,508
DEPUY SYNTHES	19-930					\$ 47,206
DIBBLE ENGINEERING						\$ 12,570
ELITECHGROUP INC	19-930					\$ 16,895
EXTENDATA	19-930					\$ 60,844
FILLMASTER	19-930					\$ 1,494
FOLLETT	19-930					\$ 1,690
E3 DIAGNOSTICS	19-930					\$ 7,319
GE	19-930					\$ 1,026,131
GLOBAL SURGICAL	16-930					\$ 13,650
Goodmans	19-930					\$ 902,794
GRAINGER						\$ 20,644
GRAYBAR ELECTRIC						\$ 1,045
HELMER						\$ 137,145
Henry Schein	19-930					\$ 404,003
HILL ROM	19-930					\$ 53,711
Hobbs and Black Associates Inc						\$ 3,224,039
Hologic	19-907					\$ 673,682
HP INC	19-930					\$ 514,051
Hye Tech Network						\$ 1,015,724
INTELLIGENT HEARING	19-930					\$ 4,185
INTERMETRO INDUSTRIES						\$ 147,669
JRC Design	19-930					\$ 148,090
KRONOS	19-930					\$ 23,505
Lanmor	19-930					\$ 664
LEICA MICROSYSTEMS	19-930					\$ 28,107
LPIT SOLUTIONS						\$ 10,500
Mar Cor Purification	19-930					\$ 205,641
Maricopa County Environmental Services	19-930					\$ 2,515
Maricopa County Planning and Development	19-930					\$ 573,393
MDM COMMERCIAL	19-930					\$ 43,969
MEDIVATORS						\$ 8,992
MEDTRONIC	19-930					\$ 12,850
MIZUHO ORTHOPEDICS	19-930					\$ 2,413
MONOPRICE INC	19-930					\$ 757
NATUS MEDICAL	19-930					\$ 34,916
NCI INC						\$ 9,262
Ninyo and Moore Geotechnical and Environment						\$ 132,464

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		OCT 2021	NOV 2021	DEC 2021	JAN 2022	Cumulative Total
NUAIER	19-930					\$ 13,123
OIEC MEDICAL SYSTEMS	19-930					\$ 250,893
Okland Construction Company	19-930					\$ 43,264,329
Olympus	19-930					\$ 592,863
OWENS AND MINOR	19-930					\$ 1,672
O&M HALYARD INC	19-930					\$ 11,441
PARKS MEDICAL	19-930					\$ 710
PARTS SOURCE	19-930					\$ 1,761
PATRIOT PURVEYORS						\$ 29,499
PENTAX MEDICAL	19-930					\$ 122,737
Radiation Physics and Engineering						\$ 6,250
RICOH	19-930					\$ 17,080
SIGNOSTICS INC	19-930					\$ 22,020
SCRIPTPRO						\$ 199,244
SOFT COMPUTER	19-930					\$ 65,675
SMITH & NEPHEW	19-930					\$ 33,689
SMITHS MEDICAL	19-930					\$ 11,582
Speedie and Associates						\$ 4,447
SPHERE COMMERCE						\$ 1,577
START-UP COST PEORIA	19-930					\$ 131,855
Steris	19-930					\$ 391,599
Stryker Communications	19-921					\$ 975,927
TBCX						\$ 156,758
TDINDUSTRIES	19-930					\$ 54,119
THE BAKER CO.	19-930					\$ 14,485
THE CBORD GROUP	19-930		\$ (207)			\$ 21,608
THE CLOROX SALES	19-930					\$ 44,800
THE GRAPHICS MEDICAL	19-930					\$ 6,550
Thomas Printworks	19-930					\$ 4,200
TRANSONIC SYSTEMS						\$ 24,389
UTECH PRODUCTS						\$ 47,600
VERATHON	19-930					\$ 14,620
Vizient Inc						\$ 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)		\$ 6,470	\$ 1,177	\$ -	\$ 3,865	\$ 66,495,787
Alliance Land Surveying LLC	19-942					\$ 1,825
Great American Title (escrow/property tax) - Chandler	19-942					\$ 1,214,705

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		OCT 2021	NOV 2021	DEC 2021	JAN 2022	Cumulative Total
SPEEDIE AND ASSOC	19-942					\$ 3,600
Ninyo and Moore Geotechnical and Environment	19-942					\$ 70,599
TOTAL Chandler FHC (CHAN)		\$ -	\$ -	\$ -	\$ -	\$ 1,290,729
Fidelity National Title (escrow) - Miller&Main	19-944					\$ 1,977,654
Allstare Rent A Fence	19-944					\$ 2,847
ALLEGIANCE CORPORATION	19-944				\$ 8,996	\$ 8,996
BPG TECHNOLOGIES LLC	19-944				\$ 1,075	\$ 1,075
BONNY PIONTKOWSKI	19-944				\$ 625	\$ 625
CDW G	19-944		\$ 623	\$ 17,513	\$ 23,068	\$ 43,453
ALTURA COMMUNICATIONS	19-944			\$ 18,249	\$ 578	\$ 18,826
CENTURYLINK	19-944					\$ 19,853
CITY OF MESA	19-944					\$ 85,490
GE PRECISION HEALTHCARE	19-944				\$ 432	\$ 432
CME	19-944	\$ 2,887	\$ 2,656		\$ 48,882	\$ 54,425
COOPER ATKINS CORPORATION	19-944		\$ 6,532			\$ 6,532
SPEEDIE AND ASSOC	19-944					\$ 3,600
DAVES CONSTRUCTION	19-944					\$ 72,981
DIBBLE ENGINEERING	19-944					\$ 8,256
DWL ARCHITECTS + PLANNERS INC	19-944	\$ 24,299	\$ 13,649			\$ 966,705
HELMER INC	19-944				\$ 18,323	\$ 18,323
HP INC	19-944			\$ (405)		\$ (405)
HOLOGIC INC	19-944			\$ 349,945		\$ 349,945
FILLMASTER	19-944					\$ 1,494
FISHER HEALTHCARE	19-944		\$ 36,538			\$ 36,538
INTERMETRO INDUSTRIES	19-944				\$ 7,511	\$ 7,511
JENSEN HUGHES	19-944					\$ 4,160
Maricopa County Planning	19-944					\$ 85,240
MDM COMMERCIAL	19-944		\$ 4,425			\$ 4,425
MONOPRICE	19-944	\$ 300			\$ 35	\$ 335
OKLAND CONSTRUCTION	19-944	\$ 2,102,579			\$ 390,784	\$ 7,859,069
P-CARD MESA PERMIT	19-944					\$ 1,331
TEMP ARMOUR	19-944				\$ 3,699	\$ 9,947
THE GRAPHS MEDICAL PHYSICS	19-944				\$ 1,750	\$ 1,750
SCRIPTPRO USA	19-944		\$ 94,090		\$ 10,454	\$ 104,544
SMITHS MEDICAL	19-944					\$ 1,391
SPEEDIE AND ASSOC	19-944	\$ 1,175	\$ 960		\$ 2,285	\$ 18,166
STRYKER SALES	19-944				\$ 6,418	\$ 6,418

VALLEYWISE HEALTH

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Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		OCT 2021	NOV 2021	DEC 2021	JAN 2022	Cumulative Total
SPRAY SYSTEMS	19-944					\$ 29,640
TRANSACT COMMERCIAL	19-944			\$ 166,377		\$ 332,754
Ninyo and Moore Geotechnical and Environment	19-944					\$ 45,355
TOTAL Mesa FHC (MESA)		\$ 2,131,239	\$ 159,474	\$ 551,679	\$ 524,915	\$ 12,189,683
Clear Title Agency (escrow) - Central Phoenix Clinic						\$ 2,704,752
Clear Title Agency (escrow) - Phoenix Metro						\$ 50,000
Cushman and Wakefield of Arizona Inc	19-945					\$ 4,750
DAVES CONSTRUCTION	19-945					\$ 171,254
DWL ARCHITECTS + PLANNERS INC	19-945					\$ 22,693
JENSEN HUGHES	19-945					\$ 2,884
MARICOPA COUNTY PLANNING	19-945					\$ 30
Ninyo and Moore Geotechnical and Environment	19-945					\$ 36,938
OKLAND CONSTRUCTION	19-945					\$ 2,977,149
SPEEDIE AND ASSOC	19-945					\$ 5,105
Spray Systems	19-945					\$ 119,430
TOTAL Central Phoenix FHC (PHXM)		\$ -	\$ -	\$ -	\$ -	\$ 6,094,986
DIBBLE ENGINEERING	19-929					\$ 6,904
ABBOTT RAPID DIAG	19-929					\$ 190
ALLEGIANCE CORP	19-929					\$ 1,591
ALTURA COMMUNICATION	19-929					\$ 52,314
BONNY PIONTKOWSKI	19-929					\$ 1,645
BPG TECHNOLOGIES	19-929					\$ 28,099
CAPSULE TECH	19-929					\$ 57,321
CITY OF PHOENIX	19-929					\$ 1,274
COOPER ATKINS	19-929					\$ 7,474
CROSSPOINT COMMUNICATION	19-929					\$ 8,138
DANIELS MOVING	19-929					\$ 11,266
DWL ARCHITECTS + PLANNERS INC	19-929					\$ 1,737,823
CDW G	19-929					\$ 21,797
CME	19-929					\$ 143,944
Fidelity National Title (escrow) - North Metro	19-929					\$ 2,271,759
FILLMASTER	19-929					\$ 1,494
GE HEALTHCARE	19-929					\$ 469,988
GOODMANS	19-929					\$ 56,522
GRAINGER	19-929					\$ 1,658
HP INC	19-929					\$ 79,129
Hye Tech Network	19-929					\$ 78,618
IN GRAPHS MEDICAL PHYSIC	19-929	\$ 700				\$ 1,400

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Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		OCT 2021	NOV 2021	DEC 2021	JAN 2022	Cumulative Total
INTERMETRO INDUSTRIES	19-929					\$ 11,756
Jensen Hughes	19-929					\$ 10,197
LOVITT & TOUCHE	19-929					\$ 5,652
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-929					\$ 121,093
MDM COMMERCIAL	19-929					\$ 4,209
OFFSITE OFFICE EQUIPMENT STORAGE	19-929					\$ 250
OLYMPUS	19-929					\$ 1,232
SCRIPTPRO	19-929					\$ 104,544
SMITHCRAFT SIGNS	19-929					\$ 83,980
SPEEDIE AND ASSOC	19-929					\$ 12,585
SALT RIVER PROJECT	19-929					\$ 4,265
SPHERE COMMERCE	19-929					\$ 797
STAPLES ADVANTAGE	19-929			\$ 1,680		\$ 1,680
Stryker Communications	19-929					\$ 12,379
Sundt Construction Inv	19-929					\$ 5,741,807
TEMP ARMOUR	19-929					\$ 3,599
TRANSACT COMMERCIAL	19-929					\$ 13,710
THE CBORD GROUP	19-929					\$ 2,794
TOTAL North Phoenix FHC (19AV)		\$ 700	\$ -	\$ 1,680	\$ -	\$ 11,176,876
Cox Communications	19-928					\$ 4,489
ABBOTT RAPID DIAG	19-928					\$ 238
ALTURA	19-928					\$ 50,192
ALLEGIANCE CORP	19-928					\$ 10,861
BONNY PIONTKOWSKI	19-928					\$ 1,645
BPG Technologies	19-928					\$ 28,048
CAPSULE TECH	19-928					\$ 56,193
CAREFUSION	19-928					\$ 1,380
CDW GOVERNMENT INC	19-928				\$ 388	\$ 22,849
Centurylink	19-928					\$ 24,539
CITY OF PHOENIX	19-928					\$ 218,063
CME	19-928					\$ 194,615
COOPER ATKINS	19-928					\$ 8,840
CROSSPOINT COMMUNICATION	19-928					\$ 8,758
Daniels Moving	19-928					\$ 11,441
DIBBLE ENGINEERING	19-928					\$ 7,168
DWL ARCHITECTS + PLANNERS INC	19-928					\$ 1,255,773
EXTENDATA	19-928					\$ 11,102
Fidelity National Title (escrow) - South Mountain	19-928					\$ 743,456
FILLMASTER SYSTEMS	19-928					\$ 1,494

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Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		OCT 2021	NOV 2021	DEC 2021	JAN 2022	Cumulative Total
GE HEALTHCARE	19-928					\$ 502,285
GRAINGER	19-928					\$ 978
HELMER	19-928					\$ 20,426
HP INC	19-928					\$ 88,597
Hye Tech Network	19-928					\$ 169,096
INTERMETRO INDUSTRIES	19-928					\$ 19,581
JENSEN HUGHES	19-928					\$ 10,055
LOVITT & TOUCHE	19-928					\$ 5,689
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-928					\$ 51,046
MDM COMMERCIAL	19-928					\$ 4,880
MONOPRICE	19-928					\$ 526
NATUS	19-928					\$ 2,130
OFFSITE OFFICE	19-928					\$ 395
OLYMPUS AMERICA	19-928					\$ 1,229
PAL-WW NORTHERN STORAGE	19-928					\$ 106,121
Ricoh	19-928					\$ 272
SCRIPTPRO USA INC	19-928					\$ 104,544
SMITHCRAFT SIGNS	19-928			\$ 15,113		\$ 116,546
Speedie and Associates	19-928					\$ 14,595
SPHERE COMMERCE	19-928					\$ 795
SRP	19-928					\$ 2,104
Sundt Construction Inc	19-928	\$ 18,380				\$ 8,377,851
Stryker Communications	19-928					\$ 12,379
TEMP ARMOUR	19-928					\$ 12,746
THE CBORD GROUP	19-928					\$ 2,794
THE GRAPHICS MEDICAL	19-928					\$ 1,962
TRANSACT	19-928					\$ 546,908
THOMAS PRINTWORKS	19-928					\$ 351
TOTAL South Phoenix FHC (SPHX)		\$ 18,380	\$ -	\$ 15,113	\$ 388	\$ 12,838,024
CDW GOVERNMENT INC	19-946	\$ 565	\$ (72)	\$ 7,446	\$ 573	\$ 45,098
ADVANCE INNOVATIVE SOLUTIONS	19-946				\$ 6,435	\$ 6,435
ALLEGIANCE CORP	19-946					\$ 920
ALTURA COMMUNICATIONS	19-946			\$ 14,221	\$ 102	\$ 33,123
BPG TECHNOLOGIES	19-946	\$ 757				\$ 757
BONNY POINTKOWSKI	19-946			\$ 1,645		\$ 1,645
CABLE SOLUTIONS	19-946		\$ 77,231			\$ 77,231
CAPSULE TECH	19-946					\$ 56,272
CITY OF PHOENIX	19-946					\$ 68,264
CME	19-946	\$ 25,319	\$ 30,322	\$ 5,585	\$ 5,556	\$ 100,891

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		OCT 2021	NOV 2021	DEC 2021	JAN 2022	Cumulative Total
Adams and WENDT						\$ 118,891
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					\$ 225,345
Altura Communications	19-909					\$ 369,127
Altura Communications	19-939					\$ 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
Armstrong Medical	19-912					\$ 35,482
Arrington Watkins Architects						\$ 301,274
Arrow International	19-912					\$ 598
Baxter Healthcare Corp	19-912					\$ 5,368
Bayer Healthcare	18-920					\$ 74,376
BEL-Aire Mechanical						\$ 40,215
Burlington Medical	19-912					\$ 2,906
CAPSA SOLUTIONS	19-909					\$ 5,936
Capsule Tech	19-912					\$ 143,422
Cardinal Health	19-912					\$ 102,300
CDW Government	19-909					\$ 271,862
CDW Government	19-938					\$ 48,448
CDW Government	19-939					\$ 159,897
CME	19-912					\$ 178,774
Comprehensive Risk Services						\$ 474,403
Cop*city Of Phx Paymnt	19-909					\$ 1,200
Coviden	19-912					\$ 11,736
Crosspoint Communications						\$ 25,724
Datcard Systems	19-909					\$ 18,500
DEC MEDICAL	18-918					\$ 80,529
Delynn Consultant	19-940					\$ 114,187
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					\$ 67,500

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Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		OCT 2021	NOV 2021	DEC 2021	JAN 2022	Cumulative Total
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						\$ 7,582,335
Follett	19-912					\$ 38,837
GE Healthcare	18-915	\$ 23			\$ 88,316	\$ 773,012
GE Healthcare	19-901					\$ 14,880
GE Healthcare	18-917					\$ 766,491
GE Healthcare	18-918					\$ 3,048,632
GE Healthcare	19-938					\$ 13,999
GE Medical Systems	19-912					\$ 746,560
GE Medical Ultrasound	18-917					\$ 139,527
General Devices	19-912					\$ 47,400
Gentherm	19-912					\$ 16,692
Gilbane Building CO.	18-913	\$ 84,118				\$ 55,180,150
Global Equipment	19-912					\$ 2,044
Goodmans	19-916					\$ 96,476
Goodmans	19-917					\$ 104,809
Goodmans	19-923					\$ 518,395
Goodmans	19-926					\$ 154,049
Goodmans	19-939					\$ 1,570
Goodmans	18-913					\$ 4,830
Grainger	19-912					\$ 64,690
Graybar Electric						\$ 5,586
GUEST COMMUNICATIONS	19-912					\$ 17,130
Haemonetics	19-912					\$ 83,854
HD Supply Facilities Maintenance Ltd	19-912					\$ 40,838
Helmer Inc	19-912					\$ 151,587
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						\$ 91,590
Interior Solutions	19-923					\$ 242,017
Interior Solutions	19-926					\$ 100,132
Intermetro Industries	19-912					\$ 42,332

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Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		OCT 2021	NOV 2021	DEC 2021	JAN 2022	Cumulative Total
Intersan Manufacturing	19-912					\$ 3,603
Jensen Hughes						\$ 2,750
Kronos Inc						\$ 72,000
Lanmor Services Inc						\$ 2,824
LOGIQUIP	19-912					\$ 1,059
MARICOPA COUNTY PLANNING AND DEVELOPMENT					\$ 7,075	\$ 317,525
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					\$ 842
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
RAY-BAR	18-913					\$ 4,905
RETAIL MANAGEMENT SOLUTIONS						\$ 5,961
RICOH AMERICAS CORPORATION						\$ 30,012
RISK CLAIM 1517	19-912					\$ (901)
Ruiz Custom Upholstery	19-912					\$ 53,718
SCOTTSDALE RESTAURANT SUPPLY						\$ 5,391

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Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		OCT 2021	NOV 2021	DEC 2021	JAN 2022	Cumulative Total
Signodtics	19-912					\$ 22,460
Smiths Medical	19-912					\$ 9,253
SOFT COMPUTER CONSULTANT INC						\$ 43,038
Smithcraft Signs	18-913					\$ 10,266
Speedie and Associates						\$ 2,189
SPEEDIE AND ASSOCIATES INC						\$ 15,635
SALT RIVER PROJECT	18-913					\$ (23,852)
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
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)		\$ 84,140	\$ -	\$ -	\$ 95,391	\$ 83,114,490
Adams and Wendt	19-936		\$ 1,392			\$ 76,425
AIRPARK SIGNS						\$ 1,305
Arizona Department of Health	19-936		\$ 150			\$ 1,050
AFFILIATED ENGINEERS	19-936					\$ 85,852
BUREAU VERITAS	19-936				\$ 7,031	\$ 28,125
Engineering Economics	19-936	\$ 2,568				\$ 57,566
GOODMANS	19-936				\$ 1,575	\$ 106,739
Grainger	19-936					\$ 5,504
JENSEN HUGHES	19-936					\$ 15,237
KITCHELL	19-936	\$ 320,434		\$ 55,480	\$ 330,218	\$ 6,515,590
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-936					\$ 230
Speedie and Assoc	19-936		\$ 380	\$ 555		\$ 4,120
Valley Systems	19-936				\$ 1,086	\$ 13,949

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Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		OCT 2021	NOV 2021	DEC 2021	JAN 2022	Cumulative Total
TOTAL Annex HVAC Replacement (RSVT)		\$ 323,002	\$ 1,922	\$ 56,035	\$ 339,911	\$ 6,911,691
						\$ -
TOTAL Annex Building Remodel (RSVT)						\$ -
		\$ 407,143	\$ 1,922	\$ 56,035	\$ 435,301	\$ 90,026,182
<i>Note: Prior months amount paid are hidden</i>						
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					\$ 2,789,264
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
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
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
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					\$ 6,240,243
Stretcher replacement	16-912					\$ 395,538
IVUS - intravascular ultrasound for placement of stents	16-922					\$ 128,371
Vigileo Monitors (8)	16-928					\$ 96,132
VANIR CONSTRUCTION	16-928				\$ 463,755	\$ 463,755

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Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		OCT 2021	NOV 2021	DEC 2021	JAN 2022	Cumulative Total
Balloon Pumps	16-920					\$ 149,197
Zeiss - Cirrus HD ophthal camera	16-919					\$ 60,654
Vivid Q BT12 Ultrasound	16-931					\$ 55,019
Zoll Thermoguard XP (formerly Alsius)	16-906					\$ 33,230
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					\$ 20,195
Doppler	16-935					\$ 3,950
Ultrasound (for breast clinic)	16-931					\$ 22,685
Biom 5	16-930					\$ 8,103
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
2 Pillcams for Endo	17-911					\$ 13,826
Replace 11 ultrasounds	16-931					\$ 1,142,345
POC Ultrasounds (10)	16-931					\$ 634,702
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
MMC 7th Floor Roof	16-905					\$ 274,582
Facility upkeep	17-910					\$ 4,205
Facility upkeep	18-905					\$ 69,218
Colposcopes	18-909					\$ 24,607
Chandler ADA Doors	18-042					\$ 5,867
Avondale 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 Deliverery 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

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Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		OCT 2021	NOV 2021	DEC 2021	JAN 2022	Cumulative Total
Temperature Monitoring - FQHC Depts	17-909					\$ 82,219
McDowell Dental	16-918					\$ 15,990
CHC Internal Medicine Clinic Renovation - increase the number of exam	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
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
EKG machines (3 units)	19-922					\$ 37,278
Bond related expenses (legal fees, etc.)	N/A					\$ 325,646
Audiology - Astera Audiometer	16-913					\$ 11,326
ALTURA COMMUNICATIONS	16-909		\$ 70,842			\$ 160,790
3rd Floor Behavioral Health/Medical Unit Remodel	17-903					\$ 2,570,464
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					\$ 95,059
Diablo Infrastructure Costs	18-903					\$ 400,721
Epic Willow - Ambulatory & Inventory	18-906					\$ 428,269
Navigant - Proposition 480 planning	16-923					\$ 994,000
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	\$ 377,581				\$ 21,233,635
Vanir Construction Management (Planning Phase)	16-923			\$ 508,772		\$ 508,772
MOSS ADAMS	17-916		\$ 10,101		\$ 32,399	\$ 42,500
IPMO Modular Building	17-902					\$ 329,631
Dickenson Wright PLLC	16-923					\$ 199,705
THOMAS PRINTWORKS	17-916					\$ 515
SUNDT CONSTRUCTION	19-918					\$ 2,911
Sims Murray LD	16-923					\$ 32,654
Devenney Group LTD	16-923					\$ 242,450
MTI Connect Inc	16-923					\$ 181
SHI INTERNATIONAL	19-911					\$ 2,577

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Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		OCT 2021	NOV 2021	DEC 2021	JAN 2022	Cumulative Total
Payroll/Supplies/Misc Expenses	16-923	\$ 150,910				\$ 3,180,661
EPIC replatform and upgrade to 2016 (see attached for detail)	17-900					\$ 7,675,491
Reimbursement for Capital Expenditures	N/A					\$ 36,000,000
TOTAL Tranch 1		\$ 528,491	\$ 80,943	\$ 508,772	\$ 496,153	\$ 117,741,781
Atlantic Relocation Systems						\$ 39,819
Bond issuance costs		\$ 300				\$ 2,120,087
BPG Technologies LLC						\$ 116,183
Cable Solutions LLC						\$ 53,370
DH Pace						\$ 1,468
Dickinson Wright PLLC						\$ 306,955
Enterprise Security	16-923					\$ 13,715
FC Hospitality	16-923					\$ 8,376
HD Supply Facilities Maintenance Ltd						\$ 3,780
Hye Tech Neystack and Security Solutions						\$ 41,154
Innerface Architectural Signage						\$ 14,761
IPMO Modular Building	17-902					\$ 45,466
Goodmans						\$ 4,790
GOODMANS	16-923					\$ 19,996
JRC DESIGN	19-955					\$ 134,905
Lovitt & Touche Inc	16-923		\$ 15,000	\$ 15,000	\$ 30,000	\$ 60,000
Lovitt & Touche Inc	19-934	\$ 18,191	\$ 8,191	\$ 8,191	\$ 21,110	\$ 3,800,655
LOVITT & TOUCHE INC	19-951					\$ 505
MIHS IPMO Food - Catering	16-923					\$ 104
NINYO AND MOORE	19-955					\$ 2,500
OKLAND CONSTRUCTION	19-955					\$ 409,488
PAC-VAN	19-955					\$ 71,160
Payroll/Supplies/Misc Expenses						\$ 3,139,885
PHOENIX FENCE						\$ 2,283
Sims Murray LD						\$ 30,441
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
Zurich North America	16-923					\$ 47,500
TOTAL Enterprise		\$ 18,491	\$ 23,191	\$ 23,191	\$ 51,110	\$ 24,937,201
Adams and Wendt	19-935					\$ 37,316
Advanced Testing	19-935		\$ 2,605			\$ 2,605
APS	19-935					\$ 45,963

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		OCT 2021	NOV 2021	DEC 2021	JAN 2022	Cumulative Total
Affiliated Engineers Inc	19-935				\$ 35,108	\$ 2,208,952
Affiliated Engineers Inc	19-935					\$ 2,058,558
Arnold Machinery	19-935					\$ 34,209
ARIZONA DEPARTMENT OF HEALTH	19-935					\$ 150
CDW GOVERNMENT INC	19-935					\$ 337
CENTERLINE MECHANICAL	19-935					\$ 4,725
CITY OF PHOENIX	19-935					\$ 2,296
DP Electric	19-935					\$ 6,987
ENGINEERING ECONOMICS	19-935	\$ 32,106	\$ 8,994	\$ 11,992		\$ 181,628
GOODMANS	19-935					\$ 3,133
HYE TECH	19-935	\$ 208,625			\$ 379,692	\$ 1,960,213
JENSEN HUGHES	19-935					\$ 11,820
KITCHELL	19-935	\$ 304,603				\$ 48,180,849
KM FACILITY SERVICES	19-935	\$ 11,370		\$ 11,370	\$ 20,391	\$ 43,131
LANMOR	19-935					\$ 23,708
Maricopa County	19-935					\$ 239,965
MDM COMMERCIAL	19-935					\$ 1,483
RICOH	19-935					\$ 456
Soft Computer Consultants	19-935					\$ 46,513
SMITHCRAFT SIGNS	19-935					\$ 5,782
Speedie snd Assoc	19-935					\$ 24,160
SOUTHWEST GAS	19-935					\$ 121,938
THE CBORD GROUP	19-935					\$ 13,022
Thomas Printworks	19-935					\$ 3,069
VALLEY SYSTEMS	19-935					\$ 371
WESTERN STATES FIRE	19-935					\$ 705
TOTAL Central Utility Plant (RSVT)		\$ 556,703	\$ 11,599	\$ 23,362	\$ 435,190	\$ 55,264,044
ADAMS AND WENDT	19-949					\$ 13,503
ADAMS AND WENDT	19-948					\$ 31,430
ADAMS AND WENDT	19-947					\$ 2,793
ADAMS AND WENDT	19-951					\$ 79,143
HYE TECH NETWORK	19-951				\$ 14,702	\$ 14,702
ADAMS AND WENDT	19-953			\$ 4,395		\$ 4,395
ADAMS AND WENDT	19-948					\$ 2,596
AFFILIATED ENGINEERS	19-948					\$ 230,801
AFFILIATED ENGINEERS	19-954					\$ 1,050
ANCO SANITATION	19-948					\$ 1,450
ARIZONA PUBLIC SERVICE	19-947					\$ 1,391,892

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		OCT 2021	NOV 2021	DEC 2021	JAN 2022	Cumulative Total
AS SOFTWARE	19-951					\$ 9,500
ATLANTIC RELOCATIONS	19-948					\$ 9,306
ABBOTT LABORATORIES INC	19-947				\$ 790	\$ 790
BPG TECH	19-948					\$ 45,750
BPG TECH	19-947					\$ 7,339
BPG TECH	19-951	\$ 9,627				\$ 23,013
CABLE SOLUTIONS	19-947	\$ 65,709		\$ 123,732		\$ 254,534
C-SCAN TECHNOLOGIES	19-947	\$ 4,060		\$ 1,015		\$ 5,075
CAPSULE TECH	19-951					\$ 8,708
CDW G	19-947					\$ 1,413
CDW G	19-951					\$ (16)
CENTURY LINK	19-951					\$ 6,706
CITY OF PHOENIX	19-947					\$ 79,102
CME	19-948	\$ 10,137				\$ 11,254
CME	19-951					\$ 2,765
Cop*city Of Phx Paymnt	19-947					\$ 300
Cunningham Architect	19-947	\$ 4,110	\$ 673,614	\$ 338,863	\$ 338,863	\$ 29,308,926
Cunningham Architect	19-951	\$ 2,466				\$ 2,466
DANIELS MOVING	19-948					\$ 29,020
Devenney Group LTD						\$ 530,623
DYNAMIC INSTALLATION	19-948					\$ 23,932
DYNAMIC INSTALLATION	19-951	\$ 501				\$ 501
ECD SYSTEMS	19-947					\$ 58,937
ENGINEERING ECONOMICS	19-951		\$ 4,446	\$ 1,500		\$ 5,946
EXCESSIVE CARTS	19-948					\$ 22,782
FC HOSPITALITY	19-948					\$ 173,927
Follett	16-923					\$ 5,249
GOODMANS						\$ 90,025
GOODMANS	19-951	\$ 120		\$ 3,791		\$ 30,245
GRAINGER	19-947				\$ 5,445	\$ 5,445
HILL ROM	19-951		\$ 7,795			\$ 7,795
Innerface Architectural Signage	19-948					\$ 862
Innerface Architectural Signage	19-951					\$ 833
JENSEN HUGHES	19-947					\$ 9,637
JENSEN HUGHES	19-951			\$ 11,695		\$ 19,381
KITCHELL	19-947		\$ 21,791,245	\$ 13,299,090	\$ 17,129,892	\$ 173,672,406
KITCHELL	19-937					\$ 667,452
KITCHELL	19-948					\$ 11,866,155

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		OCT 2021	NOV 2021	DEC 2021	JAN 2022	Cumulative Total
KITCHELL	19-951	\$ 1,448,675	\$ 1,152,002	\$ 877,099	\$ 4,907	\$ 7,825,684
KITCHELL	19-954					\$ 8,373
LANMOR	19-947				\$ 458,934	\$ 466,500
LANMOR	19-948					\$ 1,977
LANMOR	19-951		\$ 61,404			\$ 61,404
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-951					\$ 289,918
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-947	\$ 2,668	\$ 11,598		\$ 7,764	\$ 2,062,969
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-948			\$ 3,308		\$ 3,308
MISC. UTILITY ALLOCATION MAY 2021	19-947					\$ 17,500
MDM COMMERCIAL	19-951					\$ 1,225
NINYO AND MOORE	19-947					\$ 3,200
NINYO AND MOORE	19-947		\$ 6,824			\$ 6,824
NINYO AND MOORE	19-951				\$ 9,314	\$ 9,314
NCI INC	19-947				\$ 19,725	\$ 19,725
OFFSITE EQUIPMENT STORAGE	19-948					\$ 650
PNC P-CARD	19-951					\$ 300
PAC-VAN	19-947					\$ 62,185
POHLE NV CENTER INC	19-948					\$ 11,904
PRINTWORKS	19-947				\$ 41	\$ 41
RECLASS UTILITIES ALLOCATION TO CONSTRUCTION PROJECTS	19-951					\$ 107,000
RECLASS UTILITIES ALLOCATION TO CONSTRUCTION PROJECTS	19-947					\$ 34,000
RMJ Electrical Contractors						\$ 551
Smithcraft Signs	19-947					\$ 960
Smithcraft Signs	19-951					\$ 4,650
SPEEDIE AND ASSOC	19-947				\$ 9,430	\$ 223,283
SPEEDIE AND ASSOC	19-951	\$ 750			\$ 20,906	\$ 22,326
STERIS	19-947	\$ 7,180				\$ 8,298
SWISSLOG	19-947					\$ 2,500
TEMP ARMOUR	19-951					\$ 6,649
Valley Systems	19-948					\$ 1,716
Valley Systems	19-951					\$ 1,018
Speedie and Assoc	19-947	\$ 10,430				\$ 59,810
SRP	19-947					\$ 500
THOMAS PRINTWORKS						\$ 7,517
Trademark Visual	19-948					\$ 2,576
ZORO TOOLS	19-948					\$ 14,481
TOTAL Roosevelt Campus Site Development Plan (RSVT)		\$ 1,566,432	\$ 23,708,927	\$ 14,664,488	\$ 18,020,714	\$ 230,122,675
		\$ 2,670,118	\$ 23,824,660	\$ 15,219,814	\$ 19,003,168	\$ 428,065,701

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		OCT 2021	NOV 2021	DEC 2021	JAN 2022	Cumulative Total

Bond Proceeds received to date:

\$935,805,959

TOTAL MONTHLY SPENT AMOUNT

\$	5,806,540	\$	24,253,372	\$	15,911,382	\$	20,175,894	\$	643,366,209
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REMAINING Cash for disbursement

\$	352,780,397	\$	328,527,026	\$	312,615,644	\$	292,439,750	\$	292,439,750
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Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

February 23, 2022

Item 7.c.

Reports to the Board
Monthly Employee Turnover Report



Human Resources Board Turnover Analysis

February 2022

December Turnover 2021 Summary

- Overall voluntary turnover of 22.41% increased by 1.02% from prior month of November at 21.39%. We're also up 6% from the same month in December 2020, 16.17%.
- Goal #4A People: minimum target 16.26%
 - 6.1% from reaching minimum goal target
- Initiatives for FY22 turnover reduction and retention:
 1. Due to the Kronos outage, the 30/90-day new hire and Exit Interview survey data is not available.
 2. Turnover data by division and leader available on the Vine to identify areas of focus.
 3. Evaluate monthly the reason codes for the turnover and apply them to the retention efforts of market evaluations, pay adjustments, ongoing remote work opportunities, etc.
 - A. Total December voluntary terms – 60
 - a. Top 3 Reason Codes for December voluntary terms:
 - 21 – Personal/Family (35%)
 - 16 – Accepted Other Job (27%)
 - 12 – Quit w/o appropriate notice (20%)
 4. Tier 3 reporting efforts with Executive leadership to review daily metrics and execute on heightened level of accountability.
- First year voluntary turnover increased 3.8% (November 44.56% to December 48.37%)
 - Clinical (Non-Licensed) – 54% (November –52%)
 - Management & Supervision – 19% (November –20%)
 - RN – 57% (November – 52%)
- Benchmark:
 - The healthcare 2021 benchmark average for overall turnover is 19.50%.



ALL Valleywise Health Summary

December - 2021	Avg Emps	Avg Emps 1Yr	Hires	VOL 1 Yr	VOL 1st Yr %	VOL	VOL%
Administrative	46.83	15.67	10	9	4.79%	12	2.14%
Clinical (Non-Licensed)	72.33	26.42	17	13	4.10%	18	2.07%
Clinical Licensed	20.92	4.08	2	0	0.00%	4	1.59%
Clinical Tech & Specialists	11.42	3.00	4	1	2.78%	2	1.46%
Management & Supervision	18.67	3.83	2	0	0.00%	3	1.34%
Professional	21.58	4.75	5	1	1.75%	1	0.39%
Provider Non-Physician	1.33	0.25	0	0	0.00%	0	0.00%
RN	64.33	17.75	3	15	7.04%	18	2.33%
Support	12.58	4.25	2	4	7.84%	8	5.30%
Total	270.00	80.00	45	43	4.48%	66	2.04%

Total (Last 12 Months)	Avg Emps	Avg Emps 1Yr	Hires	VOL 1 Yr	VOL 1st Yr %	VOL	VOL%
Administrative	514.83	130.08	147	57	43.82%	110	21.37%
Clinical (Non-Licensed)	857.50	257.83	297	140	54.30%	227	26.47%
Clinical Licensed	251.25	38.00	32	13	34.21%	39	15.52%
Clinical Tech & Specialists	133.50	26.00	36	11	42.31%	28	20.97%
Management & Supervision	216.75	31.08	41	6	19.30%	31	14.30%
Professional	257.58	44.42	42	12	27.02%	32	12.42%
Provider Non-Physician	16.33	2.92	0	0	0.00%	0	0.00%
RN	803.83	195.08	185	111	56.90%	212	26.37%
Support	151.92	41.67	44	21	50.40%	39	25.67%
Total	3,203.50	767.08	824	371	48.37%	718	22.41%

Voluntary Term % by Month



January Turnover 2022 Summary

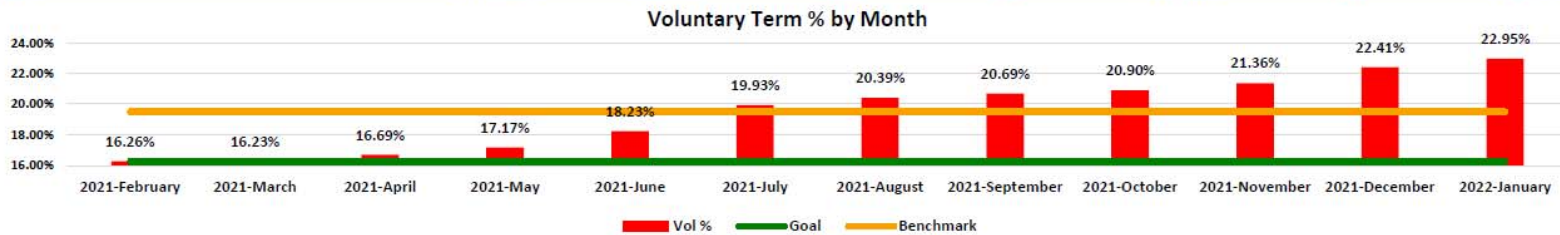
- Overall voluntary turnover of 22.95% increased by .54% from prior month of December 2021 at 22.41%. We're also up 6.33% from the same month in January 2021, 16.62%.
- Goal #4A People: minimum target 16.26%
 - 6.69% from reaching minimum goal target
- Initiatives for FY22 turnover reduction and retention:
 1. Due to the Kronos outage, the 30/90-day new hire and Exit Interview survey data is not available.
 2. Turnover data by division and leader available on the Vine to identify areas of focus.
 3. Evaluate monthly the reason codes for the turnover and apply them to the retention efforts of market evaluations, pay adjustments, ongoing remote work opportunities, etc.
 - A. Total January voluntary terms – 75
 - a. Top 3 Reason Codes for January voluntary terms:
 - 27 – Accepted Other Job (14%)
 - 20 – Personal/Family (28%)
 - 14 – Quit w/o appropriate notice (17%)
 4. Tier 3 reporting efforts with Executive leadership to review daily metrics and execute on heightened level of accountability.
- First year voluntary turnover increased .84% (December 48.37% to January 49.21%)
 - Clinical (Non-Licensed) – 56% (December – 54%)
 - Management & Supervision – 15% (December – 19%)
 - RN – 60% (December -57%)
- Benchmark:
 - The healthcare 2022 benchmark average for overall turnover is 19.50%.



ALL Valleywise Health Summary

January - 2022	Avg Emps	Avg Emps 1Yr	Hires	VOL 1 Yr	VOL 1st Yr %	VOL	VOL%
Administrative	46.67	10.92	12	5	3.82%	11	1.96%
Clinical (Non-Licensed)	71.50	16.92	33	13	6.40%	25	2.91%
Clinical Licensed	20.58	2.58	6	0	0.00%	4	1.62%
Clinical Tech & Specialists	11.58	2.33	6	2	7.14%	4	2.88%
Management & Supervision	18.58	2.58	2	0	0.00%	2	0.90%
Professional	21.83	2.83	6	0	0.00%	3	1.15%
Provider Non-Physician	1.33	0.00	0	0	0.00%	0	0.00%
RN	62.58	10.08	16	11	9.09%	24	3.20%
Support	12.50	2.33	2	2	7.14%	4	2.67%
Total	267.17	50.58	83	33	5.44%	77	2.40%

Total (Last 12 Months)	Avg Emps	Avg Emps 1Yr	Hires	VOL 1 Yr	VOL 1st Yr %	VOL	VOL%
Administrative	520.83	133.83	144	59	44.08%	116	22.27%
Clinical (Non-Licensed)	858.25	258.67	301	145	56.06%	234	27.26%
Clinical Licensed	251.58	38.42	35	11	28.63%	39	15.50%
Clinical Tech & Specialists	134.33	27.17	40	13	47.85%	31	23.08%
Management & Supervision	218.67	32.58	43	5	15.35%	29	13.26%
Professional	258.08	44.67	44	11	24.63%	31	12.01%
Provider Non-Physician	16.25	2.75	0	0	0.00%	0	0.00%
RN	798.83	192.42	169	116	60.29%	219	27.41%
Support	163.58	45.83	45	22	48.00%	40	24.45%
Total	3,220.42	776.33	821	382	49.21%	739	22.95%







Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

February 23, 2022

Item 7.d.

Reports to the Board
Quarterly Compliance Officer's Reports

Q2 FY2022 Compliance Officer's Report

Reporting Group: Compliance and Internal Audit

Person Reporting:

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

Chief Compliance Officer/Privacy Officer

Reporting period: Q2 FY2022

Q2 FY2022 Compliance Officer's Report

- 1.0 – Q2 Finance Audit and Compliance Committee (FACC) Activities
- 2.0 – Q2 FY 2022 Compliance Work Plan
- 3.0 – Q2 FY 2022 Internal Audit Work Plan
- 4.0 – Q2 FY 2022 Ethics Line Report

1.0 – November 3, 2021 – Valleywise Health's Finance, Audit and Compliance Committee (FACC) Meeting Items

1.1 – November 4, 2021 – Valleywise Health’s Finance, Audit and Compliance Committee (FACC) Meeting Items

TOPIC	DISCUSSION
1. E&Y FY2021 Financial Audit Report Presentation	Gina Curry, E&Y Partner, (and relevant E&Y staff) presented the FY2021 Financial Audit Report (Report) to the FACC. The FACC reviewed and discussed key sections of the Report and unanimously recommended that the CEO take the Report to the Board for acceptance.
2. Committee Discussion w/External Auditors (VH management leaves room).	Katherine Cecala, FACC Chair, and the FACC met with the E&Y auditors, without management in the room, and discussed any relevant concerns. Katherine Cecala reported that there were no relevant concerns noted and that E&Y was pleased with Valleywise Health management.
3. Partner Auditor Rotation Discussion	Claire Agnew, Chief Financial Officer and L.T. Slaughter, Jr., Chief Compliance Officer, discussed with the FACC that Gina Curry will rotate off as our E&Y Audit Partner after serving for five years. The FACC commented that Gina did a great job.
4. Financial Report	Claire Agnew, Chief Financial Officer, reviewed the Valleywise Health financial and statistical information for the month ending September 30, 2021.
5. Code of Conduct & Ethics Approval	The FACC reviewed and unanimously approved the FY2022 Code of Conduct and Ethics.
6. Q1 FY2022 Hospital Compliance Committee Report	L.T. Slaughter, Jr., Chief Compliance Officer, reviewed the Q1 FY2022 Hospital Compliance Committee report.

2.0 – Q2 FY2022 Compliance Work Plans

2.0 Data Dictionary for the Compliance and Internal Audit Work Plan

CER – Capital Expenditure Request – Process to approve capital expenditures

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

GME– Graduate Medical Education – (The Residency Program).

IMD – Institute of Mental Disease – Medicare and Medicaid guidelines for behavioral health

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.

2.1 Q2 FY2022 Compliance Work Plan

The FY2022 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 FY2022 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 (OSV) Compliance Follow-up (R17)	Q1	100 Hours	HRSA OSV Audit was completed.	Completed.	5	1
CQ1.2 Violent Patients (R5)	Q1	150 Hours	Working group implementing corrective actions.	On-Going	5	4
CQ1.3 Telehealth, Charge Capture, Work Queues, E&M Compliance (R1) (R13) (R12)(R24)	Q1	150 Hours	Analyzing data working on third party audit.	On-Going	5	5
Risk Re-assessment and Selection Q2						
CQ2.1 New Facility Reviews (R4)(R5) (R7)(R11)(R12) (EMTALA FOCUS)	Q2	100 Hours	Focusing on Maryvale ED and Roosevelt EMTALA Compliance	Completed	5	3
CQ2.2 Resident Model Compliance (R10)	Q2	100 Hours	Established the FY2022 residence training process with Creighton.	Completed.	5	2
CQ2.3 EHR Incentive Payments - (Two Reporting Years by 12/31/2021) (R25)	Q2	150 Hours	In Final Stages of completing the 2021 EHR incentive payments.	Completed	5	1

3.0 – Q2 FY2022 Internal Audit Work Plans

3.1 Q2 FY2022 Internal Audit Work Plan

The FY2022 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 FY2022 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.

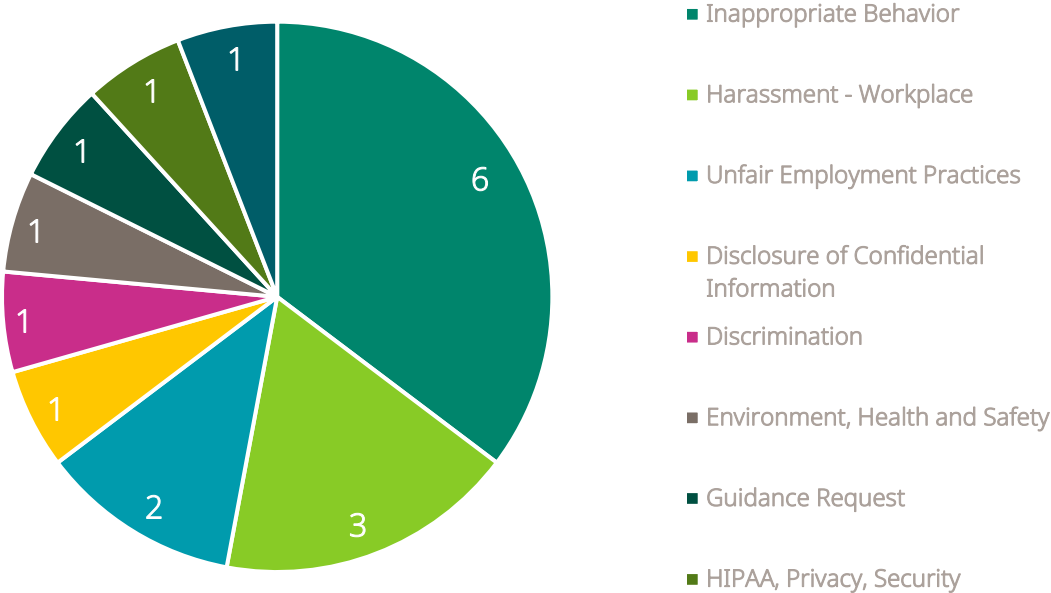
Project Name	Audit Timing	Est. Audit Hours	Current Status	Completion Status	Initial Risk Rating	Post Review Ranking
Risk Assessment and Selection Q1 (Current State Assessment)						
IQ1.1 Care Re-Imagined (Prop 480) Controls and Monitoring Review (R4)(R23)	Q1	150 Hours	Monitoring controls and Moss Adams is conducting a contracts review of the Roosevelt building project that will report out in Q2.	Completed	5	2
IQ1.2 Quality Reporting Barriers (R9) (R19)	Q1	150 Hours	Reviewing Information Blocking and quality reporting opportunities for improvement.	On-Going	5	3.5
IQ1.3 DMG Contract Review (R2)(R23)	Q1	150 Hours	Monitoring the DMG contract and reconciliations.	On-Going	5	3
Risk Re-assessment and Selection Q2						
IQ2.1 Grants Reviews (R6)(R23)	Q2	200 Hours	Reviewing Uniform Guidance internal control requirements.	On-Going	5	3
IQ2.2 Care Re-Imagined (Prop 480) Controls and Monitoring Review (A/P Procurement) (R15)(R22)	Q2	100 Hours	Moss Adams is conducting a contracts review of the Roosevelt building project.	Completed	5	2
IQ2.3 Managed Care Contracts and Physician Credentialing (R18)(R20)(R12)	Q2	150 Hours	FDR Reporting - Compliance review - 100% Accuracy. Deficit Reduction Act Review - 100%	Completed	5	1

4.0 – Q2 FY2022 Ethics Line Reports (10/01/2021 through 12/31/2021)

4.1 – Q2 FY2022 Issue Types (Cases that were reported in Q2 FY2022)

Issue	Count (#)
Inappropriate Behavior	6
Harassment - Workplace	3
Unfair Employment Practices	2
Disclosure of Confidential Information	1
Discrimination	1
Environment, Health and Safety	1
Guidance Request	1
HIPAA, Privacy, Security	1
Threats and Physical Violence	1
Total	17

Issue Types - Q2 FY2022



4.2 Q2 FY2022 Relevant Issue Definitions

Disclosure of Confidential Information - The unauthorized or illegal disclosure, copying, duplication, misuse or release of confidential or personal data.

Discrimination - Statements or actions based on age, race, color, national origin, sexual orientation, gender, disability or religion that are the basis for employment, promotion or compensation decisions.

Environment, Health and Safety - Conduct, actions, policies or practices that either violate local, provincial or federal environmental, health or safety laws or regulations or may cause or result in potentially hazardous conditions that impact the environment or the health or safety of employees, customers or others.

Guidance Request – Request for guidance, interpretation, or other information regarding matters of law, regulations, or policies.

Harassment (Workplace) - Persistent statements, conduct or actions that are uninvited, degrading, offensive, humiliating or intimidating and create an unpleasant or hostile environment.

HIPAA, Privacy, Security - This Category should be selected if there is a concern with the improper use or disclosure of Protected Health Information.

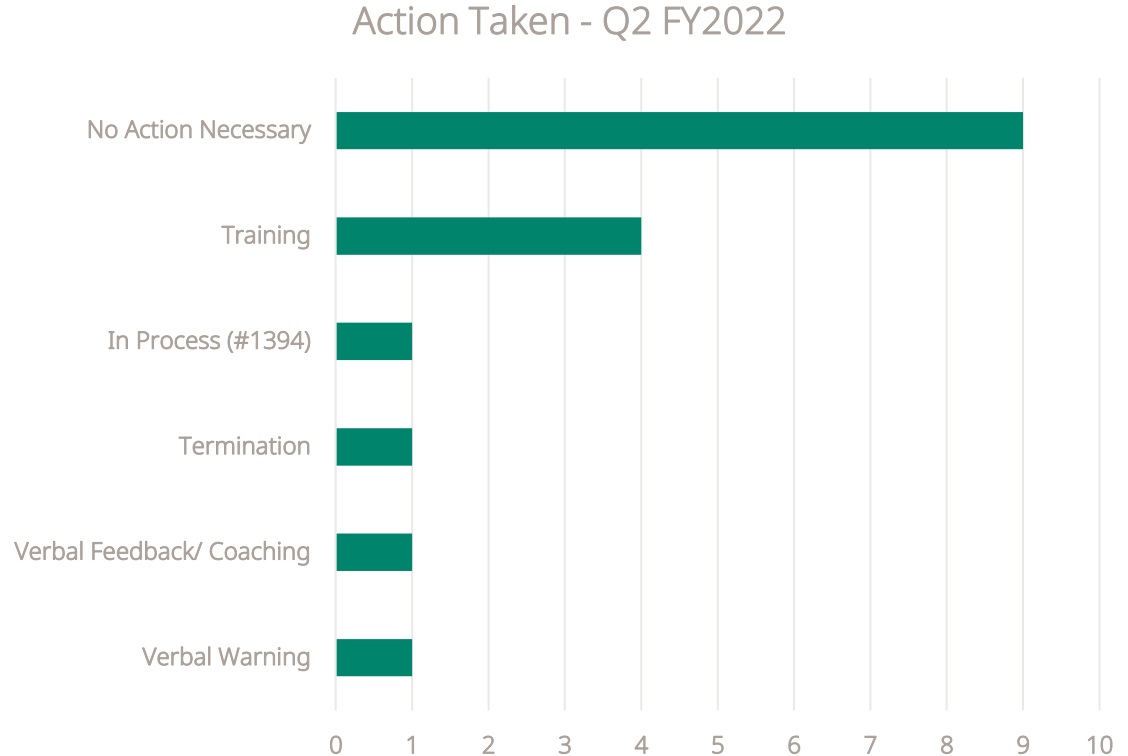
Inappropriate Behavior - Statements or actions that are not harassing in nature but are believed to be unsuitable for the workplace.

Threats & Physical Violence - Statements or actions that threaten acts of violence.

Unfair Employment Practices - Employment decisions, practices or disciplinary actions that are believed to be unfair regardless of whether they are the result of job performance, changes in business needs or other business-related decisions.

4.3 – Q2 FY2022 Action Taken (Cases that were reported in Q2 FY2022)

Action Taken	Count (#)
No Action Necessary	9
Training	4
In Process (#1394)	1
Termination	1
Verbal Feedback/ Coaching	1
Verbal Warning	1
Total	17



4.4 – Q2 FY2022 Average Days to Close (Cases that were closed in Q2 FY2022)

Benchmark:

Average Days to Close Benchmark = 30 days or less

Date	Cases	Average Days Open
October 2021	7	15
November 2021	8	21
December 2021	6	41
Monthly Averages	7	25





Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

February 23, 2022

Item 7.e.

Reports to the Board
Quarterly Valleywise Health
Foundation Task Status and Annual
Financial Status Reports



DATE: February 1, 2022
TO: Steve Purves, President and CEO, Valleywise Health
FROM: Lisa Hartsock, Foundation Relations Executive, Valleywise Health
SUBJECT: Cooperative Service Agreement Quarterly Task Status and Annual Financial Status Reports

In accordance with the Cooperative Service Agreement (CSA), this written quarterly update of the Valleywise Health Foundation's progress on the tasks is provided for your review.

In addition, on an annual basis the Foundation provides a status report on the Return On Investment (ROI) and Cost Per Dollar Raised (CPDR). For FY2021, the ROI was 799% and the CPDR was \$0.12; the FY2021 unaudited financials are included with this report.

Valleywise Health Foundation
Quarterly Status Report on Cooperative Service Agreement Tasks
February 1, 2022

Owner/Responsible Party	Task - Action Item	Planned Process Change	Progress (Not Started, In-progress,	EXPECTED COMPLETION DATE:
A. Enhance Foundation Image				
Marcia/Nate/Lisa	Work with District marketing office to coordinate launch of new Foundation brand	Align with VH Marketing and ad agency for brand rollout.	Completed	10/1/2019
Marcia/Kate	Develop a strategic communications plan for fundraising campaign	Incorporate findings from prospectus testing and new brand; Rethinc engaged.	Completed	6/31/2019
Marcia		Establish relationships with community philanthropic publications (AZ Red Book, Frontdoors, Trends)	Complete	7/1/2018
Marcia		Develop organized plan for communications and infrastructure for events, appeals and campaigns	Complete	1/15/2019
Marcia		Provide annual strategic communications plan	Completed	1/31/2019
Nate	Develop communication strategy and inform District staff	Hold joint meetings between VH marketing and VHF marketing teams	Complete	On-going
Marcia		Identify gaps in communication and streamline information	complete	3/30/2019
B. Strengthen Governance & Membership Leadership				
Nate	Expand Foundation Board to include candidates with giving capacity and influence	Current Board membership is 24-- Marci White and Liz Agboola joined in Aug	Complete	On-going
Nate	Create Foundation Board handbook		Complete	11/15/2018
Nate	Create Foundation Board orientation process and committees structure		Complete	11/15/2018
C. Internal Engagement				
Nate/Lisa	Facilitate direct involvement among District CEO, Foundation, and District Foundation Relations Executive to review top prospect and next steps	Create reporting best practices and schedules. Align VH leadership with donors in portfolios	Completed	On-going
Lisa/Justina/Katie	Create structure for District Employee Council.	No council established; Foundation & HR developed Ambassador program	Completed	On-going
Lisa/Katie		Recruit diverse group of employee donors	Completed	On-going
Katie/Sunshine/Carole		Secure current employee giving report to set benchmarks	Complete	On-going
Katie/Lisa	Assist District in incorporating philanthropy via compassion value into District's NEO		Completed	7/22/2019

Valleywise Health Foundation
Quarterly Status Report on Cooperative Service Agreement Tasks
February 1, 2022

D. Fundraising Program, Systems, and Processes for Annual Giving				
Kate/Nate	Enlist counsel to help define policies, procedures, systems to support the Foundation's overall fundraising efforts	Powers & Young contracted to assist	Complete	1/15/2019
Joyce/Kara	Create Foundation Employee Manual	VP Consulting Group contracted to assist in completion. Revised in Jan 2021. Foundation legal council reviewed.	Completed	9/30/2018
Nate/Kara	Re-write Foundation job descriptions and create role clarity and expectations that are consistent with District program funding priorities		Completed	1/31/2019
Nate/Kara	Recruit and hire additional staff			Ongoing
		Database Manager	Completed	8/13/2018
Kara		Major Gifts Officer	Completed	8/30/2019
		(2) Annual Giving Manager	Completed	10/1/2018
		Development Officer	Completed	1/15/2019
Nate/Kate	Invest in external trainings, conferences, webinars and onsite counsel to develop Foundation staff's understanding and ability to create best practices, programs, and strategies	Powers & Young contracted to assist with incorporating best practices (i.e. development committee, annual fundraising plan, and database implementation plan)	Completed	Ongoing
Mikala/Marcia/Elon	Develop digital strategy to attract younger donors and increase donors overall	Social media organic and paid media strategy in place	Completed	Ongoing
Mikala/Katie/Marcia	Incorporate additional Foundation direct mail & e-philanthropy appeals		Completed	Ongoing
E. Events				
Nate/Kate	Wealth screen Foundation event attendees and deploy major gift cultivation strategies	Develop Moves Management System - in use	Completed	Ongoing
VHF		Implement cultivation/stewardship plan	Completed	Ongoing
Lisa/Kate		ID key prospects & engagement process for VH executives	Completed	Ongoing
Team/Board/Nate	Develop a strategy to identify potential third-party events that could support District programs	Update "Swim for the Light- Nov. 14 and "LIVE 101.5 Rise for Valleywise" coming in December 2021	Completed	Ongoing
F. Major Gifts				
Nate	Establish portfolios of pre-qualified individuals capable of making gifts of \$25K or more	Wealth screen donors for M&L feasibility study	Completed	11/1/2018
Lisa		Assess current VH capital and programming priorities	Completed	11/1/2018

Valleywise Health Foundation
Quarterly Status Report on Cooperative Service Agreement Tasks
February 1, 2022

Lisa/Nate		Create prospectus for strategic priorities	Completed	11/30/2018
Kate	Set performance standards for major gift officer	Develop prospect review process, moves management, and best practices	Completed	3/31/2019
Kate	Enhance referral sources	Establish VHF Board Development Committee	Completed	12/31/2018
G. Planned Giving				
Katie/ Alyssa	Create a Planned Giving Legacy or Heritage Society	Creation of planned giving advisors group beginning 2021. Engaged with new Leadership and Legacy giving officer, Alyssa Crockett as new lead on this project. Jay Spector (Board member and lead on advisory group) will be presenting to the Board in September on the plan	Completed and Ongoing	2-3 yrs out per agreement; beginning task force meetings in Fall 2021
Katie/ Alyssa		Identify policies needed & professionals willing to serve as resources	in-progress	Feb 2022 - planned kick off for Planned Giving Advisory Group (Scheduled)
Marcia/Mikala/Elon		Develop customizable planned giving communications plan	Completed and Ongoing	Created 1883 Society branding, website and collateral, launched the gift planning outreach.
Katie/ Kate/ Alyssa		Develop a planned giving prospect list	In-progress	Ongoing
H. Grants				
Kate/Katie/Kathi	Coordinate with District grants office to identify opportunities	Monthly meetings with Grants department and ongoing communication on grant oportunities.	Complete	Ongoing
Kate/Katie/Kathi	Identify grant opportunities and deadlines	Hired new consultant Grant researcher and writer for additional opportunities	Complete	Ongoing
I. Patient Services Program				
Katie	Establish the grateful patient program	Donations have begun coming in and we will look to expand the pilot program to include Burn in Q1 2022	Completed and Ongoing	Pilot program launched in three clinics 5/21
Lisa		Set parameters for collecting patient data in key care delivery areas--initial svc line report from Burn Center	Completed	8/31/2018
Sunshine		Wealth screen selection of patients	Completed	10/1/2018

Valleywise Health Foundation
Quarterly Status Report on Cooperative Service Agreement Tasks
February 1, 2022

Lisa/Katie/Marcia	Create patient communication & engagement plan	Completed and Ongoing	Created Above and Beyond Branding, landing page and collateral materials. Launched in clinics in 5/21.
Katie/Lisa	Educate caregiving staff about program and work collaboratively when prospects are identified	Completed and Ongoing	Part of Pilot program launched in clinics 5/21
J. Data Management			
Kara/Sunshine	Set up Raiser's Edge system for enhanced utility	Completed	Ongoing
Kara/Sunshine	Review Foundation database for wealth screening	Completed	11/1/2018
K. Capital Campaign/Multi-Year Funding Initiative			
Nate	Complete M&L internal assessment/audit	Completed	4/1/2018
Lisa/Nate	Complete preliminary case for support	Completed	11/30/2018
Lisa/Nate	Provide campaign readiness report	Completed	1/15/2019
Nate/Kate	Prospectus testing by consultants	Completed	4/30/2019
Nate	Prospectus testing analysis report from consultants	Completed	5/31/2019
Nate/Lisa/Marcia	Case for 2020 ALL IN Campaign support	Completed	11/1/2019

Valleywise Health Foundation
Key Performance Indicators
Preliminary (unaudited)

	FYE 2019	FYE 2020	FYE 2021	
Liquidity - Cash and Investments			Actual	
Total Cash and Investments	\$ 2,141,697	\$ 3,429,664	\$	6,363,285
Restricted for future Program Services	\$ 847,020	\$ 1,852,042	\$	3,916,136
Unrestricted Cash (Note 1)	\$ 1,294,677	\$ 1,577,622	\$	2,447,149
Fundraising			Budget	Actual
Total Revenue	\$ 2,524,311	\$ 4,908,124	\$ 5,100,000	\$ 13,690,790
Number of Donors	2,107	2135		2,173
Number of New Donors	1,110	924		854
Donor Retention (Note 2)	68%	53%		56%
Revenue Retention (Note 2)	112%	166%		264%
Average gift size (Note 3)	\$ 129	\$ 225	\$	621
Expenses By Category			Budget	Actual
Administration	\$ 291,794 15%	\$ 276,160 7%	\$ 483,150 10%	\$ 373,559 4%
Fundraising	292,559 15%	570,734 15%	1,277,744 27%	1,260,879 12%
Support to Valleywise Health	1,328,515 69%	2,915,209 77%	3,005,199 63%	8,987,811 85%
Total	\$ 1,912,868 100%	\$ 3,762,103 100%	\$ 4,766,093 100%	\$ 10,622,249 100%
			Budget	Actual
Valleywise Health Return on Investment (net)	\$ 328,515	\$ 1,915,209	\$ 2,005,199	\$ 7,987,811
Valleywise Health Return on Investment %	33%	192%	201%	799%
Cost Per Dollar Raised	\$ 0.23	\$ 0.17	\$ 0.35	\$ 0.12
Per Cooperative Service Agreement:	Annual	Annual		2021 Annual
VH Total Annual Return (Program Support)	\$ 1,100,000	\$ 1,200,000		\$ 1,450,000
VH Return on Investment Percent	10%	20%		45%
Cost per dollar Raised	\$ 0.55	\$ 0.50		\$ 0.45

Note 1: Available for Operations excludes donor restricted funds held for specific future program expenditures.

Note 2: Donor retention for a partial year period compares how many of the previous years donors (for the full 12 months) have given again during the current partial year. The industry year to year average is 43%. Revenue retention measures year to date giving from retained donors over the previous fiscal year.

Note 3: The average gift is based on total revenue divided by the total number of gifts for this period. Many donors have given more than one gift (especially r

Valleywise Health Foundation
Statement of Financial Position
Preliminary (unaudited)

	Jan - Dec 2020	Jan - Dec 2021
ASSETS		
Current Assets		
Banking and Investments Accounts	\$ 3,429,664	\$ 6,363,285
Accounts Receivable	93,977	576,920
Prepaid Expense	20,568	32,463
Total Current Assets	3,544,209	6,972,668
Total Fixed Assets	4,625	12,737
Security Deposits	5,000	5,000
TOTAL ASSETS	\$ 3,553,834	\$ 6,990,405
 LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts Payable	\$ 139,279	\$ 613,147
Accrued Salary, Taxes & Pd Leave	33,588	51,033
PPP Forgivable Loan	123,286	-
Total Current Liabilities	296,153	664,182
Total Liabilities	296,153	664,182
 NET ASSETS		
Net Assets - Restricted	1,852,042	3,916,136
Net Assets - Unrestricted	1,405,639	2,410,087
Total Net Assets	3,257,681	6,326,223
TOTAL LIABILITIES AND NET ASSETS	\$ 3,553,834	\$ 6,990,405

Valleywise Health Foundation
Statement of Financial Activity
Years Ended December 31 2021 and December 31 2020
Preliminary (Unaudited)

	Year Ended December 31, 2021			December 31, 2020
	Actual	Budget	Over (Under) Budget	Actual
Income				
Contributions	\$ 10,948,840	\$ 1,940,101	\$ 9,008,739	\$ 1,664,099
Fundraising Special Events Income	1,260,597	1,155,899	104,698	1,030,107
Grants Revenue	1,115,770	2,000,000	(884,230)	2,077,725
Other - Investments and Interest	242,298	4,000	238,298	136,193
Forgiven PPE Loan	123,286		123,286	
Total Income	\$ 13,690,790	\$ 5,100,000	\$ 8,590,790	\$ 4,908,124
Expenses				
Valleywise Health Program Support	\$ 8,987,811	\$ 3,005,199	\$ 5,982,612	\$ 2,915,209
Administrative Costs	373,559	483,150	(109,591)	276,160
Fundraising	1,260,879	1,277,744	(16,865)	570,734
Total Expenses	\$ 10,622,248	\$ 4,766,093	\$ 5,856,155	\$ 3,762,103
Net Operating Income	\$ 3,068,542	\$ 333,907	\$ 2,734,635	\$ 1,146,021

Valleywise Health Foundation
Program Support Payments to Valleywise Health
Year Ended December 31, 2021

Payments For First Six Months of the Year	Amount
Epic Systems Foundation safety net grant	\$ 175,000
AZ Burn Center - Resident Education support provided thru the Caruso Society Fund	2,000
AZ Burn Center - Burn patient support	1,000
AZ Burn Center - Phoenix Sister Cities - Tri Lateral Trade Conference	1,000
Refugee Services - Support for research to better understand covid impacts on refugee families	500
New Hope Teen Pregnancy Program - Classes and supplies	631
AZ Burn Center - support for advanced certification training	900
Refugee Services - Holiday Angel Gift Cards for Attendees - additional due, 500 attendees	1,000
Community Health Forum - gift cards for attendees for healthy food purchases	1,500
Ongoing Helping Hands support from Valleywise Health Foundation	42,412
AZ Burn Center - Support for case manager position in the outpatient Burn clinic	9,198
Education Programs - Maricopa IDA Grant Year 2	333,267
Maryvale Behavioral Health Clinic - Covid Expenses - Provided by John F Long Foundation	2,500
Family Health Centers - Covid Vaccine Support - Provided by TW Lewis	10,000
Covid Relief Funding - Provided by SRP	10,000
Family Learning Centers - Initial funding for Backpack Drive	547
Support for Childlife program - toys and games	820
Donation from Valleywise Health Foundation for Care Reimagined	500,000
Total Payments For First Six Months	\$ 1,092,275

Payments for Second Six Months of the Year	Amount
AZ Burn Center - Support for case manager position	\$ 67,328
National Advanced Burn Life Support Certification Program	4,053
AZ Burn Center - Various other support	638
AZ Childrens Center Beads of Courage program and gaming needs	1,955
Expenses for surgical residents and event from Caruso Society	1,804
Website management for Caruso Society	1,125
Games provided for pediatric areas from Starlight Children's Fdn and others	6,719
Purchases for Backpack event	19,000
Loving Library purchases	605
Covid Emergency Funding including \$50K Robert Kemper Corrigan Fdn. For Nursing Support	51,585
Helping Hands from The Albertsons Fdn Grant	14,000
Ongoing Helping Hands support from Valleywise Health Foundation	32,708
Items for nursing/employee morale support from The Albertsons Fdn grant	1,130
Education Programs - Maricopa IDA Grant Year 2	390,836
RQI program from Carstens Family Fund	100,000
NICU 3 Snoo bed - hospital packages	11,932
Support for Women's Services	1,703
Donation from Valleywise Health Foundation for Nursing Support	50,000
Healthcare Warriors Day from Albertsons Foundation Grant	6,000
New Hope Teen Pregnancy Program classes	235
Adopt A Family gift cards	1,801
Food Pharmacy support from Arizona Womens Board and others	150,900
Trauma system supplies	707
Memorials to underwrite training and nursing education	1,392
Research - Refugee Womens Program	5,000
Holiday Angels annual event for refugee patients	12,645
Support for Family Learning Center programs	15,304
Continued support for Employee Helping Hands program - 26 employees	24,431
Epic Systems Foundation safety net grant	120,000
Transfer funds from various donations for Care Reimagined	6,800,000
Total Payments for Second Six Months of the Year	\$ 7,895,536

Total Payments for 2021

\$ 8,987,811



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

February 23, 2022

Item 7.f.

**Reports to the Board
Fiscal Year to Date Operational
Dashboard for Valleywise Health's
FQHC Clinics**



Office of the Senior Vice President & CEO FQHC Clinics
2601 East Roosevelt Street • Phoenix • AZ • 85008

Date: February 23, 2022
To: Maricopa County Special Health Care District Board of Directors
From: Barbara Harding, BAN, RN, MPA, PAHM, CCM
Sr VP Amb Services & CEO FQHC Clinics
Subj: Fiscal Year to Date Operational Dashboard for FQHCs

Visit Metrics: December 2021

Valleywise Community Health Centers (FQHC) maintained a positive variance achieving 5.7 % MTD and 10.0% FYTD. South Phoenix/Laveen continues to be challenged with a negative visit variance, MTD (29.2%), FYTD, (11.8%). Staffing challenges continue to be the primary barriers for attaining targets.

The Net Promoter, or patient experience, December FYTD: 66.7
Target: 75.9. Action plan has been developed to focus on opportunities for improvement.

HIV Service Line

HIV services conducted at Valleywise Community Health Center – McDowell had a positive visit variance of 1.9% MTD. Valleywise Comprehensive Health Center – Peoria is ramping up with a negative variance of(40.4%) MTD. Visit rates may be further impacted by resignation received this month from two providers. Leadership is actively working to recruit and fill these positions.

Valleywise Comprehensive Health Center – Peoria (FQHC) Clinic is continuing to build volume. December visit variance was positive, FYTD 1.7%.

Valleywise Comprehensive Health Center – Phoenix continues to have a positive visit variance, FYTD, 2.9%.

Diabetes Education continues with a negative variance MTD (55.8%). This is attributed to PTO time used for the holidays and illness. Given there is no coverage when staff are

off, we will continue to see a negative variance. The manager is working with the team to identify ways in which to close the gap.

Integrated Behavioral Health (IBH) services MTD had a negative variance of (3.9%). However, FYTD continues to be positive 5.2%.

Valleywise Community Health Centers (FQHC) Dental Clinics continue to rebound working to meet target goals given the past year's performance gaps created by the service limitations of the COVID-19 pandemic. December 2021 visit variance, MTD was negative at (15.7%). There are two leaves of absence, military, and birth, attributing to the loss of visits in December. A positive FYTD visit variance at 5.5%.

COVID-19: Workforce Impact

Workforce issues are seriously impacting all healthcare sectors, both clinics and acute care. Key contributors to this are:

- Pandemic and illness of families/staff/providers
- Competition for staff/providers – pay
- Work environment and ability to work from home
- The Great Resignation: Increasing numbers of trained individuals leaving the workforce due to a variety of reasons including burnout, retirement, etc. There was a shortage in the workforce prior to the pandemic and current conditions have exacerbated .

This is not unique to our clinics and/or the hospital given this is a national issue. To that end we have been taking the following actions:

- Working with DMG to ensure that we are working together for recruitment and hiring. This includes maintaining high HPSA scores and managing the Bureau of Healthcare Workforce (BHW) loan repayment program.
- Working with Valleywise Health Human Resources to meeting with all FQHC managers weekly regarding the recruitment workflow to ensure candidates are sent to managers quickly.
- Assisting Valleywise Health Human Resources on conducting recruitment fairs for staff.
- Managers and CMDs were asked to increase the ratio of virtual/in-person visits to 60/40%.
- Conduct daily huddles with all clinic managers to discuss staffing challenges for the day, triaging and redistributing staff to improve clinical workflow.
- Establishing relationships with the schools training health professionals so we have a direct pipeline of applicants

Ambulatory Pillars Dashboard December 2021

Community Health Centers

** ***														
PATIENT EXPERIENCE - Ambulatory	Target	Avondale	Chandler	Guadalupe	Maryvale	West Maryvale	Mesa	New Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	McDowell - PEC	VCHCs FYTD
Net Promoter Score FYTD <i>(Would recommend facility)</i>	≥75.9	66.2	67.1	66.5	79.9	78.9	62.3		71.8	65.5	73.0	79.7	100.0	66.7
n-size		1,133	908	364	369	123	746		999	1,046	744	730	28	7,190

** ***														
ACCESS - Ambulatory	Target	Avondale	Chandler	Guadalupe	Maryvale	West Maryvale	Mesa	New Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	McDowell - PEC	VCHCs FYTD
Appointments Scheduled FYTD		18,004	16,694	7,530	11,920	4,079	15,783		16,269	21,032	13,848	23,042	711	148,912
Appointment Fill Rate FYTD		95.6%	86.8%	82.9%	82.7%	85.9%	92.2%		92.0%	83.9%	82.9%	90.1%	77.3%	87.8%
Scheduled Appointment No-Shows FYTD		2,217	2,074	1,095	1,998	643	2,624		2,925	3,835	2,468	5,335	136	25,350
No Show Rate FYTD	<18%	12.3%	12.4%	14.5%	16.8%	15.8%	16.6%		18.0%	18.2%	17.8%	23.2%	19.1%	17.0%

** ***														
FINANCE - Ambulatory	Target	Avondale	Chandler	Guadalupe	Maryvale	West Maryvale	Mesa	New Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	McDowell - PEC	VCHCs FYTD
In-Person Visits FYTD		9,069	7,997	3,782	5,199	1,964	7,324		7,472	10,938	6,582	7,228	177	67,732
Virtual Visits FYTD		2,822	2,285	682	1,669	414	1,821		2,300	2,143	1,715	3,689	155	19,695
Total Actual Visits (includes Nurse Only Visits) FYTD		11,891	10,282	4,464	6,868	2,378	9,145		9,772	13,081	8,297	10,917	332	87,427
Budgeted Visits FYTD		10,628	9,601	3,471	6,017	2,612	8,509		7,344	9,618	9,409	11,652	617	79,478
Variance FYTD		1,263	681	993	851	(234)	636		2,428	3,463	(1,112)	(735)	(285)	7,949
Variance by % FYTD		11.9%	7.1%	28.6%	14.1%	-9.0%	7.5%		33.1%	36.0%	-11.8%	-6.3%	-46.2%	10.0%
Total Number of Patients seen by provider FYTD		10,567	9,621	3,880	6,433	2,073	8,409		8,648	12,243	7,649	8,986	344	78,853

** ***														
BEHAVIORAL HEALTH - Ambulatory	Target	Avondale	Chandler	Guadalupe	Maryvale	West Maryvale	Mesa	New Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	BH Psychiatry	BH FYTD
In-Person Visits FYTD		71	33	1	23	4	92		189	88	21		38	625
Virtual Visits FYTD		1,176	564	52	608	222	1,592		488	841	498		391	7,085
Total Actual Visits FYTD		1,247	597	53	631	226	1,684		677	929	519		429	7,710
Budget Visits FYTD		1,051	525	660	572	339	1,633		525	557	546		396	7,329
Variance FYTD		196	72	(607)	59	(113)	51		152	372	(27)		33	381
Variance by % FYTD		18.6%	13.7%	-92.0%	10.3%	-33.3%	3.1%		29.0%	66.8%	-4.9%		8.3%	5.2%

**														
DENTAL - Ambulatory	Target	Avondale	Chandler	Guadalupe	Maryvale	West Maryvale	Mesa	New Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	Dental FYTD	
Actual Visits FYTD		1,296	941				800					1,792	11,408	
Budget Visits FYTD		1,039	1,008				882					1,888	10,817	
Variance FYTD		257	-67				-82					-96	591	
% Variance FYTD		24.7%	-6.6%				-9.3%					-5.1%	5.5%	

Other FQHC Clinics

Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary	Other FQHC-Peoria FYTD
73.2	73.3	67.9	71.9	69.2	76	72.5
1,394	805	137	96	855	516	3,803

Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary	Other FQHC-Peoria FYTD
23,652	19,766	6,645	2,849	15,652	15,648	84,212
86.5%	92.1%	99.9%	n/a	94.8%	84.5%	89.8%
3,850	3,274	654	456	2,844	2,722	13,800
16.3%	16.6%	9.8%	16.0%	18.2%	17.4%	16.4%

Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary	Other FQHC-Peoria FYTD	Grand Total FQHC	FYTD FQHC
9,553	10,068	4,451	768	8,815	9,614	43,269		123,034
4,208	644	17	123	554	684	6,230		33,010
13,761	10,712	4,468	891	9,369	10,298	49,499		156,044
13,532	10,994	4,181	1,436	9,808	8,163	48,114		145,738
229	(282)	287	(545)	(439)	2,135	1,385		10,306
1.7%	-2.6%	6.9%	-38.0%	-4.5%	26.2%	2.9%		7.1%
12,788	9,824	6.9%		8,531	8,193	39,336	118,189	

PEC
65
653
718
525
193
36.8%

PEC	PXC
1,780	4,799
1,636	4,364
144	435
8.8%	10.0%

LEGEND:

Not in Target
5% less than the target
Target ≥ 95%

** Specialty HIV Community Health Center
*** Specialty HIV Community Health Clinic - McDowell Services
**** Grand Total FQHC for Total Number of Patients seen by provider FYTD includes Community Health Centers & Other FQHCs
***** FYTD FQHC for Actual/Budgeted Visits includes Community Health Centers, Other FQHCs, Dental, & OP Behavioral Health Clinics

Ambulatory Care						Reporting Program	Stretch Goal	2020 UDS National Average	CYTD 2020	Desired Direction	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	June 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	YTD
Quality /Regulatory Metrics																							
Unified Data System																							
Body Mass Index (BMI) Screening and Follow-Up Plan	HRSA	> 65.72%	> 65.72%	57.29%	↑	⊗ 53.54%	⊗ 55.61%	⊗ 56.21%	⊗ 57.31%	⊗ 32.20%	⊗ 32.31%	⊗ 32.58%	⊗ 32.81%	⊗ 32.92%	⊗ 33.05%	⊗ 33.46%						⊗ 33.46%	
	Numerator					2767	5078	8438	11303	8026	9265	10379	11740	12791	13762	14969						14969	
	Denominator					5168	9131	15012	19722	24922	28678	31857	35786	38855	41643	44743						44743	
Cervical Cancer Screening	HRSA	> 51.00%	> 51.00%	45.59%	↑	⊗ 45.37%	⊗ 45.82%	! 46.68%	! 46.93%	! 48.74%	! 48.83%	! 48.95%	! 49.13%	! 49.63%	! 49.67%	! 49.56%						! 49.56%	
	Numerator					3065	4678	6555	7761	9065	9910	10619	11604	12552	13189	13866						13866	
	Denominator					6756	10210	14043	16539	18598	20294	21695	23619	25293	26555	27981						27981	
Childhood Immunization Status (CIS)	HRSA	> 40.42%	> 40.42%	52.20%	↑	✓ 49.83%	✓ 52.56%	✓ 53.77%	✓ 54.65%	✓ 53.54%	✓ 52.51%	✓ 51.39%	✓ 50.81%	✓ 50.19%	✓ 49.46%	✓ 47.98%						✓ 47.98%	
	Numerator					144	236	364	435	477	503	516	533	539	547	545						545	
	Denominator					289	449	677	796	891	958	1004	1049	1074	1106	1136						1136	
Colorectal Cancer Screening	HRSA	> 40.09%	> 40.09%	45.89%	↑	! 37.71%	! 39.67%	✓ 42.01%	✓ 43.34%	✓ 44.18%	✓ 45.61%	✓ 46.53%	✓ 47.52%	✓ 48.09%	✓ 49.11%	✓ 50.21%						✓ 50.21%	
	Numerator					1949	3142	4522	5469	6318	7046	7578	8256	8742	9289	9873						9873	
	Denominator					5168	7921	10763	12619	14302	15450	16287	17374	18179	18916	19663						19663	
Controlling High Blood Pressure	HRSA	> 57.98%	> 57.98%	46.42%	↑	⊗ 21.62%	⊗ 27.23%	⊗ 32.80%	⊗ 37.49%	⊗ 41.27%	⊗ 44.45%	⊗ 46.17%	⊗ 47.79%	⊗ 48.34%	⊗ 48.00%	⊗ 47.92%						⊗ 47.92%	
	Numerator					962	1862	3097	4184	5428	6320	6940	7639	8069	8350	8674						8674	
	Denominator					4450	6837	9442	11161	13152	14218	15032	15986	16693	17396	18101						18101	
Diabetes: Hemoglobin A1c Poor Control	HRSA	< 35.60%	< 35.60%	35.15%	↓	⊗ 72.09%	⊗ 62.37%	⊗ 52.10%	⊗ 45.55%	⊗ 41.27%	! 38.69%	! 37.17%	! 35.83%	✓ 34.78%	✓ 33.61%	✓ 32.74%						✓ 32.74%	
	Numerator					2363	3037	3437	3489	3553	3583	3613	3699	3744	3759	3790						3790	
	Denominator					3278	4869	6597	7660	8610	9260	9721	10325	10764	11184	11577						11577	
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	HRSA	> 78.80%	> 78.8%	80.05%	↑	✓ 81.09%	✓ 79.34%	✓ 78.88%	! 78.49%	✓ 79.61%	✓ 79.86%	✓ 79.77%	✓ 79.91%	✓ 80.07%	✓ 79.52%	✓ 79.84%						✓ 79.84%	
	Numerator					523	749	1012	1186	1355	1455	1530	1623	1683	1736	1822						1822	
	Denominator					645	944	1283	1511	1702	1822	1918	2031	2102	2183	2282						2282	
Screening for Clinical Depression and Follow-Up Plan if positive screen	HRSA	> 64.21%	> 64.21%	40.92%	↑	⊗ 24.84%	⊗ 27.75%	⊗ 31.27%	⊗ 33.79%	⊗ 36.85%	⊗ 39.26%	⊗ 41.20%	⊗ 43.57%	⊗ 44.86%	⊗ 46.31%	⊗ 47.77%						⊗ 47.77%	
	Numerator					2944	5089	7989	10080	11015	12826	14487	16797	18417	20027	21878						21878	
	Denominator					11850	18342	25552	29828	29891	32666	35164	38555	41057	43248	45796						45796	
Tobacco Use: Screening and Cessation Intervention	HRSA	> 83.43%	> 83.43%	85.60%	↑	✓ 86.06%	✓ 85.85%	✓ 86.19%	✓ 86.23%	! 82.52%	✓ 83.71%	✓ 84.51%	✓ 85.31%	✓ 86.20%	✓ 86.94%	✓ 87.46%						✓ 87.46%	
	Numerator					2592	6304	10916	14652	17942	21050	23698	27206	30421	33137	35904						35904	
	Denominator					3012	7343	12665	16992	21743	25147	28040	31889	35292	38115	41054						41054	
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	HRSA	> 65.13%	> 65.13%	66.54%	↑	⊗ 49.38%	⊗ 55.82%	! 60.28%	! 62.24%	! 64.48%	✓ 66.97%	✓ 70.41%	✓ 72.18%	✓ 73.72%	✓ 75.34%	✓ 77.10%						✓ 77.10%	
	Numerator					761	1591	2762	3625	4506	5297	6381	7548	8256	8983	9729						9729	
	Denominator					1541	2850	4582	5824	6988	7909	9062	10457	11199	11923	12618						12618	
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	HRSA	> 71.92%	> 71.92%	73.77%	↑	✓ 74.69%	✓ 74.54%	✓ 74.55%	✓ 74.22%	✓ 72.53%	✓ 72.41%	✓ 72.29%	✓ 72.06%	✓ 72.03%	! 71.85%	! 71.82%						! 71.82%	
	Numerator					3087	4676	6363	7402	8242	8843	9278	9809	10218	10572	10970						10970	
	Denominator					4133	6273	8535	9973	11364	12213	12834	13613	14186	14714	15275						15275	
Breast Cancer Screening	HRSA	> 45.34%	> 45.34%	55.42%	↑	! 44.56%	✓ 47.98%	✓ 50.64%	✓ 51.70%	✓ 53.23%	✓ 54.45%	✓ 55.33%	✓ 56.50%	✓ 56.99%	✓ 57.66%	✓ 58.30%						✓ 58.30%	
	Numerator					1232	2022	2900	3446	3983	4384	4686	5077	5352	5621	5880						5880	
	Denominator					2765	4214	5727	6665	7483	8051	8469	8986	9391	9749	10086						10086	
HIV Screening	HRSA	> 32.29%	> 32.29%	47.79%	↑	✓ 53.88%	✓ 53.49%	✓ 53.49%	✓ 53.88%	✓ 54.09%	✓ 55.97%	✓ 56.81%	✓ 57.68%	✓ 57.91%	✓ 57.99%	✓ 58.16%						✓ 58.16%	
	Numerator					5981	9114	12755	15420	17945	20503	22461	25056	26974	28515	30348						30348	
	Denominator					11101	17038	23845	28617	33176	36635	39540	43439	46582	49175	52178						52178	

‡ -

**Data is pulled from the UDS dashboard on the 1st Monday of every month

~	Data Not Available
‡	Data is not final and subject to change
✓	Equal or greater than benchmark
!	Less than 10% negative variance
⊗	Greater than 10% negative variance

Ambulatory Pillars Dashboard Data Dictionary

Federally Qualified Health Centers

	Data Source	Owner	Frequency	System
PATIENT EXPERIENCE - Ambulatory				
Net promoter score (Would recommend facility)	A customer loyalty index calculated based on a patient's response on a scale of 1-10 to the question "How likely would you be to recommend this facility to your family and friends?". The NPS = % Promoters (9 or 10 responses) - % Detractors (0-6 responses)	Amanda Jacobs	Monthly	NRC Health - Department Summary Report
ACCESS - Ambulatory				
Appointments Scheduled	All appointment visits are included, except from Dental, Financial Counseling, Lab, Radiology, and Ophthalmology departments.	Amanda Jacobs	Monthly	EPIC Report
Appointment Fill Rate	Provider schedule utilization metric calculated by number of patients to appointment slots available.	Amanda Jacobs	Monthly	EPIC Report
Scheduled Appointment No-Shows	All No- show appointment visits are included, except from Dental, Financial Counseling, Lab, Radiology, and Ophthalmology departments.	Amanda Jacobs	Monthly	EPIC Report
No Show Rate	Percentages of Scheduled Patients who were a "No show" patients or same day cancellations	Amanda Jacobs	Monthly	EPIC Report
FINANCE - Ambulatory				
Actual Visits (includes nurse only visits) FYTD	All visits per Clinic (visit count methodology). For the Fiscal Year to Date	Amanda Jacobs	Monthly	Axiom
Budgeted Visits FYTD	All budgeted visits per Clinic (visit count methodology) For the Fiscal Year to Date	Amanda Jacobs	Monthly	Axiom
Variance FYTD	Actual Visits FYTD (includes nurse only visits) - Budgeted Visits FYTD. For the Fiscal Year to Date	Amanda Jacobs	Monthly	Formula
Variance by % FYTD	Variance FYTD / Budgeted Visits FYTD (%) For the Fiscal Year to Date	Amanda Jacobs	Monthly	Formula
Total Number of Patients seen by provider	Completed visits for provider only	Maria Aguirre	Monthly	Epic - Clarity Query
Grand Total FQHC	Includes Month Totals from Community Health Centers, Dental, Other FQHC, and OP Behavioral Health clinics	Amanda Jacobs	Monthly	Formula
FYTD FQHC	Includes FYTD Totals from Community Health Centers, Dental, Other FQHC, and OP Behavioral Health clinics	Amanda Jacobs	Monthly	Formula
FINANCE - BEHAVIORAL HEALTH				
Actual Visits FYTD	Actual Visits per BH Clinic (all visits per Valleywise Health month end visit count methodology) For fiscal year to date	Amanda Jacobs	Monthly	Axiom
Budgeted Visits FYTD	Budgeted Visits per BH Clinic (all visits per Valleywise Health month end visit count methodology) For fiscal year to date	Amanda Jacobs	Monthly	Axiom
Variance FYTD	Actual Visits FYTD (includes nurse only visits) - FYTD Budgeted Visits	Amanda Jacobs	Monthly	Formula
Variance by % FYTD	Variance FYTD/ Budgeted Visits FYTD (%)	Amanda Jacobs	Monthly	Formula

Federally Qualified Health Centers

Data Source		Owner	Frequency	System
FINANCE-DENTAL				
Actual Visits FYTD	All visits per Dental Clinic (visit count methodology) For fiscal year to date	Amanda Jacobs	Monthly	Axiom
Budgeted Visits FYTD	All budgeted visits per Dental Clinic (visit count methodology) For fiscal year to date	Amanda Jacobs	Monthly	Axiom
Variance FYTD	Actual Visits FYTD (includes nurse only visits) - FYTD Budgeted Visits	Amanda Jacobs	Monthly	Formula
Variance by % FYTD	Variance FYTD/ Budgeted Visits FYTD (%)	Amanda Jacobs	Monthly	Formula
QUALITY - Ambulatory				
Quality /Regulatory Metrics	Required by:	Quality	Monthly	
Body Mass Index (BMI) Screening and Follow-Up	CMS69v9 Description: Percentage of patients aged 18 years and older with BMI documented during the most recent visit or within the previous 12 months to that visit and who had a follow-up plan documented if the most recent BMI was outside of normal parameters Numerator: Patients with: <ul style="list-style-type: none"> • a documented BMI (not just height and weight) during their most recent visit in the measurement period or during the previous 12 months of that visit, and • when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of the current visit Denominator: <ul style="list-style-type: none"> • Patients 18 years of age or older on the date of the visit with at least one medical visit during the measurement period 	Quality	Monthly	EPIC/UDS
Cervical Cancer Screening	CMS124v9 Description: Percentage of women 21*–64 years of age who were screened for cervical cancer using either of the following criteria: <ul style="list-style-type: none"> • Women age 21*–64 who had cervical cytology performed within the last 3 years • Women age 30–64 who had human papillomavirus (HPV) testing performed within the last 5 years Numerator: Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria: <ul style="list-style-type: none"> • Cervical cytology performed during the measurement period or the 2 years prior to the measurement period for women who are at least 21 years old at the time of the test. • Cervical HPV testing performed during the measurement period or the 4 years prior to the measurement period for women who are 30 years or older at the time of the test. Denominator: <ul style="list-style-type: none"> • Women 23 through 64 years of age with a medical visit during the measurement period 	Quality	Monthly	EPIC/UDS

Federally Qualified Health Centers

	Data Source		Owner	Frequency	System
Childhood Immunization Status (CIS)	CMS117v9	<p>Description: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (HiB); three Hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one Hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.</p> <p>Numerator:</p> <ul style="list-style-type: none"> Children who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday <p>Denominator:</p> <ul style="list-style-type: none"> Children who turn 2 years of age during the measurement period and who had a medical visit during the measurement period 	Quality	Monthly	EPIC/UDS
Colorectal Cancer Screening	CMS130v9	<p>Description: Percentage of adults 50–75 years of age who had appropriate screening for colorectal cancerPercentage of adults 50–75 years of age who had appropriate screening for colorectal cancer</p> <p>Numerator: Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:</p> <ul style="list-style-type: none"> Fecal occult blood test (FOBT) during the measurement period Fecal immunochemical test (FIT)-deoxyribonucleic acid (DNA) during the measurement period or the 2 years prior to the measurement period Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period Computerized tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period Colonoscopy during the measurement period or the 9 years prior to the measurement period <p>Denominator: Patients 50 through 74 years of age with a medical visit during the measurement period</p>	Quality	Monthly	EPIC/UDS
Controlling High Blood Pressure	CMS165v9	<p>Description: Percentage of patients 18–85 years of age who had a diagnosis of hypertension overlapping the measurement period or the year prior and whose most recent blood pressure (BP) was adequately controlled (less than 140/90 mmHg) during the measurement period</p> <p>Numerator:</p> <ul style="list-style-type: none"> Patients whose most recent blood pressure is adequately controlled (systolic blood pressure less than 140 mmHg and diastolic blood pressure less than 90 mmHg) during the measurement period <p>Denominator:</p> <ul style="list-style-type: none"> Patients 18 through 84 years of age who had a diagnosis of essential hypertension overlapping the measurement period or the year prior to the measurement period with a medical visit during the measurement period 	Quality	Monthly	EPIC/UDS
Diabetes: Hemoglobin A1c Poor Control	CMS122v9	<p>Description: Percentage of patients 18–75 years of age with diabetes who had hemoglobin A1c (HbA1c) greater than 9.0 percent during the measurement period</p> <p>Numerator:</p> <ul style="list-style-type: none"> Patients whose most recent HbA1c level performed during the measurement period was greater than 9.0 percent or patients who had no HbA1c test conducted during the measurement period <p>Denominator:</p> <ul style="list-style-type: none"> Patients 18 through 74 years of age with diabetes with a medical visit during the measurement period 	Quality	Monthly	EPIC/UDS

Federally Qualified Health Centers

Data Source		Owner	Frequency	System
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	CMS164v7	Quality	Monthly	EPIC/UDS
<p>Description: Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period or who had an active diagnosis of IVD during the measurement period, and who had documented use of aspirin or another antiplatelet during the measurement period</p> <p>Numerator:</p> <ul style="list-style-type: none"> • Patients who had an active medication of aspirin or another antiplatelet during the measurement period <p>Denominator:</p> <ul style="list-style-type: none"> • Patients 18 years of age and older with a medical visit during the measurement period who had an AMI, CABG, or PCI during the 12 months prior to the measurement period or who had a diagnosis of IVD overlapping the measurement period 				
Screening for Clinical Depression and Follow-Up Plan	CMS2v10	Quality	Monthly	EPIC/UDS
<p>Description: Percentage of patients aged 12 years and older screened for depression on the date of the visit or 14 days prior to the visit using an age-appropriate standardized depression screening tool and, if screening was positive, had a follow-up plan documented on the date of the visit</p> <p>Numerator: Patients who:</p> <ul style="list-style-type: none"> • were screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized tool and, • if screened positive for depression, had a follow-up plan documented on the date of the visit. <p>Denominator:</p> <ul style="list-style-type: none"> • Patients aged 12 years and older with at least one medical visit during the measurement period 				
Tobacco Use: Screening and Cessation Intervention:	CMS138v9	Quality	Monthly	EPIC/UDS
<p>Description: Percentage of patients aged 18 and older who were screened for tobacco use one or more times within 12 months and who received tobacco cessation intervention if identified as a tobacco user</p> <p>Numerator:</p> <ul style="list-style-type: none"> • Patients who were screened for tobacco use at least once within 12 months before the end of the measurement period and • Who received tobacco cessation intervention if identified as a tobacco user <p>Denominator:</p> <ul style="list-style-type: none"> • Patients aged 18 years and older seen for at least two medical visits in the measurement period or at least one preventive medical visit during the measurement period. 				
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v9	Quality	Monthly	EPIC/UDS
<p>Description: Percentage of patients 3–17* years of age who had an outpatient medical visit and who had evidence of height, weight, and body mass index (BMI) percentile documentation and who had documentation of counseling for nutrition and who had documentation of counseling for physical activity during the measurement period</p> <p>Numerator: Children and adolescents who have had:</p> <ul style="list-style-type: none"> • their height, weight, and BMI percentile recorded during the measurement period and • counseling for nutrition during the measurement period and • counseling for physical activity during the measurement period <p>Denominator:</p> <ul style="list-style-type: none"> • Patients 3 through 16 years of age with at least one outpatient medical visit during the measurement period 				

Federally Qualified Health Centers

	Data Source		Owner	Frequency	System
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347v4	<p>Description: Percentage of the following patients at high risk of cardiovascular events aged 21 years and older who were prescribed or were on statin therapy during the measurement period:</p> <ul style="list-style-type: none"> • Patients 21 years of age or older who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), or • Patients 21 years of age or older who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level greater than or equal to 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia, or • Patients 40 through 75 years of age with a diagnosis of diabetes with a fasting or direct LDL-C level of 70–189 mg/dL <p>Numerator:</p> <ul style="list-style-type: none"> • Patients who are actively using or who received an order (prescription) for statin therapy at any point during the measurement period <p>Denominator: Patients 21 years of age and older who:</p> <ul style="list-style-type: none"> o have an active diagnosis of ASCVD or o ever had a fasting or direct laboratory result of LDL-C greater than or equal to 190 mg/dL or o were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia, or • Patients 40 through 75 years of age with Type 1 or Type 2 diabetes and with an LDL-C result of 70–189 mg/dL recorded as the highest fasting or direct laboratory test result in the calendar year or the 2 years prior; • With a medical visit during the measurement period 	Quality	Monthly	EPIC/UDS
Breast Cancer Screening	CMS125v9	<p>Description: Percentage of women 50*–74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period</p> <p>Numerator:</p> <ul style="list-style-type: none"> • Women with one or more mammograms during the 27 months prior to the end of the measurement period <p>Denominator:</p> <ul style="list-style-type: none"> • Women 51 through 73 years of age with a medical visit during the measurement period 	Quality	Monthly	EPIC/UDS
HIV Screening	CMS349v3	<p>Description: Percentage of patients aged 15–65 at the start of the measurement period who were between 15–65 years old when tested for HIV</p> <p>Numerator:</p> <ul style="list-style-type: none"> • Patients with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday <p>Denominator:</p> <ul style="list-style-type: none"> • Patients aged 15 through 65 years of age at the start of the measurement period and with at least one outpatient medical visit during the measurement period 	Quality	Monthly	EPIC/UDS



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

February 23, 2022

Item 7.g.

Reports to the Board
Semi-Annual Creighton University Arizona
Health Education Alliance Report

Quarterly Update

October 1 – December 31, 2021

ADMINISTRATION UPDATES

Through November 30th, performing 1% ahead of the FY22 budget. Actuals spent during this 5-month period = \$12,311,469. Creighton University Arizona Health Education Alliance members continued progress on the revision of the 2017 Alliance Agreement to meet current and future needs of the organization. The Alliance legal counsel and risk management stakeholders are continuing their work in partnership with their leaders and Alliance administration.

ACADEMIC SUCCESS AND FACULTY DEVELOPMENT

One-on-one support continued for resident physicians, focusing on academic success plans and the development of CVs, resumes, and personal statements. Preliminary residents completed application season and are awaiting Match Day in March 2022. Many other residents applied for fellowship programs and physician positions beyond residency graduation. The Jesuit Academic Development and Education (JADE) website continues as the repository for resident learner and faculty education material. Medical Education Grand Rounds:

- Professional Risk Management by MICA representatives
- Burnout & Resiliency by Katy Coan and Stephani Wolfe
- Interdisciplinary Faculty Development Sessions:
 - Mistreatment in the Clinical Learning Environment: What is it and what do we do about it? by Mike Epter and Nicole Piemonte
 - Interprofessional Health Education Panel – including PT, OT, PA, nursing, pharmacy, medicine
 - Creating an Inclusive Academic Medicine Environment (2nd of 4-part series): Teaching Across Social Identities by Erika Kirby

GRADUATE MEDICAL EDUCATION

- Creighton Phoenix GME had over 12,000 applications and 1,200 interviews for our 110 open spots in residency and fellowship programs. Interviews continue through the end of January with Match Day on March 18th, 2022.
- Resident Semi-Annual Reviews are currently underway.
- Reached 100% COVID vaccine documentation compliance from our learners.
- Audrey Foster, Internal Medicine Program Coordinator – Creighton GME Phoenix, was awarded the Creighton Residency Program Coordinator of the year Award. This is a yearly award that honors the outstanding performance and contribution of a Program Coordinator among the 35+ coordinators supporting Creighton Omaha and Creighton Phoenix residents.

MARKETING & COMMUNICATIONS

- Housestaff books have been distributed to partner sites, and a digital copy has been shared with the staff at each site.
- The Alliance website pages are in redesign and updated branding.
- The Alliance communication plan for FY 22 has been completed and shared with our partners with goals including:
 - Build brand awareness of the Alliance's presence and impact
 - Demonstrate value to our strategic partners and learners
 - Establish benchmarks
- Winter Newsletter delivery set for early January 2022 in collaboration with marketing and communication teams within the Alliance communications sub-committee.

QUALITY IMPROVEMENT/PATIENT SAFETY

- Phoenix GME's first annual QI/PS Symposium is set for May 19-20, 2022. Each program/department will present a minimum of 1 project. High Value Care and other categories will be included.
- Expansion of Phoenix GME representation on Alliance QI/PS committee, adding Housestaff Leadership and new faculty.
- QI/PS leaders, Drs. Hollingworth and Arjuna are offering Health Science System Lectures for M1 students for Quality Improvement.
 - Dr. Hollingworth presented to first-year medical students (M1) in October on Quality Improvement.
 - Dr. Arjuna will present in February 2022.

SCHOLARLY ACTIVITY

- Calendar has been created to share upcoming research events within the Alliance member sites to share with residents and learners.
- Research collaboration efforts between Creighton University School of Medicine students, residents and faculty have increased from 6 learners to 15, as of November 30, 2021, with these learners being paired with ongoing projects alongside various faculty members.
- Department of Surgery Journal Club promotion of monthly events has continued via the Alliance social media platforms. The number of attendees doubled for each monthly session since promoting the invites through Alliance communication channels.
- Alliance Member and School of Medicine collaborations:
 - M1 Summer Research Program Presentation, November 9th on the Health Sciences Phoenix campus. The event was attended by over 75 students. Dr. Jeffrey Curtis gave the presentation in collaboration with Dr. Garrett Soukup in Omaha.
 - Lead Research Interest Groups (RIG) development. Work closely with Phoenix-based department chairs and M1 co-chairs of the student research committee. Faculty mentor tracking was launched to house up-to-date faculty mentor listings.

STUDENT COORDINATION AND OPERATIONS

- Wrapping up the transition of student onboarding pilot from Creighton University School of Medicine to St. Joseph's Hospital and Medical Center. This will launch in February 2022.
- Finalized 5-year clinical capacity needs assessment for all Phoenix health science programs.
- Initiating standardization of rotation scheduling to increase accuracy and efficiency of capacity data management.

WELLNESS

- Collaborated with Creighton Wellness Council to create phoenix focus subcommittee to prioritize staff and faculty wellness that connect with local needs and culture.
- Partnered with Dr. Ross Bremner, Chief Wellness Office for St. Joseph's Medical Staff, in the promotion and delivery of the SJHMC Practitioner Wellness Retreat.
- Expanded and enhanced intentional lines of communication:
 - Quarterly touchpoints with Program Directors
 - Monthly Program Coordinator "Wellness Snack" topics (5 min) – top of monthly agenda
 - Listening Session with Internal Medicine
 - Balint Session with Family Medicine
- Developed "Wellness Wednesday" content for Alliance social media platforms.
- Supported program wellness events including:
 - Team dinners
 - Yoga in the park
 - Kickball tournament
 - Kindness Kits for Circle the City
- Organized Holiday Care Packages for housestaff to be distributed on December 24th.



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

February 23, 2022

Item 8.
No Handout

Concluding Items