



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

April 27, 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
Conference and Administration Center
Auditoriums 1 through 4

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 •
• Conference and Administration Center • Auditoriums 1 through 4 •

Wednesday, April 27, 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

Pledge of Allegiance

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:

- 1:20 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 March 16, 2022
Melanie Talbot, Chief Governance Officer; and Clerk of the Board
- ii. **Approve** Maricopa County Special Health Care District Board of Directors meeting minutes dated March 23, 2022
Melanie Talbot, Chief Governance Officer; and Clerk of the Board

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

1:20 1. Approval of Consent Agenda, cont.:

b. Contracts:

- i. **Approve** amendment #3 to the agreement (90-15-162-1-03) between Cardinal Health 200 LLC and the Maricopa County Special Health Care District dba Valleywise Health, to replace Cardinal Health Lease Agreement #29224, Exhibit B, Product Schedule
Jo-el Detzel, MSHA, RRT, Vice President Clinical Ancillary Services
- ii. **Approve** amendment #1 to intergovernmental agreement (90-22-113-1-01) between Maricopa County and the Maricopa County Special Health Care District dba Valleywise Health, for the use of real property at 33 West Tamarisk Avenue, Phoenix, Arizona 85041
Warren Whitney, MBA, Senior Vice President, Government Relations
- iii. **Approve** a revised intergovernmental agreement (90-22-110-1) between the Arizona Department of Health Services, Arizona Health Care Cost Containment System, and the Maricopa County Special Health Care District dba Valleywise Health, in support of a psychiatric residency training program at the Arizona State Hospital
Michael D. White, MD, MBA, Executive Vice President, Chief Clinical Officer
- iv. **Approve** a new agreement (90-22-215-1) between B. Braun Medical Inc. and the Maricopa County Special Health Care District dba Valleywise Health, for hemodialysis equipment and supplies
Sherry Stotler, RN, MSN, Senior Vice President, Chief Nursing Officer
- v. **Approve** a new contract (90-22-178-1-CMAR) between Gilbane Building Company and the Maricopa County Special Health Care District dba Valleywise Health, to provide Construction Manager at Risk (CMAR) services for the Maryvale Behavioral Health Court II Project
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer
- vi. **Approve** amendment #24 to the contract (90-17-076-1-24) between nThrive Revenue Systems, LLC and the Maricopa County Special Health Care District dba Valleywise Health, to add Direct Data Entry access
Nancy Kaminski, MHA, Senior Vice President, Revenue Cycle
- vii. **Approve** amendment #2 to the contract (90-17-083-2-02) between Sherloq Solutions and the Maricopa County Special Health Care District dba Valleywise Health, to extend the contract for one additional year
Nancy Kaminski, MHA, Senior Vice President, Revenue Cycle
- viii. **Approve** amendment #2 to the contract (90-17-083-1-02) between Progressive Management Systems and the Maricopa County Special Health Care District dba Valleywise Health, to extend the contract for one additional year
Nancy Kaminski, MHA, Senior Vice President, Revenue Cycle
- ix. **Approve** a new intergovernmental agreement (90-22-221-1) between the Arizona Department of Health Services and the Maricopa County Special Health Care District dba Valleywise Health, for Hepatitis C Patient Navigation Project (CTR059355)
Michael D. White, MD, MBA, Executive Vice President, Chief Clinical Officer

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

1:20 1. Approval of Consent Agenda, cont.:

b. Contracts, cont.:

- x. **Approve** amendment #57 to the professional services agreement (90-12-084-1-57) 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

c. Governance:

- i. **Approve** application of Eileen Sullivan as potential member to the Valleywise Community Health Centers Governing Council
Barbara Harding, RN, MPA, Senior Vice President, Ambulatory Services; and Federally Qualified Health Center Clinics Chief Executive Officer
- ii. **Approve** affidavit appointing Hany Ashamalla, MD, as Deputy Medical Director in the Department of Psychiatry
Gene Cavallo, MC, LPC, Senior Vice President, Behavioral Health Services

d. Medical Staff:

- i. **Approve** Valleywise Health's Medical Staff credentials for April 2022
David E. Brodtkin, MD, Chief of Staff
- ii. **Approve** Valleywise Health's Advanced Practice Clinician/Allied Health Professional Staff credentials for April 2022
David E. Brodtkin, MD, Chief of Staff
- iii. **Approve** proposed revisions to policy 39011 T – Advanced Practice Clinicians and Allied Health Professionals
David E. Brodtkin, MD, Chief of Staff
- iv. **Approve** proposed revisions to policy 43374 – Valleywise Health Medical Staff Glossary
David E. Brodtkin, MD, Chief of Staff
- v. **Approve** proposed revisions to policy 20075 MT – FQHC Credentialing and Privileging of Clinical Staff
David E. Brodtkin, MD, Chief of Staff

e. Care Reimagined Capital:

- i. **Approve** amendment #51 to the contract (480-90-18-012) with Kitchell Contractors, Inc. of Arizona, Construction Manager at Risk (CMAR), for guarantee maximum price (GMP) number 6.03, for the design and construction of a cart wash area at the 2619 building in the amount of \$111,718 (CER # 19-951)
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer

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

- 1:20 1. Approval of Consent Agenda, cont.:
- f. Capital:
- i. **Approve** capital expenditure request (CER # 22-030) for the construction of a second behavioral health court within Valleywise Behavioral Health Center-Maryvale, for a cost of \$2,965,989, for a total cost of \$3,184,161, utilizing American Rescue Plan Act funding awarded by Maricopa County
Gene Cavallo, MC, LPC, Senior Vice President, Behavioral Health Services
- ii. **Approve** capital expenditure request (CER # 22-031A) to expand behavioral health services at Valleywise Behavioral Health Center-Maryvale, for a cost of \$5,129,066, utilizing American Rescue Plan Act funding awarded by Maricopa County
Gene Cavallo, MC, LPC, Senior Vice President, Behavioral Health Services
- iii. **Approve** capital expenditure request (CER # 22-031B) to expand behavioral health services at Valleywise Behavioral Health Center-Mesa, for a cost of \$10,870,834, utilizing American Rescue Plan Act funding awarded by Maricopa County
Gene Cavallo, MC, LPC, Senior Vice President, Behavioral Health Services
- iv. **Approve** capital expenditure request (CER # 22-704) for a new roofing system and envelope improvements at Valleywise Comprehensive Health Center-Phoenix, for a total cost of \$1,082,200
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer

End of Consent Agenda

- 1:35 2. **Approve** the establishment of an Advanced Education in General Dentistry (AEGD) residency program; **Authorize** staff to apply to the Commission on Dental Accreditation (CODA) for initial accreditation **10 min**
Christopher Brendemuhl, DMD, Director of Dentistry
- 1:45 3. Discuss Patient Experience Surveys and Actions **10 min**
Crystal Garcia, RN, Vice President, Surgical, Specialty, Quality and Safety
- 1:55 4. 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
- 2:05 5. Discuss and Review Valleywise Health's March 2022 Financials and Statistical Information, Quarterly Investment of Funds Report **15 min**
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer
- 2:20 6. Discuss and Review Preliminary Patient Volumes and Capital Targets for Fiscal Year 2023 **10 min**
Matthew Meier, Vice President, Financial Services

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

- 2:30 7. Care Reimagined Update 10 min
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer
- 2:40 8. **Appoint** Members of the Board of Directors to serve on the Valleywise Health Claims Committee for a three (3) year term effective May 1, 2022 5 min
Board of Directors
- 2:45 9. Review and **Possible Action** on the Following Reports to the Board of Directors: 15 min
- a. Monthly Marketing and Communications Report (March 2022)
Runjhun Nanchal, MHA, Senior Vice President, Strategy, Marketing and Communications
 - b. Monthly Care Reimagined Capital Purchases Report (March 2022)
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer
 - c. Monthly Valleywise Health Employee Turnover Report (March 2022)
Susan Lara-Willars, HCS, MBA, Senior Vice President, Chief Human Resources Officer
 - d. Quality Management Council Meeting Minutes (February and March 2022)
Crystal Garcia, RN, Vice President, Surgical, Specialty, Quality and Safety
 - e. Quarterly Employee Engagement Survey Action Plans
Susan Lara-Willars, HCS, MBA, Senior Vice President, Chief Human Resources Officer
 - f. Quarterly Valleywise Community Health Centers Governing Council Structure Report
Melanie Talbot, Chief Governance Officer; and Clerk of the Board
 - g. Annual Maricopa County Special Health Care District Wide Risk Management Program Report
Dale Schultz, Director of Risk Management
- 3:00 10. 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
- March 23, 2022**
Financial and Statistical Information
- Provide a status report related to the provider staffing challenges at Valleywise Comprehensive Health Center-Peoria

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

3:00 10. Concluding Items, cont.

a. Old Business, cont.:

March 23, 2022, cont.

Reports to the Board – Monthly Employee Turnover Report

- When adding demographic information, please include the number of positions that require an employee to be bilingual, and the number of employees that receive pay differential for being bilingual

Concluding Items

- Provide an outline of the timeline for the strategic planning strategies being worked on

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

3:10 **Adjourn**



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

April 27, 2022

Item 1.

Consent Agenda



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

April 27, 2022

Item 1.a.i.

**Minutes
March 16, 2022**

Minutes

**Maricopa County Special Health Care District
Board of Directors Meeting
Valleywise Health Medical Center
March 16, 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*
Martin C. Demos, JD, Senior Vice President, General Counsel – *participated
remotely*
Ijana Harris, JD, Assistant General Counsel – *participated remotely*
Warren Whitney, MBA, Senior Vice President, Government Relations –
participated remotely
Matthew Meier, Vice President, Financial Services – *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 1:03 p.m.

Roll Call

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

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

Call to the Public

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

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – March 16, 2022**

General Session, Presentation, Discussion and Action:

1. Discuss, Review and Approve amendment #1 to the intergovernmental agreement (IGA)(90-22-094-1-01) between Maricopa County and the Maricopa County Special Health Care District dba Valleywise Health, for Maricopa County to provide an additional \$3.2 million in American Rescue Plan Act funding to Valleywise Health to be used to build an additional courtroom within Valleywise Behavioral Health Center-Maryvale

Mr. Whitney announced the amendment to the intergovernmental agreement between Maricopa County and the Maricopa County Special Health Care District would result in an additional \$3.2 million provided to organization. The funds would be used to construct a second courtroom within Valleywise Behavioral Health Center-Maryvale. The new courtroom would be adjacent to the courtroom currently located with that facility.

MOTION: Vice Chairman Thomas moved to approve amendment #1 to the intergovernmental agreement (90-22-094-1-01) between Maricopa County and the Maricopa County Special Health Care District dba Valleywise Health, for Maricopa County to provide an additional \$3.2 million in American Rescue Plan Act funding to Valleywise Health to be used to build an additional courtroom within Valleywise Behavioral Health Center-Maryvale. Director Dewane seconded.

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

MOTION: Vice Chairman Thomas moved to recess general session and convene in executive session at 1:09 p.m. Director Dewane seconded.

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

General Session, Presentation, Discussion and Action:

Chairman Wilcox reconvened general session at 2:46 p.m.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – March 16, 2022**

Adjourn

MOTION: Vice Chairman Thomas moved to adjourn the March 16, 2022 Maricopa County Special Health Care District Board of Directors Meeting. Director Dewane seconded.

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

Meeting adjourned at 2:46 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

April 27, 2022

Item 1.a.ii.

Minutes
March 23, 2022

Minutes

**Maricopa County Special Health Care District
Board of Directors Meeting
Valleywise Health Medical Center
Conference and Administration Center, Auditoriums 1 through 4
March 23, 2022
1:00 p.m.**

DRAFT

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

Others Present: Steve Purves, FACHE, President & Chief Executive Officer
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer
Lia Christiansen, MBC, Executive Vice President, Chief Administrative
Officer
Martin C. Demos, JD, Senior Vice President, General Counsel
Sherry Stotler, RN, MSN, Senior Vice President, Chief Nursing Officer
David E. Brodtkin, MD, Chief of Staff – *participated remotely*

Guest Presenters: Crystal Garcia, RN, Vice President, Surgical, Specialty, Quality and Safety
Kelly Summers, CHCIO, Senior Vice President, Chief Information Officer
Michael Fronske, Legislative and Governmental Affairs Director
Matthew Meier, Vice President, Financial Services
Susan Lara-Willars, MCS, MBA, Senior Vice President, Chief Human
Resources Officer
Runjhun Nanchal, MHA, Senior Vice President, Strategy, Marketing and
Communications

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

Call to Order:

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

Roll Call

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

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

Pledge of Allegiance

Mr. Fronske led the Pledge of Allegiance.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – March 23, 2022**

Call to the Public

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

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 February 23, 2022
 - b. Contracts:
 - i. Approve a new agreement (MCO-20-025-MSA) between Aetna Network Services, LLC and the Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive health services
 - ii. Approve a new agreement (MCO-20-026-MSA) between Aetna Network Services, LLC and the Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive health services
 - iii. Approve amendment #3 to the agreement (MCO-20-001-03) between United Healthcare Insurance Company and the Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive healthcare services including medical inpatient and outpatient hospital services, Federally Qualified Health Center medical and behavioral clinics, and professional services for the Navigate narrow network product
 - iv. Approve amendment #56 to the professional services agreement (90-12-084-1-56) between District Medical Group and the Maricopa County Special Health Care District dba Valleywise Health
 - v. Approve amendment #1 to the intergovernmental agreement (MCO-20-014-01) between Arizona State Hospital and the Maricopa County Special Health Care District dba Valleywise Health, to add professional reimbursement rate and the COVID-19 vaccination requirement to the agreement
 - c. Governance:
 - i. Approve the Service Area Competition (SAC) application funding opportunity #HRSA-22-008 to Health Resources and Services Administration (HRSA)
 - ii. Approve the Maricopa County Special Health Care District's Employee Benefits Program for Fiscal Year 2023
 - iii. Approve a no objection letter to the proposed property tax reclassification of real and personal property of Project Raven, to be located within foreign trade zone no. 277

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – March 23, 2022**

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

1. Approval of Consent Agenda, cont.:
 - c. Governance, cont.:
 - iv. Authorize Valleywise Health Psychiatry Chair to be named affected party in Amicus Brief filed by the Maricopa County Attorney's Office: IN RE Pima County Mental Health No. 20200860221
 - v. Approve a new purchase and sale agreement and joint escrow instructions (90-22-201-1) between the Salvation Army and the Maricopa County Special Health Care District dba Valleywise Health, for approximately 2.42 acres located at 4011 North 51st Avenue, Phoenix, Arizona
 - d. Medical Staff:
 - i. Approve Valleywise Health's Medical Staff credentials for March 2022
 - ii. Approve Valleywise Health's Allied Health Professional Staff credentials for March 2022
 - iii. Approve proposed revisions to policy 39011 T – Allied Health Professionals
 - iv. Approve proposed revisions to policy 39022 T – Medical Staff Organizational Manual
 - v. Approve proposed revisions to Plastic Surgery Privileges
 - vi. Approve Global Advanced Practice Clinician Non-Core Special Procedure: Botox Injections for Chronic Migraines Privileges
 - vii. Approve Global Non-Core Botox Injections for Chronic Migraines Privileges
 - e. Care Reimagined Capital:
 - i. INTENTIONALLY LEFT BLANK
 - f. Capital:
 - i. Approve a capital expenditure request (CER # 22-435) for a new roofing system and envelope improvements at Valleywise Comprehensive Health Center - Phoenix, for a total cost of \$425,000

Director Harden requested items 1.b.i., 1.b.ii., 1.d.iii., and 1.f.i. be removed from the consent agenda, to be discussed and voted on separately.

MOTION: Vice Chairman Thomas moved to approve the consent agenda minus items 1.b.i., 1.b.ii., 1.d.iii., and 1.f.i. Director Gerard seconded.

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

0 Nays

Motion passed.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – March 23, 2022**

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

1. Approval of Consent Agenda, cont.:

Director Harden referenced agenda items 1.b.i. and 1.b.ii., agreements between Aetna Network Services and the Maricopa County Special Health Care District, dba Valleywise Health, and said the contract numbers on the agenda were inconsistent with the information provided to the Board. She asked if the information had to be corrected prior to the Board acting on the items.

Chairman Wilcox directed staff to address the concerns associated with the removed consent agenda items, and the Board would discuss the matters later in the meeting.

2. Discuss Patient Safety at Valleywise Health

Ms. Garcia outlined the roles and responsibilities of the Patient Safety Program Manager position at Valleywise Health. The individuals within that role were integral to the Quality Management department, as they provided leadership and expertise in the ongoing efforts toward quality and patient safety improvements throughout the organization.

She stated the Patient Safety Program Manager served as a primary resource in leading and facilitating analyses, regulatory reviews, and risk assessments, including any root cause analysis (RCA). The Patient Safety Program Manager conducted at least one failure mode effect analysis (FMEA) review a year, as well as the annual patient safety risk assessment. They were responsible for performing ligature risk assessments within behavioral health, as well as educating leaders on patient safety issues and regulatory requirements.

Patient Safety Program Managers were additionally tasked with reviewing all events reported through the organization's occurrence reporting system on a daily basis and disseminating that information to the appropriate parties. The information gained from those reviews was monitored and used to identify trends. They also administered and distributed the annual culture of patient safety survey to all clinical areas of the organization.

Ms. Garcia reviewed the structure of the Quality Management department, noting an additional Patient Safety Program Manager was recently allocated and was dedicated to behavioral health. Two other Patient Safety Program Managers were assigned to acute care and ambulatory.

3. Presentation on Cybersecurity at Valleywise Health

Mr. Summers provided an overview of world affairs impacting cybersecurity, as well as the effects of cryptocurrency and ransomware-as-a-service. He reviewed the national infrastructure readiness and the protocols in place at Valleywise Health to protect the organization against external threats.

As healthcare was becoming more digital and increasing electronic transactions, exposure to cyberattacks had increased. The onset of the COVID-19 pandemic also uncovered vulnerabilities with healthcare cybersecurity protection, which increased threats.

Mr. Summers explained cryptocurrency, an untraceable, electronic monetary instrument that was not governed by any national or federal organization. Cryptocurrency was usually the requested monetary exchange used in ransomware attacks, making it difficult for law enforcement and other authorities to track.

He described ransomware-as-a-service, which provided those that were not technically advanced to gain access to sophisticated ransomware to use to exploit companies for financial gain. In 2021, there were 48 ransomware attacks targeting the healthcare sector nationwide. Within the last year, 72% of ransom incidents resulted in data leakage, including protected health information.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – March 23, 2022**

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

3. Presentation on Cybersecurity at Valleywise Health, cont.

To address the growing cybersecurity threats, the federal government, in collaboration with the United States Department of Homeland Security, developed an organization to reduce risk to cyber and physical infrastructure. Mr. Summers had been engaged with organizations dedicated to cybersecurity for several years and had implemented policies and practices to safeguard Valleywise Health against external threats. He outlined several proactive measures that were deployed and noted the remaining challenges.

He stated that the current cyber warfare was unlike anything he had experienced throughout his career. Nation states and international organizations were now preemptively attacking others to disrupt infrastructure and services with cyberattacks. He assured the Board that the Valleywise Health information technology (IT) division was operating as proactively and diligently as possible to protect the information assets of the organization, with the resources available.

Vice Chairman Thomas asked if organizations that had been attacked by ransomware had successfully retrieved their information when the ransom was paid.

Mr. Summers said that while many organizations did not advertise that the ransom had been paid, the recovery of information was typically successful.

Chairman Wilcox asked if Valleywise Health was doing what was needed to keep up with new technology.

Mr. Summers reiterated that he and his team were being as proactive as possible, with the available resources. He was confident that Valleywise Health was performing better than most health systems.

Chairman Wilcox asked if transitioning a large portion of the workforce to work-from-home exposed the organization to greater risk.

Mr. Summer stated that the organization was proactive in developing security protocols prior to transitioning employees off-site.

Mr. Purves commended Mr. Summers and the IT division for their diligence in protecting the organization and the information of employees and patients.

4. 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 statistics of the legislative session, noting 84 bills had passed, but the Governor had signed only three bills. Of the 94 bills sent to staff for comment, only 61 bills were active, while only eight of the 41 monitored bills were active. He outlined the status of specific bills being monitored and how those bills were progressing through the process.

Mr. Fronske requested the ability to support Senate Bill (SB) 1311, the healthcare assault prevention bill. The bill would add healthcare workers as a profession included in the aggravated assault definition. He requested the ability to oppose SB 1393, a bill that would require hospitals to discharge patients whenever they asked. He noted there were exemptions included in the bill for court ordered evaluations, however, there may instances when a patient did not have the cognitive ability to safely discharge themselves. He noted other healthcare systems were also supporting SB 1311 and opposing SB 1393.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – March 23, 2022**

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

4. 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 Senate Bill 1311; Health Care Workers, Assault; Prevention, and oppose Senate Bill 1393; Refusing Treatment; Right; Requirements. Director Gerard seconded.

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

0 Nays

Motion passed.

Mr. Fronske reviewed the federal issues, stating staff continued to work with the congressional delegation and hospital associations on key COVID-19 relief funding. There had been no opposition in pursuing additional funds and it was a bi-partisan effort to assist Valleywise Health.

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

Ms. Agnew reviewed statistical information for February 2022, noting the decline in behavioral health admissions caused overall admissions to miss budget by thirteen percent. Emergency department visits missed budget by 1.4%, due to a sharp decline in visits at Valleywise Emergency Department-Maryvale.

Chairman Wilcox asked why the visits declined at that location.

Ms. Agnew suspected the decrease in COVID-19 cases throughout the community may have resulted in fewer emergency department visits. Ambulatory visits missed budget by 4.3%, attributed to provider shortages. On a year-to-date basis, the acute admissions were better than budget, emergency department visits were better than budget and ambulatory visits missed budget by less than one percent.

She discussed the payer mix, noting the Medicaid percentage was less than budget due to the lower behavioral health admissions. The unusual items for the month included surge nurses provided by the Department of Defense, at no cost to Valleywise Health, and COVID-19 related grant subsidies.

Ms. Agnew outlined the income statement for February 2022, noting total operating revenues missed budget by \$927,062, with lower patient volumes and fewer outpatient surgeries being a contributing factor. Operating expenses had a negative 6.9% variance, due to increased labor costs, specifically contract labor rates. Non-operating expenses were better than budget because of the sale of property located in El Mirage. As a result, the decrease in net assets was \$8,776,289, compared to a budgeted loss of \$4,176,757.

On a year-to-date basis, the decrease in net assets was \$50,398,485, compared to a budgeted loss of \$33,465,408, for a \$16,933,077 unfavorable variance. There were 85.1 days of cash on hand, the number of days in accounts receivable was 79.7 days, with a number of large accounts attributing to that statistic.

Director Gerard understood the unique challenges associated with staffing shortages, specifically within behavioral health. She was also aware of the need to increase outpatient surgeries and asked what plans were in place to address those issues, as well as the substantial decrease in net assets.

Ms. Agnew confirmed that staffing shortages and the lack of outpatient surgeries were major contributing factors in the negative variances throughout the income statements. She explained that during the most recent COVID-19 peak, surgeons were transitioned to treat patients at the bedside. The focus was now on scheduling patients for needed surgeries.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – March 23, 2022**

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

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

Ms. Agnew stated that there were two unopened behavioral health units, noting 14 registered nurses and 40 behavioral health technicians were required to open a unit. There were recruitment and retention strategies in place. She assured the Board that leaders were having continuous discussions on how to increase surgeries, retain staff, and various factors that may improve the organization's financial position.

Director Gerard asked if physician shortages were a barrier in increasing outpatient surgeries.

Ms. Agnew said there were challenges associated with acquiring anesthesia providers, as well as some support staff. Staff was working District Medical Group (DMG) to ensure appropriate staff was in place to perform surgeries.

Ms. Stotler stated that due to the limited resources available, various logistical aspects had to be coordinated perfectly to begin surgical procedures.

Director Gerard asked if there were dedicated surgeons at both Valleywise Health Medical Center and Valleywise Comprehensive Health Center-Peoria.

Ms. Agnew said that the surgeons performed surgeries at both locations. Dr. White was working with DMG to acquire additional providers to be able to assign surgeons to specific locations. She mentioned DMG also contracted with other groups or organizations to provide specific services, such as pediatric and plastic surgeons, based on the need at Valleywise Health.

Director Gerard asked if Valleywise Health had the ability to seek and employ its own providers, should DMG be unable to do so. Since anesthesiologists were rarely employed by a hospital, but were usually part of a large group, she asked if Valleywise Health had contemplated contracting with that type of group for services.

Ms. Agnew said staff was working with DMG to address the anesthesia shortages, noting the rates for those services had increase dramatically.

Chairman Wilcox said that she was confident that DMG was committed to expanding the services at Valleywise Comprehensive Health Center-Peoria and requested a status report on the action plans in place to address the provider shortages at that location.

Mr. Purves said that DMG had been working with Valleywise Health to develop recruitment plans to attract surgeons, specifically for Valleywise Comprehensive Health Center-Peoria.

Vice Chairman Thomas asked if there was any apprehension from patients in scheduling their surgeries.

Mr. Purves said that the lower surgery volumes were attributed to both patient hesitation and staffing shortages.

6. Discuss and Review Fiscal Year 2023 Budget Calendar

Mr. Meier informed the Board that the budget process for fiscal year (FY) 2023 had begun and the budget calendar identified key dates. The budget was currently scheduled to be presented to the Board for review and consideration for approval in June 2022.

Ms. Talbot announced the Budget Study Session was scheduled for Thursday, June 16, 2022 at 5:00 p.m. and was open to the public.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – March 23, 2022**

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

7. Discuss Outcomes related to Valleywise Health Employee Retention Efforts

Ms. Lara-Willars understood the growing concerns at Valleywise Health surrounding employee turnover and staffing shortages. Like cybersecurity, the current workforce challenges were unlike any that she had experienced in her career, and she speculated the pandemic was a major contributing factor. The pandemic caused healthcare, along with many other industries, to rapidly change operations, transitioning many employees to work-from-home. As a result, employers were adjusting their post-pandemic operations to attract and retain employees.

Workforce challenges included but were not limited to most of the American workforce seeking flexible work options and higher pay. In healthcare, nursing shortages had been an ongoing challenge for hospitals, now every healthcare position was in critical need.

She outlined workforce challenges specific to Maricopa County, including Phoenix's high cost of living, which was 5.1% higher than the national average due to increased home values and childcare expenses. The current living wage in Maricopa County was \$15.76 an hour, for one adult with no children, while the state's minimum was only \$12.80 an hour.

Staff was developing retention strategies by evaluating individual departments, as well as the overall organization. Focus groups were gathering information from employees and leaders within departments with high turnover rates, and leaders were developing a new exit interview process.

Ms. Lara-Willars acknowledged opportunities within leadership development and there were efforts to improve the new leader experience. There was also a review of Valleywise Health's compensation processes and policies to reduce and correct internal equity issues.

Vice Chairman Thomas recognized the focus on compensation, but asked how non-monetary benefits, such as annual leave, was factored into the overall compensation package.

Ms. Lara-Willars noted staff would be seeking tools to assist in conveying that information to employees.

Chairman Wilcox was concerned with career advancement within the organization and encouraged staff to partner with community colleges to create educational pathways to succeed at Valleywise Health.

Ms. Lara-Willars assured the Board that the recruitment staff was developing a strategy with a variety of initiatives, including partnership with local schools.

8. Review and Possible Action on the Following Reports to the Board of Directors:

- a. Monthly Marketing and Communications Report (February 2022)
- b. Monthly Care Reimagined Capital Purchases Report (February 2022)
- c. Monthly Valleywise Health Employee Turnover Report (February 2022)

Ms. Christiansen addressed item 8.c., the Monthly Valleywise Health Employee Turnover Report, noting revisions to the report now included the number of new hires, terminations, and the trendline for the fiscal year. The turnover percentage had increased over the prior month as staff continued to develop strategies to improve the metric.

Ms. Lara-Willars stated moving forward, the report would include demographic information, to highlight the workforce diversity within the organization.

Chairman Wilcox asked how many positions within Valleywise Health required employees to be bilingual, and how many employees received pay differential for that skill.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – March 23, 2022**

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

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

Ms. Nanchal addressed item 8.a., Monthly Marketing and Communications Report, and highlighted the Valleywise Health's earned media and share of voice for February 2022. Valleywise Health had garnered 18% of the earned media, behind only one other health system.

BREAK 2:38 p.m. – 2:49 p.m.

1. Approval of Consent Agenda

Mr. Demos addressed consent agenda items 1.b.i. and 1.b.ii., noting the agenda contained the correct contract numbers for consideration. The information included with the narrative was incorrect, however, that would not impede the process moving forward.

He referred to consent agenda item 1.d.i., where the policy title differed from the agenda language. That information would be clarified and presented to the Board at a later date.

Ms. Christiansen said consent agenda item 1.f.i. would not be discussed.

MOTION: Director Harden moved to approve the consent agenda items 1.b.i. and 1.b.ii.. Director Gerard seconded.

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

9. Concluding Items

a. Old Business:

June 23, 2021

Reports to the Board – Monthly Employee Turnover Report

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

November 23, 2021

Employee Turnover Rates and Retention Efforts

- Provide a report on the results of actions taken to reduce turnover/increase retention
- Report on employee satisfaction related to return-to-work efforts

February 23, 2022

Financial and Statistical Information

- Chairman Wilcox will work with staff to determine the need to meet more frequently to discuss the organization's financial challenges

Concluding Items

- Provide a report on the results of action taken to reduce turnover/increase retention in March

b. Board Member Requests for Future Agenda Items or Reports

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – March 23, 2022**

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

9. Concluding Items, cont.
 - c. Comments
 - i. Chairman and Member Closing Comment
 - ii. President and Chief Executive Officer Summary of Current Events

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

Director Gerard requested a review of the current strategic plan and discuss areas of focus that need to be adjusted moving forward.

Ms. Christiansen stated that Ms. Nanchal was beginning a strategic planning process with staff. She requested time to allow staff to finalize details and bring a strategic framework to the Board in May or June 2022.

Chairman Wilcox requested an outline of the planning process be provided to the Board in April 2022. She also requested a report related to the provider staffing shortages at Valleywise Comprehensive Health Center-Peoria.

Mr. Purves announced that Dr. White had been named as one of *Phoenix Business Journal's Most Admired Leaders for 2022*. Valleywise Health Foundation's Chief Executive Officer, Mr. Nate Lowrie was also recognized by the publication.

He highlighted ceremonial topping out event for the Support Services Building earlier in the month. He mentioned the building would house the simulation lab and other teaching spaces, as well as a dedicated Board room, and hospital support staff. He showcased a video of the event.

Vice Chairman Thomas said that he participated in a tour of the new Valleywise Health Medical Center, which was under construction. The building was set to be spectacular inside and out and would be a beautiful addition to Maricopa County and the local community. He also attended the ceremonial topping out event for the Support Services Building and was amazed by the accomplishments achieved throughout the pandemic.

Chairman Wilcox echoed the sentiment and noted the pride of the construction workers building the Valleywise Health facilities.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – March 23, 2022**

Adjourn

MOTION: Vice Chairman Thomas moved to adjourn the March 23, 2022 Maricopa County Special Health Care District Board of Directors Formal Meeting. Director Gerard seconded.

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

Meeting adjourned at 3:04 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**

April 27, 2022

Item 1.b.i.

**Contracts
90-15-162-1-03**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Wednesday, April 6, 2022 7:37 AM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment #3 - CD Bactec FX (#29224), Exhibit B - Product Schedule Cardinal Health 200, LLC ("Cardinal Health")

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 #3 - CD Bactec FX (#29224), Exhibit B - Product Schedule Cardinal Health 200, LLC ("Cardinal Health")
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
SAM - Cardinal Health 2022		File	 SAM - Cardinal Health 2022.pdf
OIG - Cardinal Health 2022		File	 OIG - Cardinal Health 2022.pdf
RFBA		File	 RFBA - Amendment 3.pdf
Amendment #3 - pending BOARD signature (April, 2022)		File	 Products Schedule 29224 AMENDMENT 3-23-2022v1.pdf

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title Amendment #3 - CD Bactec FX (#29224), Exhibit B - Product Schedule
Contract Identifier Board - Amendment
Contract Number 90-15-162-1-03
Primary Responsible Party Tymczynna, Katherine
Departments LAB Clinical - Roosevelt
Product/Service Description Amendment # 3 - Cardinal Health Product Schedule (Exhibit B)
Action/Background Approve Amendment #3 to the Agreement between Cardinal Health 200 LLC and Maricopa County Special Health Care District dba Valleywise Health to

replace Cardinal Health Lease agreement # 29224, Exhibit B, Product Schedule. This Amendment #3 will increase the surcharge price on existing items and add new products to Cardinal Health Lease agreement # 29224.

The anticipated monthly reagent purchase commitment is \$28,960.05 for an annual expense of \$347,520.60.

This Amendment #3 is sponsored by Jo-el Detzel, VP Clinical Ancillary Services.

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 GPO

Effective Date 4/1/2022

Term End Date 7/10/2024

Annual Value \$347,520.60

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Cardinal Health 200, LLC ("Cardinal Health")

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	Reviewed and approve
Candelaria, Wesley J.	Approved	
Landas, Lito S.	Approved	
Detzel, Jo-El M.	Approved	
Demos, Martin C.	Approved	
White, Michael	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

April 27, 2022

Item 1.b.ii.

**Contracts
90-22-113-1-01**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, April 12, 2022 12:30 PM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment#1 to the IGA: Use of Real Property and Improvements Maricopa County (IGA)

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 to the IGA: Use of Real Property and Improvements Maricopa County (IGA)
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
(For Board Review) Amend 1 IGA VW 33 West Tamarisk FINAL.pdf		File	 (For Board Review) Amend 1 IGA VW 33 West Tamarisk FINAL.pdf

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title Amendment#1 to the IGA: Use of Real Property and Improvements
Contract Identifier Board - Amendment
Contract Number 90-22-113-1-01
Primary Responsible Party Melton, Christopher C.
Departments
Product/Service Amendment#1 to the Intergovernmental Agreement (IGA): Use of Real Property and Improvements
Description
Action/Background Approve Amendment#1 to the Intergovernmental Agreement ("IGA") between Maricopa County ("County") and Maricopa County Special Health Care District dba Valleywise Health ("Valleywise Health").

Valleywise Health owns certain real property at 33 West Tamarisk Avenue, Phoenix, Arizona 85041 ("Property"). The County and Valleywise Health had

entered into an IGA under which County was granted entry upon and use of the Real Property and Improvements for a portion of that certain Property.

The County wishes to submit this Amendment#1 for Valleywise Health to grant County the right to sublease its rights to use the Monitor Site and Property under the IGA to any other governmental entity for purpose of environmental monitoring. All other terms and conditions of the IGA remain the same and in full force and effect.

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

Evaluation Process

Category

Effective Date

Term End Date

Annual Value \$0.00

Expense/Revenue

Budgeted Travel Type N/A

Procurement Number

Primary Vendor Maricopa County (IGA)

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	
Whitney, Warren W.	Approved	
Demos, Martin C.	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

April 27, 2022

Item 1.b.iii.

**Contracts
90-22-110-1**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, April 12, 2022 12:29 PM
To: Melanie Talbot
Subject: Contract Approval Request: IGA - Psychiatric Residency Training Program (YH22-0034)
AHCCCS/ADHS

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 - Psychiatric Residency Training Program (YH22-0034) AHCCCS/ADHS

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
(For Signatures) YH22-0034 IGA Valleywise Adult Psychiatry Residency Program Final signed by AZDHS a		File	 (For Signatures) YH22-0034 IGA Valleywise Adult Psychiatry Residency Program Final signed by AZDHS and AHCCCS (2).pdf

Contract Information

Division Contracts Division
Folder Contracts \ Services - Professional/Facility (Medical/Clinical/Dental)
Status Pending Approval
Title IGA - Psychiatric Residency Training Program (YH22-0034)
Contract Identifier Board - New Contract
Contract Number 90-22-110-1
Primary Responsible Party Melton, Christopher C.
Departments HOSPITAL ADMINISTRATION
Product/Service Description IGA Psychiatric Residency Training Program
Action/Background Approve a revised Intergovernmental Agreement ("IGA") between Arizona Department of Health Services ("AZDHS"), Arizona Health Care Cost Containment System ("AHCCCS"), and Maricopa County Special Health Care District dba Valleywise Health in support of a Psychiatric Residency Training

Program at the Arizona State Hospital ("ASH"). Valleywise Health will provide resident physicians to rotate through ASH to provide residents with a unique experience in the provision of care in ASH and the community-based public behavioral health system. Residents will be employees of Valleywise Health and AHCCCS will compensate Valleywise Health a total amount of \$3,547,896, for the initial term, for services provided by the residents. Valleywise Health shall continue to use its best efforts to work with AHCCCS to ensure that the Psychiatric Residency Program ("Residency Program"), currently maintained and operated by Valleywise Health, remains part of the Maricopa County community-based mental health system and does so in a manner consistent with the Accreditation Council for Graduate Medical Education ("ACGME") requirements.

The term of this initial IGA is from July 1, 2021 through June 30, 2022, unless otherwise terminated or extended by mutual agreement of the parties. For each of the four (4) fiscal years following the Initial Term, the parties agree that they will meet and mutually agree upon the Price Sheet for each of the subsequent fiscal year term, at least sixty (60) days prior to the start of each subsequent one-year term.

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

Evaluation Process

Category IGA

Effective Date

Term End Date 6/30/2022

Annual Value \$3,547,896.00

Expense/Revenue Revenue

Budgeted Travel Type

Procurement Number

Primary Vendor AHCCCS/ADHS

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	Initial Term covers FY22
Cavallo, Gene A.	Approved	
Demos, Martin C.	Approved	
White, Michael	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Approved	
Melton, Christopher C.	Approved	
Cavallo, Gene A.	Approved	
Demos, Martin C.	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**

April 27, 2022

Item 1.b.iv.

**Contracts
90-22-215-1**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, April 12, 2022 12:27 PM
To: Melanie Talbot
Subject: Contract Approval Request: B. Braun - Hemodialysis Equipment and Supplies B. Braun Medical, 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 [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: B. Braun - Hemodialysis Equipment and Supplies B. Braun Medical, Inc.
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 - B.Braun Medical.pdf
OIG - B. Braun Medical 2022		File	 OIG - B. Braun Medical 2022.pdf
SAM - B. Braun Medical 2022		File	 SAM - B. Braun Medical 2022.pdf
B. Braun Purchase Agreement - PENDING BOARD SIGNATURE April 2022		File	 B Braun Avitum Valleywise Health Purchase Agmt 4.5.22.pdf

Contract Information

Division Contracts Division
Folder Contracts \ Supplies - Medical
Status Pending Approval
Title B. Braun - Hemodialysis Equipment and Supplies
Contract Identifier Board - New Contract
Contract Number 90-22-215-1
Primary Responsible Party Tymczyna, Katherine
Departments Renal Dialysis - Phoenix
Product/Service Description Hemodialysis Equipment and Supplies
Action/Background Approve a new Agreement between B. Braun Medical Inc. and Maricopa County Special Health Care District dba Valleywise Health for Hemodialysis Equipment and Supplies (B.Braun contract # SARTD01602, Schedule A). The

purpose of the Purchase Agreement is to provide hemodialysis solutions, formulations & related products for the Dialysis department. This Agreement will remain in force from the date of final signature through March 31, 2024. The pricing provided in this agreement (Schedule A), is effective ten (10) days after acceptance and signature and will remain firm through March 31, 2023, at which time, B. Braun shall have the right to increase pricing equal to the greater of 3% for the twelve month period ending three months prior to the anniversary date.

Either party may terminate this Purchase Agreement with thirty (30) days prior written notice.

This Purchase Agreement is sponsored by Sherry Stotler, Sr. VP Chief Nursing Officer.

Evaluation Process The requesting department has determined that the Contractor is performing satisfactorily and is meeting the goals and objectives of the organization. The requesting department has elected that the contract should be continued and extended.

The Contractor was determined to meet the requirements of the requesting department and Valleywise Health. This contract was extended pursuant to HS-106D of the Procurement Code in that a primary consideration was taken into account where a change from the current Contractor providing the services provided under this Contract would cause a disruption to the continuity of care and/or disruption of medically necessary services to the Dialysis Department.

Category Other

Effective Date

Term End Date 3/31/2024

Annual Value \$470,964.00

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor B. Braun Medical, Inc.

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	Reviewed and approve
Teeman, Martha J.	Approved	
Landas, Lito S.	Approved	
Stotler, Sherry A.	Approved	
Demos, Martin C.	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**

April 27, 2022

Item 1.b.v.

**Contracts
90-22-178-1-CMAR**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, April 12, 2022 4:53 PM
To: Melanie Talbot
Subject: Contract Approval Request: Maryvale Behavioral Health Court II - Construction Manager at Risk (CMAR) GILBANE BUILDING COMPANY

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 [Melton, Christopher](#)

To [Talbot, Melanie](#);

Subject Contract Approval Request: Maryvale Behavioral Health Court II - Construction Manager at Risk (CMAR) GILBANE BUILDING COMPANY

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
Tentative Award Notification.pdf		File	 Tentative Award Notification.pdf
Offer-Gilbane Building Company		File	 Valleywise Maryvale Health-Behavioral Health Court II_RFQ_Gilbane.pdf
Maryvale Behavioral Health - Evaluation Committee Scores Revised Score-4-6-2022.pdf		File	 Maryvale Behavioral Health - Evaluation Committee Scores Revised Score-4-6-2022.pdf
Legal Advertisement.pdf		File	 Legal Advertisement.pdf
4-6-2022 Email-Jo-el Detzel-Lalitha.pdf		File	 4-6-2022 Email-Jo-el Detzel-Lalitha.pdf
90-22-178-1-Maryvale-Behavioral-Health-Court-II-Construction-Manager-at-Risk-CMAR-Review-of-Qualific		File	 90-22-178-1-Maryvale-Behavioral-Health-Court-II-Construction-Manager-at-Risk-CMAR-Review-of-Qualifications-ROQ-1.pdf
90-22-178-1 Review of Qualifications - Addendum #1.pdf		File	 90-22-178-1 Review of Qualifications - Addendum 1.pdf
RFBA-Maryvale Court II.pdf		File	 RFBA-Maryvale Court II.pdf
SAM-Gilbane Building -2022.pdf		File	 SAM-Gilbane Building -2022.pdf
OIG-Gilbane Building -2022.pdf		File	 OIG-Gilbane Building -2022.pdf
Arizona Procurement Portal Notification - BPM004335.pdf		File	 Arizona Procurement Portal Notification - BPM004335.pdf


Procurement Recommendation-Signed

File  90-22-178-1 Maryvale Behavioral Health Court II - Procurement Recommendation_LC esig 040722.pdf


Offers Received

File  Respondent List.pdf

MV Court II - Capital Expenditure Request Apr 2022 (002).pdf

File  MV Court II - Capital Expenditure Request Apr 2022 (002).pdf


Investment Board Memo-Expanding Behavioral Health Services County ARPA Plan

File  Investment Board Memo- Expanding Behavioral Health Services County ARPA Plan.pdf

90-22-094-1-Maricopa County-Maricopa County Special Healthcare District dba Valleywise Health Agree

File  90-22-094-1-Maricopa County- Maricopa County Special Healthcare District dba Valleywise Health Agreement (1).pdf

(Draft - For Board Review) IGA 90-22-094-1 Amendment 1.pdf

File  (Draft - For Board Review) IGA 90-22-094-1 Amendment 1.pdf

Contract Information

Division Contracts Division

Folder Contracts \ Construction - CMAR/Architect & Engineering/JOC

Status Pending Approval

Title Maryvale Behavioral Health Court II - Construction Manager at Risk (CMAR)

Contract Identifier Board - New Contract

Contract Number 90-22-178-1-CMAR

Primary Responsible Party Hammer, Mary P.

Departments ENGINEERING AND CONSTRUCTION

Product/Service Description Maryvale Behavioral Health Court II - Construction Manager at Risk (CMAR)

Action/Background Approve a new contract between Gilbane Building Company and Maricopa County Special Health Care District dba Valleywise Health to provide Construction Manager at Risk (CMAR) services for the Maryvale Behavioral Health Court II project. The initial Court Room located in Maryvale Behavioral Health opened in March 2020 to support onsite proceedings related to court-ordered evaluations and treatment of persons with mental illness and other related behavioral health services; the demand has significantly increased and created a need for a second Court Room. Maricopa County is providing an additional \$3.2 million in ARPA funds to build the second Court Room (Reference contract 90-22-094-1, Amendment #1 in the amount of \$3.2 Million). The contract term is from April 28, 2022 to December 31, 2022. Valleywise Health may terminate this contract in accordance with Section 10 - Suspension and Termination of the General Terms and Conditions.

FINANCIAL IMPLICATIONS:

The anticipated annual expense is \$2,194,800.00 and has been budgeted for capital expenditures from CER 20-021.

This contract is sponsored by Lia Christiansen, EVP, Chief Administrative Officer.

Evaluation Process Contracts Management issued a Review of Qualifications (ROQ) (90-22-178-1) for Maryvale Behavioral Health Court II. Statements of Qualifications (SOQs) were due on March 17, 2022.

Six (6) responses were received. All SOQs were evaluated based on the criteria outlined in the ROQ. Gilbane Building Company demonstrated they were the most qualified firm and the evaluation committee has recommended

awarding the contract to Gilbane Building Company to provide this service to Valleywise Health.

Category Other

Effective Date

Term End Date 12/31/2022

Annual Value \$2,194,800.00

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number 90-22-178-1

Primary Vendor GILBANE BUILDING COMPANY

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	
Madhavan, Lalitha	Approved	
Demos, Martin C.	Approved	
Christiansen, Lia K.	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Approved	
Davis, Jori A.	Approved	
Talbot, Melanie L.	Current	



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

April 27, 2022

Item 1.b.vi.

**Contracts
90-17-076-1-24**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, April 12, 2022 2:15 PM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment #24 - Add Direct Data Entry (DDE) nThrive

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 #24 - Add Direct Data Entry (DDE) nThrive

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
OIG nThrive 2022.pdf		File	 OIG nThrive 2022.pdf
SAM nThrive 2022.pdf		File	 SAM nThrive 2022.pdf
RFBA - nThrive Amendment #24.pdf		File	 RFBA - nThrive Amendment 24.pdf
Last Full Term Cost Summary (12-1-20--11-30-21)		File	 nThrive - Last Full Term Cost Summary (12-1-20--11-30-21).pdf
90-17-076-1-24 (unsigned).pdf		File	 90-17-076-1-24 (unsigned).pdf

Contract Information

Division Contracts Division

Folder Amendments

Status Pending Approval

Title Amendment #24 - Add Direct Data Entry (DDE)

Contract Identifier Board - Amendment

Contract Number 90-17-076-1-24

Primary Responsible Party Pardo, Laela N.

Departments PATIENT FINANCIAL SERVICES

Product/Service Description Amendment #24 - Add Direct Data Entry (DDE)

Action/Background Approve Amendment #24 to the contract between nThrive Revenue Systems, LLC and Maricopa County Special Health Care District dba Valleywise Health to add Direct Data Entry (DDE) access to our existing Medicare Direct Claims Management module. Valleywise Health needs this DDE access because our previous vendor (Change Healthcare) will no longer be providing this service and we cannot do without. This Amendment #24 is effective upon signatures. Additional cost for DDE access is \$9,312.00 for a total module cost of \$53,247.12. New total annual cost of the contract with this addition is approximately \$3,014,040.80 (annual cost is dependent on service volumes and can fluctuate) and is budgeted for operational expenditures by the Patient Financial Services department.

This amendment is sponsored by Nancy Kaminski, Sr VP Revenue Cycle.

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

Category Other

Effective Date

Term End Date

Annual Value \$9,312.00

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor nThrive

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	
Kirkland, Kathie M.	Approved	
Demos, Martin C.	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	
Kaminski, Nancy A.	Approved	



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

April 27, 2022

Item 1.b.vii.

**Contracts
90-17-083-2-02**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, April 12, 2022 2:15 PM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment #2 - Extend Contract to 3/31/23 Sherloq Solutions

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 #2 - Extend Contract to 3/31/23 Sherloq Solutions
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
OIG Sherloq 2022.pdf		File	 OIG Sherloq 2022.pdf
SAM Sherloq 2022.pdf		File	 SAM Sherloq 2022.pdf
Invoice Summary (Annual Term)		File	 sherloq invoice summary.pdf
90-17-083-2-02 (unsigned).pdf		File	 90-17-083-2-02 (unsigned).pdf

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title Amendment #2 - Extend Contract to 3/31/23
Contract Identifier Board - Amendment
Contract Number 90-17-083-2-02
Primary Responsible Party Pardo, Laela N.
Departments PATIENT FINANCIAL SERVICES
Product/Service Description Amendment #2 - Extend Contract to 3/31/23
Action/Background Approve Amendment #2 to the contract between Sherloq Solutions and Maricopa County Special Health Care District dba Valleywise Health to extend the contract for one (1) additional year. This Amendment #2 will extend the contract term from April 1, 2022 to March 31, 2023 for an aggregate term of

April 1, 2017 to March 31, 2023. There is no increase in pricing, with anticipated annual cost at \$189,626.77 which is budgeted for operational expenditures from Patient Financial Services department. All other terms & conditions remain the same and in full effect.

This amendment is sponsored by Nancy Kaminski, SrVP Revenue Cycle.

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 Other

Effective Date

Term End Date 3/31/2023

Annual Value \$189,626.77

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Sherloq Solutions

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	Reviewed and approve
Kirkland, Kathie M.	Approved	
Kaminski, Nancy A.	Approved	
Demos, Martin C.	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

April 27, 2022

Item 1.b.viii.

**Contracts
90-17-083-1-02**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, April 12, 2022 2:16 PM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment #2 - Extend Contract to 3/29/23 Progressive Management Systems

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 #2 - Extend Contract to 3/29/23 Progressive Management Systems
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
OIG Progressive Management Systems 2022.pdf		File	 OIG Progressive Management Systems 2022.pdf
SAM Progressive Management Systems 2022.pdf		File	 SAM Progressive Management Systems 2022.pdf
Invoice Summary (Annual Term) 90-17-083-1-02 (unsigned).pdf		File	 progressive invoice summary.pdf
		File	 90-17-083-1-02 (unsigned).pdf

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title Amendment #2 - Extend Contract to 3/29/23
Contract Identifier Board - Amendment
Contract Number 90-17-083-1-02
Primary Responsible Party Pardo, Laela N.
Departments PATIENT FINANCIAL SERVICES
Product/Service Description Amendment #2 - Extend Contract to 3/29/23

Action/Background Approve Amendment #2 to the contract between Progressive Management Systems and Maricopa County Special Health Care District dba Valleywise Health to extend the contract for one (1) additional year. This Amendment #2 will extend the contract term from March 30, 2022 to March 29, 2023 for an aggregate term of March 30, 2017 to March 29, 2023. There is no increase in pricing, with anticipated annual cost at \$491,794.13 which is budgeted for operational expenditures from Patient Financial Services department. All other terms & conditions remain the same and in full effect. This amendment is sponsored by Nancy Kaminski, SrVP Revenue Cycle.

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 Other

Effective Date

Term End Date 3/29/2023

Annual Value \$491,794.13

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Progressive Management Systems

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	Reviewed and approve
Kirkland, Kathie M.	Approved	
Kaminski, Nancy A.	Approved	
Demos, Martin C.	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

April 27, 2022

Item 1.b.ix.

**Contracts
90-22-221-1**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Wednesday, April 13, 2022 8:20 AM
To: Melanie Talbot
Subject: Contract Approval Request: ADHS IGA - Hepatitis C Patient Navigation (CTR059355) Arizona Department of Health Services (ADHS)

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: ADHS IGA - Hepatitis C Patient Navigation (CTR059355) Arizona Department of Health Services (ADHS)

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
SAM - Arizona Department of Health Services (ADHS) 2022		File	 SAM - Arizona Department of Health Services 2022.pdf
OIG - Arizona Department of Health Services (ADHS) 2022		File	 OIG - Arizona Department of Health Services 2022.pdf
RFBA		File	 RFBA.pdf
IGA Agreement - PENDING BOARD AND ATTORNEY SIGNATURE		File	 CTR059355 - EDC, IGA - Valleywise Health Hepatitis C Patient Navigation - for signature.pdf

Contract Information

Division Contracts Division

Folder Contracts \ Grants

Status Pending Approval

Title ADHS IGA - Hepatitis C Patient Navigation (CTR059355)

Contract Identifier Board - New Contract

Contract Number 90-22-221-1

Primary Responsible Party Tymczyna, Katherine

Departments Grants - ADHS Viral Hepatitis

Product/Service Description ADHS IGA - Hepatitis C Patient Navigation (CTR059355)

Action/Background Approve a new Intergovernmental Agreement (IGA) between the Arizona Department of Health Services and Maricopa County Special Health Care District dba Valleywise Health for the Project titled: Hepatitis C Patient Navigation (CTR059355). The purpose of this IGA Agreement is to increase hepatitis C testing, linkage to care, and treatment among vulnerable populations in Maricopa County. Valleywise Health will provide patient navigation services to eligible patients. The IGA Agreement is effective January 1, 2022 through December 31, 2026 for an annual funding amount of \$122,368, for a total aggregate value of \$489,472 over the 4 year term. The term of the Agreement shall not exceed five (5) years. The indirect cost rate of this award is 25%. This IGA Agreement is 100% grant-funded.

This Agreement may terminate at any time with thirty (30) days written notice specifying the termination date.

This IGA 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 1/1/2022

Term End Date 12/31/2026

Annual Value \$122,368.00

Expense/Revenue Revenue

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Arizona Department of Health Services (ADHS)

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	
Joiner, Jennifer L.	Approved	
Harding, Barbara J.	Approved	
Landas, Lito S.	Approved	
White, Michael	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	
Demos, Martin C.	Approved	



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

April 27, 2022

Item 1.b.x.

**Contracts
90-12-084-1-57**



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

DATE: April 8, 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
 Melanie Talbot, Chief Governance Officer

FROM: Claire Agnew, Executive Vice President and Chief Financial Officer
 Dr. Michael White, Executive Vice President and Chief Clinical Officer

SUBJECT: District Medical Group Contract - Amendment #57

A request for approval of Amendment #57 to the contract between District Medical Group (DMG) and Valleywise Health has been included in the April 27, 2022 Formal Meeting Consent Agenda. This amendment will be effective April 1, 2022, unless otherwise noted. The following requests are segregated by those that have or do not have a financial impact.

Amendment #57 Requests with a Financial Impact

- **Add 1.0 Optometry FTE, Effective March 7, 2022**
 Valleywise Health is requesting to add 1.0 Optometry FTE.

Designated Dept. / Service Line	FY2022 Physician and Mid-Level Staffing Fees	FY2022 Estimated Gross Professional Fee Collections	Billing Fee	FY2022 Net Staffing Fees
Optometry	\$64,542	\$66,667	\$6,000	\$3,875

	FTE	Rate	Total	FY22 Total
Optometry	1.00	\$193,625	\$193,625	\$64,542

The total added cost to Fiscal Year 2022 for the addition of the above FTE is \$65,542 in staffing fees. The additional gross professional fee collections are estimated to be \$66,667, and the billing fee is estimated to be \$6,000.

- **Add Footnote for a stipend equal to the rate for 1.0 CRNA FTE to be paid as allowance for existing CRNA coverage, Effective April 1, 2022**
Valleywise Health is requesting to add a footnote for an additional allowance equal to the rate for 1.0 FTE CRNA to be paid for the period of April 1, 2022- December 31, 2022.

The total added cost to Fiscal Year 2022 for the stipend is \$61,113.

Amendment #57 Requests without a Financial Impact

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

- **Relocate Medical Nurse Practitioner FTEs and Internal Medicine Physician FTEs from Behavioral Health Section of the contract to Service Line section of the contract.**

The total **Fiscal Year 2022** financial impact of Amendment #57 to the Valleywise Health-DMG Contract is: \$64,988. The total additional annual cost is estimated to be: \$133,851.

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Thursday, April 14, 2022 8:02 AM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment#57 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#57 to the Professional Medical Services District Medical Group (DMG)
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
Board Narrative VH-DMG Agreement-Amendment 57-April 2022.pdf		File	 Board Narrative VH-DMG Agreement-Amendment 57-April 2022.pdf

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title Amendment#57 to the Professional Medical Services
Contract Identifier Board - Amendment
Contract Number 90-12-084-1-57
Primary Responsible Party Melton, Christopher C.
Departments
Product/Service Description Amendment#57 to the Professional Medical Services
Action/Background A request for approval of Amendment #57 to the contract between District Medical Group (DMG) and Valleywise Health has been included in the April 27, 2022 Formal Meeting Consent Agenda. This amendment will be effective April 1, 2022, unless otherwise noted. The following requests are segregated by those that have or do not have a financial impact.

Amendment #57 Requests with a Financial Impact

- Add 1.0 Optometry FTE, Effective March 7, 2022
Valleywise Health is requesting to add 1.0 Optometry FTE.

The total added cost to Fiscal Year 2022 for the addition of the above FTE is \$65,542 in staffing fees. The additional gross professional fee collections are estimated to be \$66,667, and the billing fee is estimated to be \$6,000.

- Add Footnote for a stipend equal to the rate for 1.0 CRNA FTE to be paid as allowance for existing CRNA coverage, Effective April 1, 2022
Valleywise Health is requesting to add a footnote for an additional allowance equal to the rate for 1.0 FTE CRNA to be paid for the period of April 1, 2022-December 31, 2022.

The total added cost to Fiscal Year 2022 for the stipend is \$61,113.

Amendment #57 Requests without a Financial Impact

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

- Relocate Medical Nurse Practitioner FTEs and Internal Medicine Physician FTEs from Behavioral Health Section of the contract to Service Line section of the contract.

The total Fiscal Year 2022 financial impact of Amendment #57 to the Valleywise Health-DMG Contract is: \$64,988. The total additional annual cost is estimated to be: \$133,851.

Evaluation Process

Category

Effective Date 4/1/2022

Term End Date

Annual Value \$133,851.00

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor District Medical Group (DMG)

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	
Fowler, Pamela S.	Approved	
Demos, Martin C.	Approved	
White, Michael	Approved	
Christiansen, Lia K.	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

April 27, 2022

Item 1.c.i.

Governance

**Application to Valleywise Community Health
Centers Governing Council – E. Sullivan**



Office of the Sr Vice President & CEO FQHC Clinics

2525 East Roosevelt Street • Phoenix • AZ • 85008

DATE: April 27, 2022

TO: Maricopa Special Health Care District Board

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

SUBJECT: Valleywise Community Health Centers Governing Council
Member Application: Eileen Sullivan

The Co-applicant Operational Arrangement between the Maricopa County Special Health Care District Board and the Valleywise Community Health Centers Governing Council will provide District staff with a fully completed membership applications for review of those individuals who are under consideration to serve on the Governing Council.

Attached is the completed application of Ms. Eileen Sullivan, requesting to serve as a member on the Valleywise Community Health Center's Governing Council. Prior to this application, Ms. Sullivan completed one full term on the Governing Council but resigned in June 2019 due to a move to a residence outside of Maricopa County. She now resides full-time in Maricopa County and would like to continue her service. Ms. Sullivan resides in District 2. Ms. Sullivan is a lawyer working as a public defender.

Valleywise Community Health Centers Governing Council Application

Full Legal Name: Eileen Sullivan

(As it appears on your Arizona Driver's License or Identification Card, or United States Passport)

Home Address: [REDACTED]

City: [REDACTED] State: Arizona Zip: [REDACTED]

Home Telephone: _____ Cell: _____

E-mail Address: _____

Employer: [REDACTED]

Work Address: [REDACTED]

City: [REDACTED] State: Arizona Zip: [REDACTED]

Do you, your spouse, child, parent, or sibling, by blood or by marriage, work for Valleywise Health, or any other hospital or health care institution as defined in A.R.S. §36-401?

YES NO

Health care industry is defined as hospitals, other health care institutions, nurses, doctors, dentist, and other licensed healthcare professionals whose primary responsibility is providing primary preventative and therapeutic healthcare services. Do you receive more than 10% of your annual income from the health care industry? YES NO

Were you referred by someone? YES NO

If yes, please list his/her name: Previously served on the Governing Council



Valleywise Community Health Centers Governing Council Application

1. Have you personally or a dependent child received care at a Valleywise Health Community Health Center (dental care included) or at one of the Federally Qualified Health Center Clinics located within Valleywise Comprehensive Health Center-Phoenix or Peoria? YES NO

If yes, please list the Clinic utilized, and approximate month/year of last visit:

[Redacted]

Name of Clinic

Date of Visit

2. Why would you like to be a member of the Valleywise Community Health Centers Governing Council?

I previously served on the Council. I believe the work of the Council is important. Providing exceptional care, without exception, every patient, every time. I also enjoyed working with the CEO, fellow Council Members and Staff.

3. As a community member, what do you feel are the greatest health care concerns in Maricopa County?

Some of the greatest health care concerns are obesity, high blood pressure, diabetes and coronary heart disease.



Valleywise Community Health Centers Governing Council Application

4. What special interests or experiences do you have that would benefit the Council?

I am an attorney and therefore I would be an advocate for Valleywise. I previously served as Chair of the Compliance and Quality Committee. We had our first site visit in many year during my service. I have served on many Boards. I also believe this experience benefits the Council.

5. Council members are appointed to a three (3) year term. The Council meets one evening a month for approximately two hours. In addition to meetings, a member should allow time for other duties such as reading meeting material in order to prepare for meetings. Furthermore, members are required to sit on at least one standing committee. Standing committee meetings generally occur once a month during the daytime for approximately two hours. Do you have at least eight hours per month to devote to the Valleywise Community Health Centers Governing Council?

YES NO

6. Have you served or are you currently serving on any other boards or committees? If so, please list the board/committees and dates of service.

I am currently serving on the National Asian American Pacific Bar Association Board as a Member at Large. I also serving on the Advisory Board of the Arizona Asian American Bar Association. I am also a Sustaining Member of the Junior League of Phoenix.

7. Health Resources and Services Administration (HRSA), the government agency that provides funding for our Federally Qualified Health Center Clinics, requires information on Council members including members' areas of expertise, race/ethnicity and gender.

Area of expertise (*select no more than two*):

Healthcare

Finance

Legal

Community Affairs

Trade Unions

Government

Social Services

Education

Business

Labor Relations



Valleywise Community Health Centers Governing Council Application

Ethnicity:

Hispanic or Latino

Non-Hispanic or Latino

Race:

Asian

Native Hawaiian

Other Pacific Islander

Black/African American

American Indian/Alaska Native

White

More than one race

Gender: Male

Female

Please share anything about yourself that you think would add to the diversity and/or advocacy of the Council.

My mother is Vietnamese. My father is of Irish decent. They met during the Vietnam War. I grew up bi-cultural. I have strong Board experience. As an attorney, I would be a strong advocate of the Council.

8. All members of the Valleywise Community Health Centers Governing Council must comply with the Maricopa County Special Health Care District Code of Conduct and Ethics and Conflict of Interest and Gift Policy. One of the Principles of Standards of Conduct included in the Code is for Valleywise Health to complete a background check on existing and potential Governing Council members.

Would you consent and authorize Valleywise Health to procure background checks?

YES NO

[Redacted Signature]

March 13, 2022

Signature

Date

Please Note: This application is considered a public record



Valleywise Community Health Centers Governing Council Application

Please check at least one standing committee you potentially would like to serve on if appointed to the Council.

- Finance Committee:
The purpose of the Finance Committee is to: (1) recommend an annual operating budget for the Valleywise Health Federally Qualified Health Center (FQHC) Clinics; (2) provide oversight of the financial performance of the Valleywise Health FQHC Clinics; and (3) review the annual audit performed by an independent, external auditor.

- Compliance and Quality Committee:
The purpose of the Compliance and Quality Committee is to: (1) ensure the quality of care provided at the Valleywise Health Federally Qualified Health Center (FQHC) Clinics; (2) ensure patient safety and satisfaction provided throughout the Valleywise Health FQHC Clinics; (3) ensure compliance with Health Resources & Services Administration's (HRSA) Program requirements.

- Strategic Planning and Outreach Committee:
The purpose of the Strategic Planning and Outreach Committee is to: identify, develop, and implement strategic planning and outreach initiatives to identify Valleywise Health Federally Qualified Health Centers (FQHC) Clinics health equity priorities to address health care needs in Maricopa County.

Completed Applications need to be mailed, faxed or emailed to:

Barbara Harding
Valleywise Health Medical Center
2601 E Roosevelt Street, Phoenix, AZ 85008
barbara.harding@valleywisehealth.org



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

April 27, 2022

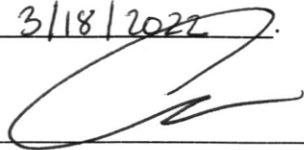
Item 1.c.ii.

**Governance
Deputy Medical Directors in
Department of Psychiatry**

OFFICIAL APPOINTMENT AND OATH OF OFFICE

STATE OF ARIZONA, COUNTY OF ARIZONA
KNOW ALL MEN BY THESE PRESENTS:

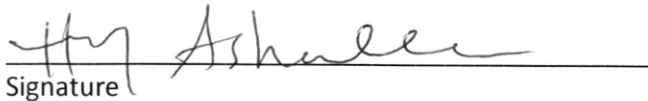
That I, **CAROL KLINE OLSON, M.D.**, Psychiatric Medial Director of Maricopa County Special Health Care District, State of Arizona, do hereby constitute and appoint Hany Ashamalla, MD, my lawful Deputy Medical Director in all matters, to act as if I were present, same to become effective on 3/18/2022.



CAROL KLINE OLSON, M.D.
Psychiatric Medical Director

STATE OF ARIZONA, COUNTY OF MARICOPA,

I, Hany Ashamalla, MD, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution and laws of the State of Arizona, that I will bear true faith and allegiance to the same and defend them against all enemies, foreign and domestic, and that I will faithfully and impartially discharge the duties of the Office of Deputy Medical Director according to the best of my ability, so help me God (or so I do affirm).


Signature

Hany Ashamalla, MD
Print Name

Subscribed and sworn to before me on this 18 day of March, 2022.


NOTARY PUBLIC IN AND FOR THE
COUNTY OF MARICOPA, STATE OF ARIZONA

I hereby certify that the above appointment was approved by the **MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT BOARD OF DIRECTORS** at a meeting held _____, 20____.

CLERK, BOARD OF DIRECTORS

§ 38-231. Officers and employees required to take loyalty oath; form; classification; definition

A. In order to ensure the statewide application of this section on a uniform basis, each board, commission, agency and independent office of this state, and of any of its political subdivisions, and of any county, city, town, municipal corporation, school district and public educational institution, shall completely reproduce this section so that the form of written oath or affirmation required in this section contains all of the provisions of this section for use by all officers and employees of all boards, commissions, agencies and independent offices.

B. Any officer or employee who fails to take and subscribe to the oath or affirmation provided by this section within the time limits prescribed by this section is not entitled to any compensation until the officer or employee does so take and subscribe to the form of oath or affirmation prescribed by this section.

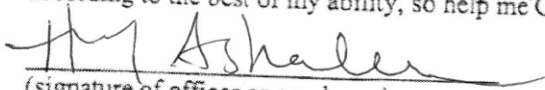
C. Any officer or employee having taken the form of oath or affirmation prescribed by this section, and knowingly at the time of subscribing to the oath or affirmation, or at any time thereafter during the officer's or employee's term of office or employment, does commit or aid in the commission of any act to overthrow by force, violence or terrorism as defined in § 13-2301 the government of this state or of any of its political subdivisions, or advocates the overthrow by force, violence or terrorism as defined in § 13-2301 of the government of this state or of any of its political subdivisions, is guilty of a class 4 felony and, on conviction under this section, the officer or employee is deemed discharged from the office or employment and is not entitled to any additional compensation or any other emoluments or benefits which may have been incident or appurtenant to the office or employment.

D. Any of the persons referred to in article XVIII, § 10, Constitution of Arizona, as amended, relating to the employment of aliens, are exempted from any compliance with this section.

E. In addition to any other form of oath or affirmation specifically provided by law for an officer or employee, before any officer or employee enters upon the duties of the office or employment, the officer or employee shall take and subscribe the following oath or affirmation:

State of Arizona, County of Maricopa I,
Hany Ashamalla, MD
(type or print name)

do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution and laws of the State of Arizona, that I will bear true faith and allegiance to the same and defend them against all enemies, foreign and domestic, and that I will faithfully and impartially discharge the duties of the office of Deputy (name of office) Medical Director according to the best of my ability, so help me God (or so I do affirm).


(signature of officer or employee)

F. For the purposes of this section, "officer or employee" means any person elected, appointed or employed, either on a part-time or full-time basis, by this state or any of its political subdivisions or any county, city, town, municipal corporation, school district, public educational institution or any board, commission or agency of any county, city, town, municipal corporation, school district or public educational institution.



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

April 27, 2022

Item 1.d.i.

**Medical Staff
Medical Staff Credentials for
April 2022**

Recommended by Credentials Committee: April 5, 2022
 Recommended by Medical Executive Committee: April 12, 2022
 Submitted to MSHCDB: April 27, 2022

VALLEYWISE HEALTH CREDENTIALS AND ACTION ITEMS REPORT MEDICAL STAFF

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

INITIAL MEDICAL STAFF APPOINTMENT				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Abubakr Abdelmunim Tagelsir Abdelaziz, M.D.	Courtesy	Internal Medicine (Nephrology)	05/01/2022 to 04/30/2024	
Jamie Caveney Harris, M.D.	Courtesy	Surgery (Pediatric Surgery)	05/01/2022 to 04/30/2024	
John S. Jones, M.D.	Active	Anesthesiology	05/01/2022 to 04/30/2024	
Anthony Bon Young Koo, M.D.	Active	Anesthesiology	05/01/2022 to 04/30/2024	
Benjamin Edward Padilla, M.D.	Courtesy	Surgery (Pediatric Surgery)	05/01/2022 to 04/30/2024	
Yash Patel, M.D.	Active	Anesthesiology	05/01/2022 to 04/30/2024	
Lisa Rutvik Shah-Patel, M.D.	Courtesy	Radiology	05/01/2022 to 04/30/2024	
Emily Rose Shortridge, M.D.	Courtesy	Surgery (Ophthalmology)	05/01/2022 to 04/30/2024	
Nichole Lynn Townsend, M.D.	Active	Anesthesiology	05/01/2022 to 04/30/2024	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	SPECIALTY/PRIVILEGES	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Sharad Bellapralu, M.D.	Internal Medicine (Gastroenterology)	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Gastroenterology Core Privileges, Capsule Endoscopy, Endoscopic Retrograde Cholangiopancreatography (ERCP) (Diagnostic & Therapeutic), Hemorrhoid Banding and Procedural Sedation privileges.
Warren Charles Carll, D.O.	Internal Medicine (Critical Care Medicine)	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Endotracheal Intubation, Endobronchial/Intra-Thoracic Ultrasound (EBUS-TBNA), and Procedural Sedation Privileges.
Michael Joseph Debo, D.O.	Internal Medicine (Palliative Medicine)	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Palliative Medicine Core Privileges.

Recommended by Credentials Committee: April 5, 2022
 Recommended by Medical Executive Committee: April 12, 2022
 Submitted to MSHCDB: April 27, 2022

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	SPECIALTY/PRIVILEGES	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Robert Kenneth Horsley, M.D.	Internal Medicine	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for High Resolution Anoscopy (HRA) with biopsies, infrared coagulation and hyfrecation treatment Privileges.
Hristo Deianov Hristov, M.D.	Internal Medicine	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Procedural Sedation Privileges.
Arpana Jain, M.D.	Surgery (Critical Care / General Surgery)	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for General Surgery Core Privileges.
Mohammad Khatib, M.D.	Internal Medicine	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Internal Medicine Core Privileges.
Aditya Paliwal, M.D.	Internal Medicine	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Internal Medicine Core and Basic Critical Care Privileges.
Layne Andrew Rousseau, D.O.	Surgery (Urology)	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Extracorporeal Shock Wave Lithotripsy (ESWL) Privileges.
Sahibjeet Singh, M.D.	Internal Medicine	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Internal Medicine Core Privileges.
Golnaz Vahdani, M.D.	Internal Medicine (Nephrology)	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Nephrology Core Privileges.
Danlu Wang, D.O.	Internal Medicine (Gastroenterology)	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Gastroenterology Core Privileges.

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Ahmad Aldeiri, M.D.	Courtesy	Internal Medicine (Infectious Disease)	05/01/2022 to 04/30/2024	
Ezekiel Anderson, D.O.	Active	Anesthesiology	05/01/2022 to 04/30/2024	
Clint Wayne Anthony, M.D.	Active	Psychiatry	05/01/2022 to 04/30/2024	
Sheetal K. Chhaya, D.O.	Active	Internal Medicine (Rheumatology)	05/01/2022 to 04/30/2024	

Recommended by Credentials Committee: April 5, 2022
 Recommended by Medical Executive Committee: April 12, 2022
 Submitted to MSHCDB: April 27, 2022

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
Michael Joseph Debo, D.O.	Courtesy	Internal Medicine (Palliative Medicine)	05/01/2022 to 04/30/2024	
Christopher Jay Delbridge, D.O.	Active	Radiology	05/01/2022 to 04/30/2024	
Erik Garyson Ellsworth, M.D.	Courtesy	Pediatrics (Cardiology)	05/01/2022 to 04/30/2024	
Iman Feiz-Erfan, M.D.	Active	Surgery (Neurosurgery)	05/01/2022 to 04/30/2024	
Elizabeth Mary Nessel Ferguson, M.D.	Active	Surgery (Plastic)	05/01/2022 to 04/30/2024	
Byron James Garn, M.D.	Courtesy	Pediatrics (Cardiology)	05/01/2022 to 04/30/2024	
Ross Frederick Goldberg, M.D.	Active	Surgery	05/01/2022 to 04/30/2024	
Joseph N. Graziano, M.D.	Courtesy	Pediatrics (Cardiology)	05/01/2022 to 04/30/2024	
Daniel G. Gridley, M.D.	Active	Radiology	05/01/2022 to 04/30/2024	
Mona Khurana, M.D.	Active	Pediatrics	05/01/2022 to 04/30/2024	
Troy J. Nelson, M.D.	Courtesy	Pediatrics	05/01/2022 to 04/30/2024	
Michael D. Peck, M.D., F.A.C.S.	Active	Surgery (Burn)	05/01/2022 to 04/30/2024	
Wesley L. Smith, D.O.	Courtesy	Psychiatry	05/01/2022 to 04/30/2024	
Megan Elizabeth Sparks, D.M.D.	Active	Dentistry	05/01/2022 to 04/30/2024	
Scott David Swanson, M.D.	Active	Surgery (Hand)	05/01/2022 to 04/30/2024	
Amrita Manasa Vempati, M.D.	Active	Emergency Medicine	05/01/2022 to 04/30/2024	

RECREDEntIALING BY PROXY				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	ORGANIZATION
Asif Anwar, M.D.	Telemedicine	Radiology	05/01/2022 to 04/30/2024	Rapid Radiology Inc.
Amjad Ali Safvi, M.D.	Telemedicine	Radiology	05/01/2022 to 04/30/2024	Rapid Radiology Inc.

CHANGE IN PRIVILEGES			
NAME	DEPARTMENT/SPECIALTY	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Nathan Lechae's Delafield, M.D.	Internal Medicine	<u>Withdrawal</u> : Basic Critical Care Privileges	Voluntary Relinquishment of Privileges due to non-utilization of privileges
Natalie Marie Ertz-Archambault, M.D.	Internal Medicine (Hematology/Oncology)	<u>Withdrawal</u> : Internal Medicine Core privileges	Voluntary Relinquishment of Privileges due to non-utilization of privileges
Amrita Manasa Vempati, M.D.	Emergency Medicine	<u>Withdrawal</u> : Advanced Pediatric & Adolescent Emergency Medicine Core Privileges	Voluntary Relinquishment of Privileges due to non-utilization of privileges

Recommended by Credentials Committee: April 5, 2022
 Recommended by Medical Executive Committee: April 12, 2022
 Submitted to MSHCDB: April 27, 2022

STAFF STATUS CHANGE			
NAME	DEPARTMENT	CHANGE FROM/TO	COMMENTS
Sarada S. Panchanathan, M.D.	Pediatrics	Active to Teaching Staff category	No clinical privileges; Only participating in research

RESIGNATIONS			
<i>Information Only</i>			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Gbadebo J. Adebayo, M.D.	Anesthesiology	Courtesy to Inactive	No longer contracted with contracting agency effective April 30, 2022
Androuw Carrasco, M.D.	Family & Community Medicine	Active to Inactive	Resigned effective March 26, 2022
Robert Kenneth Horsley, M.D.	Internal Medicine	Active to Inactive	Resigned effective March 18, 2022

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**

April 27, 2022

Item 1.d.ii.

Medical Staff

**Advanced Practice Clinician/Allied Health
Professional Staff Credentials for April 2022**

Recommended by Credentials Committee: April 5, 2022
 Recommended by Medical Executive Committee: April 12, 2022
 Submitted to MSHCDB: April 27, 2022

**VALLEYWISE HEALTH
 CREDENTIALS AND ACTION ITEMS REPORT
 ADVANCED PRACTICE CLINICIAN / 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.

ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – INITIAL APPOINTMENTS				
NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Daniel Fimbres, F.N.P.	Emergency Medicine	Practice Prerogatives on file	05/01/2022 to 04/30/2024	
Jennifer Franco-Rodriguez, L.C.S.W.	Psychiatry	Practice Prerogatives on file	05/01/2022 to 04/30/2024	
Ethelyn E. Lara, L.C.S.W.	Psychiatry	Practice Prerogatives on file	05/01/2022 to 04/30/2024	
Jacquelynn Marie Long, Au.D., CCC-A	Surgery	Practice Prerogatives on file	05/01/2022 to 04/30/2024	
Leila Sierra McLawhorn, C.R.N.A.	Anesthesiology	Practice Prerogatives on file	05/01/2022 to 04/30/2024	
Megan Elyse Newsom, C.R.N.A.	Anesthesiology	Practice Prerogatives on file	05/01/2022 to 04/30/2024	
Lawrence Patrick Thomas, L.C.S.W.	Psychiatry	Practice Prerogatives on file	05/01/2022 to 04/30/2024	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	DEPARTMENT/SPECIALTY	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Susan K. Jostes, P.M.H.N.P.	Psychiatry	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Nurse Practitioner General Core and Psychiatric/Mental Health Core Privileges.
Jamee Noelle Nicoletti, Ph.D.	Psychiatry	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Neuropsychology Privileges.
Erika Rivas, P.M.H.N.P.	Psychiatry	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Nurse Practitioner General Core and Psychiatric/Mental Health Core Privileges.
Janelle Sue Rudnick, 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.
Natella Zaslavsky, P.M.H.N.P.	Psychiatry	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Nurse Practitioner General Core and Psychiatric/Mental Health Core Privileges.

Recommended by Credentials Committee: April 5, 2022
 Recommended by Medical Executive Committee: April 12, 2022
 Submitted to MSHCDB: April 27, 2022

ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – REAPPOINTMENTS				
NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
James Donald Ferguson, C.C.P.	Surgery (Perfusion)	Practice Prerogatives on file	05/01/2022 to 04/30/2024	
Suzanne Marie Hanson, C.N.M.	Obstetrics / Gynecology	Practice Prerogatives on file	05/01/2022 to 04/30/2024	
Kathleen Margaret Eaton McDonald, P.A.-C.	Emergency Medicine	Practice Prerogatives on file	05/01/2022 to 04/30/2024	
Stephanie Peishan Yu, P.A.-C	Family & Community Medicine	Practice Prerogatives on file	05/01/2022 to 04/30/2024	

CHANGE IN PRIVILEGES			
NAME	DEPARTMENT	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Kathleen Margaret Eaton McDonald, P.A.-C.	Emergency Medicine	<u>Withdrawal</u> : Orotracheal Intubation, Reduction of Joint Dislocation-Shoulder and Procedural Sedation privileges	Voluntary Relinquishment of Privileges due to non-utilization of privileges

RESIGNATIONS (Information Only)			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Kimberly Anne Allard, C.N.M.	Obstetrics/Gynecology	Allied Health Professional to Inactive	Resigned effective April 4, 2022
Kathleen Laura Nelson, C.N.M.	Obstetrics/Gynecology	Allied Health Professional to Inactive	Resigned effective March 31, 2022

General Definitions:

Advanced Practice Clinician An Advanced Practice Clinicians (APC) means individuals other than Medical Staff members who are licensed healthcare professionals who are board certified and have at least a master's degree. APCs are trained to practice medicine and prescribe within the scope of their training as outlined by their specific scope of practice and are authorized by law and by the Hospital to provide patient care services.

Allied Health Professional An Allied Health Professional (AHP) means individuals other than Medical Staff members or APCs who are qualified by training, experience, and current competence in a discipline permitted to practice in the hospital and are authorized by law and by the Hospital to provide patient care services.

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

Supervision Definitions:

(1) General Supervision The procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure or provision of the services.

(2) Direct Supervision The physician must be present in the office suite or on the premises of the location and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.

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



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

April 27, 2022

Item 1.d.iii.

Medical Staff

**Policy 39011 T – Advanced Practice
Clinicians and Allied Health Professionals**



APRIL 2022

SUMMARY OF PROPOSED REVISIONS

VALLEYWISE HEALTH ADVANCED PRACTICE CLINICIANS AND ALLIED HEALTH PROFESSIONALS (POLICY #39011 T)

Policy:

**Article 2.A. Scope of Policy and through
out the policy:**

Proposed revisions to align with the Medical Staff Glossary's established language ("Advanced Practice Clinicians/APCs").

Article 3.A.5:

Additional language included to align with other Medical Staff policies.

Article 4.D.2.(c)

Language added to better clarify Category II practitioners that are required to maintain a written delegation agreement.

Article 5.A.

Language added to better clarify Category II practitioners that are required to maintain a written delegation agreement as required by Arizona state law.

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

**ADVANCED PRACTICE CLINICIANS
AND ALLIED HEALTH
PROFESSIONALS POLICY**

APPROVED DRAFT
MAY 26, 2021 ***APRIL 2022***

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ARTICLE 1

GENERAL

1.A. DEFINITIONS

The definitions that apply to terms used in all the Medical Staff documents are set forth in the Medical Staff Glossary.

1.B. TIME LIMITS

Time limits referred to in this Policy are advisory only and are not mandatory, unless it is expressly stated that a particular right is waived by failing to take action within a specified period.

1.C. DELEGATION OF FUNCTIONS

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

1.D. CONFLICT OF INTEREST

Any conflict of interest that arises as a part of the credentialing and peer review procedures outlined in this Policy will be managed in accordance with the guidelines outlined in Article 8 of the Medical Staff Credentials Policy.

ARTICLE 2

SCOPE AND OVERVIEW OF POLICY

2.A. SCOPE OF POLICY

- (1) This Policy addresses those Advanced Practice Clinicians (“APCs”) and Allied Health Professionals (“AHPs”) (hereinafter referred to as “Practitioner”) who are permitted to provide patient care services in the Hospital and are listed in the Appendices to this Policy. It also addresses those physicians who are not appointed to the Medical Staff, but who seek to exercise certain limited privileges at the Hospital as Category I practitioners, under the conditions set forth in this Policy (e.g., moonlighting residents).
- (2) This Policy sets forth the credentialing process and the general practice parameters for these individuals, as well as guidelines for determining the need for additional categories of Advanced Practice Clinicians and Allied Health Professionals at the Hospital.

2.B. CATEGORIES OF ALLIED HEALTH PROFESSIONALS AND ADVANCED PRACTICE CLINICIANS

- (1) Only those specific categories of ~~practitioners~~Allied Health Professionals that have been approved by the Board shall be permitted to practice at the Hospital. All ~~practitioners~~Allied Health Professionals who are addressed in this Policy shall be classified as either Category I or Category II practitioners.
- (2) Current listings of the specific categories of ~~practitioners~~Allied Health Professionals functioning in the Hospital as Category I and Category II practitioners are attached to ~~this Policy~~the Medical Staff Glossary as Appendices A and B, respectively. The Appendices may be modified or supplemented by action of the Board, after receiving the recommendation of the MEC, without the necessity of further amendment of this Policy.

2.C. PROCESS FOR DETERMINING NEED FOR A NEW CATEGORY OF ALLIED HEALTH PROFESSIONALS OR ADVANCED PRACTICE CLINICIAN

2.C.1. Review of Need:

- (a) Whenever a ~~n Allied Health Professional~~practitioner requests to practice at the Hospital, and the Board has not already approved the category of practitioner for practice at the Hospital, the CCO, and the Chief of Staff shall have the Credentials Committee evaluate the need for that category of ~~practitioner~~Allied Health Professional. The Credentials Committee shall report to the MEC, which shall make a recommendation to the Board for final action.

- (b) As part of the process of determining need, the ~~practitioner~~**Allied Health Professional** shall be invited to submit information about the nature of the proposed practice, the reason access to the Hospital is sought, and the potential benefits to the community of having such services available at the Hospital.

- (c) The Credentials Committee may consider the following factors when making a recommendation as to the need for the services of a specific category of ~~practitioner~~**Allied Health Professional**:
 - (1) the nature of the services that would be offered;
 - (2) any state license or regulation which outlines the specific patient care services and/or activities that the ~~practitioner~~**Allied Health Professional** is authorized by law to perform;
 - (3) any state "nondiscrimination" or "any willing provider" laws that would apply to the ~~practitioner~~**Allied Health Professional**;
 - (4) the patient care objectives of the Hospital, including patient convenience;
 - (5) the community's needs and whether those needs are currently being met or could be better met if the services offered by the ~~practitioner~~**Allied Health Professional** were provided at the Hospital;
 - (6) the type of training that is necessary to perform the services that would be offered and whether there are individuals with more training currently providing those services;
 - (7) the availability of supplies, equipment, and other necessary Hospital resources;
 - (8) the need for, and availability of, trained staff to support the services that would be offered; and
 - (9) the ability to appropriately supervise performance and monitor quality of care.

2.C.2. Additional Recommendations:

- (a) If the Credentials Committee makes a recommendation that there is a need for the particular category of ~~practitioner~~**Allied Health Professional** at the Hospital, it shall also recommend:
 - (1) any specific qualifications and/or training that must be possessed beyond those set forth in this Policy;

- (2) a detailed description of a scope of practice or clinical privileges;
 - (3) any specific conditions that apply to practice within the Hospital; and
 - (4) any supervision requirements, if applicable.
- (b) In developing such recommendations, the Credentials Committee shall consult the appropriate department chair(s) and consider relevant state law and may contact professional societies or associations. The ad hoc committee may also recommend the number of ~~practitioners~~Allied Health Professionals that are needed.

ARTICLE 3

QUALIFICATIONS, CONDITIONS, AND RESPONSIBILITIES

3.A. QUALIFICATIONS

3.A.1. Threshold Eligibility Criteria:

To be eligible to apply for initial and continued permission to practice, practitioners ~~Allied Health Professionals~~ must, where applicable:

- (a) have a current, unrestricted license, certification, or registration to practice in Arizona and have never had a license, certification, or registration to practice revoked or suspended by any state agency;
- (b) be employed by the Hospital, under contract with the Hospital, or contracted and/or employed by a contractor of the Hospital;
- (c) where applicable to their practice, have a current, unrestricted DEA registration or be eligible for an unrestricted DEA registration with their DEA registration in pending status;
- (d) have current, valid professional liability coverage in a form and in amounts satisfactory to the Hospital;
- (e) have never been convicted of, or entered a plea of guilty or no contest to, Medicare, Medicaid, or other federal or state governmental or private third-party payer fraud or program abuse or have been required to pay civil monetary penalties for the same;
- (f) have never been, and are not currently, excluded or precluded from participation in Medicare, Medicaid, or other federal or state governmental health care program;
- (g) have never had a scope of practice or clinical privileges denied, revoked, or terminated by any health care facility or health plan for reasons related to clinical competence or professional conduct;
- (h) have never resigned affiliation or relinquished scope of practice or clinical privileges during an investigation or in exchange for not conducting an investigation;

- (i) have never been convicted of, or entered a plea of guilty or no contest to, any felony; or to any misdemeanor relating to controlled substances, illegal drugs, insurance or health care fraud or abuse, or violence;
- (j) demonstrate recent clinical activity in their primary area of practice during at least two of the last three years;
- (k) satisfy all additional eligibility qualifications relating to their specific area of practice that may be established by the Hospital;
- (l) agree to fulfill all responsibilities for coverage, including call coverage, for their specialty as assigned by the department chairs; and
- (m) if seeking to practice as a Physician Assistant or other Category II practitioner, who is required to exercise his or her privileges under the direction/supervision of a Supervising/Collaborating Physician, have a written agreement with a Supervising/Collaborating Physician (or Group), which agreement must meet all applicable requirements of state law and Hospital policy.
- (n) if practicing in the FQHC Clinic, document compliance with applicable basic life support requirements (i.e., BLS) or advanced life support requirements (i.e., ACLS, PALS, NRP);
- (o) if located or covering in a Valleywise Community Health Center or a Valleywise Comprehensive Health Center, document compliance with applicable fingerprinting requirements under Arizona law.

3.A.2. Waiver of Threshold Eligibility Criteria:

- (a) Any individual who does not satisfy a threshold eligibility criterion may request that it be waived. The individual requesting the waiver bears the burden of demonstrating exceptional circumstances, and that his or her qualifications are equivalent to, or exceed, the criterion in question.
- (b) A request for a waiver shall be submitted to the Credentials Committee for consideration. In reviewing the request for a waiver, the Credentials Committee may consider the specific qualifications of the individual in question, input from the relevant department chair, and the best interests of the Hospital and the communities it serves. Additionally, the Credentials Committee may, in its discretion, consider the application form and other information supplied by the applicant. Within 60 days of its receipt of all appropriate information, the Credentials Committee shall make a recommendation to the MEC. Any recommendation to grant a waiver must include the basis for such.
- (c) The MEC shall review the recommendation of the Credentials Committee and make a recommendation to the Board regarding whether to grant or deny the request for a waiver. This shall be accomplished within 60 days of its receipt of

the Credentials Committee's recommendation. Any recommendation to grant a waiver must include the basis for such.

- (d) The Board may grant waivers in exceptional cases after considering the findings of the Credentials Committee, the MEC, or other committee designated by the Board, the specific qualifications of the individual in question, and the best interests of the Hospital and the community it serves. The granting of a waiver in a particular case is not intended to set a precedent for any other individual or group of individuals.
- (e) No individual is entitled to a waiver or to a hearing if the Board determines not to grant a waiver.
- (f) A determination that an individual is not entitled to a waiver is not a "denial" of clinical privileges that entitles the APC/AHP to request a hearing in accordance with Article 7 of this Policy.
- (g) An application for permission to practice that does not satisfy an eligibility criterion shall not be acted on until the Board has determined that a waiver should be granted.

3.A.3. Factors for Evaluation:

The following factors will be evaluated as applicable, as part of a request for permission to practice:

- (a) relevant training, experience, and demonstrated current competence, including medical/clinical knowledge, technical and clinical skills, clinical judgment, and an understanding of the contexts and systems within which care is provided;
- (b) adherence to the ethics of their profession, continuous professional development, an understanding of and sensitivity to diversity, and responsible attitude toward patients, families, and their profession;
- (c) ability to safely and competently perform the clinical privileges requested, including current health status;
- (d) good reputation and character;
- (e) ability to work harmoniously with others, including, but not limited to, interpersonal and communication skills sufficient to enable them to maintain professional relationships with patients, families, and other members of health care teams; and
- (f) recognition of the importance of, and willingness to support, the Hospital's and Medical Staff's commitment to quality care and a recognition that interpersonal skills and collegiality are essential to the provision of quality patient care.

3.A.4. No Entitlement to Medical Staff Appointment:

~~Practitioners~~~~Allied Health Professionals~~ shall not be appointed to the Medical Staff or entitled to the rights, privileges, and/or prerogatives of Medical Staff appointment unless otherwise provided for under this Policy.

3.A.5. Nondiscrimination Policy:

No individual shall be denied clinical privileges at the Hospital on the basis of gender, race, ethnic/national identity, ancestry, age, health status, sexual orientation, religion, veteran's status, marital status, handicap, or types of patients (e.g., Medicaid) in which APC/AHP specializes. ~~ereed, sexual orientation, or national origin.~~

3.B. GENERAL CONDITIONS OF PRACTICE

3.B.1. Assumption of Duties and Responsibilities:

As a condition of being granted permission to practice and as a condition for continued permission to practice, ~~Practitioners~~~~Allied Health Professionals~~ specifically agree to the following:

- (a) to provide continuous and timely care to all patients for whom the individual has responsibility;
- (b) to abide by all bylaws, policies, and rules and regulations of the Hospital and Medical Staff;
- (c) to accept committee assignments, participation in quality improvement and professional practice evaluation activities, and such other reasonable duties and responsibilities as assigned;
- (d) to constructively participate in the development, review, and revision of clinical protocols and pathways pertinent to his or her specialty, including those related to national patient safety initiatives and core measures;
- (e) to comply with all clinical practice protocols and pathways that are established by the MEC, or document the clinical reasons for variance;
- (f) to maintain a current e-mail address with Medical Staff Services, which shall be the official mechanism used to communicate all relevant information to the individual other than peer review information pertaining to the individual and/or protected health information of patients;
- (g) to inform the CCO and the Chief of Staff (notification may be provided to the Medical Staff Services Department to facilitate CCO and Chief of Staff review) of

any change in the APC's/AHP's status or any change in the information provided on the APC's/AHP's application form. This information shall be provided with or without request, at the time the change occurs, and shall include, but not be limited to:

- changes in licensure status, DEA controlled substance authorization (when applicable), or professional liability insurance coverage,
 - the filing of a professional liability lawsuit against the APC/AHP,
 - changes in the APC's/AHP's status (when applicable), at any other hospital,
 - indictment, conviction, or a plea of guilty or no contest in any criminal matter,
 - exclusion or preclusion from participation in Medicare or any sanctions imposed, and
 - any changes in the APC's/AHP's ability to safely and competently exercise clinical privileges or perform the duties and responsibilities of appointment because of health status issues, including, but not limited to, impairment due to addiction, and any charge of, or arrest for, driving under the influence ("DUI") (Any DUI incident shall be reviewed by the Chief of Staff and the CCO so that they may understand the circumstances surrounding it. If they have any concerns after doing so, they shall forward the matter for further review under the Practitioner Health Policy or this Credentials Policy.);
- (h) to immediately submit to a blood, hair, and/or urine test, or to a complete physical and/or mental evaluation, if the Chief of Staff and the CCO are concerned with the individual's ability to safely and competently care for patients and request such testing and/or evaluation. The health care professional(s) to perform the testing and/or evaluations shall be determined by the Medical Staff Leaders;
- (i) to appear for, and participate in, personal or phone interviews as may be requested;
- (j) to refrain from illegal fee splitting or other illegal inducements relating to patient referral;
- (k) to refrain from assuming responsibility for diagnosis or care of hospitalized patients for which he or she is not qualified or without adequate supervision;
- (l) to refrain from deceiving patients as to his or her status as an ~~Allied Health Professional~~ APC/AHP;
- (m) to seek consultation when appropriate;

- (n) to participate in monitoring and evaluation activities;
- (o) to complete, in a timely manner, all medical and other required records containing all information required by the Hospital, regardless of medium;
- (p) to perform all services and conduct himself or herself at all times in a cooperative and professional manner;
- (q) to satisfy applicable continuing education requirements;
- (r) to promptly pay any applicable dues and assessments; and
- (s) to participate in an Organized Health Care Arrangement with the Hospital and abide by the terms of the Hospital's Notice of Privacy Practices with respect to health care delivered in the Hospital

3.B.2. Misstatements and Omissions:

- (a) Any misstatement in, or omission from, the application is grounds to stop processing the application. The applicant will be informed in writing of the nature of the misstatement or omission and permitted to provide a written response reconciling the information. The Credentials Committee will review the response and determine whether the application should be processed further.
- (b) If permission to practice has been granted prior to the discovery of a misstatement or omission, clinical privileges may be deemed to be automatically relinquished pursuant to this Policy.
- (c) No action taken pursuant to this section will entitle the individual to the procedural rights in Article 7 of this Policy.

3.B.3. Burden of Providing Information:

- (a) ~~Practitioners~~~~Allied Health Professionals~~ seeking permission to practice shall have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, character, ethics, and other qualifications and for resolving any doubts about such qualifications.
- (b) ~~Practitioners~~~~Allied Health Professionals~~ seeking permission to practice at the Hospital have the burden of providing evidence that all the statements made and information given on the application are current, accurate, and complete.
- (c) An application shall be complete when all questions on the application form have been answered, all supporting documentation has been supplied, and all information has been verified from primary sources. An application shall become incomplete if the department chair, Credentials Committee, MEC, and/or Board request any new, additional, or clarifying information at any time. Any application that continues to be incomplete 30 days after the individual has been notified of the additional information required shall be deemed to be withdrawn.

- (d) It is the responsibility of the individual seeking permission to practice at the Hospital to provide a complete application, including adequate responses from references. An incomplete application shall not be processed

3.C. APPLICATION

3.C.1. Information:

- (a) The application for ~~practitioners~~Allied Health Professionals shall be approved by the MEC and the Board. The applications existing now, and as may be revised, are incorporated by reference and made a part of this Policy.
- (b) The applications shall require detailed information concerning the applicant's professional qualifications. In addition to other information, the applications shall seek the following:
 - (1) information as to whether the applicant's clinical privileges and/or affiliation has ever been voluntarily or involuntarily relinquished, withdrawn, denied, revoked, suspended, subject to probationary or other conditions, reduced, limited, terminated, or not renewed at any hospital or health care facility or is currently being investigated or challenged;
 - (2) information as to whether the applicant's license or certification to practice any profession in any state or DEA registration or any state controlled substance license is, or has ever been, voluntarily or involuntarily relinquished, suspended, modified, terminated, or restricted or is currently being investigated or challenged;
 - (3) information concerning the applicant's professional liability litigation experience, including past and pending claims, final judgments or settlements, and the substance of the allegations, as well as the findings and the ultimate disposition;
 - (4) current information regarding the applicant's ability to safely and competently exercise the clinical privileges he or she has requested; and
 - (5) a copy of government-issued photo identification.
- (c) The applicant shall sign the application and certify that he or she is able to perform the clinical privileges requested and the responsibilities of Advanced Practice Clinicians and/or Allied Health Professionals.

3.C.2. Grant of Immunity and Authorization to Obtain/Release Information:

ARTICLE 4

CREDENTIALING PROCEDURE

4.A. PROCESSING OF INITIAL APPLICATION TO PRACTICE

4.A.1. Request for Application:

- (a) Any individual requesting an application for permission to practice as a ~~practitioner~~ ~~Allied Health Professional~~ shall be sent a notification (i.e., letter or electronic communication) that outlines the eligibility criteria for permission to practice and the application form.
- (b) A ~~Practitioner~~ ~~Allied Health Professional~~ who is in a category of practitioners that has not been approved by the Board to practice at the Hospital shall be ineligible to receive an application. A determination of ineligibility does not entitle an Allied Health Professional to the procedural rights outlined in Article 7 of this Policy.

4.A.2. Initial Review of Application:

- (a) A completed application form, with copies of all required documents, must be returned to Medical Staff Services.
- (b) As a preliminary step, Medical Staff Services and the CCO (if necessary) shall review the application to determine that the individual satisfies all threshold criteria. An individual who fails to meet the eligibility criteria set forth in Section 3.A.1 of this Policy shall be notified that his or her application shall not be processed. A determination of ineligibility does not entitle an Allied Health Professional to the procedural rights outlined in Article 7 of this Policy.
- (c) Medical Staff Services shall also review the application to determine if all questions have been answered, all references and other information or materials have been received, and pertinent information provided on the application has been verified with primary sources. If an application is complete, it shall be transmitted, along with all supporting documentation, to the applicable department chair.

4.A.3. Notification of Application Status and Right to Reconcile Information

- (a) The applicant for appointment and renewal has the right to inquire into the status of an application by contacting the Medical Staff Services Department.

(c) If the recommendation of the MEC would entitle the applicant to the procedural rights set forth in Article 7, the CCO shall send the applicant special notice. The CCO shall then hold the application until after the applicant has completed or waived the procedural process outlined in this Policy.

4.A.7. Board Action on APC/AHP Applications:

- (a) Upon receipt of a recommendation that the applicant be granted clinical privileges requested, the Board may:
 - (1) grant the applicant the clinical privileges as recommended; or
 - (2) refer the matter back to the Credentials Committee or MEC, or to another source inside or outside the Hospital, for additional research or information; or
 - (3) reject or modify the recommendation.
- (b) If the Board determines to reject a favorable recommendation, it should first discuss the matter with the Chair of the Credentials Committee and the Chief of Staff. If the Board's determination remains unfavorable to the applicant, the CCO shall promptly send special notice to the applicant that the applicant is entitled to request a hearing in accordance with Article 7 of this Policy.

4.A.8. Notice of Final Board Action:

- (a) Notice of favorable final action shall be given as soon as possible, but at least within 30 days, by the Chief Executive Officer to the chair of each department concerned and to the applicant.
- (b) Final Board action and the notice to grant or renew permission to practice shall include, if applicable: (1) the department to which the individual is assigned; (2) the clinical privileges granted; and (3) any special conditions attached to the permission to practice.
- (c) Any final decision by the Board to deny, revise, limit, or revoke permission to practice and/or clinical privileges is disseminated to appropriate individuals and, as required, reported to appropriate entities.

4.A.9. Time Periods for Processing:

Once an application is deemed complete, it is expected to be processed within 60 days, unless it becomes incomplete. This time period is intended to be a guideline only and shall not create any right for the applicant to have the application processed within this precise time period.

4.B. CLINICAL PRIVILEGES

4.B.1. General:

The clinical privileges recommended to the Board for Category I and Category II Practitioners will be based upon consideration of the following:

- (a) education, relevant training, experience, and demonstrated current competence, including medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal and communication skills, and professionalism with patients, families and other members of the health care team and peer evaluations relating to the same;
- (b) ability to perform the privileges requested competently and safely, including current health status;
- (c) information resulting from ongoing and focused professional practice evaluation, performance improvement and other professional practice evaluation activities, if applicable;
- (d) adequate professional liability insurance coverage for the clinical privileges requested;
- (e) the Hospital's available resources and personnel;
- (f) any previously successful or currently pending challenges to any licensure or registration, or the voluntary or involuntary relinquishment of such licensure or registration;
- (g) any information concerning professional review actions or voluntary or involuntary termination, limitation, reduction, or loss of appointment or clinical privileges at another hospital;
- (h) practitioner-specific data as compared to aggregate data, when available;
- (i) morbidity and mortality data, when available; and
- (j) professional liability actions, especially any such actions that reflect an unusual pattern or excessive number of actions.

4.B.2. Focused Professional Practice Evaluation:

All initially-granted clinical privileges, regardless of when they are granted (initial application, renewal process, and/or during term), shall be subject to focused professional practice evaluation ("FPPE") in order to confirm competence. The FPPE process for

these situations is outlined in Focused Professional Practice Evaluation to Confirm Practitioner Competence Policy.

4.C. TEMPORARY CLINICAL PRIVILEGES

4.C.1. Eligibility to Request Temporary Clinical Privileges:

- (a) Applicants. Temporary privileges for an applicant for initial appointment may be granted by the CEO, upon recommendation of the Department Chair and the Chief of Staff, under the following conditions:
- (1) the applicant has submitted a complete application;
 - (2) the verification process is complete, including verification of current licensure, relevant training or experience, receipt of professional references (including current competence), ability to exercise the privileges requested, profiles from OIG Medicare/Medicaid Exclusions, and current professional liability coverage; compliance with privileges criteria; and consideration of information from the National Practitioner Data Bank and from a criminal background check;
 - (3) the applicant demonstrates that (i) there are no current or previously successful challenges to his or her licensure or registration, and (ii) he/she has not been subject to involuntary termination of Medical Staff membership or involuntary limitation, reduction, denial, or loss of clinical privileges, at another health care facility;
 - (4) the application is pending review by the MEC and the Board, following a favorable recommendation by the Credentials Committee after considering the evaluation of the department chair; and
 - (5) temporary privileges shall be granted for a maximum period not to exceed one hundred twenty (120) days.
- (b) Locum Tenens. The CEO, upon recommendation of the Department Chair and the Chief of Staff, may grant temporary privileges to an individual serving as a locum tenens for a member of the Advanced Practice Clinicians and/or Allied Health Professional Staff who is on vacation, attending an educational seminar, ill, and/or otherwise needs coverage assistance for a period of time. This shall be done utilizing the same credentialing process set forth in (a) with respect to applicants to the Allied Staff. The only difference shall be the time period for the grant of locum tenens privileges. Specifically, the individual may exercise locum tenens privileges for one six-month period.

- (c) Compliance with Bylaws and Policies. Prior to any temporary privileges being granted, the individual must agree in writing to be bound by the bylaws, rules and regulations, policies, procedures and protocols of the Medical Staff and the Hospital.

4.C.2. Termination of Temporary Clinical Privileges:

- (a) The CEO may, at any time after consulting with the Chief of Staff, the Chair of the Credentials Committee or the department chair, terminate temporary privileges for any reason.
- (b) The granting of temporary privileges is a courtesy. Neither the denial nor termination of temporary privileges shall entitle the individual to the procedural rights set forth in Article 7.

4.D. PROCESSING APPLICATIONS FOR RENEWAL TO PRACTICE

4.D.1. Submission of Application:

- (a) The grant of clinical privileges shall be for a period not to exceed two years. A request to renew clinical privileges shall be considered only upon submission of a completed renewal application.
- (b) At least four months prior to the date of expiration of ~~an Allied Health Professional~~practitioner's clinical privileges, Medical Staff Services shall notify the individual of the date of expiration and provide the individual with a renewal application.
- (c) Failure to return a complete application within 60 days shall result in the assessment of a renewal processing fee. In addition, failure to return a completed application at least 60 days prior to the expiration of the individual's clinical privileges shall result in automatic expiration of such clinical privileges at the end of the then current term unless the application can still be processed in the normal course, without extraordinary effort on the part of Medical Staff Services and the Medical Staff leaders.
- (d) Once an application for renewal of clinical privileges has been completed and submitted to Medical Staff Services, it shall be evaluated following the same procedures outlined in this Policy regarding initial applications.

4.D.2. Renewal Process for Category I and Category II Practitioners:

- (a) The procedures pertaining to an initial request for clinical privileges, including eligibility criteria and factors for evaluation, shall be applicable in processing requests for renewal for these practitioners.

- (b) As part of the process for renewal of clinical privileges, the following factors shall be considered:
- (1) an assessment prepared by the applicable department chair;
 - (2) an assessment prepared by a peer, if possible;
 - (3) results of the Hospital's performance improvement and professional practice evaluation activities, taking into consideration, when applicable, practitioner-specific information compared to aggregate information concerning other individuals in the same or similar specialty (provided that, other practitioners shall not be identified);
 - (4) resolution of any verified complaints received from patients or staff; and
 - (5) any focused professional practice evaluations.
- (c) In addition to the above, for Category II Practitioners (required to maintain a written delegation agreement), the following information shall be considered:
- (1) an assessment prepared by the Supervising Physician/Collaborating Physician(s); and
 - (2) an assessment prepared by the applicable Hospital supervisor (i.e., OR Supervisor, Nursing Supervisor).

ARTICLE 5

CONDITIONS OF PRACTICE APPLICABLE TO CATEGORY II PRACTITIONERS

5.A. OVERSIGHT BY COLLABORATING/SUPERVISING PHYSICIAN

- (1) Category II practitioners may function in the Hospital only so long as they have a Supervising/Collaborating Physician (or Group) as required by Arizona state law.
- (2) Any activities permitted to be performed at the Hospital by a Category II practitioner shall be performed only in collaboration with a Supervising/Collaborating Physician (or Group) as described in the Category II practitioner's grant of clinical privileges.
- (3) If the Medical Staff appointment or clinical privileges of a Supervising/Collaborating Physician (or Group) are resigned, revoked or terminated, the Category II practitioner's clinical privileges shall automatically terminate. The Credentials Committee may, however, recommend that the Category II practitioner be permitted to arrange for another Supervising/Collaborating Physician.
- (4) As a condition of clinical privileges, a Category II practitioner who is required to exercise his or her privileges under the direction/supervision of a Supervising/Collaborating Physician and his or her Supervising/Collaborating Physician must provide the Hospital with notice of any revisions or modifications that are made to the Delegation Agreement or collaboration agreement. This notice must be provided to the CCO within three days of any such change.

5.B. QUESTIONS REGARDING THE AUTHORITY OF CATEGORY II PRACTITIONERS

- (1) Should any member of the Medical Staff, or any employee of the Hospital who is licensed or certified by the state, have a reasonable question regarding the clinical competence or authority of a Category II practitioner to act or issue instructions outside the presence of the Collaborating Physician, such individual shall have the right to request that the Collaborating Physician validate, either at the time or later, the instructions of the Category II practitioner. Any act or instruction of the Category II practitioner shall be delayed until such time as the individual with the question has ascertained that the act is clearly within the clinical privileges granted to the individual.
- (2) Any question regarding the conduct of a Category II practitioner shall be reported to the Chief of Staff, the Chair of the Credentials Committee, the relevant department chair, the CCO, or the CEO for appropriate action. The individual to whom the concern has been reported shall also discuss the matter with the Collaborating Physician (or Group).

ARTICLE 6

PEER REVIEW PROCEDURES FOR QUESTIONS INVOLVING ALLIED HEALTH PROFESSIONALS AND ADVANCED PRACTICE CLINICIANS

6.A. COLLEGIAL INTERVENTION

- (1) As part of the Hospital's performance improvement and professional practice evaluation activities, this Policy encourages the use of collegial efforts and progressive steps by Medical Staff leaders and administration to arrive at voluntary, responsive actions by individuals to resolve questions that have been raised. Collegial intervention efforts are not mandatory and shall be within the discretion of the appropriate Medical Staff leaders.
- (2) Collegial efforts may include, but are not limited to, counseling, sharing of comparative data, monitoring, and additional training or education.
- (3) Collegial intervention is a part of ongoing and focused professional practice evaluation, performance improvement, and professional practice evaluation activities.
- (4) The Chief of Staff, in conjunction with the CCO, shall determine whether to direct that a matter be handled in accordance with another policy (e.g., policy on practitioner health, code of conduct policy, professional practice evaluation policy) or to direct the matter to the MEC for further review and/or investigation.

6.B. INVESTIGATIONS

6.B.1. Initiation of Investigation:

When a question involving clinical competence or professional conduct of an Allied Health Professional is referred to, or raised by, the MEC, the MEC will review the matter and determine whether to conduct an investigation, to direct the matter to be handled pursuant to another policy, or to proceed in another manner.

6.B.2. Investigative Procedure:

- (a) The MEC shall either investigate the matter itself, request that it be conducted by the Credentials Committee, or appoint an ad hoc committee to conduct the investigation ("investigating committee").
 - (6) recommend suspension of clinical privileges for a term;

- (7) recommend revocation of clinical privileges; or
 - (8) make any other recommendation that it deems necessary or appropriate.
- (b) A recommendation by the MEC that would entitle the individual to request a hearing in accordance with Article 7 of this Policy will be forwarded to the CCO, who will promptly inform the individual by special notice. The CCO will hold the recommendation until after the individual has completed or waived a hearing and appeal.
 - (c) If the MEC makes a recommendation that does not entitle the individual to request a hearing, it will take effect immediately and will remain in effect unless modified by the Board.
 - (d) When applicable, any recommendations or actions that are the result of an investigation or hearing and appeal will be monitored by Medical Staff leaders on an ongoing basis through the Hospital's performance improvement activities or pursuant to the applicable policies regarding conduct, as appropriate.

6.C. ADMINISTRATIVE SUSPENSION

- (1) The Chief of Staff, the CCO, and/or the appropriate department chair shall each have the authority to impose an administrative suspension of all or any portion of the clinical privileges of any Allied Health Professional whenever a question has been raised about such individual's clinical care or professional conduct.
- (2) An administrative suspension shall become effective immediately upon imposition and shall remain in effect unless or until modified by the CCO or the MEC. The imposition of an administrative suspension does not entitle an Allied Health Professional to the procedural rights set forth in Article 7 of this Policy.
- (3) Notice of the imposition of an administrative suspension shall be forwarded to the MEC, which shall review and consider the question(s) raised and thereafter make a recommendation to the Board.

6.D. AUTOMATIC RELINQUISHMENT OF CLINICAL PRIVILEGES

- (1) The clinical privileges of ~~an Allied Health Professional~~ a practitioner shall be automatically relinquished, without entitlement to the procedural rights outlined in Article 7 of this Policy, in the following circumstances:
 - (a) the ~~Practitioner~~Allied Health Professional no longer satisfies all of the threshold eligibility criteria set forth in Section 3.A.1 or any additional

threshold credentialing qualifications set forth in the specific Hospital policy relating to his or her discipline;

- (b) the ~~Practitioner~~~~Allied Health Professional~~ is charged, indicted, convicted, or enters a plea of guilty or no contest pertaining to any felony, or to any misdemeanor involving (i) controlled substances; (ii) illegal drugs; (iii) Medicare, Medicaid, or insurance or health care fraud or abuse; or (iv) violence against another;
 - (c) the ~~Practitioner~~~~Allied Health Professional~~ fails to provide information pertaining to his or her qualifications for clinical privileges, in response to a written request from the Credentials Committee, the Professional Practice Evaluation Committee, the MEC, the CCO, or any other committee authorized to request such information;
 - (d) a determination is made that there is no longer a need for the services of a particular discipline or category of ~~Practitioner~~~~Allied Health Professional~~; or
 - (e) the Category II practitioner fails, for any reason, to maintain an appropriate Physician Assistant Delegation Agreement or collaboration relationship with a Collaborating/Supervising Physician (or Group) as defined in this Policy and Arizona State law.
- (2) If the underlying matter leading to automatic relinquishment is resolved within 90 days, the individual may request reinstatement. Failure to resolve the matter within 90 days of the date of relinquishment shall result in an automatic resignation from the Allied Health Professional Staff.
- (3) Request for Reinstatement.
- (a) Requests for reinstatement following the expiration of a license, controlled substance authorization, and/or insurance coverage will be processed by Medical Staff Services. If any questions or concerns are noted, Medical Staff Services will refer the matter for further review in accordance with (3)(b) below.
 - (b) All other requests for reinstatement shall be reviewed by the relevant department chair, the Chair of the Credentials Committee, the Chief of Staff, the CCO, and the CEO. If all these individuals make a favorable recommendation on reinstatement, the ~~Practitioner~~~~Allied Health Professional Staff member~~ may immediately resume clinical practice at the Hospital. This determination shall then be forwarded to the Credentials Committee, the MEC, and the Board for ratification. If, however, any of the individuals reviewing the request have any questions

or concerns, those questions shall be noted and the reinstatement request shall be forwarded to the full Credentials Committee, MEC, and Board for review and recommendation.

6.E. LEAVE OF ABSENCE

- (1) ~~Practitioner~~**Allied Health Professionals** must report to the CCO and/or the Chief of Staff anytime they are away from patient care responsibilities for longer than 90 days. Requests must state the beginning and ending dates of the leave, which shall not exceed one year, and the reasons for the leave.
- (2) The CCO, in consultation with the Chief of Staff, may trigger an automatic medical leave if: (1) the reason for a leave of absence is related to a physical or mental health issue or otherwise to the individual's ability to care for patients safely and competently or (2) if the CCO and/or Chief of Staff become aware of circumstances where an individual will be absent from his or her patient care responsibilities because of a Health Issue, as defined in the Practitioner Health Policy.
- (3) The CCO shall then determine whether a request for a leave of absence shall be granted. In determining whether to grant a request, the CCO shall consult with the Chief of Staff, and the relevant department chair. The granting of a leave of absence, or reinstatement, as appropriate, may be conditioned upon the individual's completion of all medical records.
- (4) During the leave of absence, the individual shall not exercise any clinical privileges.
- (5) Individuals requesting reinstatement shall submit a written summary of their professional activities during the leave, and any other information that may be requested by the Hospital. Requests for reinstatement shall then be reviewed by the relevant department chair, the Chair of the Credentials Committee, the Chief of Staff, and the CCO. If all these individuals make a favorable recommendation on reinstatement, the Allied Health Professional may immediately resume practice. This determination shall then be forwarded to the Credentials Committee, the MEC, and the Board for ratification. If, however, any of the individuals reviewing the request have any questions or concerns, those questions shall be noted and the reinstatement request shall be forwarded to the full Credentials Committee, MEC, and Board for review and recommendation. In the event the MEC determines to take action that would entitle the individual to the procedural rights set forth in Article 7, the individual shall be given special notice.

- (6) If the leave of absence was for health reasons, the request for reinstatement must be accompanied by a report from the individual's physician indicating that the individual is physically and/or mentally capable of resuming a hospital practice and safely exercising the clinical privileges requested.
- (7) Absence for longer than one year shall result in automatic relinquishment of ~~Practitioner~~Allied Health Professional's permission to practice and clinical privileges unless an extension is granted by the CCO. Extensions shall be considered only in extraordinary cases where the extension of a leave is in the best interest of the Medical Staff and Hospital.
- (8) If an individual's appointment and clinical privileges are due to expire during the leave, the individual must apply for reappointment while on leave, or his or her clinical privileges shall lapse at the end of the appointment period, and the individual shall be required to apply for appointment. If during the leave of absence reappointment is granted, the individual shall, however, remain on leave until it has been terminated through the reinstatement process outlined in Section 6.D.
- (9) Leaves of absence are matters of courtesy, not of right. In the event that it is determined that an individual has not demonstrated good cause for a leave, or where a request for extension is not granted, the determination shall be final, with no recourse to a hearing and appeal in accordance with Article 7 of this Policy.

ARTICLE 7

PROCEDURAL RIGHTS OF ALLIED HEALTH PROFESSIONALS

~~Practitioners~~~~Allied Health Professionals~~ shall not be entitled to the hearing and appeals procedures set forth in Article 7 of the Medical Staff Credentials Policy. Any and all rights to which ~~Allied Health Professionals~~practitioners are entitled are set forth in this Policy.

7.A. PROCEDURAL RIGHTS FOR CATEGORY I AND CATEGORY II PRACTITIONERS

7.A.1. Notice of Recommendation and Hearing Rights:

- (a) In the event a recommendation is made by the MEC that a Category I or Category II practitioner not be granted clinical privileges or that the privileges previously granted be restricted for a period of more than 30 days, terminated, or not renewed, the individual shall receive special notice of the recommendation. The special notice shall include a general statement of the reasons for the recommendation and shall advise the individual that he or she may request a hearing.
- (b) The rights and procedures in this Section shall also apply if the Board, without a prior adverse recommendation from the MEC, makes a recommendation not to grant clinical privileges or that the privileges previously granted be restricted, terminated, or not renewed. In this instance, all references in this Article to the MEC shall be interpreted as a reference to the Board.
- (c) If the Category I or Category II practitioner wants to request a hearing, the request must be in writing, directed to the CCO, within 30 days after receipt of written notice of the adverse recommendation.
- (d) The hearing shall be convened as soon as is practical, but no sooner than 30 days after the notice of the hearing, unless an earlier hearing date has been specifically agreed to by the parties.

7.A.2. Hearing Committee:

- (a) If a request for a hearing is made timely, the CCO, in consultation with the Chief of Staff, shall appoint a Hearing Committee composed at least three individuals (including, but not limited to, members of the Medical Staff, APC/AHP staff~~Allied Health Professionals~~, Hospital management, individuals not connected with the Hospital, or any combination of these individuals). A majority of members appointed for service on the Hearing Panel will be peers of the individual requesting the hearing, such as a member of the Medical staff or another APC/AHP~~Allied Health Professional~~.

ARTICLE 9

ADOPTION

This Allied Health Professionals Policy is adopted and made effective upon approval of the Board, superseding and replacing any and all other bylaws, rules, regulations, policies, or manuals pertaining to the subject matter thereof.

Adopted by the Medical Staff: ~~May 2021~~March 2022

Approved by the Board: ~~May 2021~~April 2022

REVISIONS:

10/2009 (Complete Revision – Previous AHP Policy contained in Medical Staff Bylaws), 6/2012, 6/2014, 2/2015, 5/2016, 1/2017, 06/2018 (Appendix A only), 09/2018 (Appendix A only), 3/2019, 9/2019, 05/2021, 04/2022

APPENDIX A

Those Allied Health Professionals currently practicing as Category I Practitioners at the Hospital are as follows:

- Clinical Psychologists
- Licensed Professional Counselor
- Licensed Marriage & Family Therapist
- Licensed Independent Substance Abuse Counselor
- Licensed Clinical Social Worker
- Optometrists
- Physicians providing limited services (e.g., moonlighting residents functioning outside their training program)

APPENDIX B

Those Advanced Practice Clinicians and/or Allied Health Professionals currently practicing as Category II Practitioners at the Hospital are as follows:

- Audiologist
- Certified Nurse Mid-Wife (APC)
- Certified Registered Nurse Anesthetist (APC)
- Naturopathic Physician
- Nurse Practitioner (APC)
- Perfusionist
- Physician Assistants (APC)

APPENDIX C

Medical Assistants and other applicable health care providers who are managed by the Hospital Human Resources Department.



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

April 27, 2022

Item 1.d.iv.

**Medical Staff
Policy 43374 – Valleywise Health
Medical Staff Glossary**



APRIL 2022

SUMMARY OF PROPOSED REVISIONS

VALLEYWISE HEALTH MEDICAL STAFF GLOSSARY (POLICY #43374)

Policy:

(1) Advanced Practice Clinicians (“APCs”)

Further refinement of the definition by clarifying types of degrees designated as APCs and noting the types of providers that undergo the credentialing/re-credentialing process through Medical Staff Services.

(2) Allied Health Professionals (“AHPs”)

Further refinement of the definition by indicating types of providers that undergo the credentialing/re-credentialing process through Medical Staff Services.

**MEDICAL STAFF BYLAWS, POLICIES,
AND
RULES AND REGULATIONS**

**VALLEYWISE HEALTH
MEDICAL STAFF
GLOSSARY**

APPROVED
JANUARY 26, 2022~~DRAFT~~
APRIL 2022

MEDICAL STAFF GLOSSARY

The following definitions shall apply to terms used in the Medical Staff Bylaws, the Medical Staff Credentials Policy, the Medical Staff Organization Manual, the Medical Staff Rules and Regulations, the Allied Health Policy, and all associated Professional Practice Evaluation policies of the Medical Staff:

- (1) “ADVANCED PRACTICE CLINICIANS” (“APCs”) means individuals other than Medical Staff members who are licensed healthcare professionals who are board/nationally certified and have at least a master’s degree. APCs (e.g., NP, CNM, CRNA, and PA-C) are trained to practice medicine and prescribe within the scope of their training as outlined by their specific scope of practice and are authorized by law and by the Hospital to provide patient care services. APCs as defined in this policy are credentialed/privileged through the Medical Staff Services process. See Appendix B.
- (2) "ALLIED HEALTH PROFESSIONALS" ("AHPs") means individuals other than Medical Staff members or APCs who are qualified by training, experience, and current competence in a discipline permitted to practice in the hospital and are authorized by law and by the Hospital to provide patient care services. AHPs as defined in this policy are credentialed/privileged through the Medical Staff Services process. See Appendix A and B.
- (3) “ATTENDING” means any physician on the Medical Staff who is actively involved in the care of a patient at any point during the patient's treatment at the Hospital
- (4) "BOARD" means the Governing Body of the Maricopa County Special Healthcare District (d.b.a., Valleywise Health), which has the overall responsibility for the Hospital.
- (5) "CATEGORY I PRACTITIONER" means a Licensed Independent Practitioner, a type of Allied Health Professional who is permitted by law and by the Hospital to provide patient care services without direction or supervision, so long as their practice is consistent with state and federal law and/or Hospital policy, and within the scope of his or her license and consistent with the clinical privileges granted (e.g., Clinical Psychologists, Licensed Professional Counselors, and Licensed Clinical Social Workers). Category I practitioners also include those physicians not appointed to the Medical Staff who seek to exercise certain limited clinical privileges at the Hospital under the conditions set forth in the Advanced Practice Clinician and Allied Health Professional Policy (e.g., moonlighting residents). See Appendix A.
- (6) "CATEGORY II PRACTITIONER" means an Advanced Practice Clinician or Allied Health Professional who provides a medical level of care or performs surgical tasks consistent with the clinical privileges granted by the Hospital.

Category II practitioners may exercise those clinical privileges under the direction/supervision of a Supervising/Collaborating Physician pursuant to a written delegation agreement of supervision or collaborative agreement (e.g., Physician Assistant ("PA")) or without direction or supervision/collaboration (e.g., Nurse Practitioner ("NP") or Certified Nurse Midwife ("CNM")), so long as their practice is consistent with state and federal law and/or Hospital policy. See Appendix B.

- (7) "CATEGORY III PRACTITIONER" means a Dependent Practitioner, a type of Allied Health Professional who is permitted by law or the Hospital to function only under the direction of, or in collaboration with, a Collaborating Physician (or, in the case of Medical Assistants, a Collaborating Category I practitioner), pursuant to and consistent with the scope of practice granted, and established competencies. All aspects of the clinical practice of Category III practitioners at the Hospital shall be handled by the Hospital's Human Resources Department in accordance with applicable human resources policies and procedures, and the provisions of the Allied Health Policy shall specifically **not** apply. See Appendix C.
- (8) "CHIEF EXECUTIVE OFFICER" ("CEO") means the individual appointed by the Board to act on its behalf in the overall management of the Hospital.
- (9) "CHIEF MEDICAL OFFICER" ("CMO") means the individual appointed by the CEO to act as the Chief Medical Officer of the Hospital, in cooperation with the Chief of Staff.
- (10) "CHIEF CLINICAL OFFICER" ("CCO") means the individual appointed by the CEO to act as the Chief Clinical Officer of the Hospital, in cooperation with the Chief of Staff.
- (11) "CLINICAL PRIVILEGES" or "PRIVILEGES" means the authorization granted by the Board to render specific patient care services, for which the Medical Staff leaders and Board have developed eligibility and other privileging criteria and focused and ongoing professional practice evaluation standards.
- (12) "COLLABORATING/SUPERVISING PHYSICIAN" means a member of the Medical Staff with clinical privileges, who has agreed in writing to supervise with a Category II practitioner and to accept full responsibility for the actions of the Category II practitioner while he or she is practicing in the Hospital.
- (13) "COLLABORATION/SUPERVISION" means the collaboration with (or supervision of) a Category II practitioner by a Collaborating/Supervising Physician, that may or may not require the actual presence of the Collaborating/Supervising Physician, but that does require, at a minimum, that the Collaborating/Supervising Physician be readily available for consultation. For purposes of supervising Medical Assistants, "Collaboration" may also refer to a Collaborating Category I practitioner. The requisite level of supervision (general, direct, or personal) shall be determined at the time each Category II practitioner is credentialed and shall be

consistent with any applicable written supervision or collaboration agreement that may exist. ("General" supervision means that the physician is immediately available by phone, "direct" supervision means that the physician is on the Hospital's campus, and "personal" supervision means that the physician is in the same room.)

- (14) "DAYS" means calendar days.
- (15) "DENTIST" means a doctor of dental surgery ("D.D.S.") or doctor of dental medicine ("D.M.D.").
- (16) "HOSPITAL" means Valleywise Health, which includes the Valleywise Health Medical Center and all of its affiliated inpatient, ancillary, outpatient, and licensed health services, facilities, departments and programs, including the Valleywise Behavioral Health Centers (Maryvale, Mesa, and Phoenix), Valleywise Comprehensive Health Centers (Phoenix and Peoria), Arizona Burn Center, Valleywise Emergency (Maryvale and Phoenix), Valleywise Community Health Centers (Federally Qualified Health Care (FQHC) Clinics).
- (17) "MEDICAL EXECUTIVE COMMITTEE" or "MEC" means the Executive Committee of the Medical Staff.
- (18) "MEDICAL STAFF" means all physicians, dentists, oral surgeons, and podiatrists who have been appointed to the Medical Staff by the Board.
- (19) "MEDICAL STAFF LEADER" means any Medical Staff officer, department chair, or committee chair.
- (20) "MEDICAL STAFF OFFICER" means the Medical Staff elected officers consisting of Chief of Staff, Vice Chief of Staff, and Immediate Past Chief of Staff.
- (21) "MEMBER" means any physician, dentist, oral surgeon, and podiatrist who has been granted Medical Staff appointment by the Board to practice at the Hospital.
- (22) "NOTICE" means written communication by regular U.S. mail, e-mail, facsimile, Hospital mail, or hand delivery.
- (23) "ORAL AND MAXILLOFACIAL SURGEON" means an individual with a D.D.S. or a D.M.D. degree, who has completed additional training in oral and maxillofacial surgery.
- (24) "PERMISSION TO PRACTICE" means the authorization granted to Advanced Practice Clinicians and/or Allied Health Professionals by the Board or CEO, as applicable, to exercise a scope of practice or clinical privileges.

- (25) "PHYSICIAN" includes both doctors of medicine ("M.D.s") and doctors of osteopathy ("D.O.s") (or equivalent).
- (26) "PHYSICIAN IN TRAINING" means a Resident/Fellow in an approved graduate medical education training program within Valleywise Health.
- (27) "PODIATRIST" means a doctor of podiatric medicine ("D.P.M.").
- (28) "SPECIAL NOTICE" means hand delivery, certified mail (return receipt requested), or overnight delivery service providing receipt.
- (29) "TELEMEDICINE" means the exchange of medical information from one site to another via electronic communications for the purpose of improving patient care, treatment, and services by individuals who are not members of the Medical Staff.

APPENDIX A

Those Allied Health Professionals currently practicing as Category I Practitioners at the Hospital are as follows:

- Clinical Psychologists [\(AHP\)](#)
- Licensed Professional Counselor [\(AHP\)](#)
- Licensed Marriage & Family Therapist [\(AHP\)](#)
- Licensed Independent Substance Abuse Counselor [\(AHP\)](#)
- Licensed Clinical Social Worker [\(AHP\)](#)
- Optometrists [\(AHP\)](#)
- Physicians providing limited services (e.g., moonlighting residents functioning outside their training program)

APPENDIX B

Those Advanced Practice Clinicians and/or Allied Health Professionals currently practicing as Category II Practitioners at the Hospital are as follows:

- Audiologist ([AHP](#))
- Certified Nurse Midwife (APC)
- Certified Registered Nurse Anesthetist (APC)
- Naturopathic Physician ([AHP](#))
- Nurse Practitioner (APC)
- Perfusionist ([AHP](#))
- Physician Assistants (APC)

APPENDIX C

Medical Assistants and other applicable health care providers who are managed by the Hospital Human Resources Department.



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

April 27, 2022

Item 1.d.v.

Medical Staff

**Policy 20075 MT – FQHC Credentialing
and Privileging of Clinical Staff**



APRIL 2022

SUMMARY OF PROPOSED REVISIONS

FQHC Credentialing and Privileging of Clinical Staff (Policy #20075 MT)

Policy:

Additional language added to better clarify that the Maricopa County Special Health Care District Board of Directors is the body that approves medical staff credentialing. Other revisions made are to clearly list the policy's responsible parties, e-signers, and approval bodies.

Valleywise Health Administrative Policy & Procedure

Effective Date: 10/18

Reviewed Dates: 02/20, 07/21

Revision Dates: ~~00/00~~ 02/20, 05/22

Policy #: 20075 ~~FQHCMT~~

Policy Title: FQHC Credentialing and Privileging of Clinical Staff

Scope: District Governance (G)

System-Wide (S)

Division (D)

Multi-Division (MD)

Department (T)

Multi-Department (MT)

FQHC (F)

Clinical staff is defined as: Licensed Independent Practitioners, Other Licensed or Certified Practitioners, and Other Clinical Staff.

Definitions:

Licensed Independent Practitioners (LIP): All clinic physicians, Dentists, ⁷ Nurse Practitioners, Licensed Professional Counselors, and Licensed Clinical Social Workers who have been appointed to the Medical Staff or Allied Health Professional Staff by the District Board. Medical Staff are also referred to as Attendings.

Other Licensed or Certified Practitioners (OLCP): Pharmacists, Physician Assistants, RNs, Certified Medical Assistants, and Behavioral Health Staff.

Other Clinical Staff: Non-Licensed and Non-Certified Medical Assistants, Community Health Workers, and Behavioral Health Staff.

Clinical Privileges: The authorization granted by the District Board to render specific patient care services, for which the Medical Staff leaders and Board have developed eligibility and other privileging criteria and focused and ongoing professional practice evaluation standards.

CVO: Credentialing Verification Organization. Comprised of Medical Staff Services, Human Resources, Employee Health and Wellness, Center for Clinical Excellence. CVO includes the verification from a primary source.

(*All above definitions were tailored specifically to FQHC requirements as pertained to this policy*)

POLICY

Credentialing and privileging of licensed or certified health center practitioners, along with other clinical staff, is an important component ensuring quality care. Initial appointment and re-appointment ensures that licensed or certified practitioners, and other clinical staff possess the requisite training, experience and competence to provide quality care. Current licensure and other credentialing information are maintained for all licensed or certified health center practitioners and other clinical staff. Federally Qualified Health Center (FQHC) will perform a query of the National Practitioner Databank for all licensed/certified practitioners as required. Other clinical staff will have a query through the National Practitioner Databank as appropriate. Appointment and re-appointment documentation will be reviewed by the Valleywise Health Medical Staff Credentialing Committee for providers/physicians and Valleywise Health Human Resources for other clinical staff. Final approval for Medical Staff Credentialing actions shall be submitted to the per the Maricopa County Special Health Care District Board of Directors for its final approval.

Clinical staff members of the Federally Qualified Health Center (FQHC) must possess qualifications and competencies to carry out the activities of providing quality care services. All Clinic Staff member's qualifications and competencies will be validated prior to providing patient care services.

The validation of the LIP's qualifications and competencies will be verified through the credentialing procedures as delineated in the Medical Staff Credentials Policy, Allied Health Professional Policy, Operational Credentialing Policy #39026 T, and policy regarding Focused Professional Practice Evaluation to Confirm Practitioner Competencies.

The validation of the OLCP's and Other Clinic Staff's qualifications and competencies will be verified through the established procedures of the Human Resources Department. The validation of licensure and/or certification is achieved through primary source verification (licensing and/or certification boards) upon hiring. Thereafter, the Human Resources Department will conduct ongoing monitoring to ensure valid/current licensure and/or certification status. In addition, the OLCP must meet the qualifications of the job description upon hiring. Thereafter, an annual performance evaluation will be conducted to validate continued competencies and licensing requirements.

PURPOSE

To assure that a fundamental level of safe, quality patient care is provided to FQHC patients; to avoid potential liability for negligent hiring or retention of a licensed or certified health center practitioner and other clinical staff.

SCOPE

All licensed or certified health care practitioners and other clinical staff, employed, contracted, or volunteer, at all FQHC health center sites.

Credentialing

1. The Medical Staff Services and Human Resource Department will use primary source verification for all licensed independent practitioners (LIP) and other licensed or certified practitioners (OLCP). FQHC completes verifications for other clinical staff.
 - a. The Medical Staff Services and Human Resource Department will verify the following primary source information (see Credentialing Procedure for LIPs):
 - i. Current License, including any actions on license
 - ii. Education, Training and Experience
 1. Assessment of relevant education and training at initial appointment
 2. Experience is reviewed for continuity, relevance and/or any interruptions in that experience at initial appointment
 3. Peer evaluation for current competence is verified and documented for all LIPs.
 4. Human Resources verifies all educational, training, certification and licensing requirements as defined on a job description.
 - iii. Current competence
 1. American Heart Association Basic Life Support for Health Care Providers and other clinical staff.
 2. LIPs follow Valleywise Health bylaws for Medical Staff competency requirements.
 3. Initial and ongoing competency assessments overseen by Valleywise Health Center for Clinical Excellence.
 - iv. Fitness for duty
 1. LIP's fitness for duty (i.e., the ability to perform the duties of the job in a safe, secure, productive, and effective manner) is validated through Medical Staff Services credentialing policies and procedures.
 2. Valleywise Health OLCPs and Other Clinical Staff immunization and communicable diseases susceptibility is verified through Employee Health and Wellness based on policies, procedures and protocols. The physical requirements outlined in a job description are acknowledged by employee (see HR policies under reference section below).
 - b. The CVO will also verify the following secondary source verification:
 - i. DEA Registration, including any actions on registration
 - ii. Hospital/clinic affiliations and privileges
 - iii. Government issued photo identification
 - iv. Immunization and TB screening status
 - v. American Heart Association Basic Life Support for Health Care Providers (if applicable)
 - vi. National Practitioner Data Bank Inquiry
 - vii. Specialty Board Certification

- viii. CME Updates
 - ix. Proof of current Medical Liability Insurance
 - x. Work History, including denial, suspension, limitation, termination or nonrenewal of professional privileges at any hospital, health plan, medical group or other health care entity
 - xi. Liability Claims History, including history of refusal or cancellation of coverage
 - xii. Information on licensure revocation, suspension, voluntary relinquishment, licensure probationary status, or other licensure conditions or limitations
 - xiii. Complaints or adverse action reports filed against the applicant with a local, state or national professional society or licensure board
 - xiv. Disclosure of any Medicare/Medicaid sanctions
 - xv. Conviction of a criminal offense (other than minor traffic violations)
 - xvi. Current physical, mental health or chemical dependency problems that would interfere with an applicant's ability to provide high-quality patient care and professional services
 - xvii. Signed statement releasing the organization from liability and attesting to the correctness and completeness of the submitted information.
- c. New Hire/Onboarding Education for other clinical staff
- i. New Employee Orientation (NEO) as administered through Valleywise Health Human Resources
 - ii. Clinical Employee Orientation (CLEO) as administered through Center for Clinical Excellence
 - 1. Didactic through APEX learning modules a. Ambulatory specific computer learning- Apex lessons, Lippincott procedures, Briggs Telephone Triage protocols for nurses.
 - 2. Observation and verification of clinical skills (not all inclusive):
 - a. Clinical skillcheck off or simulation
 - Height, weight, length, head circumference
 - Vital sign automatic and manual, pulse oximetry
 - 12 Lead EKG
 - Spirometer
 - Hearing and vision screening
 - Oxygen delivery devices and oxygen tanks
 - Using an otoscope
 - Liquid Nitrogen (JHA)
 - Point-of-Care testing (testing not covered in CLEO, based on clinic use)
 - Medication Safety and Administration

Privileging for Practitioners

Valleywise Health Medical Staff Services completes all requirements for all new and recredentialing of practitioners and for the process of denying, modifying or removing privileges based on assessments of clinical competence and/or fitness for duty (see Valleywise Health Credentialing Policy).

Privileging for Other Clinical Staff Initial and Ongoing

Valleywise Health follows Human Resource policy and procedures (reference policy 78250 S and Merit Rules).

Removal of Privileges for other Clinical Staff

Valleywise Health follows Human Resource policy and procedures (reference Merit Rules).

References

[Valleywise Health Merit Rules](#) (~~retrieved: 10/24/18~~)

Valleywise Health Medical Staff Credentialing Policy 39020 T

Valleywise Health Medical Staff Bylaws of the Medical Staff Policy 31200 T

Valleywise Health HR Policy 78250 S Verification of Required Licenses, Registrations and Certifications

Valleywise Health HR Employee Health and Wellness:

- Employee Health and Wellness Preplacement Consent Form # 44147
- Human Resources Occupational Health Drug and Alcohol Testing for Valleywise Health Employees #77506 S
- Infection and Control: Tuberculosis Prevention and Control #62571 S
- Health and Wellness Respiratory Protection Plan #77507 S
- Exposure Control Plan (Infection Prevention and Control) #06686 S
- Influenza Vaccination Program #77513 S

Once Printed This Document May No Longer Be Current
Valleywise Health Policy & Procedure - Approval Sheet
(Before submitting, fill out COMPLETELY.)

POLICY RESPONSIBLE PARTY: Susan Willars, Senior Vice President & Chief Human Resources Officer; Barbara Harding, RN, MPA, PAHM, CCM, Senior Vice President Ambulatory Services; and Kristine Trulock, Director Medical Staff Services

DEVELOPMENT TEAM(S): Human Resources, Ambulatory Leadership, ~~and~~ Regulatory, and Medical Staff Services

Policy #: 20075 ~~FQHCMT~~

Policy Title: FQHC Credentialing of Health Care Professionals and Privileging of Clinical Staff

e-Signers:

Susan Willars, Senior Vice President & Chief Human Resources Officer

Barbara Harding, RN, MPA, PAHM, CCM, Senior Vice President - Ambulatory Services

Michael D. White, Executive Vice President & Chief Clinical Officer

Place an X on the right side of applicable description:

New -

Retire -

Reviewed - 02/2020, 07/2021

Revised with Minor Changes - Correction made: Pharmacist and Physician

Assistant moved to Other Licensed or Certified Practitioners (OLCP)

Revised with Major Changes -

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

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

Committee: Credential Committee

~~01/2020~~04/22

Committee: Medical Executive Committee

~~02/2020~~04/22

Reviewed for EPIC:

00/00

Other: Valleywise Community Health Centers Governing Council

~~00/00~~05/22

Other: Maricopa County Special Health Care District Board of Directors

~~00/00~~4/22

Policy # 20075 ~~FQHC~~
Clinical Staff Page 6 of 6

Title FQHC Credentialing of Health Care Professionals and Privileging of

~~05/22 supersedes 02/20~~ ~~supersedes 10/18~~

Once Printed This Document May No Longer Be Current



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

April 27, 2022

Item 1.e.i.

Care Reimagined Capital

480-90-18-012

CER# 19-951

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, April 12, 2022 4:13 PM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment #51 GMP 6.03 SSB Make Ready, Roosevelt Campus Hospital Development Kitchell Contractors Inc of Arizona

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 #51 GMP 6.03 SSB Make Ready, Roosevelt Campus Hospital Development Kitchell Contractors Inc of Arizona
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	DescriptionType	Current File / URL
Cart Wash Amendment Justification.pdf	File	 Cart Wash Amendment Justification.pdf
Amendment #51 GMP 6.03 SSB Make Ready, Roosevelt Campus Hospital Development	Contract	 Amendment 51 GMP 6.03 SSB Make Ready - 2619 Cart Wash R2 (signed).pdf

Contract Information

Division Prop 480
Folder Amendments
Status Pending Approval
Title Amendment #51 GMP 6.03 SSB Make Ready, Roosevelt Campus Hospital Development
Contract Identifier Board - Amendment
Contract Number 480-90-18-012-51
Primary Responsible Party Benavidez, Donna
Departments Integrated Program Management Office
Product/Service Amendment #51 GMP 6.03 SSB Make Ready, Roosevelt Campus Hospital
Description Development

Action/Background Approve Amendment #51 between Kitchell Constructions and Maricopa County Special Health Care District dba Valleywise Health for GMP number 6.03 under contract number 480-90-18-012 for \$111,718.00. This Amendment, which incorporates GMP 6.03, is for the design and construction of a cart wash at the 2619 Building.

This is to replace the cart wash area demolished when the Laundry Building was taken down. The new cart wash (located at the Support Service Building) will not be available until August or September of 2023. The 2619 building cart wash will provide a location for EVS to wash their carts in the interim.

Project: CHC - Employee Health
GMP 6.03 (Amendment #51): \$111,718.00
WIP 10-901000-168220
CER 19-951
Cat Construction

This amendment is effective upon signatures, April 1, 2022. The anticipated expenditure has been budgeted under Project# A10700.

This Amendment #51 is sponsored by Lia Christiansen, EVP & Chief Administrative Officer.

Evaluation Process

Category Other

Effective Date 4/1/2022

Term End Date 4/1/2023

Annual Value \$111,718.00

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number 480-90-18-012

Primary Vendor Kitchell Contractors Inc of Arizona

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	Due to a potential increase in cost and impact in schedule, Section XII(C)(5) of the District Authority Matrix was exercised. All appropriate notifications were provided.
Nelson, Mark E.	Approved	
Demos, Martin C.	Approved	
Christiansen, Lia K.	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

April 27, 2022

Item 1.f.i.

Capital
CER # 22-030



Valleywise Behavioral Health

5102 W Campbell Ave
Phoenix, AZ 85031
Phone: (602) 344-5011

DATE: April 1, 2022

TO: Maricopa County Special Health Care District Board of Directors

CC: Steve Purves, President & Chief Executive Officer
Michael White, EVP & Chief Clinical Officer
Lia Christiansen, EVP & Chief Administrative Officer
Claire Agnew, EVP & Chief Financial Officer
Melanie Talbot, Chief Governance Officer, and Board Clerk

FROM: Gene Cavallo, Sr. VP Behavioral Health Services

SUBJECT: Additional Court at Maryvale Hospital

1. Background / Problem Statement:

The Maryvale Behavioral Health Center at 5102 W. Campbell Ave., was opened in April 2019 with 48 inpatient behavioral health beds. In September of 2019, an additional 144 inpatient behavioral health beds were added to the license. To provide the best service for our patients, a Mental Health Courtroom was opened within the facility in January of 2020 to support onsite hearings for patients undergoing court ordered evaluations at the Valleywise Behavioral Health Center in Maryvale, just as we offer at our Mesa and Phoenix facilities. The demand has since increased and created a need for a second Court at the Maryvale Facility. The area under review is on 2nd floor, adjacent to the current court space. There is approximately 3177 SF of unconstructed space that is under evaluation for a second court space.

2. Benefits / Risk Avoidance:

This project will help implement the below plan:

1. Use the designated ARPA funds to create additional court.
2. Do nothing.

3. Recommendation:

Expansion of behavioral health court services to meet increase in volume of court hearings.

4. Financial Assumptions:

Maricopa County Funding ARPA - \$3,200,000

Funding requested in “two” phases:

- a. Maryvale Court II Planning (CER 22-021) - \$218,172
Approved (Dec 2021)

- b. Maryvale Court II Construction - \$2,965,989
Submitted for Approval (Apr 2022)

Total funds requested: \$3,184,161

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, April 12, 2022 12:28 PM
To: Melanie Talbot
Subject: Contract Approval Request: Maryvale Court II - Construction

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: Maryvale Court II - Construction




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 Board Memo- Maryvale Court II.docx	File	 Investment Board Memo- Maryvale Court II.docx
CER 22 - 030 MV Court II - Capital Expenditure Request Apr 2022.xlsm	File	 CER 22 - 030 MV Court II - Capital Expenditure Request Apr 2022.xlsm
Maryvale Court II - Construction	Contract	 CER 22 - 030 MV Court II - Capital Expenditure Request Apr 2022.xlsm

Contract Information

Division Capital Division

Folder ---

Status Pending Approval

Title Maryvale Court II - Construction

Contract Identifier Grant

Contract Number 22-030

Primary Responsible Party Charles, Derrick J.

Departments ENGINEERING AND CONSTRUCTION

Product/Service Description

Action/Background

Evaluation Process
Category
Effective Date
Term End Date
Annual Value \$2,965,989.00
Expense/Revenue
Budgeted Travel Type No
Procurement Number
Primary Vendor

Responses

Member Name	Status	Comments
Madhavan, Lalitha	Approved	
Melton, Christopher C.	Approved	
Pardo, Sean P.	Approved	
Williams, Gail A.	Approved	
Davis, Jori A.	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	
Stotler, Sherry A.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

April 27, 2022

Item 1.f.ii.

Capital
CER # 22-031A



Valleywise Behavioral Health

5102 W Campbell Ave, Phoenix, AZ 85031
570 W Brown Rd, Mesa, AZ 85201
Phone: (602) 344-5011

DATE: April 1, 2022

TO: Maricopa County Special Health Care District Board of Directors

CC: Steve Purves, President & Chief Executive Officer
Michael White, EVP & Chief Clinical Officer
Lia Christiansen, EVP & Chief Administrative Officer
Claire Agnew, EVP & Chief Financial Officer
Melanie Talbot, Chief Governance Officer, and Board Clerk

FROM: Gene Cavallo, Sr. VP Behavioral Health Services

SUBJECT: Expanding Behavioral Health Services under Maricopa County ARPA plan

1. Background / Problem Statement:

Valleywise Health operates three behavioral health inpatient facilities in Maricopa County, and three outpatient behavioral health specialty clinics dedicated to working with the SMI population. The COVID-19 pandemic and the resulting economic impacts have negatively affected many people's mental health. Additional outpatient behavioral health services are needed, and as the leading behavioral health provider in Maricopa County, Valleywise Health can provide these services to those most in need through a new First Episode Center in the East Valley, and a new Direct Care Clinic for patients with Serious Mental Illness (SMI) in the West Valley. It will only be possible for Valleywise Health to expand these services through the capital support available through this IGA.

The Valleywise Health inpatient facility in Mesa, previously known as Desert Vista, provides inpatient treatment to both adults and adolescents. This facility also houses an Assertive Community Treatment (ACT) outpatient clinic for individuals with a Serious Mental Illness.

Additionally, the Outpatient Behavioral Health Specialty Clinic at the Mesa Comprehensive Health Center provides care for patients designated as Seriously Mentally Ill (SMI), including addressing the functional impairment resulting from their diagnosis. Valleywise Health seeks

to create a similar SMI Specialty Clinic in the West Valley and expand the capacity of the existing program in Mesa.

Maricopa County provided to Valleywise Health, as a Subrecipient, a total of \$16 Million in ARPA funds, to be spent on capital expenditures and improvements of behavioral health facilities as follows: (1) \$7 Million for establishing an SMI Direct Care clinic and Assertive Community Treatment (ACT) program in the West Valley for SMI behavioral services, through either the expansion of its Avondale Federally Qualified Health Center, or infrastructure improvements in the Maryvale Hospital; (2) \$6 Million to expand the Mesa-Desert Vista facility; and, (3) \$3 Million for interior and exterior improvements at the Mesa-Desert Vista facility. The expenditure of these funds must be incurred by December 31, 2024.

2. Benefits / Risk Avoidance:

This project will help implement the below plan:

1. Use the designated ARPA funds to create additional capacity for serving SMI Individuals:
 - a) In the West Valley:
SMI Outpatient Clinic expansion within the Maryvale Hospital (in currently vacant space).
 - b) In the East Valley:
Expand space for an SMI clinic at the Mesa (Desert Vista) Behavioral Health Center. This will require several steps:
 - Relocate our existing SMI clinic from the Mesa Comprehensive Health Center to the Mesa (Desert Vista) Behavioral Health Center (once remodeling of the space is completed).
 - This facility will house both the current ACT program and an expanded Outpatient (SMI) Specialty Clinic.
2. Open an East Valley First Episode Center within the Mesa Comprehensive Health Center in space formerly occupied by the SMI Specialty Clinic.

3. Recommendation:

Expansion of behavioral health services to address the mental health impacts that the COVID-19 pandemic has had and continues to have on the residents of Maricopa County.

4. Financial Assumptions:

Maricopa County Funding ARPA - \$16,000,000

Funding requested as "two" separate requests:

- a. Behavioral Health Expansion and Parking Mesa - \$10,870,834
- b. Behavioral Health Expansion Maryvale - \$5,129,066

Total funds requested: \$15,999,900

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, April 12, 2022 12:31 PM
To: Melanie Talbot
Subject: Contract Approval Request: Behavioral Health Services Maryvale

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: Behavioral Health Services Maryvale
Additional 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 Board Memo- Expanding Behavioral Health Services County ARPA Plan.docx	File	 Investment Board Memo- Expanding Behavioral Health Services County ARPA Plan.docx
CER 22- 031 Capital Expenditure Request - Expanding BH Services County ARPA Maryvale.xlsm	File	 CER 22- 031 Capital Expenditure Request - Expanding BH Services County ARPA Maryvale.xlsm
Behavioral Health Services Maryvale	Contract	 CER 22- 031 Capital Expenditure Request - Expanding BH Services County ARPA Maryvale.xlsm

Contract Information

Division Capital Division
Folder ---
Status Pending Approval
Title Behavioral Health Services Maryvale
Contract Identifier Grant
Contract Number 22-031 A
Primary Responsible Party Charles, Derrick J.
Departments

Product/Service
Description
Action/Background
Evaluation Process
Category
Effective Date
Term End Date
Annual Value \$5,129,066.00
Expense/Revenue
Budgeted Travel Type No
Procurement Number
Primary Vendor

Responses

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



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

April 27, 2022

Item 1.f.iii.

Capital
CER # 22-031B



Valleywise Behavioral Health

5102 W Campbell Ave, Phoenix, AZ 85031
570 W Brown Rd, Mesa, AZ 85201
Phone: (602) 344-5011

DATE: April 1, 2022

TO: Maricopa County Special Health Care District Board of Directors

CC: Steve Purves, President & Chief Executive Officer
Michael White, EVP & Chief Clinical Officer
Lia Christiansen, EVP & Chief Administrative Officer
Claire Agnew, EVP & Chief Financial Officer
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3. Recommendation:

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4. Financial Assumptions:

Maricopa County Funding ARPA - \$16,000,000

Funding requested as “two” separate requests:

- a. Behavioral Health Expansion and Parking Mesa - \$10,870,834
- b. Behavioral Health Expansion Maryvale - \$5,129,066

Total funds requested: \$15,999,900

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, April 12, 2022 12:31 PM
To: Melanie Talbot
Subject: Contract Approval Request: Behavioral Health Services 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: Behavioral Health Services Mesa




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 Board Memo- Expanding Behavioral Health Services County ARPA Plan.docx	File	 Investment Board Memo- Expanding Behavioral Health Services County ARPA Plan.docx
CER 22-031B Capital Expenditure Request - Expanding BH Services County ARPA Mesa.xlsm	File	 CER 22-031B Capital Expenditure Request - Expanding BH Services County ARPA Mesa.xlsm
Behavioral Health Services Mesa	Contract	 CER 22-031B Capital Expenditure Request - Expanding BH Services County ARPA Mesa.xlsm

Contract Information

Division Capital Division

Folder ---

Status Pending Approval

Title Behavioral Health Services Mesa

Contract Identifier Grant

Contract Number 22-031 B

Primary Responsible Party Charles, Derrick J.

Departments

Product/Service
Description
Action/Background
Evaluation Process
Category
Effective Date
Term End Date
Annual Value \$10,870,834.00
Expense/Revenue
Budgeted Travel Type No
Procurement Number
Primary Vendor

Responses

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



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

April 27, 2022

Item 1.f.iv.

Capital
CER # 22-704



Maricopa County Special Health Care District

2601 E. Roosevelt
Phoenix, AZ 85008
Phone: (480) 344-2188

DATE: February 14, 2022

TO: Maricopa County Special Health Care District Board of Directors

CC: Steve Purves, President & Chief Executive Officer
Michael White, EVP & Chief Clinical Officer
Lia Christiansen, EVP & Chief Administrative Officer
Claire Agnew, EVP & Chief Financial Officer
Melanie Talbot, Chief Governance Officer and Board Clerk

FROM: Ricky Parker, Director Facilities
Virgil Reeves, Supervisor Building Engineer

SUBJECT: Valleywise Comprehensive Health Center Roof Replacement

I am submitting the above-mentioned project for your approval. The details regarding the project background and justification are provided below.

1. Background / Problem Statement:

At the Phoenix Comprehensive Health Center Phoenix (PXC), the main roof and the buildings parapet wall caps on the east and west sides of the building were installed in 1995 and are at the end of their useful life. This is resulting in frequent leaks and water damage to the interior of the building allowing for the growth of mold, resulting in costly clean-up and repairs. This could also lead to a situation that poses a public health risk. Due to the age and condition of this roof, it is no longer practical or fiscally responsible to continue repairing and maintaining this roof. Additionally, an assessment was completed by Vanir that exposed failures to both the building envelope and window systems. These failures are allowing water to enter the building during storms causing damage to the buildings structure. This water intrusion also damages drywall and creates an environment conducive to mold growth which could require additional repairs, clean up, and possibly additional public health risks. The pictures included with this memo provides the current state of the roof and parapet wall. It shows the recent repairs have not eliminated the issue and the roof continues to deteriorate over time.

2. Benefits / Risk Avoidance:

The following work is required to ensure a weather-tight and energy efficient roof and building system:

- Install a completely new roofing system that will continue the roofing membrane up the parapet walls and terminate under a new wall cap system creating a continuous waterproof barrier.
- Repair the building envelopes EFIS system, expansion joints, replace window caulking, and window gaskets.
- Repair damaged exterior wall stucco.
- Apply waterproofing to all stucco repairs and tint to match existing wall

The benefit of this project is as stated below:

- Eliminate roof leaks
- Eliminate damage and possible mold growth due to roof leaks
- Increase the life of the building
- Minimize risk to patient and staff safety due to environmental concerns
- Enhance building appearance to bring in line with Valleywise health's new standards.
- Reduce the operating cost due to air leaks at the windows and building envelope

3. Solution Options:

The following options are available:

1. Replace the entire roof and repair the building envelope and window system.
 2. Replace the entire roof
 3. Do nothing
-
1. Move forward with roof and envelope improvements will:
 - a. Extend the life of the building.
 - b. Allow us to provide a safer cleaner environment of care.
 - c. Save energy due to building air leakage.
 - d. Improve the public outlook of the building and bring the building up to Valleywise standard.
 - e. Reduce costly down times of patient care areas for repairs due to water incursions.
 2. Move forward with these improvements will:
 - a. Extend the life of the building.
 - b. Allow us to provide a safer cleaner environment of care.
 - c. Reduce costly down times of patient care areas for repairs due to water incursions.
 3. Do nothing will result in the following:
 - a. Increase potential disruption to operations and critical patient care.

- b. Increase building structure damage.
- c. Increased environmental Health and safety risks which will Increase the potential for patient and staff illness.
- d. Increase potential disruption to operations and critical patient care.
- e. Increased cost of mold abatement and building repairs
- f. Outdated appearance of the building.
- g. Increase costly downtime to patient care areas.
- h. Stop or hinder portions of the prop 480 project from taking place because the building can't be painted until the building envelope is repaired
- i. Increased energy costs

4. Recommendation:

Complete a full new roofing system install and building envelope along with repairs to the building system.

5. Financial Assumptions:

- Total Funds Requested : **\$1,507,200**
 - FY22 Capital Funds allocated : \$425,000
 - Additional Funds Requested : \$1,082,200
-



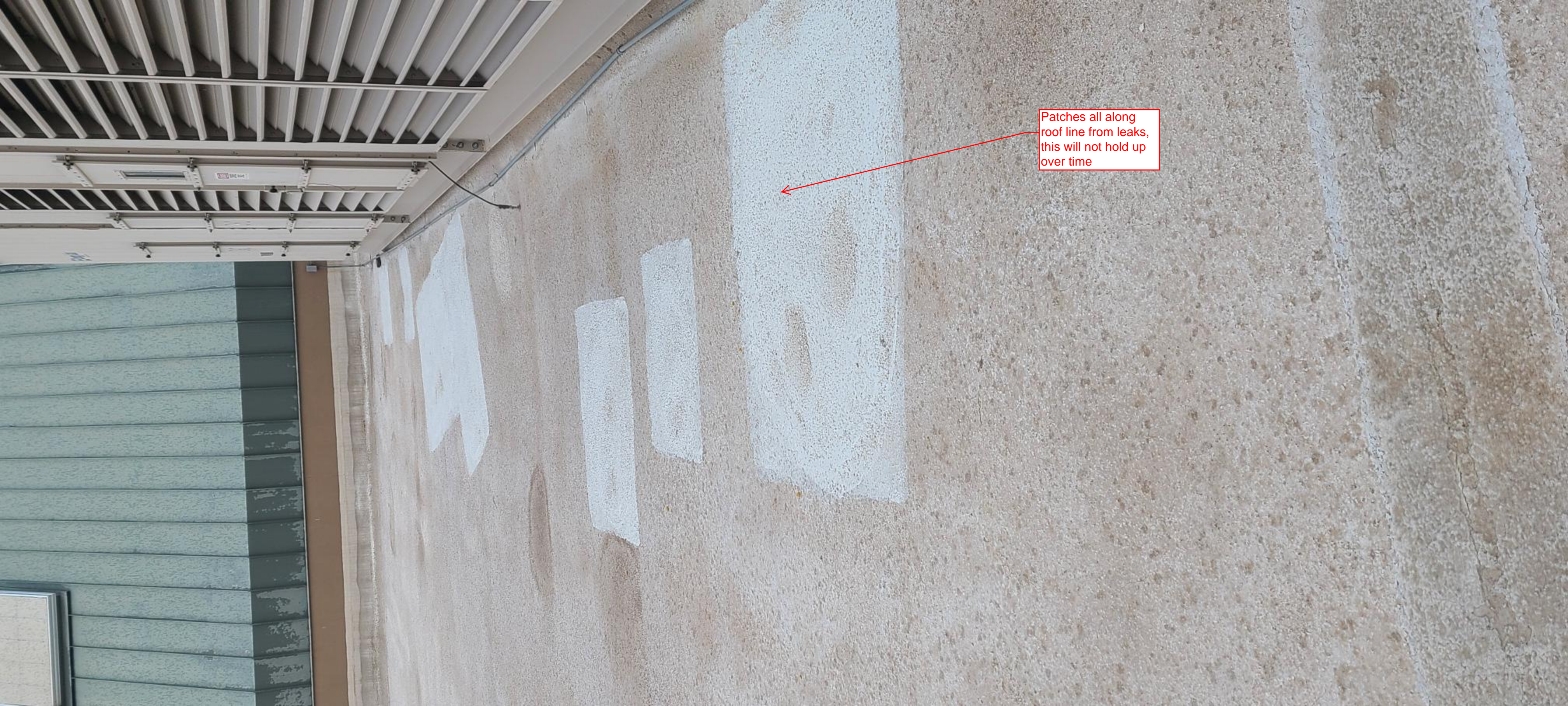
Area bubbling due to delamination of roofing material. Repair was made, but not succesful



Area bubbling due to delamination of roofing material. Repair was made, but not successful




Areas where roof has failed and membrane is creating large low spots




Patches all along
roof line from leaks,
this will not hold up
over time



Roof material
peeling and
disintegrating

A close-up photograph of a roof surface showing significant material failure. The top portion of the image shows a grey, porous, and textured material, likely a repair or a specific type of roofing. This material is peeling and chipping away, revealing a smoother, tan-colored substrate underneath. The edges of the peeling material are jagged and uneven. A red arrow points from a text box to the area where the material is peeling. The overall appearance is one of severe deterioration and structural weakness.


Repair of Roof material not holding - peeling and disintegration continues to happen with repairs



Sample Roof Damage from leaks - this is consistent across all areas of roof



Damage to roof areas where roofing membrane ties to parapet wall. Sealing the intersection areas of parapet and roof is critical to avoid water infiltration into the building and stability of the structure.



Parapet wall
peeling, exposure
to leaks and
potential wall /
structural damage

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Thursday, April 14, 2022 8:02 AM
To: Melanie Talbot
Subject: Contract Approval Request: PXC Roof Replacement and Building Envelope

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: PXC Roof Replacement and Building Envelope
Additional 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
Valleywise Health CHC Bldg Exterior Weatherization_sg.pdf	File	 Valleywise Health CHC Bldg Exterior Weatherization_sg.pdf
Valleywise Health CHC Bldg Roof Replacement Areas 1 & 2_sg.pdf	File	 Valleywise Health CHC Bldg Roof Replacement Areas 1 & 2_sg.pdf
PXC Roof Replacement - Investment Memo v1.pdf	File	 PXC Roof Replacement - Investment Memo v1.pdf
Valleywise CHC Review 08-16-21 KO.pdf	File	 Valleywise CHC Review 08-16-21 KO.pdf
CER 22- 704 PXC Roof Replacement and building envelope - CER (002).xlsm	File	 CER 22- 704 PXC Roof Replacement and building envelope - CER (002).xlsm
PXC Roof Replacement and Building Envelope	Contract	 CER 22- 704 PXC Roof Replacement and building envelope - CER (002).xlsm

Contract Information

Division Capital Division
Folder ---
Status Pending Approval
Title PXC Roof Replacement and Building Envelope

Contract Identifier **Emergency**
 Contract Number **22-704**
 Primary Responsible Party **Charles, Derrick J.**
 Departments **Maintenance - Roosevelt**
 Product/Service Description
 Action/Background
 Evaluation Process
 Category
 Effective Date
 Term End Date
 Annual Value **\$1,082,200.00**
 Expense/Revenue
 Budgeted Travel Type **No**
 Procurement Number
 Primary Vendor

Responses

Member Name	Status	Comments
Parker, Ricky L.	Approved	
Melton, Christopher C.	Approved	
Pardo, Sean P.	Approved	
Madhavan, Lalitha	Approved	
Williams, Gail A.	Approved	
Davis, Jori A.	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	
Stotler, Sherry A.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

April 27, 2022

Item 2.

Advanced Education in
General Dentistry Residency
Program



April 27, 2022

Valleywise Health Advanced Education in General Dentistry Residency Program

Background

- Advanced Education in General Dentistry
 - 1 year program
 - Previous partner with NYU Langone
- Commission on Dental Accreditation
 - Seeking initial accreditation

Our Mission

The Commission on Dental Accreditation (CODA) serves the oral health care needs of the public through the development and administration of standards that foster continuous quality improvement of dental and dental related educational programs.

CODA*
Commission on Dental Accreditation



Planning and Development

- Creighton University School of Dentistry
- On site, intensive development
- HRSA Teaching Health Center Planning and Development Grant
 - \$500k over two years
- CODA Standards
- Fulfill Institutional, Clinical *and* Didactic Requirements
- Align program with Valleywise mission and vision.
 - Development of the Primary Care Provider (level beyond DS)
 - Ethics, lifelong learning, patient-centered and inclusive healthcare as part of interprofessional healthcare teams.

Positives to VWH

- Increase access to care
 - Community service and engagement
 - Increased medical-dental integration
 - Faculty development
 - Possible recruitment strategy
- Primary sites
 - CHC-Phoenix (+ VHMC)
 - CHC-Peoria
 - Community Health Center - McDowell

Timeline and Next Steps

- April/May – Board and GC presentations
- May – submit full application to CODA
- June – CODA meeting/review
- Per CODA estimates (6–18 month process)
 - Site visit early 2023?
 - Recruitment Fall 2023
 - First class July 2024



Thank you!

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Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

April 27, 2022

Item 3.

Patient Experience Surveys
and Actions



April 27, 2022

Patient Satisfaction Survey Process and Results FY2022

Sherry Stotler, RN
CNO

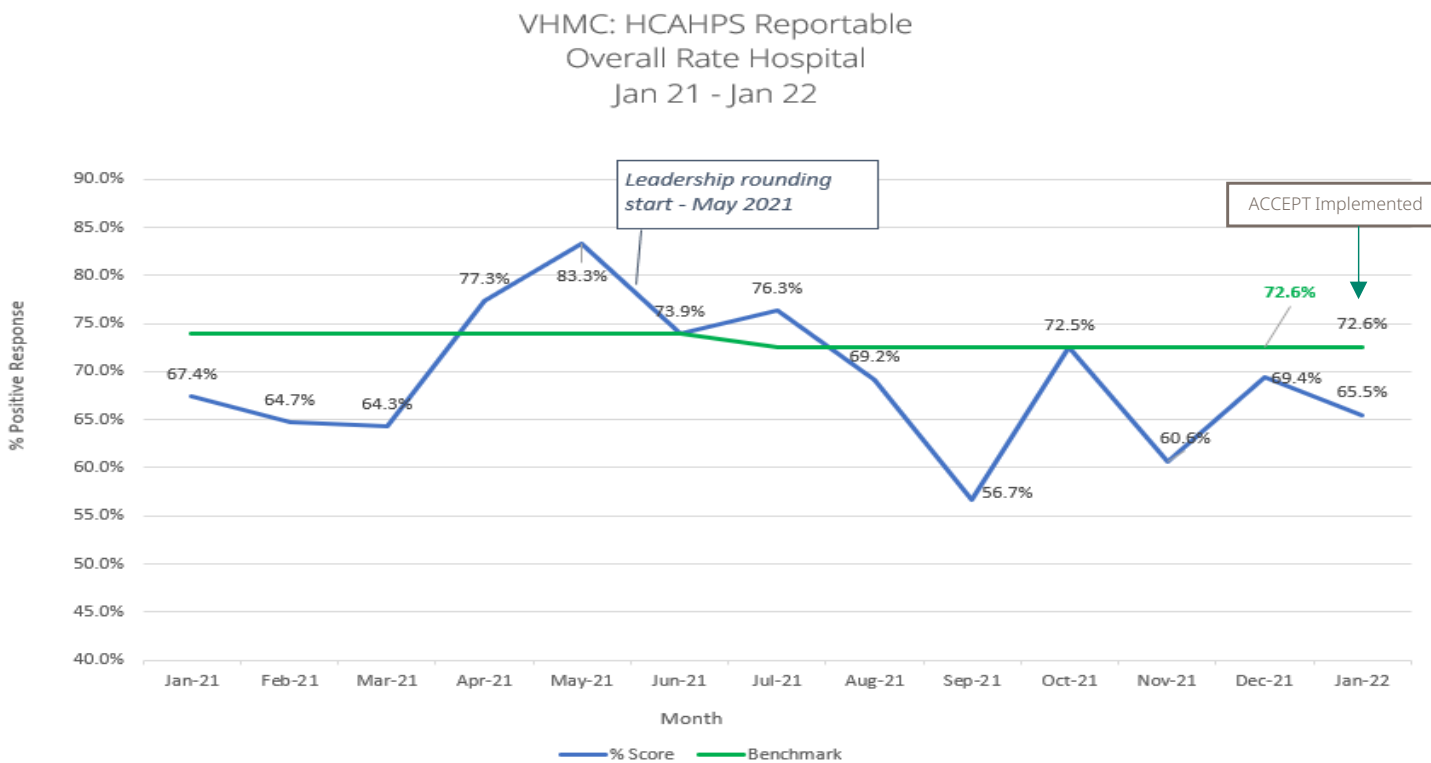
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HCAHPS Reportable

- *The data presented in this PPT presentation is focused on HCAHPS Reportable*
- *There are 9 dimensions (with 2-3 questions each) that are part of this survey*
- *The questions of the overall rating of hospital is the focus for this presentation on the HCAHPS reportable data*
- *The dimensions will also be shown to drill down areas of achievement and areas for future improvement.*

Measures Not Meeting Benchmark with Ongoing Action Items

Measure	Benchmark	Jan 22	FY22 Q1	FY22 Q2	FYTD
HCAHPS Reportable: Overall Rating of Hospital	> 72.6%	65.5%	68.1 %	68.0%	68.0%



- Open Action Items / Barriers**
- Action**
- Actions to increase the HCAHPS response rates implemented 01/25/22
 - Rollout of We're Listening cards Nursing Leadership
 - Implement ACCEPT in JAN
 - Implement IP and ED actions JAN/FEB
- Barriers**
- Increased patient acuity/staffing vacancies
 - Low survey response rate (8-9% return rate for the HCAHPS survey)
 - Delay in the finalized HCAHPS data of approximately 2 months

HCAHPS Dimensions: Past 3 Months

Catalyst Trend by Dimensions - HCAHPS Reportable

	FY 2023 CMS Achievement Threshold	Nov 2021		Dec 2021		Jan 2022	
	Positive	Positive	n Size	Positive	n Size	Positive	n Size
CAHPS Dimensions							
Adult Inpatient Hospital CAHPS							Increased Response rates for January
Care Transitions	51.8	54.8	31	42.8	51	47.3	55
Cleanliness / Quietness	65.6	53.0	33	56.0	50	51.8	55
Communication About Meds	63.1	61.8 μ	17	53.7 μ	27	57.1	35
Communication with Doctors	79.8	75.8	33	77.6	49	74.1	54
Communication with Nurses	79.4	77.1	32	74.8	49	72.1	55
Discharge Information	87.2	83.3	33	84.4	45	83.3	51
Overall Rating of Hospital	71.7	60.6	33	69.4	49	65.5	55
Responsiveness of Hospital Staff	65.5	55.8 μ	26	62.8	47	54.1	49
Would Recommend Hospital		66.7	33	71.4	49	61.1	54

Patient Comments

Comment Text	Discharge Date	HCAHPS: Rate hospital	HCAHPS: Would recommend hospital to family
Was my fourth times to your same hospital. I'm very appreciate you so much for hour you treat me and helping me. May God bless you so much.	12/27/2021	8	Definitely yes
Translated from Spanish - Everything is fine thanks I have recommended it to my family Thanks	12/29/2021	10 Best hospital possible	Definitely yes
I really appreciate the kind sincere way the Valley Wise team took care of me. I had pain for months and other hospitals turned me away and cared nothing about my life or my health Valley Wise was by far the cleanest, and everyone cared from all aspects of departments that I had interactions with. Valley Wise is the best hospital in XXXXXXXX that I have been blessed to have encountered since being here. Thank you so very much XXXXXXXXXXXXXXXX	01/06/2022	10 Best hospital possible	Definitely yes
The nurses brought in from the XXXXXXXXXXXX (XXXXXXXXXXXX) were exceptionally good. The staff and nurse in the burn center are to be commended.	1/15/2022	8	Definitely yes

Service Excellence Action Items - Inpatient:

- **ACCEPT:** As our first patient experience standard, ACCEPT, supports our mission and values and provides a positive first impression of our organization. Using ACCEPT is an expectation when in On-Stage areas. On-Stage areas are those where our patients and visitors can be found and include public waiting areas, exam rooms and other patient care areas, hallways, elevator and cafeteria.
- ACCEPT Training completed by leaders, evaluating the effectiveness of this rollout.
- Response Rate Improvements – March worked with IT and NRC to begin sending a daily file for HCAHPS; a best practice from other Safety Net Hospitals.
- Leaders are distributing “We’re Listening” cards during rounds.
- Identified areas with opportunities to help improve ‘rate’ score:
 - **Care Transition Questions:** Staff took preferences into account and Understood managing of health. Developing specific action items to help with these questions.



Emergency Dept: VHMC Burn ED

Key Metric Dashboard

NET PROMOTER SCORE

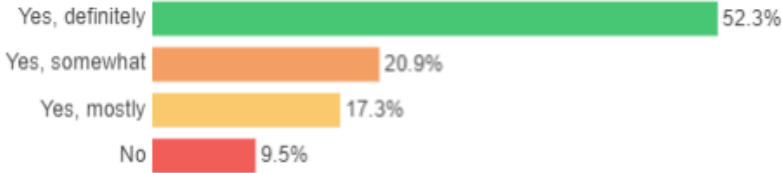
65.8

(n=520)

Benchmark:
>76.2



SEEN IN TIMELY MANNER



Emergency Dept: Overview VHMC & MVE-EDs

Key Metric Dashboard

NET PROMOTER SCORE

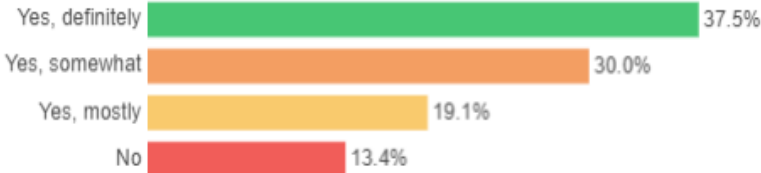
49.2

(n=9,165)

Benchmark:
>76.2



SEEN IN TIMELY MANNER



Emergency Dept: Comments VHMC & MVE-EDs

10 Extremely likely

RESP.DATE: 14 FEBRUARY 2022 ENC.DATE: 12 FEBRUARY 2022 COMMENT ADDED DATE: 16 FEBRUARY 2022 FACILITY: MVE ED PROVIDER: LEACH BRENDAN (36133)

SURVEY MODE: IVR QUESTION POD: EMERGENCY MOST RECENT ACTIVITY: - NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

Hi. The emergency room procedure was really smooth, There was enough room in the area so that it wasn't too crowded. The people were friendly and professional. It was clean and when I was seen by the medical staff, they were very professional and friendly and welcoming and Kind of helped to keep me not stressful. So they were, they were helpful to to not make me feel stressed. I guess so yeah, and they all did a really great job. So, thank you.

9

RESP.DATE: 14 FEBRUARY 2022 ENC.DATE: 11 FEBRUARY 2022 COMMENT ADDED DATE: 16 FEBRUARY 2022 FACILITY: VHMC ED ADULT PROVIDER: BELL DAVID (594)

SURVEY MODE: IVR QUESTION POD: EMERGENCY MOST RECENT ACTIVITY: - NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

Hello. Yeah, I was helped in a very timely manner. I had a lot of shoulder pain and I was giving painkillers as well. A few different doctors came to me and check me check up on me. And each one has a bit of information to share with me which was useful, and I also got a shot just in case I have had some kind of infection or I got, or the cut that I had to the dirty, but everything was very professional and my experience was very, very good. Thank you.

10 Extremely likely

RESP.DATE: 12 FEBRUARY 2022 ENC.DATE: 11 FEBRUARY 2022 COMMENT ADDED DATE: 15 FEBRUARY 2022 FACILITY: VHMC ED BURN

PROVIDER: FERRARI LOUIS (30639) SURVEY MODE: IVR QUESTION POD: EMERGENCY MOST RECENT ACTIVITY: - NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

Okay. So, inside the hospital was great. My only complaint was the fact that construction workers were parked in patient parking, and I had to walk, with a six year old with second degree burns, a quarter of a mile from where we could finally find a parking spot to get into the emergency department, to get back to the Burn Unit. So, my only concern is construction workers blocking patient parking and laughing about it, when I made a comment to them about it, so that's it.

Service Excellence Action Items – Emergency Department:

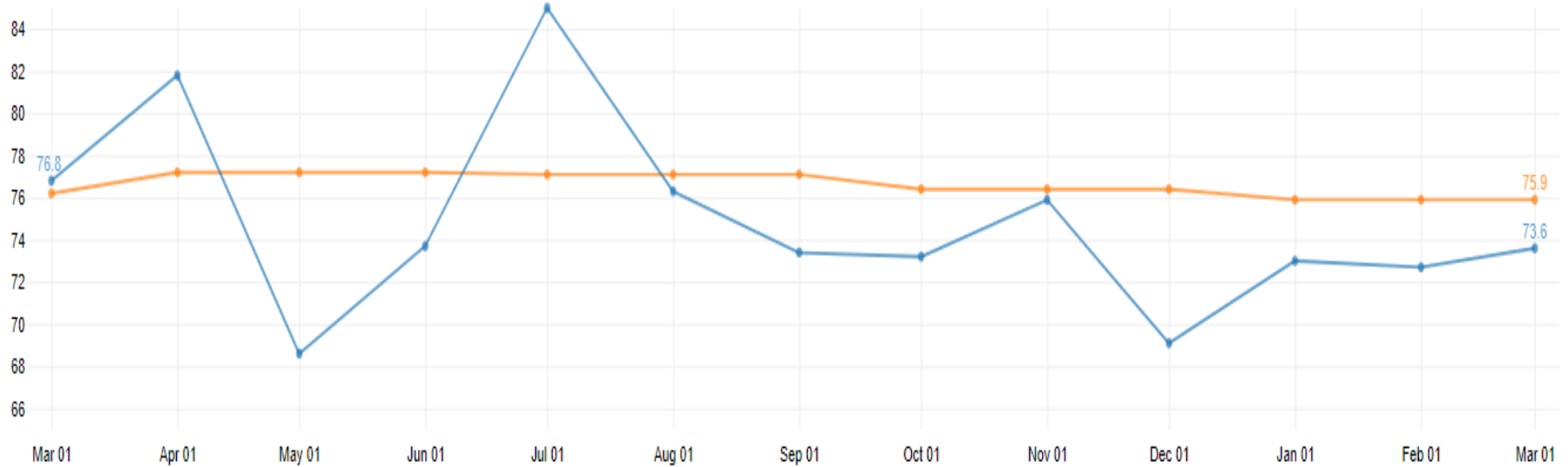
- Identified area with opportunity to improve 'rate':
 - Spent enough time with patient
- ED Leadership has worked with Facilities to improve aesthetics of outside area.
- ED Leadership has worked with EVS.
- Patient lobby was rearranged with triage nurse moving to pre-COVID location.

Overview of Phoenix CHC (Specialty Clinics)

March 2021 – March 2022

■ Benchmark ■ Net Promoter Score

NPS: Facility would recommend



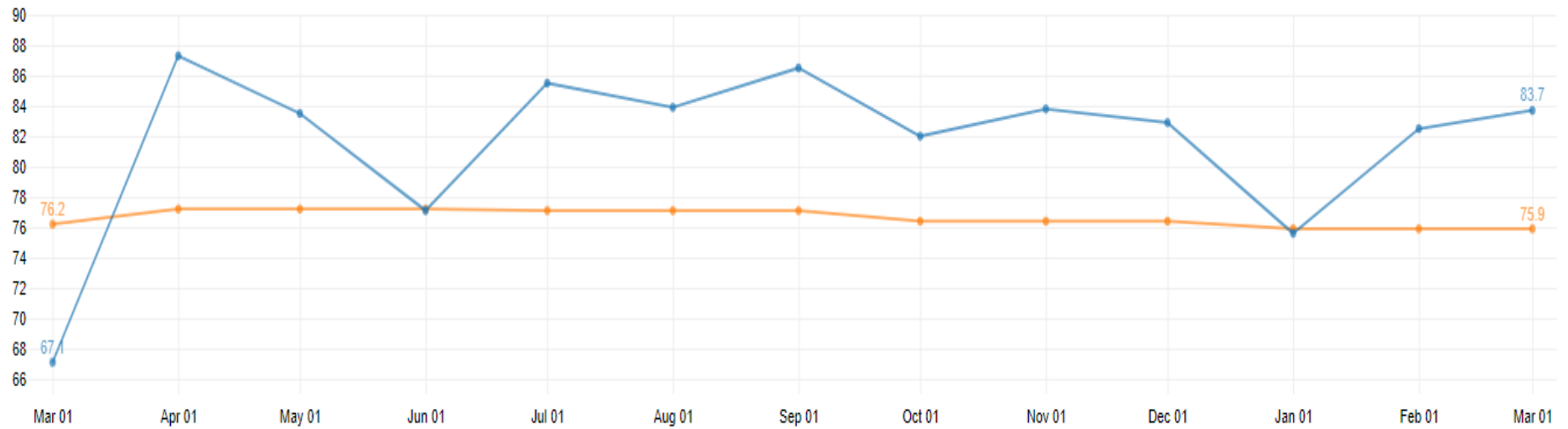
	Mar 01	Apr 01	May 01	Jun 01	Jul 01	Aug 01	Sep 01	Oct 01	Nov 01	Dec 01	Jan 01	Feb 01	Mar 01
Net Promoter Score	76.8	81.8	68.6	73.7	85.0	76.3	73.4	73.2	75.9	69.1	73.0	72.7	73.6
	n = 366	n = 319	n = 315	n = 377	n = 246	n = 758	n = 1,233	n = 1,123	n = 945	n = 972	n = 1,049	n = 1,016	n = 1,191

Overview of Peoria CHC (Specialty Clinics)

March 2021 – March 2022

■ Benchmark ■ Net Promoter Score

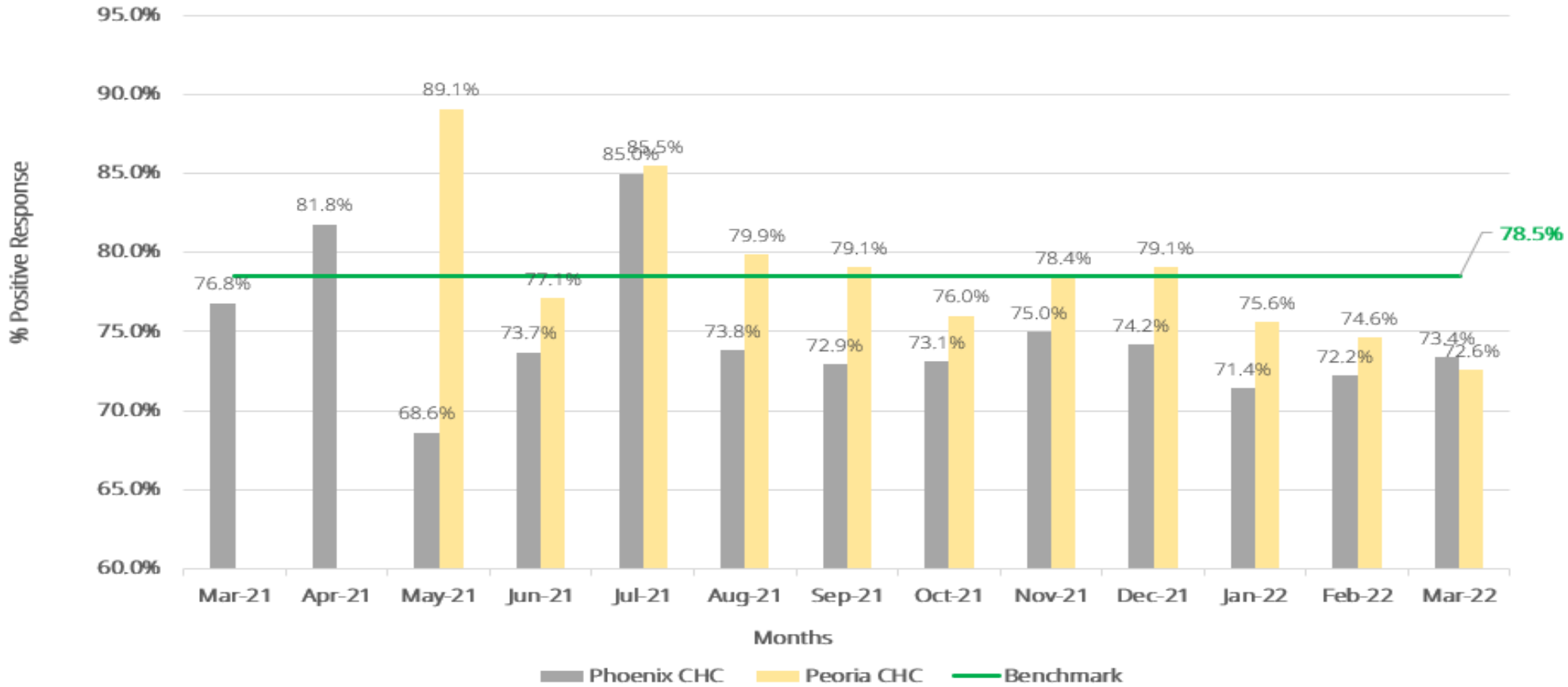
NPS: Facility would recommend



	Mar 01	Apr 01	May 01	Jun 01	Jul 01	Aug 01	Sep 01	Oct 01	Nov 01	Dec 01	Jan 01	Feb 01	Mar 01
Net Promoter Score	67.1 n = 85	87.3 n = 118	83.5 n = 170	77.1 n = 210	85.5 n = 165	83.9 n = 199	86.5 n = 237	82.0 n = 266	83.8 n = 365	82.9 n = 339	75.6 n = 332	82.5 n = 325	83.7 n = 411

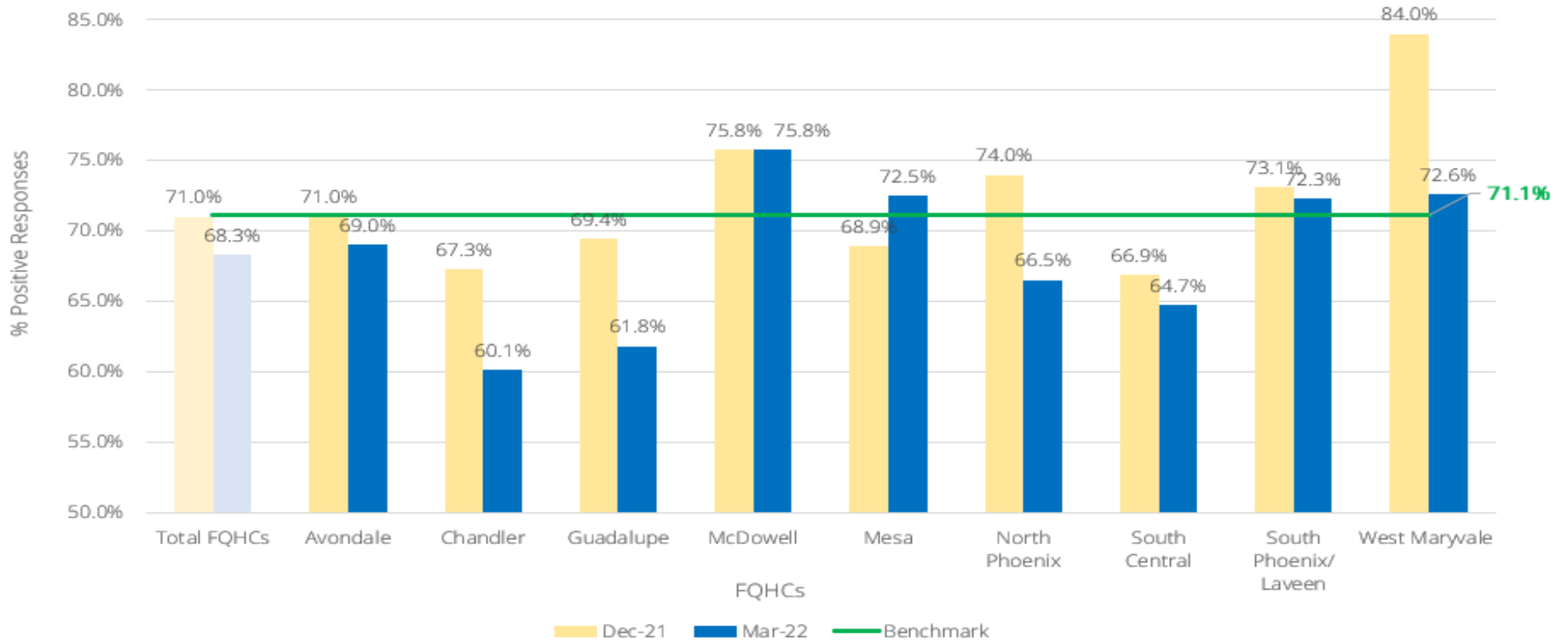
Overview of Phoenix CHC and Peoria CHC (FQHC clinics only)

NPS: Facility Would Recommend
 Rolling 12 Months
 Mar 2021 - Mar 2022



Ambulatory FQHC Clinics: Facility Would Recommend

NPS: Facility Would Recommend
 FQHC's FY2022
 Dec 2021 Compared to Mar 2022



Phoenix CHC: Comments

9

RESP.DATE: 31 MARCH 2022 ENC.DATE: 29 MARCH 2022 COMMENT ADDED DATE: 6 APRIL 2022 FACILITY: PXC INTERNAL MEDICINE PROVIDER: WHITE KAMA (1134151053) SURVEY MODE: IVR

QUESTION POD: MEDICAL PRACTICE MOST RECENT ACTIVITY: - NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

This time I went to my appointment, the doctor was perfect, everything was perfect. Just look at the floor a little dirty and it doesn't give me so much confidence that one could be contaminated with something and in gynecology they never gave me my papers I had to call them like three four days and well I feel disrespectful send them to the house go to the house and I'm going to talk to them and the days go by and the days go by and they don't call you, it's until I had to call again for them to come back, I would like the staff to come more more and the papers and appointments will not be delivered as the doctor dictates, not as the nurses say because the nurse never called me and that was what

10 Extremely likely

RESP.DATE: 29 MARCH 2022 ENC.DATE: 28 MARCH 2022 COMMENT ADDED DATE: 31 MARCH 2022 FACILITY: PXC ADOLESCENT PROVIDER: DOBBS MICHAEL (1255548277) SURVEY MODE: IVR

QUESTION POD: MEDICAL PRACTICE MOST RECENT ACTIVITY: - NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

What I like about the providers that they respect your decisions also.

10 Extremely likely

RESP.DATE: 16 MARCH 2022 ENC.DATE: 14 MARCH 2022 COMMENT ADDED DATE: 18 MARCH 2022 FACILITY: PXC PEDI PROVIDER: BOUCEK LISA (1720498975) SURVEY MODE: IVR

QUESTION POD: MEDICAL PRACTICE MOST RECENT ACTIVITY: - NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

I would just like to add that the doctors were really patient with my son. They were able to walk him through step by step what are going to do and they they reassured him that it wasn't going to hurt, they reassured him that he was brave and you know that he's a tough guy for going through or what you was going through which was removing some staples. So I just wanted to let them and thank them for calming him down and just informing him, like reassuring him that he had nothing to worry about.

Peoria CHC: Comments

10 Extremely likely

RESP.DATE: 31 MARCH 2022 ENC.DATE: 29 MARCH 2022 COMMENT ADDED DATE: 4 APRIL 2022 FACILITY: PEC FAMILY PRACTICE PROVIDER: MAKADIA RAJ (1386086569) SURVEY MODE: IVR

QUESTION POD: MEDICAL PRACTICE MOST RECENT ACTIVITY: - NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

Yes, my doctor is very thorough. I was totally impressed and recommend him to all. He is very good. He has patience goes over everything with you and not in a rush. I really like him. He's the best. Thank you.

10 Extremely likely

RESP.DATE: 30 MARCH 2022 ENC.DATE: 29 MARCH 2022 COMMENT ADDED DATE: 5 APRIL 2022 FACILITY: PEC FAMILY PRACTICE PROVIDER: BYERS WENDY (1598049975) SURVEY MODE: EMAIL

QUESTION POD: MEDICAL PRACTICE MOST RECENT ACTIVITY: - NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

They treated me very cordially and professionally. Both the translator and the doctor are very kind. Thank you for your attention.

10 Extremely likely

RESP.DATE: 19 MARCH 2022 ENC.DATE: 18 MARCH 2022 COMMENT ADDED DATE: 24 MARCH 2022 FACILITY: PEC OBI/GYN PROVIDER: COLEMAN LYNNE (1356811970) SURVEY MODE: IVR

QUESTION POD: MEDICAL PRACTICE MOST RECENT ACTIVITY: - NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

I really liked how my doctor treated me, I felt calm with confidence and I liked that she had a lot of interest in her patients in person as care, she gave us very many very good things, she recommended vitamins, I felt very good, I wish there were more doctors like her, thank you.

10 Extremely likely

RESP.DATE: 16 MARCH 2022 ENC.DATE: 15 MARCH 2022 COMMENT ADDED DATE: 22 MARCH 2022 FACILITY: PEC FAMILY PRACTICE PROVIDER: BENNETT JAMES (1194708396) SURVEY MODE: IVR

QUESTION POD: MEDICAL PRACTICE MOST RECENT ACTIVITY: - NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

I would like radiology and gastroenterology to be there, it also makes it difficult not to have to go to a different one because it is more comfortable for me and the (unreadable), thank you.

Ambulatory Clinics: Comments

10 Extremely likely

RESP.DATE: 24 MARCH 2022 ENC.DATE: 23 MARCH 2022 COMMENT ADDED DATE: 28 MARCH 2022 FACILITY: NPX FAMILY PRACTICE PROVIDER: WENDELSCHAFER KRISTYN (1821359647)

SURVEY MODE: IVR QUESTION POD: MEDICAL PRACTICE MOST RECENT ACTIVITY: - NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

I reached the provider in person. She was able to take care of me quickly. She's the best provider that I've had. I brought my family member to her, my family member, which is my sister, absolutely loved how she took care of her on her first visit, and we are absolutely happy with her service. We wish all cover, all providers could be as wonderful and accommodating as she is.

10 Extremely likely

RESP.DATE: 31 MARCH 2022 ENC.DATE: 29 MARCH 2022 COMMENT ADDED DATE: 4 APRIL 2022 FACILITY: MCD INTERNAL MEDICINE PROVIDER: THURMAN NICOLE (1659635464)

SURVEY MODE: IVR QUESTION POD: MEDICAL PRACTICE MOST RECENT ACTIVITY: - NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

I just wanted to say that Dr. Thurman is one of the best doctors I have ever had the honor to have to take care of me. She goes above and beyond to always take care of my needs. She knows what's going on. She's always prepared and she always does a really good job explaining anything or if I have any questions. She takes her time letting me know what I need to know an answer my questions completely.

10 Extremely likely

RESP.DATE: 29 MARCH 2022 ENC.DATE: 26 MARCH 2022 COMMENT ADDED DATE: 31 MARCH 2022 FACILITY: AVD FAMILY PRACTICE PROVIDER: MCKENZIE TINA (1598177461)

SURVEY MODE: IVR QUESTION POD: MEDICAL PRACTICE MOST RECENT ACTIVITY: - NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

The service is really good. Prompt response to getting appointments an things, the only complaint I have is getting through the line, sometimes the lines are ridiculous and we get a lot of the we get the patient assistance people instead of the office and that happens a lot. Other than that. The doctors are very professional, very knowledgeable, very friendly. And that's it.

Service Excellence Action Items - Ambulatory:

- Updating the question pods that will be asked by NRC. Ambulatory leaders has reviewed the questions and final approval at Service Excellence committee on April 28th.
- Implementation of new question pods will be mid-May.
- Currently asking 20 questions. New question pods will ask no more than 10 questions.
- The update of question pods will now have specific questions for the following areas: Telehealth visits, Laboratory visits, oncology visits and outpatient behavioral health visits.
 - Currently these areas are included in the Medical Practice Question Pod





**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

April 27, 2022

Item 4.

Updated Information

Legislative Agenda



April 27, 2022

Legislative & Governmental Relations

Michael Fronske
Director of Legislative and Government Affairs

Current Statistics of Session

Day	108
Bills posted	1780
Bills passed	199
Bills vetoed	0
Bills signed	173
Resolutions passed	9

State Legislation and Issues

Budget and Deadlines:

The House Appropriations Committee failed to pass the proposed budget bills. Budget negotiations are ongoing.

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

94 Bills Sent Out for Comment (38 Bills Still Active)
16 Signed by the Governor

Bills We Are Tracking Closely:

- HB 2498 COVID-19; VACCINATION REQUIREMENTS; PROHIBITION (Passed 16-12 out of the Senate, awaiting action by the Governor)
- HB 2453 GOV ENTITIES; MASK REQUIREMENTS (Awaiting COW in the Senate)
- SB 1210 MENTALLY ILL; TRANSPORTATION; EVALUATION; TREATMENT (Awaiting COW in the House)

Status on Action Item Bills

Requested to Support:

SB 1311 HEALTH CARE WORKERS; ASSAULT; PREVENTION(Passed House 53-5 ready for action by the Governor)

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

Requested to Oppose:

SB 1393 REFUSING TREATMENT; RIGHT (Dead)

SB 1078 CONFIDENTIAL MEDICAL INFORMATION (Dead)

SB 1113 COURT-ORDERED TREATMENT; ENHANCED SERVICE (Dead)

Federal Issues

Key Issues:

- Gave a tour of the Medical Center to Senator Kelly's Local and DC staff.
- Gave a tour of the Medical Center to Congressman Gallego's DC staff.
- Congress is concluding a two-week recess without having passed the Senate's bipartisan, \$10 billion COVID-19 relief bill. Lawmakers intend to bring the bill up for a vote following their return to Washington, D.C., this week. The legislation does not include any new money for the Health Resources and Services Administration (HRSA) fund to pay for COVID-19 testing and treatment of uninsured people. Without additional funding, HRSA will remain unable to accept new claims for care of the uninsured.





**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

April 27, 2022

Item 5.

**Financials and Statistical
Information**

March 2022



Financial and Statistical Information

for the month ending
March 31, 2022



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Health plan sale proceeds (net)	35



Financial Highlights – March 2022

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

Patient Activity

Total admissions in March were 16.8% below budget, and 5.1% lower than March 2021 last year. Year-to-date total admissions were 7.9% below budget and 4.1% higher than YTD March 2021. Inpatient acute admissions for the month were 3.5% below budget and 10.2% higher than last March 2021. Behavioral health admissions were 41.9% below budget for the month and 33.8% lower than last March 2021.

Emergency department visits were 8.6% over budget for the month and 30.3% higher than last March 2021. Year-to-date visits were 5.6% over budget and 32.2% higher than YTD March 2021.

Ambulatory visits were 2.0% over budget for the month and 6.7% higher than last March 2021. Year-to-date visits were 0.3 below budget and 3.4% higher than YTD March 2021.

Operating Revenue

Net patient service revenues were 1.2% over budget for the month and were 5.8% higher than budget on a year-to-date basis. Other revenues were 1.1% below budget for the month. Overall total operating revenues were 0.8% over budget for the month and 4.0% over budget on a year- to- date basis.

Operating Expense

Total operating expenses were 13.2% over budget for the month of March. Labor expense, which includes salaries, benefits, and contract labor, were 18.6% over budget for the month. Majority of the negative variances are in contract labor due to the staffing shortage, overtime usage and extra shift incentives. Negative variance in contract labor were in nursing, especially the ICU/IDU/Burn units, ER departments, OR services, behavioral health units, respiratory therapy, and other support departments. Net medical service fees were 5.8% below budget for the month primarily in staffing. Supplies were 19.8% over budget primarily in pharmaceuticals, radiology and laboratory supplies, blood & plasma and surgery related supplies. Purchased services were 6.3% over budget primarily in other outside services and laundry & dry-cleaning services. Lastly, all other expenses excluding depreciation were 12.4% over budget for the month primarily in building and mechanical R&M, medical equipment rental, printing/binding/duplicating and freight.

Non-Operating Revenue (Expense) – In total, net non-operating revenues and expenses were 16.0% over budget for the month of March mostly in non-operating revenues and 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>March 2022</u>	<u>June 2022</u>
Operating / General Fund	\$230.0M	\$262.2M
Bond related – Restricted	<u>330.0M</u>	<u>477.0M</u>
Total cash and cash equivalents (including investments)	\$560.0M	\$739.2M

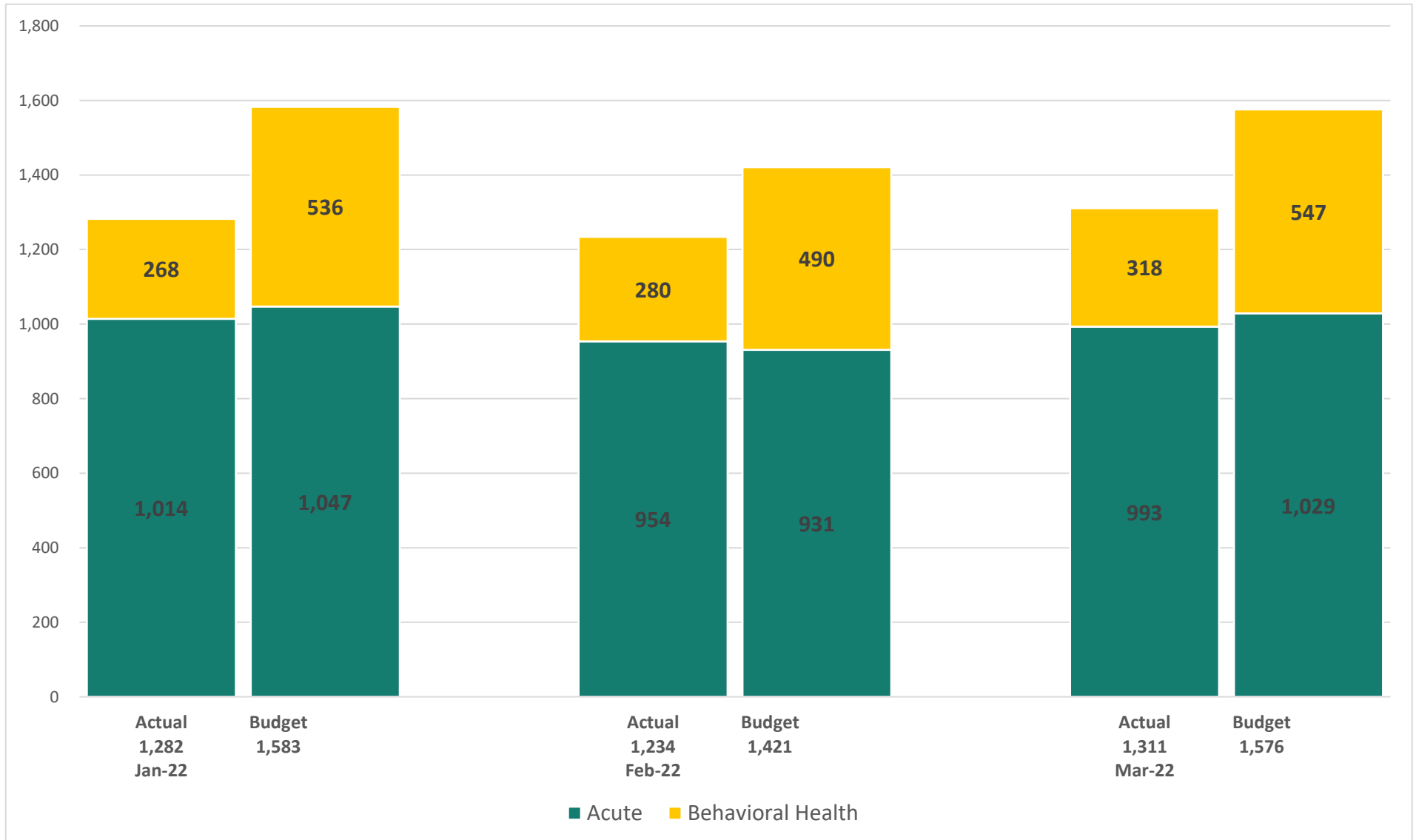
Select Ratios

	FY2022 YTD as of March	2018 Moody’s “A3” Medians
Liquidity		
Days cash on hand (unrestricted)	109.5	183.5
Days in Accounts Receivable	75.3	47.0
Current Ratio (excludes Bond funds)	2.5	1.8

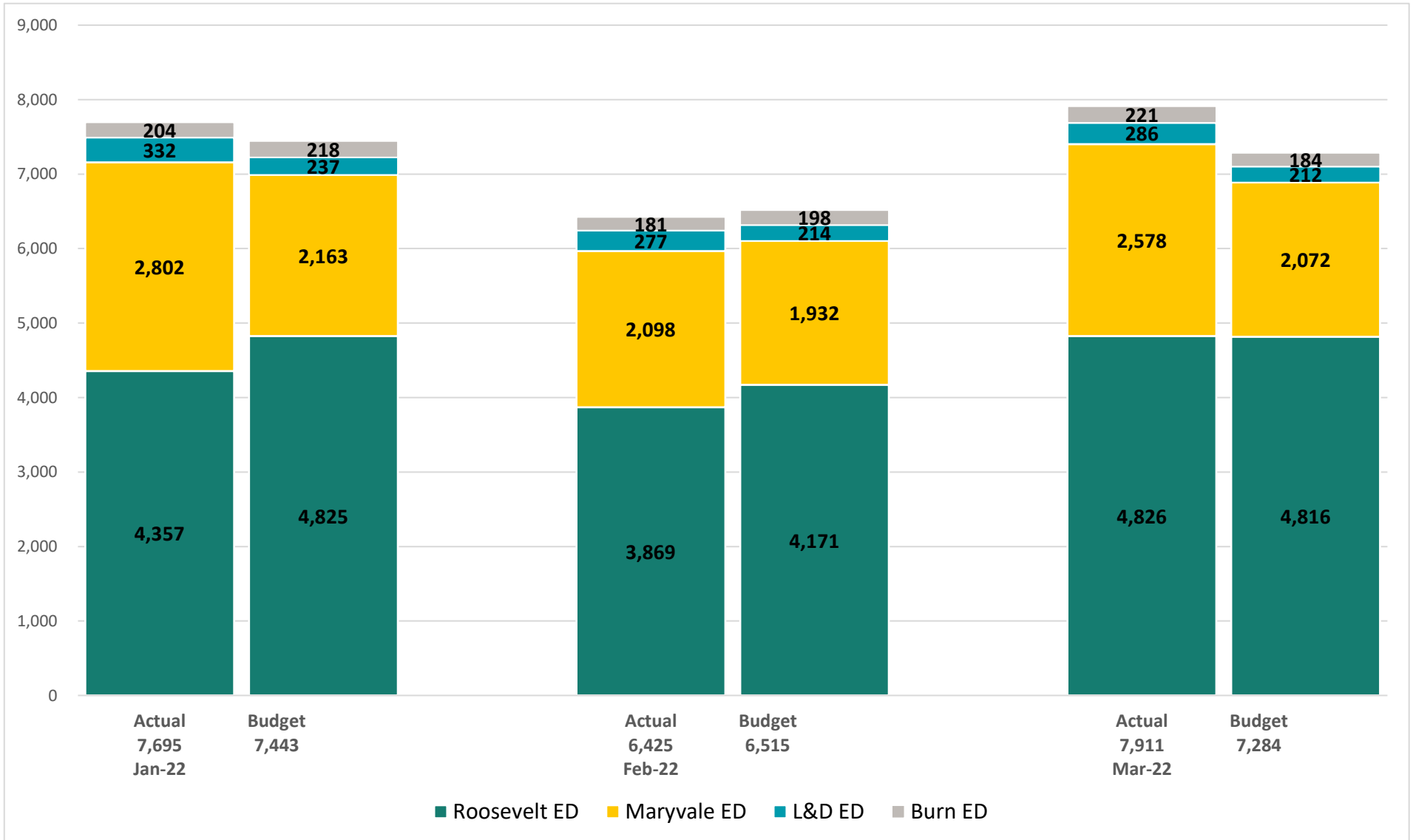
	FY2022	
	YTD Actual	YTD Budget
Profitability		
Operating Margin (%)	(26.7)	(21.4)
Excess Margin – normalized (%)	(12.7)	(8.0)
Productivity		
FTE/AOB w/o Residents	4.82	4.66

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

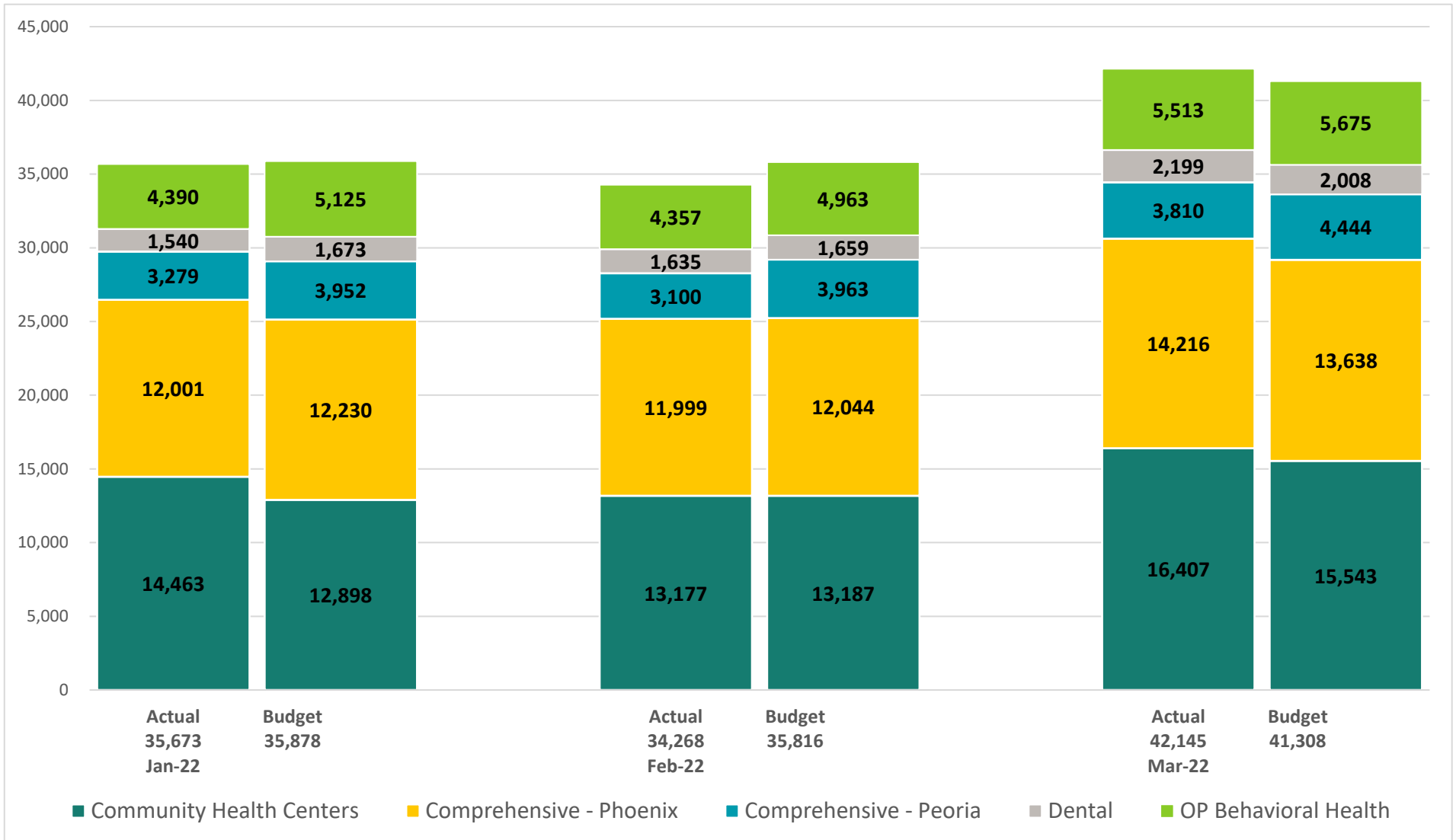
Fiscal Year 2022 Admissions



Fiscal Year 2022 Emergency Department Visits

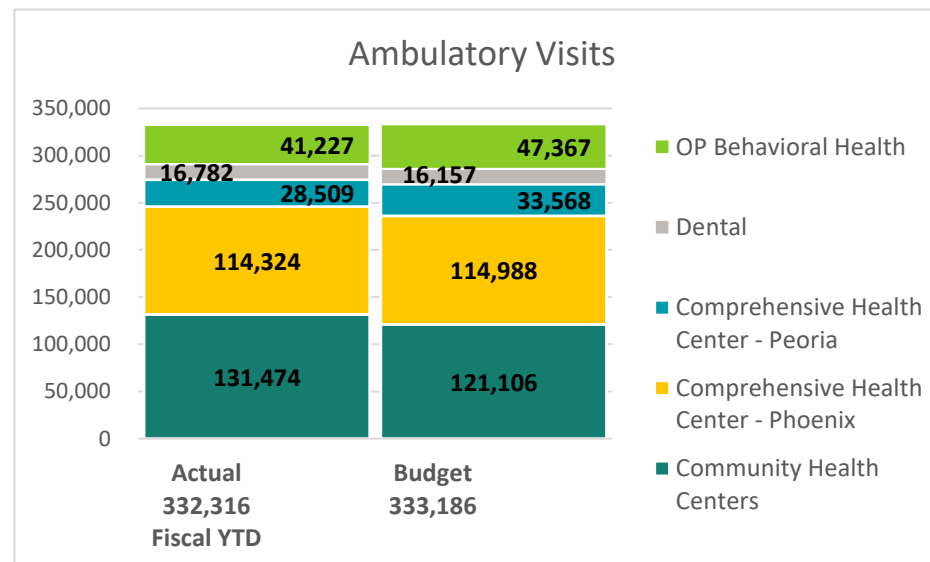
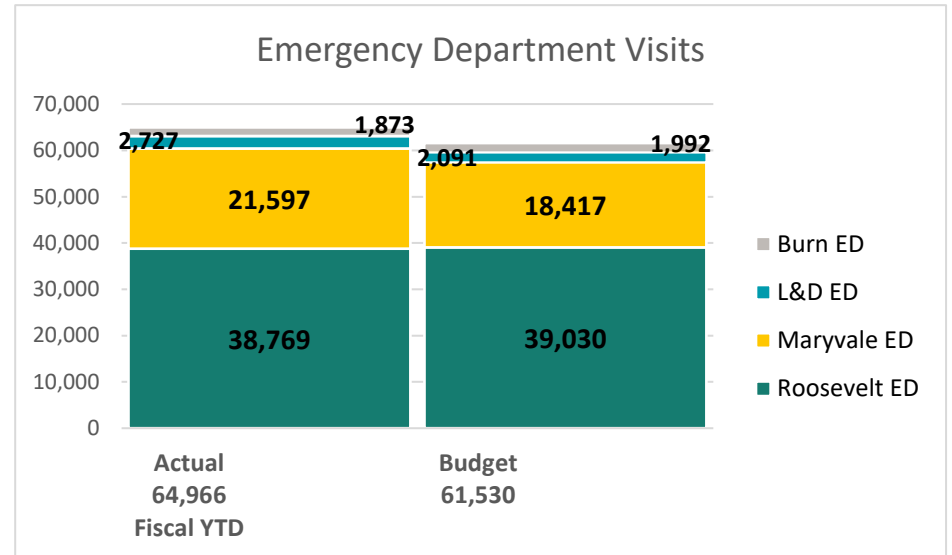
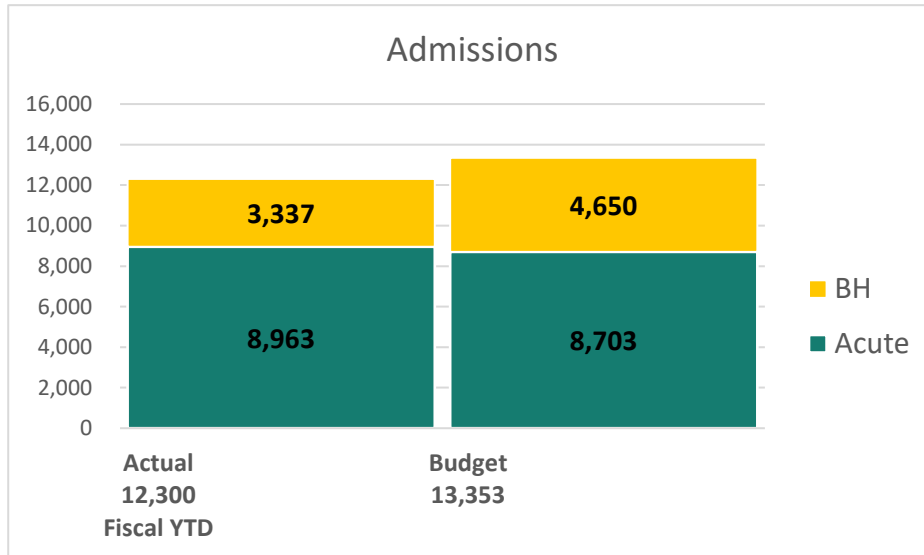


Fiscal Year 2022 Ambulatory Visits



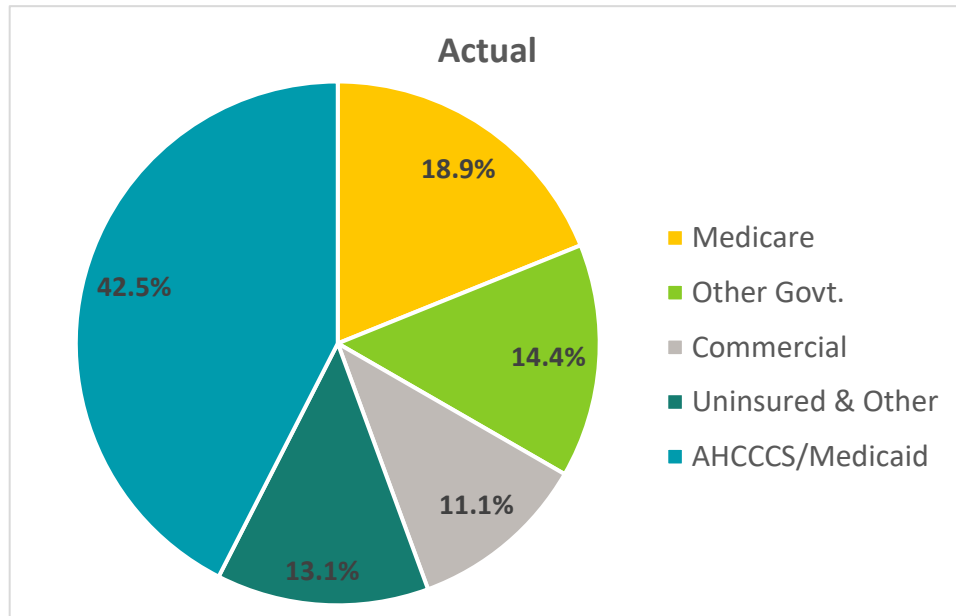
* Includes Telehealth visits -- 6,561 (January 2022) || 7,236 (February 2022) || 10,635 (March 2022)

Fiscal Year 2022 Year-to-Date Volume Summary

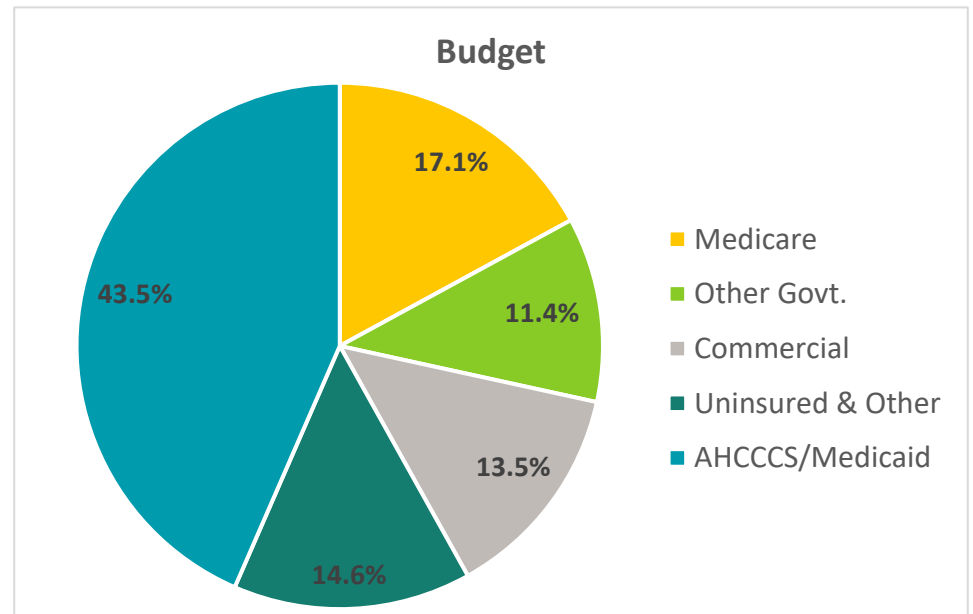


* Includes 52,698 Telehealth visits in FY 2022

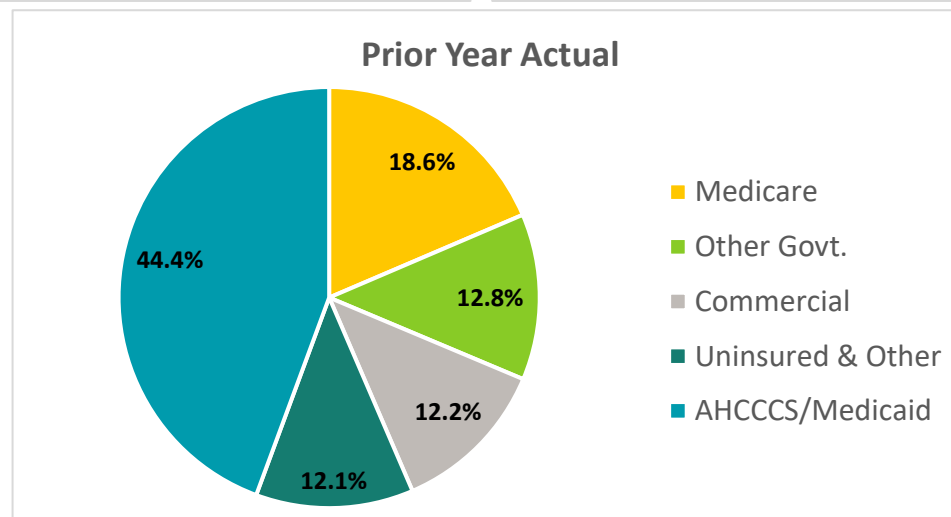
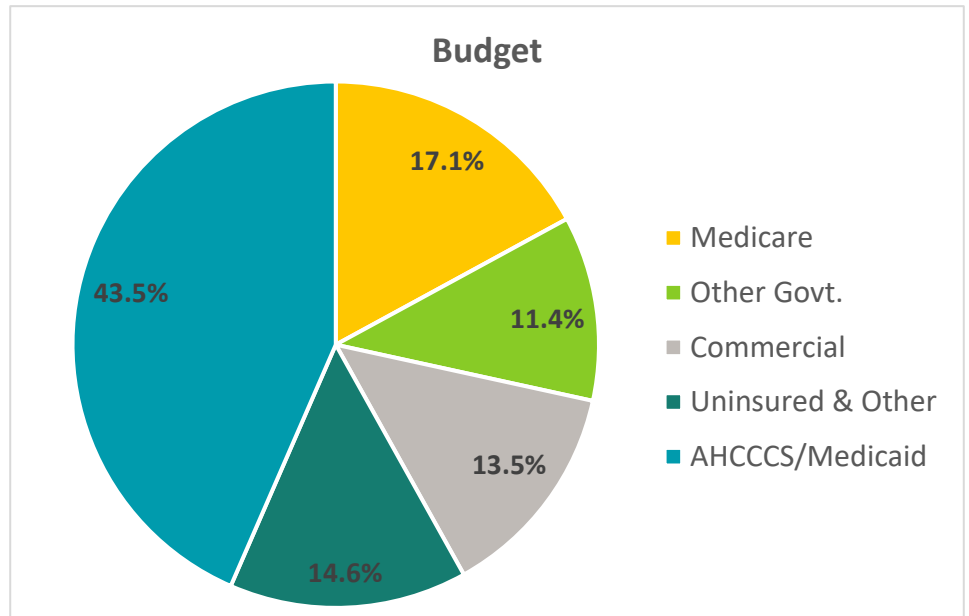
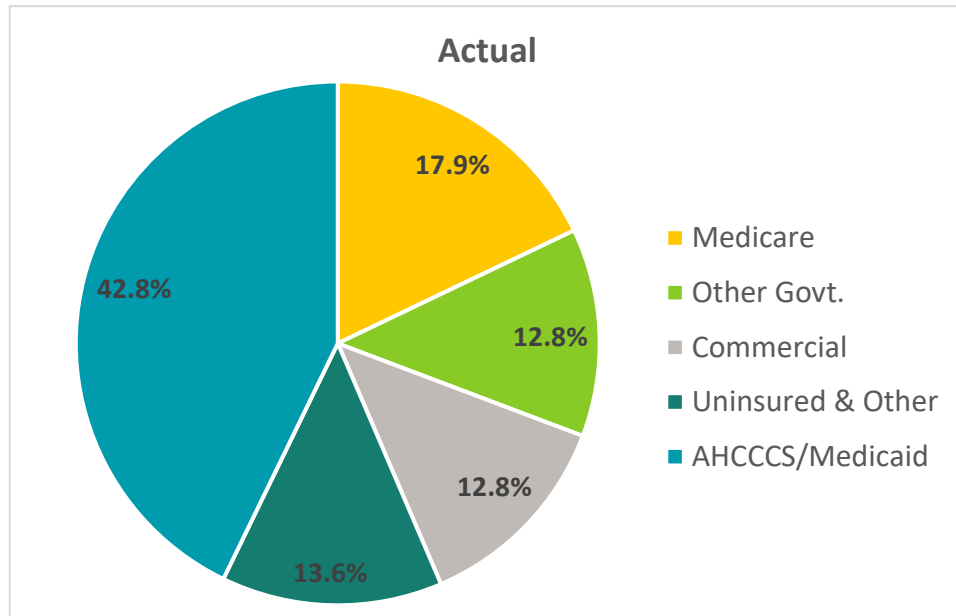
Fiscal Year 2022 Patient Revenue Source by Gross Revenue



Actual Gross Revenue is month of March 31, 2022



Fiscal Year 2022 Patient Revenue Source by Gross Revenue



Actual Gross Revenue is
YTD as of March 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 March 31, 2022

		MTD Actual
Increase (decrease) in net assets as reported		\$ (11,007,760)
<i>Unusual items:</i>		
FEMA - Surge nurses relief (Contract Labor) - 3.0 FTE's	\$ 78,134	
FEMA - Surge nurses relief (Non-operating revenue)	(78,134)	
COVID related subsidies - various HRSA grants	(102,441)	
	<hr/>	<hr/> (102,441)
Normalized increase (decrease) in net assets		<u><u>\$ (11,110,201)</u></u>



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF REVENUES AND EXPENSES

For the Period Ending March 31, 2022

	Mar-22 Actual	Mar-22 Budget	Mar-22 Variance	Mar-22 % Change	Prior Year Same Month Mar-21	Prior Year Same Month Variance	Prior Year Same Month % Change
Net Patient Service Revenue	\$ 45,243,863	\$ 44,721,005	\$ 522,858	1.2 %	\$ 42,861,938	\$ 2,381,926	5.6 %
Other Revenue	9,838,238	9,945,773	(107,535)	(1.1 %)	9,774,160	64,079	0.7 %
Total Operating Revenue	55,082,102	54,666,778	415,323	0.8 %	52,636,097	2,446,004	4.6 %
OPERATING EXPENSES							
Salaries and Wages	23,475,848	24,123,147	647,299	2.7 %	22,894,005	(581,843)	(2.5 %)
Contract Labor	11,087,065	2,892,364	(8,194,701)	(283.3 %)	2,992,229	(8,094,836)	(270.5 %)
Employee Benefits	6,330,827	7,479,264	1,148,437	15.4 %	6,556,467	225,639	3.4 %
Medical Service Fees	7,973,111	8,468,434	495,323	5.8 %	7,171,594	(801,517)	(11.2 %)
Supplies	10,239,064	8,547,767	(1,691,297)	(19.8 %)	7,825,378	(2,413,686)	(30.8 %)
Purchased Services	2,653,536	2,496,223	(157,313)	(6.3 %)	2,463,462	(190,074)	(7.7 %)
Repair and Maintenance	2,272,999	1,970,652	(302,346)	(15.3 %)	1,876,027	(396,972)	(21.2 %)
Utilities	502,803	602,488	99,684	16.5 %	730,690	227,887	31.2 %
Rent	793,750	453,673	(340,077)	(75.0 %)	623,101	(170,649)	(27.4 %)
Other Expenses	2,016,156	1,727,900	(288,257)	(16.7 %)	1,747,278	(268,878)	(15.4 %)
Provider Assessment	1,963,959	1,963,959	0	0.0 %	1,801,301	(162,657)	(9.0 %)
Depreciation	4,072,045	4,077,244	5,199	0.1 %	3,543,826	(528,220)	(14.9 %)
Total Operating Expense	73,381,164	64,803,114	(8,578,049)	(13.2 %)	60,225,358	(13,155,806)	(21.8 %)
Operating Income (Loss)	(18,299,062)	(10,136,336)	(8,162,726)	(80.5 %)	(7,589,260)	(10,709,802)	(141.1 %)
NONOPERATING REVENUES (EXPENSES)							
NonCapital Grants	612,888	505,959	106,929	21.1 %	493,537	119,351	24.2 %
NonCapital Transfers from County/State	295,658	295,658	0	0.0 %	295,658	0	0.0 %
Investment Income	501,299	260,083	241,216	92.7 %	125,510	375,790	299.4 %
Other NonOperating Revenues (Expenses)	(1,105,588)	(1,428,440)	322,851	22.6 %	(963,024)	(142,565)	(14.8 %)
Interest Expense	(1,507,861)	(2,334,137)	826,277	35.4 %	(1,254,311)	(253,549)	(20.2 %)
Tax Levy	12,085,171	12,085,170	0	0.0 %	11,633,850	451,321	3.9 %
Total NonOperating Revenues (Expenses)	10,881,566	9,384,294	1,497,273	16.0 %	10,331,219	550,347	5.3 %
Excess of Revenues over Expenses	\$ (7,417,496)	\$ (752,042)	\$ (6,665,453)	(886.3 %)	\$ 2,741,959	\$ (10,159,454)	(370.5 %)



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF REVENUES AND EXPENSES

For the Period Ending March 31, 2022

	Mar-22 Actual	Mar-22 Budget	Mar-22 Variance	Mar-22 % Change	Prior Year Same Month Mar-21	Prior Year Same Month Variance	Prior Year Same Month % Change
Bond-Related Revenues and Expenses	(3,590,264)	(2,512,505)	(1,077,759)	(42.9 %)	(3,378,542)	(211,722)	(6.3 %)
Increase (Decrease) in Net Assets (normalized)	\$ (11,007,760)	\$ (3,264,548)	\$ (7,743,212)	(237.2 %)	\$ (636,583)	\$ (10,371,176)	(1629.2 %)



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF REVENUES AND EXPENSES

For the Nine Periods Ending March 31, 2022

	Mar-22 YTD Actual	Mar-22 YTD Budget	Mar-22 YTD Variance	YTD Mar-22 % Change	YTD Prior Year Mar-21	YTD Prior Year Variance	YTD Prior Year % Change
Net Patient Service Revenue	\$ 397,006,921	\$ 375,414,548	\$ 21,592,373	5.8 %	\$ 356,515,980	\$ 40,490,940	11.4 %
Other Revenue	83,916,528	86,881,841	(2,965,313)	(3.4 %)	75,557,673	8,358,856	11.1 %
Total Operating Revenue	480,923,449	462,296,389	18,627,060	4.0 %	432,073,653	48,849,796	11.3 %
OPERATING EXPENSES							
Salaries and Wages	221,695,407	205,551,201	(16,144,206)	(7.9 %)	209,107,988	(12,587,419)	(6.0 %)
Contract Labor	57,027,934	25,821,726	(31,206,209)	(120.9 %)	18,888,142	(38,139,793)	(201.9 %)
Employee Benefits	64,922,159	63,293,779	(1,628,380)	(2.6 %)	63,164,827	(1,757,332)	(2.8 %)
Medical Service Fees	73,311,834	75,284,907	1,973,074	2.6 %	65,500,468	(7,811,366)	(11.9 %)
Supplies	75,443,512	73,763,235	(1,680,277)	(2.3 %)	66,724,228	(8,719,283)	(13.1 %)
Purchased Services	22,184,016	23,030,192	846,176	3.7 %	24,513,956	2,329,940	9.5 %
Repair and Maintenance	16,079,024	17,449,875	1,370,851	7.9 %	15,478,384	(600,640)	(3.9 %)
Utilities	5,388,756	5,568,905	180,149	3.2 %	6,325,142	936,386	14.8 %
Rent	5,079,671	4,362,806	(716,865)	(16.4 %)	4,323,228	(756,442)	(17.5 %)
Other Expenses	16,528,811	16,251,641	(277,170)	(1.7 %)	14,677,238	(1,851,573)	(12.6 %)
Provider Assessment	17,555,548	17,555,548	0	0.0 %	13,461,002	(4,094,547)	(30.4 %)
Depreciation	33,885,548	33,367,837	(517,711)	(1.6 %)	31,407,923	(2,477,626)	(7.9 %)
Total Operating Expense	609,102,220	561,301,652	(47,800,568)	(8.5 %)	533,572,525	(75,529,695)	(14.2 %)
Operating Income (Loss)	(128,178,771)	(99,005,263)	(29,173,508)	(29.5 %)	(101,498,872)	(26,679,899)	(26.3 %)
NONOPERATING REVENUES (EXPENSES)							
NonCapital Grants	4,287,367	4,575,268	(287,900)	(6.3 %)	4,281,348	6,019	0.1 %
NonCapital Transfers from County/State	2,660,922	2,660,922	0	0.0 %	2,660,922	0	0.0 %
Investment Income	2,419,288	2,340,750	78,538	3.4 %	1,456,496	962,793	66.1 %
Other NonOperating Revenues (Expenses)	(6,934,750)	(12,448,382)	5,513,633	44.3 %	5,444,069	(12,378,818)	(227.4 %)
Interest Expense	(12,784,305)	(21,038,719)	8,254,413	39.2 %	(11,293,584)	(1,490,722)	(13.2 %)
Tax Levy	108,766,535	108,766,534	1	0.0 %	104,704,648	4,061,886	3.9 %
Total NonOperating Revenues (Expenses)	98,415,057	84,856,372	13,558,685	16.0 %	107,253,900	(8,838,842)	(8.2 %)
Excess of Revenues over Expenses	\$ (29,763,714)	\$ (14,148,891)	\$ (15,614,823)	(110.4 %)	\$ 5,755,027	\$ (35,518,741)	(617.2 %)



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF REVENUES AND EXPENSES

For the Nine Periods Ending March 31, 2022

	Mar-22 YTD Actual	Mar-22 YTD Budget	Mar-22 YTD Variance	YTD Mar-22 % Change	YTD Prior Year Mar-21	YTD Prior Year Variance	YTD Prior Year % Change
Bond-Related Revenues and Expenses	(31,642,531)	(22,581,065)	(9,061,466)	(40.1 %)	(30,543,551)	(1,098,980)	(3.6 %)
Increase (Decrease) in Net Assets (normalized)	\$ (61,406,245)	\$ (36,729,956)	\$ (24,676,289)	(67.2 %)	\$ (24,788,524)	\$ (36,617,721)	(147.7 %)



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
 VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
 STATEMENT OF NET POSITION
 March 31, 2022

	3/31/2022	6/30/2021
ASSETS		
Current Assets		
Cash and Cash Equivalents		
Cash - Care System	\$ 229,963,689	\$ 262,238,041
Cash and Short-Term Investment	229,963,689	262,238,041
Cash - Bond	329,749,610	477,027,521
Cash and Short-Term Investment - Bond	329,749,610	477,027,521
Total Cash and Cash Equivalents	559,713,299	739,265,563
Patient A/R, Net of Allowances	111,317,451	99,414,043
Other Receivables and Prepaid Items	49,782,695	30,623,897
Estimated Amounts Due from Third-Party Payors	34,306,596	56,788,953
Due from Related Parties	5,111,397	1,766,465
Total Current Assets	760,231,438	927,858,920
Capital Assets, Net	685,118,887	594,155,126
Total Assets	1,445,350,325	1,522,014,046
Deferred Outflows	89,357,989	89,357,989
Total Assets and Deferred Outflows	\$ 1,534,708,314	\$ 1,611,372,035



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
 VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
 STATEMENT OF NET POSITION
 March 31, 2022

	3/31/2022	6/30/2021
LIABILITIES AND NET POSITION		
Current Liabilities		
Current Maturities of Long-Term Debt	\$ 48,140,657	\$ 42,619,328
Accounts Payable	64,865,589	44,530,242
Accrued Payroll and Expenses	36,451,555	43,855,191
Medical Claims Payable	15,114,101	15,116,287
Due to Related Parties	1,438,536	6,855,908
Other Current Liabilities	52,381,340	60,526,351
Total Current Liabilities	218,391,778	213,503,307
Long-Term Debt		
Bonds Payable	678,673,902	730,462,381
Total Long-Term Debt	678,673,902	730,462,381
Long-Term Liabilities	394,175,117	394,175,117
Total Liabilities	1,291,240,797	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
 March 31, 2022

	<u>3/31/2022</u>	<u>6/30/2021</u>
Net Position		
Invested in Capital Assets, Net of Related Debt	636,978,229	551,535,798
Temporarily Restricted	18,764,795	10,301,941
Unrestricted	<u>(416,247,802)</u>	<u>(292,578,803)</u>
Total Net Position	239,495,223	269,258,937
Total Liabilities, Deferred Inflows, and Net Position	<u>\$ 1,534,708,314</u>	<u>\$ 1,611,372,035</u>



Comprehensive Health Center – Peoria (pictured)

Supplemental Information

Valleywise Health
 Financial and Statistical Information
 31-Mar-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	993	1,029	(36)	(3.5%)	8,963	8,703	260	3.0%	7,946	1,017	12.8%	
Length of Stay (LOS)	5.4	4.5	(0.8)	(18.5%)	5.8	4.9	(0.9)	(18.7%)	5.7	(0.1)	(1.5%)	
Patient Days	5,353	4,681	672	14.4%	51,961	42,514	9,447	22.2%	45,400	6,561	14.5%	
Acute - Observation Days and Admits												
Observation Days	534	429	105	24.5%	4,004	3,645	359	9.9%	2,844	1,160	40.8%	
Observation Admission - Transfer to Inpatient	173	181	(8)	(4.4%)	1,533	1,536	(3)	(0.2%)	1,363	170	12.5%	
Observation Admission Only	362	344	18	5.2%	2,632	2,933	(301)	(10.3%)	2,092	540	25.8%	
Total Admissions - Acute plus Observation Only	1,355	1,373	(18)	(1.3%)	11,595	11,636	(41)	(0.4%)	10,038	1,557	15.5%	
Behavioral Health												
Admissions	318	547	(229)	(41.9%)	3,337	4,650	(1,313)	(28.2%)	3,873	(536)	(13.8%)	
Length of Stay (LOS)	23.6	19.6	(4.0)	(20.1%)	22.8	18.8	(4.1)	(21.6%)	20.1	(2.7)	(13.4%)	
Patient Days	7,499	10,737	(3,238)	(30.2%)	76,099	87,203	(11,104)	(12.7%)	77,896	(1,797)	(2.3%)	
Valleywise Behavioral Health Center-Phoenix	1,651	2,837	(1,186)	(41.8%)	16,932	21,363	(4,431)	(20.7%)	19,470	(2,538)	(13.0%)	
Valleywise Behavioral Health Center-Mesa	2,743	2,980	(237)	(8.0%)	25,067	26,136	(1,069)	(4.1%)	24,813	254	1.0%	
Valleywise Behavioral Health Center-Maryvale	3,105	4,920	(1,815)	(36.9%)	34,100	39,704	(5,604)	(14.1%)	33,613	487	1.4%	
Combined (Acute + Behavioral Health)												
Adjusted Admissions	2,681	2,952	(271)	(9.2%)	21,706	24,651	(2,945)	(11.9%)	20,031	1,675	8.4%	
Adjusted Patient Days	26,283	28,881	(2,599)	(9.0%)	225,989	239,473	(13,484)	(5.6%)	208,960	17,028	8.1%	
Case Mix Index												
Total Hospital	1.61	1.60	0.01	0.8%	1.60	1.60	0.00	0.2%	1.63	(0.03)	(1.6%)	
Acute (Excluding Newborns)	1.82	1.88	(0.06)	(3.3%)	1.85	1.88	(0.03)	(1.6%)	1.92	(0.07)	(3.7%)	
Behavioral Health	1.22	1.20	0.02	1.8%	1.21	1.20	0.01	0.6%	1.20	0.01	0.6%	
Medicare	2.44	2.25	0.19	8.4%	2.29	2.25	0.04	1.6%	2.28	0.01	0.3%	
AHCCCS	1.77	1.88	(0.11)	(6.0%)	1.80	1.88	(0.08)	(4.3%)	1.93	(0.13)	(6.8%)	
Ambulatory												
Valleywise Community Health Centers Visits	16,407	15,543	864	5.6%	131,474	121,106	10,368	8.6%	143,599	(12,125)	(8.4%)	
Valleywise Comprehensive Health Center-Phoenix Visits	14,216	13,638	578	4.2%	114,324	114,988	(664)	(0.6%)	118,584	(4,260)	(3.6%)	
Valleywise Comprehensive Health Center-Peoria Visits	3,810	4,444	(634)	(14.3%)	28,509	33,568	(5,059)	(15.1%)	4,055	24,454	603.1%	
Dental Clinics Visits	2,199	2,008	191	9.5%	16,782	16,157	625	3.9%	12,036	4,746	39.4%	
OP Behavioral Health Visits	5,513	5,675	(162)	(2.9%)	41,227	47,367	(6,140)	(13.0%)	43,179	(1,952)	(4.5%)	
Total Ambulatory Visits :	42,145	41,308	837	2.0%	332,316	333,186	(870)	(0.3%)	321,453	10,863	3.4%	

Valleywise Health
 Financial and Statistical Information
 31-Mar-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	72,000	73,644	(1,644)	(2.2%)		627,570	664,566	(36,996)	(5.6%)		597,495	30,075	5.0%	
Main OR Minutes per Case - Roosevelt	107	112	5.6	5.0%		109	112	3.0	2.7%		117	7.4	6.4%	
Total Main OR Surgeries - Roosevelt	675	656	19	2.9%		5,743	5,918	(175)	(3.0%)		5,120	623	12.2%	
OP Surgeries - Peoria	39	51	(12)	(23.5%)		277	326	(49)	(15.0%)		0	277	100.0%	
Total Surgeries - Roosevelt (Main OR) and Peoria	714	707	7	1.0%		6,020	6,244	(224)	(3.6%)		5,120	900	17.6%	
Endoscopy Cases - Roosevelt	285	267	18	6.7%		1,961	2,309	(348)	(15.1%)		2,048	(87)	(4.2%)	
Endoscopy Cases - Peoria	82	50	32	64.0%		535	372	163	43.8%		0	535	100.0%	
Total Endoscopy Cases - Roosevelt and Peoria	367	317	50	15.8%		2,496	2,681	(185)	(6.9%)		2,048	448	21.9%	
Deliveries	152	147	5	3.4%		1,597	1,335	262	19.6%		1,242	355	28.6%	
Trauma Visits (subset of ED Visits)	193	123	70	56.9%		1,497	1,008	489	48.5%		1,144	353	30.9%	
Emergency Department (ED)	7,911	7,284	627	8.6%		64,966	61,530	3,436	5.6%		49,152	15,814	32.2%	
Roosevelt ED	4,826	4,816	10	0.2%		38,769	39,030	(261)	(0.7%)		30,563	8,206	26.8%	
Maryvale ED	2,578	2,072	506	24.4%		21,597	18,417	3,180	17.3%		14,765	6,832	46.3%	
L&D ED	286	212	74	34.9%		2,727	2,091	636	30.4%		2,014	713	35.4%	
Burn ED	221	184	37	20.1%		1,873	1,992	(119)	(6.0%)		1,810	63	3.5%	
% of Total ED Visits Resulting in Admission Roosevelt	12.0%	13.4%	(1.4%)	(10.4%)		13.2%	13.3%	(0.1%)	(0.8%)		15.0%	(1.8%)	(11.7%)	
% of Total ED Visits Resulting in Admission Maryvale	5.9%	5.4%	0.5%	9.1%		6.3%	5.4%	0.9%	17.4%		8.1%	(1.7%)	(21.3%)	
% of Acute Patients Admitted Through the ED	90.0%	85.5%	4.5%	5.3%		88.2%	85.1%	3.0%	3.6%		87.4%	0.8%	0.9%	
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-Mar-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	\$	(18,299)	\$	(10,136)	\$	(8,163)	(80.5%)		\$	(128,179)	\$	(99,005)	\$	(29,174)	(29.5%)		\$	(101,499)	\$	(26,680)	(26.3%)	
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Net Income / (Loss) in 000s

Valleywise Health	\$	(7,417)	\$	(752)	\$	(6,665)	(886.3%)		\$	(29,764)	\$	(14,149)	\$	(15,615)	(110.4%)		\$	5,755	\$	(35,519)	(617.2%)	
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**Net Income / (Loss) in 000s
Normalized**

Valleywise Health	\$	(11,008)	\$	(3,265)	\$	(7,743)	(237.2%)		\$	(61,406)	\$	(36,730)	\$	(24,676)	(67.2%)		\$	(24,789)	\$	(36,618)	(147.7%)	
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RATIOS:

Liquidity

Total Cash and Investments (000s)					\$	230.0				\$	264.8	\$	(34.8)	(13.1%)	
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Total Days Cash on Hand						109.5					143.6		(34.0)	(23.7%)	
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Current Ratio						3.5					4.6		(1.1)	(24.2%)	
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Current Ratio without Bond-related & Liabilities	Assets					2.5					2.8		(0.3)	(9.7%)	
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Days in Accounts Receivable (Hospital only)						75.3					70.6		(4.7)	(6.7%)	
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Capital Structure

EBIDA Debt Service Coverage						0.4					1.7		(1.3)	(76.9%)	
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Profitability

Operating Margin	(33.22%)	(18.54%)	(14.68%)	(79.2%)		(26.65%)	(21.42%)	(5.24%)	(24.5%)		(20.80%)	(5.85%)	(28.1%)	
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Labor

FTE/AOB WO Residents	4.76	4.52	(0.24)	(5.3%)		4.82	4.66	(0.16)	(3.5%)		5.07	0.25	4.9%	
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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 Nine Periods Ending March 31, 2022

	Mar-22 Actual	Mar-22 Budget	Mar-22 Variance	Mar-22 % Change	Prior Year Same Month Mar-21	Prior Year Same Month % Change	Mar-22 YTD Actual	Mar-22 YTD Budget	Mar-22 YTD Variance	YTD Mar-22 % Change	YTD Prior Year Mar-21	YTD Prior Year % Change
ADMISSIONS												
Acute	993	1,029	(36)	(3.5 %)	901	10.2 %	8,963	8,703	260	3.0 %	7,946	12.8 %
Behavioral Health	318	547	(229)	(41.9 %)	480	(33.8 %)	3,337	4,650	(1,313)	(28.2 %)	3,873	(13.8 %)
Valleywise Behavioral Health Center-Phoenix	42	109	(67)	(61.5 %)	82	(48.8 %)	526	896	(370)	(41.3 %)	756	(30.4 %)
Valleywise Behavioral Health Center-Mesa	136	165	(29)	(17.6 %)	168	(19.0 %)	1,261	1,454	(193)	(13.3 %)	1,440	(12.4 %)
Valleywise Behavioral Health Center-Maryvale	140	273	(133)	(48.7 %)	230	(39.1 %)	1,550	2,300	(750)	(32.6 %)	1,677	(7.6 %)
Total	1,311	1,576	(265)	(16.8 %)	1,381	(5.1 %)	12,300	13,353	(1,053)	(7.9 %)	11,819	4.1 %
OBSERVATION ADMISSIONS												
Transferred to Inpatient *	173	181	(8)	(4.4 %)	189	(8.5 %)	1,533	1,536	(3)	(0.2 %)	1,363	12.5 %
Observation Admission Only	362	344	18	5.2 %	307	17.9 %	2,632	2,933	(301)	(10.3 %)	2,092	25.8 %
Total Observation Admissions	535	525	10	1.9 %	496	7.9 %	4,165	4,469	(304)	(6.8 %)	3,455	20.5 %
TOTAL ADMISSIONS AND OBSERVATION ONLY												
Total	1,673	1,920	(247)	(12.9 %)	1,688	(0.9 %)	14,932	16,286	(1,354)	(8.3 %)	13,911	7.3 %
ADJUSTED ADMISSIONS												
Total	2,681	2,952	(271)	(9.2 %)	2,666	0.6 %	21,706	24,651	(2,945)	(11.9 %)	20,031	8.4 %
PATIENT DAYS												
Acute	5,353	4,681	672	14.4 %	4,414	21.3 %	51,961	42,514	9,447	22.2 %	45,400	14.5 %
Behavioral Health	7,499	10,737	(3,238)	(30.2 %)	9,373	(20.0 %)	76,099	87,203	(11,104)	(12.7 %)	77,896	(2.3 %)
Valleywise Behavioral Health Center-Phoenix	1,651	2,837	(1,186)	(41.8 %)	2,332	(29.2 %)	16,932	21,363	(4,431)	(20.7 %)	19,470	(13.0 %)
Valleywise Behavioral Health Center-Mesa	2,743	2,980	(237)	(8.0 %)	3,061	(10.4 %)	25,067	26,136	(1,069)	(4.1 %)	24,813	1.0 %
Valleywise Behavioral Health Center-Maryvale	3,105	4,920	(1,815)	(36.9 %)	3,980	(22.0 %)	34,100	39,704	(5,604)	(14.1 %)	33,613	1.4 %
Total	12,852	15,418	(2,566)	(16.6 %)	13,787	(6.8 %)	128,060	129,717	(1,657)	(1.3 %)	123,296	3.9 %
AVERAGE DAILY CENSUS												
Acute	173	151	22	14.4 %	142	21.3 %	190	155	34	22.2 %	166	14.5 %
Behavioral Health	242	346	(104)	(30.2 %)	302	(20.0 %)	278	318	(41)	(12.7 %)	284	(2.3 %)
Valleywise Behavioral Health Center-Phoenix	53	92	(38)	(41.8 %)	75	(29.2 %)	62	78	(16)	(20.7 %)	71	(13.0 %)
Valleywise Behavioral Health Center-Mesa	88	96	(8)	(8.0 %)	99	(10.4 %)	91	95	(4)	(4.1 %)	91	1.0 %
Valleywise Behavioral Health Center-Maryvale	100	159	(59)	(36.9 %)	128	(22.0 %)	124	145	(20)	(14.1 %)	123	1.4 %
Total	415	497	(83)	(16.6 %)	445	(6.8 %)	467	473	(6)	(1.3 %)	450	3.9 %
ADJUSTED PATIENT DAYS												
Total	26,283	28,881	(2,599)	(9.0 %)	26,612	(1.2 %)	225,989	239,473	(13,484)	(5.6 %)	208,960	8.1 %

* Already included in 'Acute Admissions'.



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For the Nine Periods Ending March 31, 2022

	Mar-22 Actual	Mar-22 Budget	Mar-22 Variance	Mar-22 % Change	Prior Year Same Month Mar-21	Prior Year Same Month % Change	Mar-22 YTD Actual	Mar-22 YTD Budget	Mar-22 YTD Variance	YTD Mar-22 % Change	YTD Prior Year Mar-21	YTD Prior Year % Change
OPERATING ROOM SURGERIES - ROOSEVELT												
Inpatient	376	351	25	7.1 %	371	1.3 %	3,352	3,172	180	5.7 %	3,042	10.2 %
Outpatient	299	305	(6)	(2.0 %)	316	(5.4 %)	2,391	2,746	(355)	(12.9 %)	2,078	15.1 %
Total	675	656	19	2.9 %	687	(1.7 %)	5,743	5,918	(175)	(3.0 %)	5,120	12.2 %
Inpatient Minutes	40,860	45,279	(4,419)	(9.8 %)	45,675	(10.5 %)	371,595	409,188	(37,593)	(9.2 %)	379,455	(2.1 %)
Outpatient Minutes	31,140	28,365	2,775	9.8 %	33,900	(8.1 %)	255,975	255,378	597	0.2 %	218,040	17.4 %
Total	72,000	73,644	(1,644)	(2.2 %)	79,575	(9.5 %)	627,570	664,566	(36,996)	(5.6 %)	597,495	5.0 %
OPERATING ROOM SURGERIES - PEORIA												
Outpatient	39	51	(12)	(23.5 %)	0	100.0 %	277	326	(49)	(15.0 %)	0	100.0 %
Outpatient Minutes	4,095	4,743	(648)	(13.7 %)	0	100.0 %	27,780	30,318	(2,538)	(8.4 %)	0	100.0 %
ENDOSCOPY CASES - ROOSEVELT												
Inpatient	87	46	41	89.1 %	57	52.6 %	578	545	33	6.1 %	518	11.6 %
Outpatient	198	221	(23)	(10.4 %)	265	(25.3 %)	1,383	1,764	(381)	(21.6 %)	1,530	(9.6 %)
Total	285	267	18	6.7 %	322	(11.5 %)	1,961	2,309	(348)	(15.1 %)	2,048	(4.2 %)
ENDOSCOPY CASES - PEORIA												
Outpatient	82	50	32	64.0 %	0	100.0 %	535	372	163	43.8 %	0	100.0 %
DELIVERIES												
Total	152	147	5	3.4 %	131	16.0 %	1,597	1,335	262	19.6 %	1,242	28.6 %
ED VISITS												
Adult	4,826	4,816	10	0.2 %	3,919	23.1 %	38,769	39,030	(261)	(0.7 %)	30,563	26.8 %
Maryvale	2,578	2,072	506	24.4 %	1,717	50.1 %	21,597	18,417	3,180	17.3 %	14,765	46.3 %
Labor & Delivery	286	212	74	34.9 %	200	43.0 %	2,727	2,091	636	30.4 %	2,014	35.4 %
Burn	221	184	37	20.1 %	234	(5.6 %)	1,873	1,992	(119)	(6.0 %)	1,810	3.5 %
Total	7,911	7,284	627	8.6 %	6,070	30.3 %	64,966	61,530	3,436	5.6 %	49,152	32.2 %
AMBULATORY VISITS												
Valleywise Community Health Centers	16,407	15,543	864	5.6 %	15,043	9.1 %	131,474	121,106	10,368	8.6 %	143,599	(8.4 %)
Valleywise Comprehensive Health Center-Phoenix	14,216	13,638	578	4.2 %	15,296	(7.1 %)	114,324	114,988	(664)	(0.6 %)	118,584	(3.6 %)
Valleywise Comprehensive Health Center-Peoria	3,810	4,444	(634)	(14.3 %)	2,208	72.6 %	28,509	33,568	(5,059)	(15.1 %)	4,055	603.1 %
Outpatient Behavioral Health	5,513	5,675	(162)	(2.9 %)	5,042	9.3 %	41,227	47,367	(6,140)	(13.0 %)	43,179	(4.5 %)
Dental	2,199	2,008	191	9.5 %	1,914	14.9 %	16,782	16,157	625	3.9 %	12,036	39.4 %
Total	42,145	41,308	837	2.0 %	39,503	6.7 %	332,316	333,186	(870)	(0.3 %)	321,453	3.4 %



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Period Ending March 31, 2022

	Mar-22 Actual	Mar-22 Budget	Mar-22 Variance	Mar-22 % Change	Prior Year Same Month Mar-21	Prior Year Same Month Variance	Prior Year Same Month % Change
Net Patient Service Revenue per APD	\$ 1,721	\$ 1,548	\$ 173	11.2 %	\$ 1,611	\$ 111	6.9 %
Salaries	\$ 23,475,848	\$ 24,123,147	\$ 647,299	2.7 %	\$ 22,894,005	(\$ 581,843)	(2.5 %)
Benefits	6,330,827	7,479,264	1,148,437	15.4 %	6,556,467	225,639	3.4 %
Contract Labor	11,087,065	2,892,364	(8,194,701)	(283.3 %)	2,992,229	(8,094,836)	(270.5 %)
Total Labor Costs	\$ 40,893,740	\$ 34,494,775	(\$ 6,398,966)	(18.6 %)	\$ 32,442,701	(\$ 8,451,039)	(26.0 %)
Supplies	\$ 10,239,064	\$ 8,547,767	(\$ 1,691,297)	(19.8 %)	\$ 7,825,378	(\$ 2,413,686)	(30.8 %)
Medical Service Fees	7,973,111	8,468,434	495,323	5.8 %	7,171,594	(801,517)	(11.2 %)
All Other *	12,816,653	12,977,472	160,819	1.2 %	11,459,194	(1,357,458)	(11.8 %)
Total	\$ 31,028,827	\$ 29,993,672	(\$ 1,035,155)	(3.5 %)	\$ 26,456,166	(\$ 4,572,661)	(17.3 %)
Total Operating and Non-Operating Expenses *	\$ 71,922,568	\$ 64,488,447	(\$ 7,434,121)	(11.5 %)	\$ 58,898,867	(\$ 13,023,700)	(22.1 %)
* 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	5,353	4,681	672	14.4 %	4,414	939	21.3 %
Patient Days - Behavioral Health	7,499	10,737	(3,238)	(30.2 %)	9,373	(1,874)	(20.0 %)
Patient Days - Total	12,852	15,418	(2,566)	(16.6 %)	13,787	(935)	(6.8 %)
Adjusted Patient Days	26,283	28,881	(2,599)	(9.0 %)	26,612	(330)	(1.2 %)
APD Ratio	2.05	1.87	0.17	9.2 %	1.93	0.11	5.9 %
Admissions - Acute	993	1,029	(36)	(3.5 %)	901	92	10.2 %
Admissions - Behavioral Health	318	547	(229)	(41.9 %)	480	(162)	(33.8 %)
Admissions - Total	1,311	1,576	(265)	(16.8 %)	1,381	(70)	(5.1 %)
Adjusted Admissions	2,681	2,952	(271)	(9.2 %)	2,666	15	0.6 %
Average Daily Census - Acute	173	151	22	14.4 %	142	30	21.3 %
Average Daily Census - Behavioral Health	242	346	(104)	(30.2 %)	302	(60)	(20.0 %)
Average Daily Census - Total	415	497	(83)	(16.6 %)	445	(30)	(6.8 %)
Adjusted Occupied Beds - Acute	353	283	70	24.8 %	275	78	28.5 %



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	Mar-22 Actual	Mar-22 Budget	Mar-22 Variance	Mar-22 % Change	Prior Year Same Month Mar-21	Prior Year Same Month Variance	Prior Year Same Month % Change
Adjusted Occupied Beds - Behavioral Health	495	649	(154)	(23.8 %)	584	(89)	(15.2 %)
Adjusted Occupied Beds - Total	848	932	(84)	(9.0 %)	858	(11)	(1.2 %)
Paid FTEs - Payroll	3,406	3,886	479	12.3 %	3,639	233	6.4 %
Paid FTEs - Contract Labor	820	515	(305)	(59.2 %)	353	(467)	(132.3 %)
Paid FTEs - Total	4,227	4,401	174	4.0 %	3,992	(235)	(5.9 %)
FTEs per AOB	4.99	4.72	(0.26)	(5.5 %)	4.65	(0.34)	(7.2 %)
FTEs per AOB (w/o Residents)	4.76	4.52	(0.24)	(5.3 %)	4.42	(0.35)	(7.9 %)
Benefits as a % of Salaries	27.0 %	31.0 %	4.0 %	13.0 %	28.6 %	1.7 %	5.8 %
Labor Costs as a % of Net Patient Revenue	90.4 %	77.1 %	(13.3 %)	(17.2 %)	75.7 %	(14.7 %)	(19.4 %)
Salaries and Contract Labor per APD	\$ 1,315	\$ 935	(\$ 380)	(40.6 %)	\$ 973	(\$ 342)	(35.2 %)
Benefits per APD	241	259	18	7.0 %	246	5	2.2 %
Supplies per APD	390	296	(94)	(31.6 %)	294	(96)	(32.5 %)
Medical Service Fees per APD	303	293	(10)	(3.5 %)	269	(34)	(12.6 %)
All Other Expenses per APD *	488	449	(38)	(8.5 %)	431	(57)	(13.2 %)
Total Expenses per APD *	\$ 2,737	\$ 2,233	(\$ 504)	(22.6 %)	\$ 2,213	(\$ 523)	(23.6 %)
Salaries and Contract Labor per Adj. Admission	\$ 12,892	\$ 9,151	(\$ 3,741)	(40.9 %)	\$ 9,711	(\$ 3,181)	(32.8 %)
Benefits per Adj. Admission	2,361	2,533	172	6.8 %	2,460	98	4.0 %
Supplies per Adj. Admission	3,819	2,895	(924)	(31.9 %)	2,936	(884)	(30.1 %)
Medical Service Fees per Adj. Admission	2,974	2,869	(105)	(3.7 %)	2,690	(284)	(10.5 %)
All Other Expenses per Adj. Admission *	4,781	4,396	(385)	(8.8 %)	4,299	(482)	(11.2 %)
Total Expenses per Adj. Admission *	\$ 26,827	\$ 21,844	(\$ 4,982)	(22.8 %)	\$ 22,095	(\$ 4,731)	(21.4 %)

* Excludes Depreciation



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	Mar-22 YTD Actual	Mar-22 YTD Budget	Mar-22 YTD Variance	YTD Mar-22 % Change	YTD Prior Year Mar-21	YTD Prior Year Variance	YTD Prior Year % Change
Net Patient Service Revenue per APD	\$ 1,757	\$ 1,568	\$ 189	12.1 %	\$ 1,706	\$ 51	3.0 %
Salaries	\$ 221,695,407	\$ 205,551,201	(\$ 16,144,206)	(7.9 %)	\$ 209,107,988	(\$ 12,587,419)	(6.0 %)
Benefits	64,922,159	63,293,779	(1,628,380)	(2.6 %)	63,164,827	(1,757,332)	(2.8 %)
Contract Labor	57,027,934	25,821,726	(31,206,209)	(120.9 %)	18,888,142	(38,139,793)	(201.9 %)
Total Labor Costs	\$ 343,645,500	\$ 294,666,706	(\$ 48,978,794)	(16.6 %)	\$ 291,160,957	(\$ 52,484,544)	(18.0 %)
Supplies	\$ 75,443,512	\$ 73,763,235	(\$ 1,680,277)	(2.3 %)	\$ 66,724,228	(\$ 8,719,283)	(13.1 %)
Medical Service Fees	73,311,834	75,284,907	1,973,074	2.6 %	65,500,468	(7,811,366)	(11.9 %)
All Other *	102,534,881	117,706,068	15,171,188	12.9 %	84,628,464	(17,906,417)	(21.2 %)
Total	\$ 251,290,226	\$ 266,754,210	\$ 15,463,984	5.8 %	\$ 216,853,161	(\$ 34,437,066)	(15.9 %)
Total Operating and Non-Operating Expenses *	\$ 594,935,727	\$ 561,420,916	(\$ 33,514,810)	(6.0 %)	\$ 508,014,117	(\$ 86,921,609)	(17.1 %)
* Excludes Depreciation							
Tax Levy							
Property Tax	\$ 66,023,867	\$ 66,023,867	\$ 0	0.0 %	\$ 63,180,734	\$ 2,843,133	4.5 %
Bonds	42,742,667	42,742,667	1	0.0 %	41,523,914	1,218,753	2.9 %
Total Tax Levy	\$ 108,766,535	\$ 108,766,534	\$ 1	0.0 %	\$ 104,704,648	\$ 4,061,886	3.9 %
Patient Days - Acute	51,961	42,514	9,447	22.2 %	45,400	6,561	14.5 %
Patient Days - Behavioral Health	76,099	87,203	(11,104)	(12.7 %)	77,896	(1,797)	(2.3 %)
Patient Days - Total	128,060	129,717	(1,657)	(1.3 %)	123,296	4,764	3.9 %
Adjusted Patient Days	225,989	239,473	(13,484)	(5.6 %)	208,960	17,028	8.1 %
APD Ratio	1.76	1.85	(0.08)	(4.4 %)	1.69	0.07	4.1 %
Admissions - Acute	8,963	8,703	260	3.0 %	7,946	1,017	12.8 %
Admissions - Behavioral Health	3,337	4,650	(1,313)	(28.2 %)	3,873	(536)	(13.8 %)
Admissions - Total	12,300	13,353	(1,053)	(7.9 %)	11,819	481	4.1 %
Adjusted Admissions	21,706	24,651	(2,945)	(11.9 %)	20,031	1,675	8.4 %
Average Daily Census - Acute	190	155	34	22.2 %	166	24	14.5 %
Average Daily Census - Behavioral Health	278	318	(41)	(12.7 %)	284	(7)	(2.3 %)
Average Daily Census - Total	467	473	(6)	(1.3 %)	450	17	3.9 %
Adjusted Occupied Beds - Acute	335	286	48	16.8 %	281	54	19.2 %



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	Mar-22 YTD Actual	Mar-22 YTD Budget	Mar-22 YTD Variance	YTD Mar-22 % Change	YTD Prior Year Mar-21	YTD Prior Year Variance	YTD Prior Year % Change
Adjusted Occupied Beds - Behavioral Health	490	588	(97)	(16.6 %)	482	8	1.7 %
Adjusted Occupied Beds - Total	825	874	(49)	(5.6 %)	763	62	8.1 %
Paid FTEs - Payroll	3,517	3,750	234	6.2 %	3,727	210	5.6 %
Paid FTEs - Contract Labor	647	508	(139)	(27.4 %)	342	(306)	(89.6 %)
Paid FTEs - Total	4,164	4,259	95	2.2 %	4,068	(96)	(2.4 %)
FTEs per AOB	5.05	4.87	(0.18)	(3.6 %)	5.33	0.29	5.4 %
FTEs per AOB (w/o Residents)	4.82	4.66	(0.16)	(3.5 %)	5.07	0.25	4.9 %
Benefits as a % of Salaries	29.3 %	30.8 %	1.5 %	4.9 %	30.2 %	0.9 %	3.1 %
Labor Costs as a % of Net Patient Revenue	86.6 %	78.5 %	(8.1 %)	(10.3 %)	81.7 %	(4.9 %)	(6.0 %)
Salaries and Contract Labor per APD	\$ 1,233	\$ 966	(\$ 267)	(27.7 %)	\$ 1,091	(\$ 142)	(13.0 %)
Benefits per APD	287	264	(23)	(8.7 %)	302	15	5.0 %
Supplies per APD	334	308	(26)	(8.4 %)	319	(15)	(4.5 %)
Medical Service Fees per APD	324	314	(10)	(3.2 %)	313	(11)	(3.5 %)
All Other Expenses per APD *	454	492	38	7.7 %	405	(49)	(12.0 %)
Total Expenses per APD *	\$ 2,633	\$ 2,344	(\$ 288)	(12.3 %)	\$ 2,431	(\$ 201)	(8.3 %)
Salaries and Contract Labor per Adj. Admission	\$ 12,841	\$ 9,386	(\$ 3,455)	(36.8 %)	\$ 11,382	(\$ 1,459)	(12.8 %)
Benefits per Adj. Admission	2,991	2,568	(423)	(16.5 %)	3,153	162	5.2 %
Supplies per Adj. Admission	3,476	2,992	(483)	(16.2 %)	3,331	(145)	(4.3 %)
Medical Service Fees per Adj. Admission	3,378	3,054	(323)	(10.6 %)	3,270	(107)	(3.3 %)
All Other Expenses per Adj. Admission *	4,724	4,775	51	1.1 %	4,225	(499)	(11.8 %)
Total Expenses per Adj. Admission *	\$ 27,409	\$ 22,775	(\$ 4,634)	(20.3 %)	\$ 25,362	(\$ 2,047)	(8.1 %)

* Excludes Depreciation

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

OPERATING REVENUE

Patient Days, Admissions and Adjusted Patient Days

<i>Acute Care</i>	Actual	Budget	Variance	%Variance
MTD - Patient Days	5,353	4,681	672	14.4%
YTD - Patient Days	51,961	42,514	9,447	22.2%
MTD - Admissions	993	1,029	(36)	-3.5%
YTD - Admissions	8,963	8,703	260	3.0%
MTD - Average Length of Stay (ALOS)	5.4	4.5	(0.8)	-18.5%
YTD - Average Length of Stay (ALOS)	5.8	4.9	(0.9)	-18.7%
MTD - Average Daily Census (ADC)	173	151	22	14.4%
YTD - Average Daily Census (ADC)	190	155	34	22.2%
<i>Behavioral Health</i>	Actual	Budget	Variance	%Variance
MTD - Patient Days	7,499	10,737	(3,238)	-30.2%
YTD - Patient Days	76,099	87,203	(11,104)	-12.7%
MTD - Admissions	318	547	(229)	-41.9%
YTD - Admissions	3,337	4,650	(1,313)	-28.2%
MTD - Average Length of Stay (ALOS)	23.6	19.6	(4.0)	-20.1%
YTD - Average Length of Stay (ALOS)	22.8	18.8	(4.1)	-21.6%
MTD - Average Daily Census (ADC)	242	346	(104)	-30.2%
YTD - Average Daily Census (ADC)	278	318	(40)	-12.6%
<i>Adjusted Patient Days (APD)</i>	Actual	Budget	Variance	%Variance
Month-to-Date	26,283	28,881	(2,599)	-9.0%
Year-to-Date	225,989	239,473	(13,484)	-5.6%

Net patient service revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 45,243,863	\$ 44,721,005	\$ 522,858	1.2%
Year-to-Date	\$ 397,006,921	\$ 375,414,548	\$ 21,592,373	5.8%
Month-to-Date Per APD	\$ 1,721	\$ 1,548	\$ 173	11.2%
Year-to-Date Per APD	\$ 1,757	\$ 1,568	\$ 189	12.1%

Other operating revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 9,838,238	\$ 9,945,773	\$ (107,535)	-1.1%
Year-to-Date	\$ 83,916,528	\$ 86,881,841	\$ (2,965,313)	-3.4%

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

Total operating revenues

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 55,082,102	\$ 54,666,778	\$ 415,323	0.8%
Year-to-Date	\$ 480,923,449	\$ 462,296,389	\$ 18,627,060	4.0%

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

OPERATING EXPENSES

Salaries and wages

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 23,475,848	\$ 24,123,147	\$ 647,299	2.7%
Year-to-Date	\$ 221,695,407	\$ 205,551,201	\$ (16,144,206)	-7.9%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's - Payroll</i>	3,406	3,886	479	12.3%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's - Payroll (w/o Residents)</i>	3,391	3,881	490	12.6%

	Actual	Budget	Variance	%Variance
<i>Salaries per FTE's - Payroll</i>	\$ 6,892	\$ 6,208	\$ (684)	-11.0%

Contract labor

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 11,087,065	\$ 2,892,364	\$ (8,194,701)	-283.3%
Year-to-Date	\$ 57,027,934	\$ 25,821,726	\$ (31,206,209)	-120.9%

	Actual	Budget	Variance	%Variance
<i>FTE's - Contract Labor incl Outsource</i>	820	515	(305)	-59.2%

	Actual	Budget	Variance	%Variance
<i>FTE's - Contract Labor</i>				
Nursing operations - Acute	261	6	(255)	-4498.3%
Revenue Cycle	3	2	(1)	-42.2%
Behavioral Health	12	0	(12)	-100.0%
Information Technology	6	3	(5)	-200.0%
Support Services	23	2	(21)	-911.2%

	Actual	Budget	Variance	%Variance
<i>FTE's - Outsource Departments</i>				
Food & Nutrition Services	140	141	1	0.7%
Environmental Services	158	158	-	0.0%
Laundry & Linen	8	7	(1)	-14.3%
Gift Shop	1	2	1	66.7%
Interns & Residents	187	187	-	0.0%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's - Payroll & Contract Labor</i>	4,227	4,401	174	4.0%

	Actual	Budget	Variance	%Variance
<i>Adjusted Occupied Beds (AOB)</i>	848	932	(84)	-9.1%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's per AOB</i>	4.99	4.72	(0.26)	-5.5%

Employee benefits

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 6,330,827	\$ 7,479,264	\$ 1,148,437	15.4%
Year-to-Date	\$ 64,922,159	\$ 63,293,779	\$ (1,628,380)	-2.6%

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

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

Benefits as a % of salaries

	Actual	Budget	Variance	%Variance
Month-to-Date	27.0%	31.0%	4.0%	13.0%
Year-to-Date	29.3%	30.8%	1.5%	4.9%

Medical service fees

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 7,973,111	\$ 8,468,434	\$ 495,323	5.8%
Year-to-Date	\$ 73,311,834	\$ 75,284,907	\$ 1,973,074	2.6%

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

Supplies

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 10,239,064	\$ 8,547,767	\$ (1,691,297)	-19.8%
Year-to-Date	\$ 75,443,512	\$ 73,763,235	\$ (1,680,277)	-2.3%

The negative variances for the month are primarily in pharmaceuticals, laboratory supplies, dietary supplies, radiology supplies, repairs & maintenance supplies, blood & plasma supplies, oxygen & other gases, and furniture & equipment under \$5,000; while majority of the positive variance for the month is primarily in artificial/human skin.

Purchased services

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 2,653,536	\$ 2,496,223	\$ (157,313)	-6.3%
Year-to-Date	\$ 22,184,016	\$ 23,030,192	\$ 846,176	3.7%

The negative variances for the month are in other services, translation/interpreting services, laundry & dry cleaning services and employee recruitment expenses; while the major positive variance for the month is in collection fees.

Other expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 5,585,708	\$ 4,754,713	\$ (830,996)	-17.5%
Year-to-Date	\$ 43,076,262	\$ 43,633,227	\$ 556,965	1.3%

The major negative variances for the month are in rent expense, repairs and maintenance expenses, risk management related expense, printing/binding/duplicating expenses, and freight expense. The major positive variances for the month are in utilities expense and books/pamphlets/subscriptions expense.

Provider Assessment

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 1,963,959	\$ 1,963,959	-	0.0%
Year-to-Date	\$ 17,555,548	\$ 17,555,548	-	0.0%

Depreciation

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 4,072,045	\$ 4,077,244	\$ 5,199	0.1%
Year-to-Date	\$ 33,885,548	\$ 33,367,837	\$ (517,711)	-1.6%

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

Total operating expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 73,381,164	\$ 64,803,114	\$ (8,578,049)	-13.2%
Year-to-Date	\$ 609,102,220	\$ 561,301,652	\$ (47,800,568)	-8.5%

Operating income (loss)

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ (18,299,062)	\$ (10,136,336)	\$ (8,162,725)	-80.5%
Year-to-Date	\$ (128,178,771)	\$ (99,005,263)	\$ (29,173,508)	-29.5%

Non-operating revenues (expenses)

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 10,881,566	\$ 9,384,294	\$ 1,497,273	16.0%
Year-to-Date	\$ 98,415,057	\$ 84,856,372	\$ 13,558,685	16.0%

Excess of revenues over expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ (7,417,495)	\$ (752,042)	\$ (6,665,452)	886.3%
Year-to-Date	\$ (29,763,714)	\$ (14,148,891)	\$ (15,614,823)	110.4%

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

ASSETS

Cash and cash equivalents - Delivery system

Mar-22	Jun-21	Change	% change
\$ 229,963,689	\$ 262,238,041	\$ (32,274,353)	-12.3%

Cash and cash equivalents - Bond (restricted)

Mar-22	Jun-21	Change	% change
\$ 329,749,610	\$ 477,027,521	\$ (147,277,911)	-30.9%

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

Mar-22	Jun-21	Change	% change
\$ 111,317,451	\$ 99,414,043	\$ 11,903,408	12.0%

Other receivables and prepaid items

Mar-22	Jun-21	Change	% change
\$ 49,782,695	\$ 30,623,897	\$ 19,158,798	62.6%

FY22 other receivables / prepaids includes:

\$25.1M in prepaids/deposits	\$1.0M due from other hospital - resident rotation
\$11.0M in inventories	\$806K due from Home Assist Health
\$2.7M in Psych subsidy	\$377K due from Wellpartner/340B program
\$3.1M receivables from grants & research sponsors	\$13K due from Health Foundation
\$3.9M in Healthy II receivables from AHCCCS/MCO's	\$1.8M in retail pharmacy receivable

Estimated amounts due from third party payors

Mar-22	Jun-21	Change	% change
\$ 34,306,596	\$ 56,788,953	\$ (22,482,357)	-39.6%

FY22 due from third party payors includes:

\$30.2M due from AHCCCS for GME - FY22	\$940K due from First Things First
\$3.2M due from AHCCCS for DSH - FY22	

Due from related parties

Mar-22	Jun-21	Change	% change
\$ 5,111,397	\$ 1,766,465	\$ 3,344,932	189.4%

FY22 due from related parties includes:

\$3.0M due from Maricopa County for tax levy collection	\$2.1M due from Public Health Ryan White Part A programs
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**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending March 31, 2022**

Capital Assets, net

Mar-22	Jun-21	Change	% change
\$ 685,118,887	\$ 594,155,126	\$ 90,963,760	15.3%

Other Assets

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

Deferred outflows

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

LIABILITIES AND NET POSITION

Current maturities of long-term debt

Mar-22	Jun-21	Change	% change
\$ 48,140,657	\$ 42,619,328	\$ 5,521,330	13.0%

FY22 current maturities includes:

\$48.1M in Bond current portion and interest payable

Accounts payable

Mar-22	Jun-21	Change	% change
\$ 64,865,589	\$ 44,530,242	\$ 20,335,346	45.7%

FY22 accounts payable includes:

\$39.9M in vendor related expense accruals/estimates

\$24.9M in vendor approved payments

Accrued payroll and expenses

Mar-22	Jun-21	Change	% change
\$ 36,451,555	\$ 43,855,191	\$ (7,403,636)	-16.9%

Medical claims payable

Mar-22	Jun-21	Change	% change
\$ 15,114,101	\$ 15,116,287	\$ (2,186)	0.0%

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

Due to related parties

Mar-22	Jun-21	Change	% change
\$ 1,438,536	\$ 6,855,908	\$ (5,417,372)	-79.0%

Timing of tax levy revenue accrual and actual collection received.

Other current liabilities

Mar-22	Jun-21	Change	% change
\$ 52,381,340	\$ 60,526,351	\$ (8,145,011)	-13.5%

FY22 other current liabilities includes:

\$10.5M in advanced payments (Medicare)	\$4.6M in settlement reserved for Medicare
\$10.0M in 3rd party settlement (FQHC, APSI)	\$3.0M in deferred income for grants, research, & study residuals
\$9.5M in deferred income (Health Foundation)	\$1.4M in other deferred income (Target distribution/High impact areas)
\$7.8M in patient credit balances	\$411K in unclaimed/stale dated checks
\$5.2M in other deferred income (TIP, Optum, APSI)	

Bonds payable

Mar-22	Jun-21	Change	% change
\$ 678,673,902	\$ 730,462,381	\$ (51,788,479)	-7.1%

Reclassified current maturities portion of Bond payable

Long-term liabilities

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

Pension liability per ASRS report - GASB68

Deferred inflows

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

Net position

Mar-22	Jun-21	Change	% change
\$ 239,495,223	\$ 269,258,937	\$ (29,763,714)	-11.1%



**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	119,186.86	
Bank interest income received - YTD	<u>81,322.66</u>	
		35,163,303.55
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 March 31, 2022		<u><u>\$ 30,865,652.55</u></u>



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

April 27, 2022

Item 5.

Quarterly Investment of Funds
Report



Total Investment Performance Fiscal Year 2022

FY2022 Combined	Average Cash Balance **	Allocated Investment Income	Effective Yield	Annual Yield
July	\$ 672,103,680	\$ 191,957	0.03%	0.34%
August	\$ 635,260,800	\$ 176,413	0.03%	0.33%
September	\$ 626,025,035	\$ 176,863	0.03%	0.34%
October	\$ 635,839,377	\$ 268,199	0.04%	0.51%
November	\$ 610,755,377	\$ 268,572	0.04%	0.53%
December	\$ 580,747,687	\$ 268,994	0.05%	0.56%
January	\$ 531,683,722	\$ 346,171	0.07%	0.78%
February	\$ 510,743,689	\$ 345,781	0.07%	0.81%
March	\$ 556,797,610	\$ 345,280	0.06%	0.74%
Monthly average	\$ 595,550,775	\$ 265,359	0.05%	0.55%

FY2022 Operating - VHMC	Average Cash Balance **	Allocated Investment Income	Effective Yield	Annual Yield
July	\$ 237,575,649	\$ 70,475	0.03%	0.36%
August	\$ 225,909,862	\$ 65,420	0.03%	0.35%
September	\$ 213,575,022	\$ 65,909	0.03%	0.37%
October	\$ 224,358,045	\$ 95,760	0.04%	0.51%
November	\$ 217,730,552	\$ 95,958	0.04%	0.53%
December	\$ 199,976,602	\$ 96,385	0.05%	0.58%
January	\$ 186,115,720	\$ 120,063	0.06%	0.77%
February	\$ 174,706,389	\$ 119,741	0.07%	0.82%
March	\$ 227,048,000	\$ 119,118	0.05%	0.63%
Monthly average	\$ 211,888,427	\$ 94,314	0.05%	0.55%

FY2022 Bond - related	Average Cash Balance **	Allocated Investment Income	Effective Yield	Annual Yield
July	\$ 434,528,031	\$ 121,482	0.03%	0.34%
August	\$ 409,350,938	\$ 110,994	0.03%	0.33%
September	\$ 412,450,013	\$ 110,953	0.03%	0.32%
October	\$ 411,481,332	\$ 172,439	0.04%	0.50%
November	\$ 393,024,825	\$ 172,614	0.04%	0.53%
December	\$ 380,771,085	\$ 172,609	0.05%	0.54%
January	\$ 345,568,002	\$ 226,108	0.07%	0.79%
February	\$ 336,037,299	\$ 226,040	0.07%	0.81%
March	\$ 329,749,610	\$ 226,162	0.07%	0.82%
Monthly average	\$ 383,662,348	\$ 171,045	0.05%	0.55%

** Average cash balance includes both cash and cash equivalents, short and long term investments

** Investments are thru U.S. government bonds , treasury notes and short term bills.



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

April 27, 2022

Item 6.

Preliminary Patient Volumes
and Capital Targets for
Fiscal Year 2023

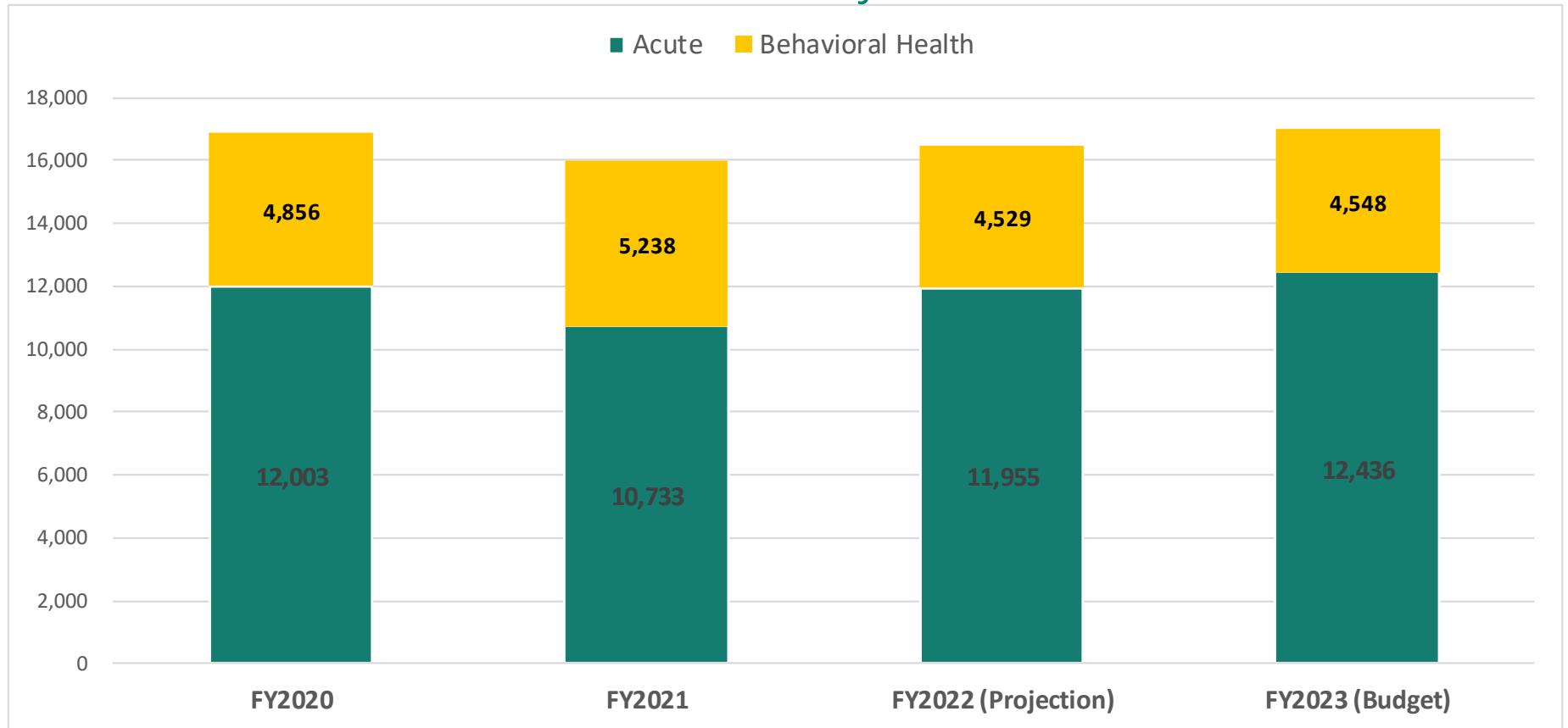


Operating & Capital Budget Fiscal Year 2023

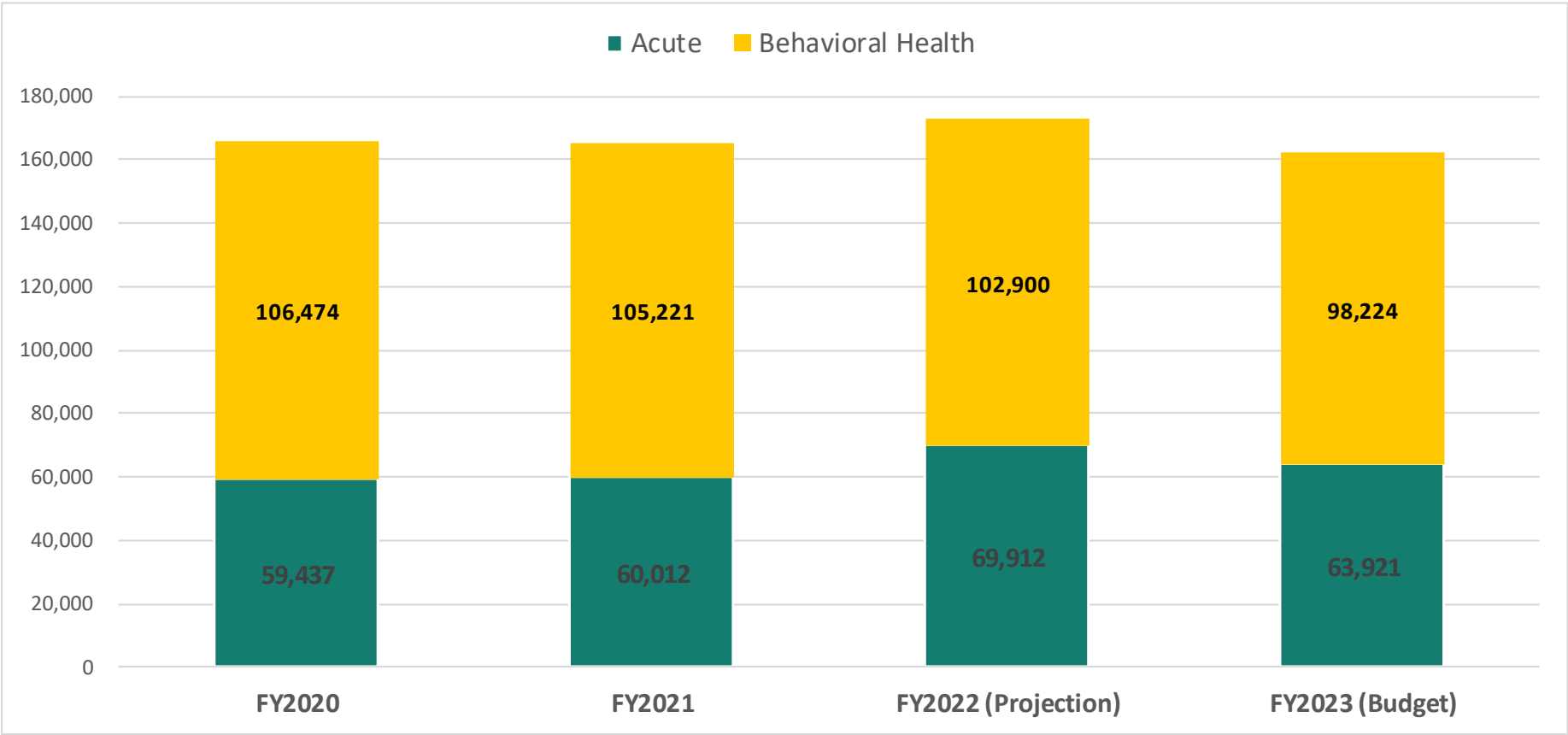


FY 2023 PRELIMINARY STATISTICS

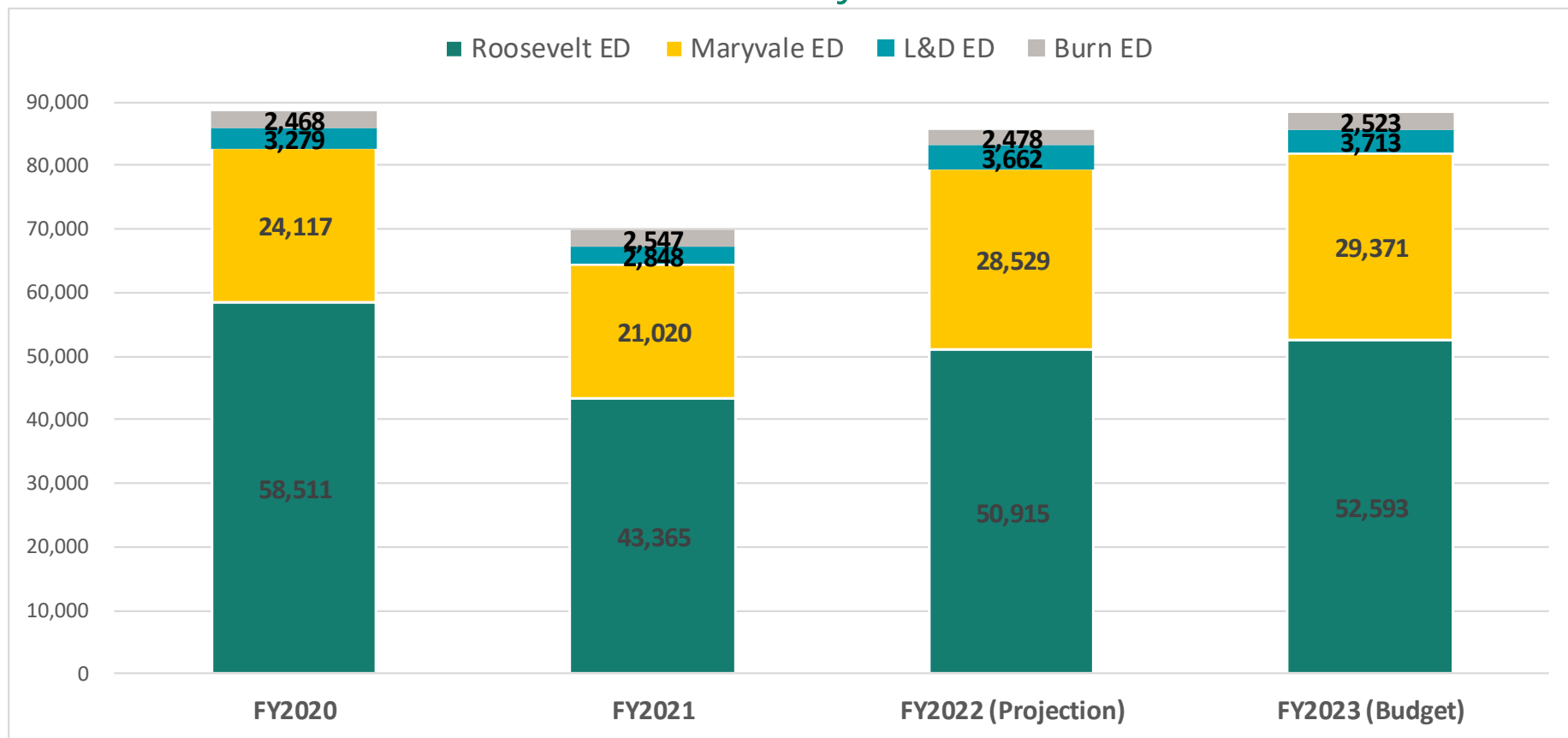
Valleywise Health Admissions by Year



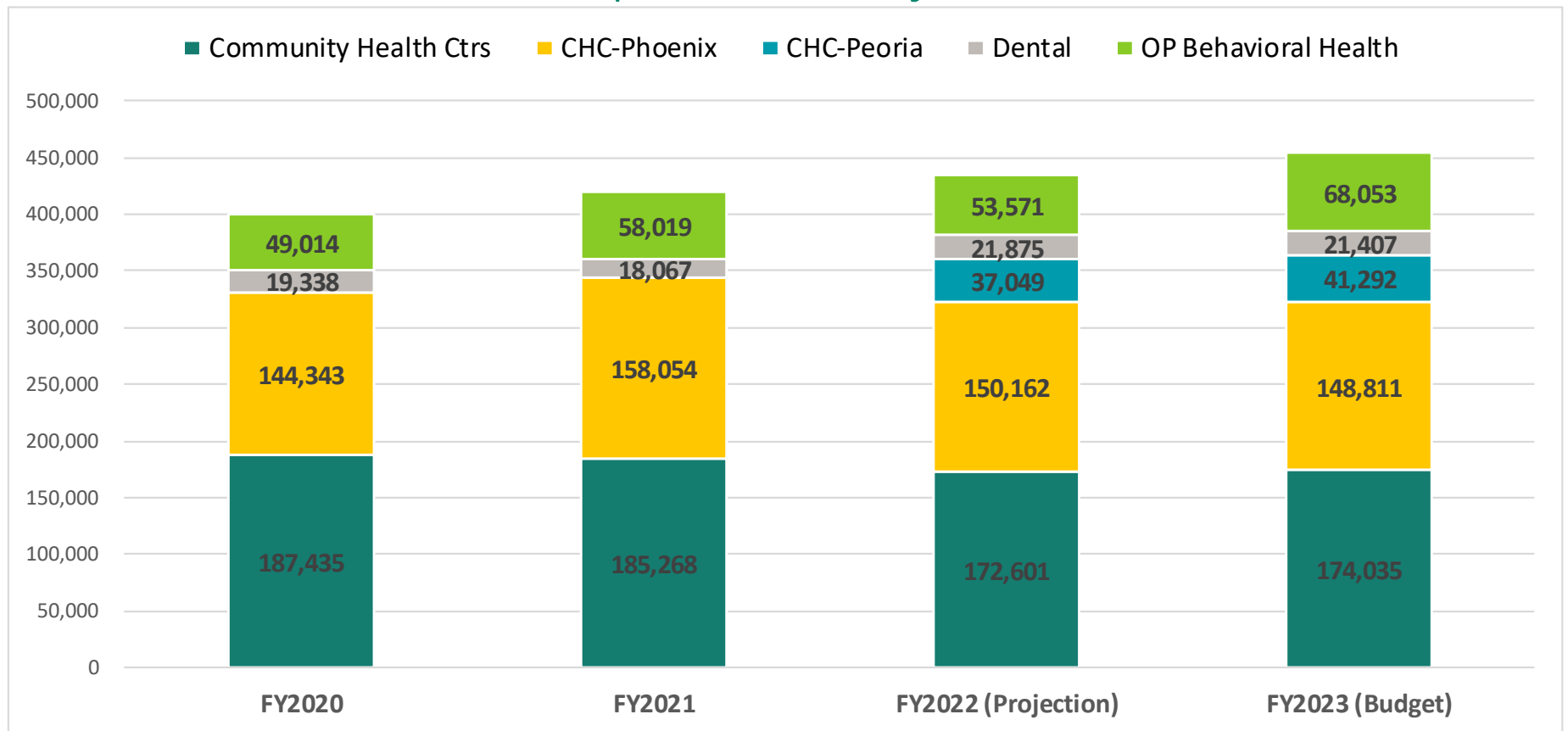
Valleywise Health Patient Days by Year



Valleywise Health ED Visits by Year



Valleywise Health Outpatient Visits by Year



Valleywise Health

Preliminary FY 2023 Budget Volumes

	FY 2020 Total Actual	FY 2021 Total Actual	FY 2022 YTD FEB Projection	FY 2023 Total Budget	Variance Fav / (Unfav) Bud 23 - Proj 22	Variance Fav / (Unfav) Bud 23 - Proj 22
ADMISSIONS						
Acute	12,003	10,733	11,955	12,436	481	4.0%
Behavioral Health	4,856	5,238	4,529	4,548	20	0.4%
Valleywise Behavioral Health Center-Phoenix	1,170	980	726	850	124	17.1%
Valleywise Behavioral Health Center-Mesa	2,088	1,938	1,688	1,739	52	3.1%
Valleywise Behavioral Health Center-Maryvale	1,598	2,320	2,115	1,959	(156)	(7.4%)
Total	16,859	15,971	16,484	16,984	501	3.0%
OBSERVATION ADMISSIONS						
Transferred to Inpatient *	2,228	1,917	2,040	2,119	79	3.9%
Observation Admission Only	4,324	3,200	3,405	3,522	117	3.4%
Total Observation Admissions	6,552	5,117	5,445	5,641	196	3.6%
TOTAL ADMISSIONS AND OBSERVATION ONLY						
Total	21,183	19,171	19,889	20,506	618	3.1%
PATIENT DAYS						
Acute	59,437	60,012	69,912	63,921	(5,991)	(8.6%)
Behavioral Health	106,474	105,221	102,900	98,224	(4,676)	(4.5%)
Valleywise Behavioral Health Center-Phoenix	30,738	25,967	22,922	24,510	1,589	6.9%
Valleywise Behavioral Health Center-Mesa	39,633	33,701	33,486	34,279	793	2.4%
Valleywise Behavioral Health Center-Maryvale	36,103	45,553	46,493	39,435	(7,058)	(15.2%)
Total	165,911	165,233	172,812	162,145	(10,667)	(6.2%)
AVERAGE DAILY CENSUS						
Acute	162	164	192	175	(16)	(8.6%)
Behavioral Health	291	288	282	269	(13)	(4.5%)
Valleywise Behavioral Health Center-Phoenix	84	71	63	67	4	6.9%
Valleywise Behavioral Health Center-Mesa	108	92	92	94	2	2.4%
Valleywise Behavioral Health Center-Maryvale	99	125	127	108	(19)	(15.2%)
Total	453	453	473	444	(29)	(6.2%)

* Already included in 'Acute Admissions'.

Valleywise Health

Preliminary FY 2023 Budget Volumes

	FY 2020 Total Actual	FY 2021 Total Actual	FY 2022 YTD FEB Projection	FY 2023 Total Budget	Variance Fav / (Unfav) Bud 23 - Proj 22	Variance Fav / (Unfav) Bud 23 - Proj 22
OPERATING ROOM SURGERIES						
Inpatient	3,931	4,180	4,464	4,550	86	1.9 %
Outpatient	3,157	3,072	3,138	3,137	(1)	(0.0 %)
Total	7,088	7,252	7,602	7,687	85	1.1 %
Inpatient Minutes	503,625	522,150	496,103	509,067	12,965	2.6 %
Outpatient Minutes	295,875	319,815	337,253	357,726	20,474	6.1 %
Total	799,500	841,965	833,355	866,793	33,438	4.0 %
OPERATING ROOM SURGERIES - PEORIA						
Outpatient	0	66	357	351	(6)	(1.7 %)
Outpatient Minutes	0	5,970	35,528	32,804	(2,724)	(7.7 %)
ENDOSCOPY PROCEDURES - ROOSEVELT						
Inpatient	1,004	1,050	1,122	1,145	23	2.0 %
Outpatient	2,460	2,996	2,498	2,755	257	10.3 %
Total	3,464	4,046	3,620	3,900	280	7.7 %
ENDOSCOPY PROCEDURES - PEORIA						
Outpatient	0	204	945	958	13	1.4 %
DELIVERIES						
Total	1,828	1,691	2,168	2,145	(23)	(1.0 %)

Valleywise Health

Preliminary FY 2023 Budget Volumes

	FY 2020 Total Actual	FY 2021 Total Actual	FY 2022 YTD FEB Projection	FY 2023 Total Budget	Variance Fav / (Unfav) Bud 23 - Proj 22	Variance Fav / (Unfav) Bud 23 - Proj 22
ED VISITS						
Adult	44,598	43,365	50,915	52,593	1,679	3.3 %
Maryvale	24,117	21,020	28,529	29,371	843	3.0 %
Pediatrics	13,913	0	0	0	0	0.0 %
Labor & Delivery	3,279	2,848	3,662	3,713	52	1.4 %
Burn	2,468	2,547	2,478	2,523	45	1.8 %
Total	88,375	69,780	85,583	88,200	2,618	3.1 %
AMBULATORY VISITS						
Valleywise Community Health Centers	187,435	185,268	172,601	174,035	1,435	0.8 %
Valleywise Comprehensive Health Center-Phoenix	144,343	158,054	150,162	148,811	(1,351)	(0.9 %)
Valleywise Comprehensive Health Center-Peoria	0	11,839	37,049	41,292	4,244	11.5 %
Outpatient Behavioral Health	49,014	58,019	53,571	68,053	14,482	27.0 %
Dental	19,338	18,067	21,875	21,407	(468)	(2.1 %)
Total	400,130	431,247	435,257	453,598	18,342	4.2 %



FY 2023 CAPITAL

Valleywise Health Capital Budget FY 2023 Preliminary Summary

- Routine Capital and Emergency Capital is preliminarily budgeted at \$10M. This is the same total amount as FY 2022.
- Due to the Kronos Outage, the detailed capital budget timeline was extended.



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

April 27, 2022

Item 7.

Care Reimagined Update



April 27, 2022

Care Reimagined Updates

Presented by:
Lia Christiansen, Chief Administrative Officer



Care Reimagined Program Overview

Care Reimagined Program Features

-  **\$935M** bond-funded program
-  **13** Updated or new locations
-  **2,595** Design & Construction Professionals Engaged
-  **7** Decommission sites
-  Expanding High Quality Care
-  Over **17,456** total views on The Vine

Completion to Date:

Valleywise Health Medical Center Campus	59%
Valleywise Behavioral Health Center Maryvale	100%
Ambulatory (CHCs) Peoria	100%
South Phoenix/Laveen	100%
North Phoenix	100%
Mesa	100%
West Maryvale	100%

Approximately 9,394,120 Accumulative Man Hours For All Projects

Care Reimagined Projects Timeline

Location	Estimated Opening Date
Valleywise Health Medical Center	(VHMC & Ancillary Projects)
Final Design Completion	December 2020
Construction- Certificate of Occupancy	August 2023
Activation / Bldg. Hand Off	October 2023
Licensing	October 2023
Estimate "Go Live"	October 2023
Valleywise Health Medical Center-Support Services Building	(SSB)
Final Design Completion	January 2021
Construction Completion- Certificate of Occupancy	June 2023
Activation / Licensing	TBD
Estimate "Go Live"	TBD

Care Reimagined Program Dashboard

Legend:	
Not Applicable	○
Not Started	●
On Target	●
Mitigation Plan	●
Major Concern	●
Completed	●

	Schedule	Budget	Land Acquisition	Operational Program	Design	Construction	Off-Site Utilities	Long-Lead Materials	Medical EQUIP	FF&E	Safety	Issues
VHMC MAIN CAMPUS												
Central Utilities Plant / Utility Corridors (2611)	●	●	N/A	●	●	●	●	●	N/A	●	●	●
Valleywise Health Medical Center	●	●	N/A	●	●	●	●	●	●	●	●	●
West Parking	●	●	N/A	●	●	●	●	●	N/A	N/A	●	●
Site Hardscape	●	●	N/A	●	●	●	N/A	●	N/A	N/A	●	●
Admin / Research / Faculty Support Services Building (SSB)	●	●	N/A	●	●	●	●	●	●	●	●	●
Abatement / Demolition (VHMC)	●	●	N/A	●	N/A	●	●	●	N/A	N/A	●	N/A
Valleywise Behavioral Health Center-Phoenix (Annex)	●	●	N/A	●	●	●	●	●	N/A	●	●	●

Care Reimagined Program Dashboard

Project Issues Project

Valleywise Health Medical Center Campus



Budget alignment and escalation- Valleywise Health approved alternate funding source.



Industry material and labor shortages expected to impact material delivery timelines on the Acute Care Hospital. Material storage strategies currently being developed to help mitigate delays.

Valleywise Health Support Services Building



Technology projected budget overage. Mitigation plan in place to reduce cost exposure.



Unforeseen sub grade structural conditions not present on as built drawings has delayed the construction by ten days without cost increase.

Valleywise Health Mesa CHC; West Maryvale CHC



Supply chain related delays of goods have created a requirement for interim reuse to fulfill the site needs until procured equipment is delivered in March. Some IT and AV equipment still forthcoming for these sites, without operational impacts.

April 25, 2022

Project updates: Valleywise Health Medical Center Campus

Lia Christiansen, Chief Administrative Officer

Valleywise Health Medical Center Campus

2601 E. Roosevelt St. Phoenix, AZ 85008

Vanir Project Director: Justin Starts
 Programming: Blue Cottage
 CM at Risk: Kitchell Contractors Inc.
 Architect: Cuningham Group Architecture Inc.

Project Information:

The Medical Center Campus scope is comprised of many elements for hospital improvement that include replacing the existing acute care hospital, annex behavioral health air handling unit, and server accommodations. A new Central Utility Plant is to be built with an immediate connection to the existing building for combined annual energy savings through site construction. Repurpose or decommission of existing buildings CAC (Administration Building), Laundry, Hogan, and Central Energy Plant, to be determined.

VHMC Acute Care & Ancillary Facilities Timeline	
Final Design Completion	Dec 2020
Construction- Certificate of Occupancy	August 2023
Activation / Licensing	October 2023
"Go Live"	October 2023

CONSTRUCTION UPDATE:

- Ceramic tile installation is underway on floor 1
- In wall rough-in continues thru floor 8
- Installation of punched windows is nearly complete
- Roofing installation continues on all levels

EQUIPMENT & ACTIVATION UPDATE:

- Planning ongoing, relocation planning kickoff March 10, 2022
- **NEXT 30 DAYS:**
- Low voltage cabling on the first floor is ongoing
- Resilient flooring installation continues in the basement
- Elevator 7 & 8 will be on permanent power
- Priority wall installation underway on floor 9

Estimate at Completion	Paid to Date	Billed to Date	Percent Spent
\$596.5M	\$327M	\$338.4M	57%

Days w/o Incident	Manhours	Percent Complete
503*	89,978	56%*
*without loss of time		59%**

* Construction Complete
 **Overall Complete

Source: Vanir CM, updated 04/10/22

Valleywise Health Medical Center Campus

2601 E. Roosevelt St. Phoenix, AZ 85008



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Source: Vanir CM, updated 04/10/22; images courtesy Kitchell Construction

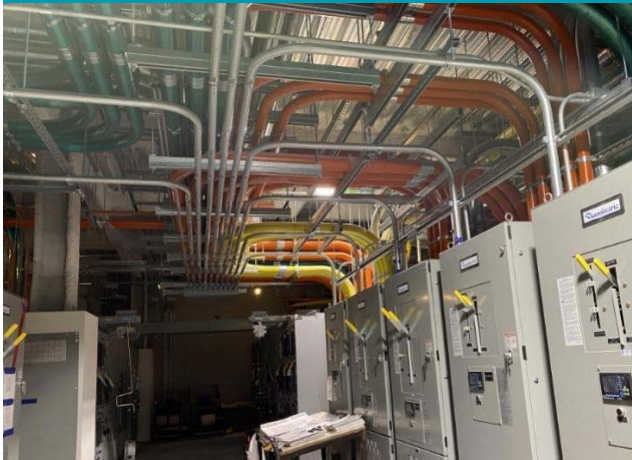
Valleywise Health Medical Center

2601 E. Roosevelt St. Phoenix, AZ 85008

Acute Care Hospital

- Overhead secondary feeder conduits installation underway
- Pneumatic tube installation underway on first floor
- Transformers and panelboard installation in electrical rooms on floors 2-8 underway

Basement Elec. Rm. Conduit Routing



Decontamination Rm. Overhead



Level 5 Roof Air Handler & Piping



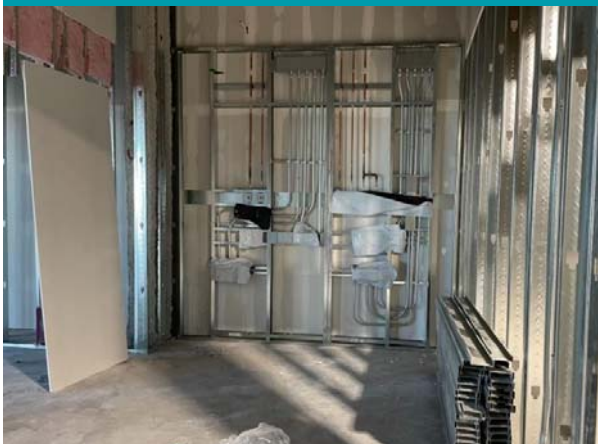
Valleywise Health Medical Center

2601 E. Roosevelt St. Phoenix, AZ 85008

Floor 9 Framing Progress



Floor 2 Pre-Op Headwall



Basement Flooring Progress



Valleywise Health Medical Center

2601 E. Roosevelt St. Phoenix, AZ 85008

Northeast Elevation



Northwest Elevation



Helipad and Catwalk Progress



Valleywise Health Medical Center

2601 E. Roosevelt St. Phoenix, AZ 85008

Level 2 Roof Sally Port Exhaust Duct



Level 2 Spiral Duct and Storm Piping



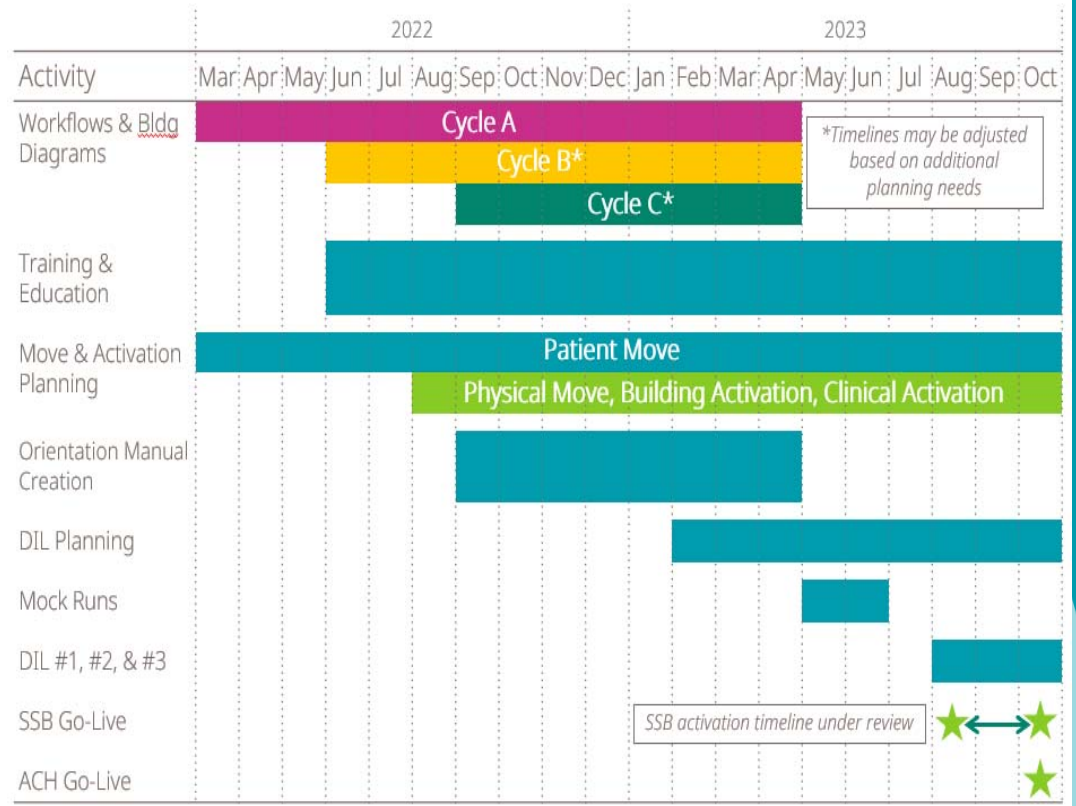
Roof 1 Mech. Equipment Install



Roosevelt Campus Activation Planning

- Relocation and transition efforts have begun with the kickoff held on 3.10.2022
- Focused department efforts via user groups will take place the second full week of each month
- Medical equipment user reviews and verification will commence in April 2022

Roosevelt Campus Timeline 2022 – 2023 Blue Cottage Transition Roadmap

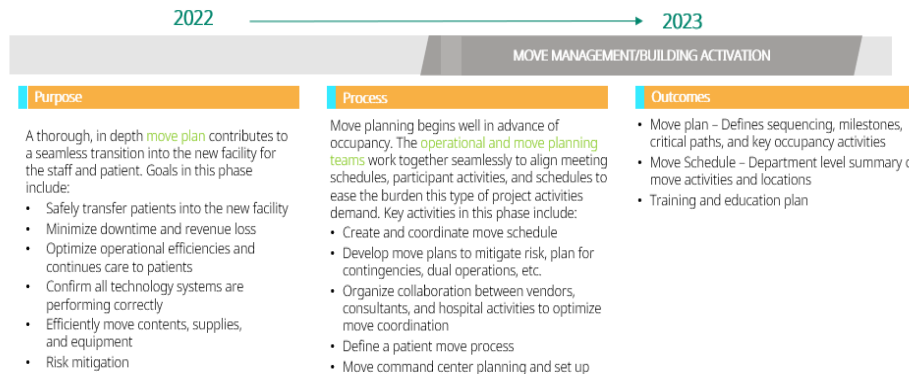


Roosevelt Campus Activation Planning

Move management/building activation

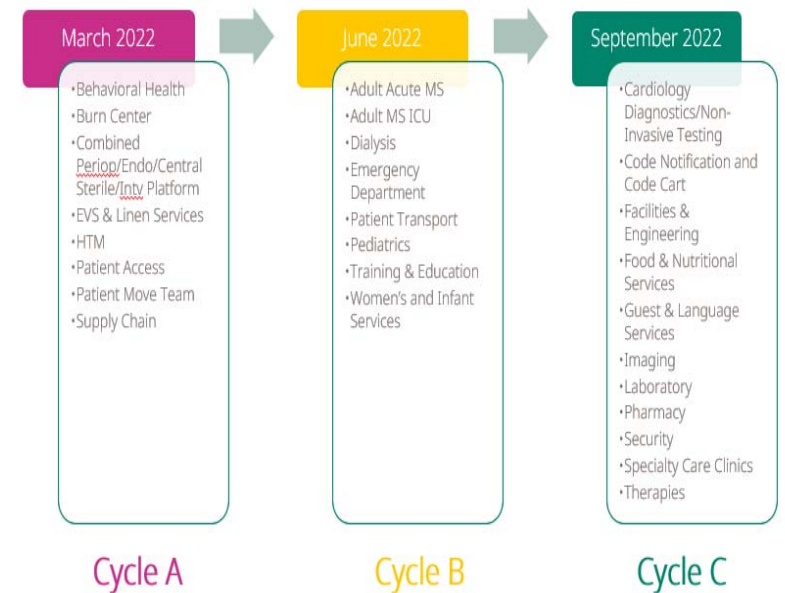


How will equipment, staff, and patients move to the new building?



User Group Approach for RSVT Planning

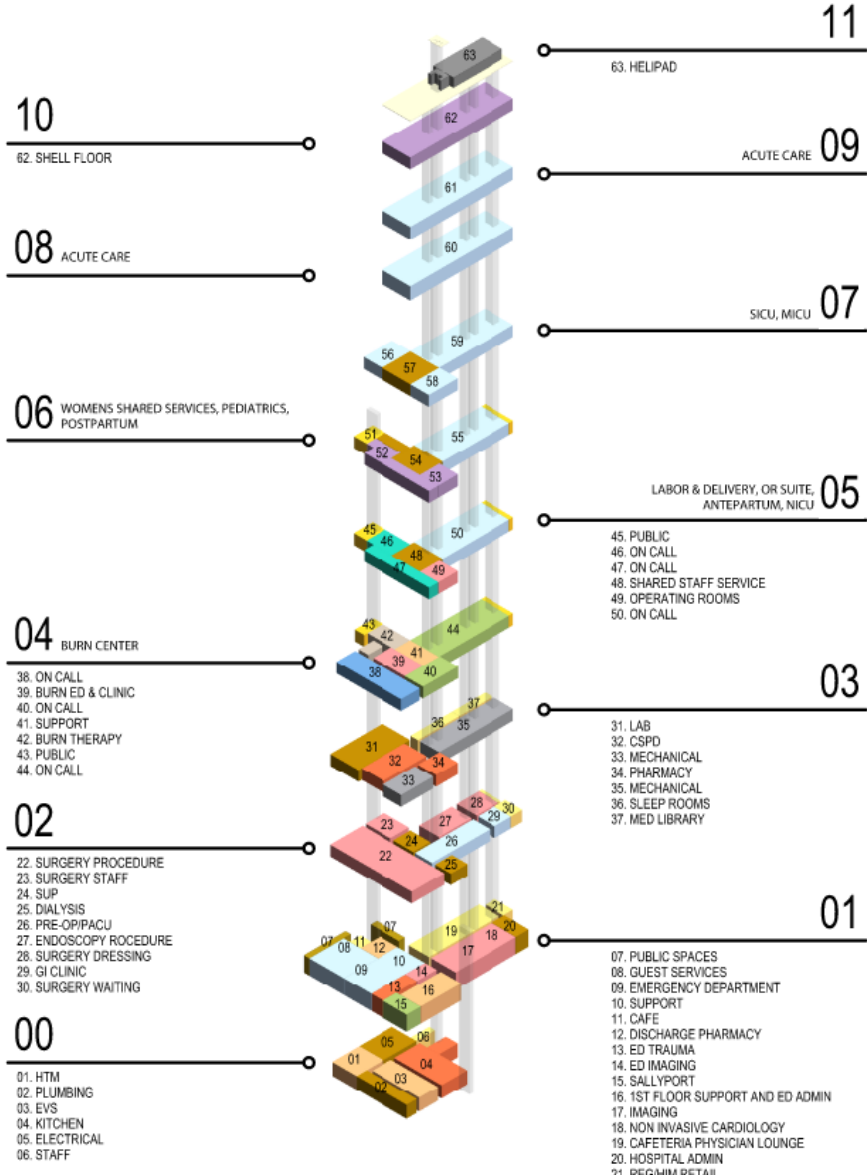
- Blue Cottage user group meetings will be scheduled 2nd full week of every month. Meetings will initially take place virtually.
- User groups will have a phased start based on significance of workflow changes and impacts to IT/Epic build (*Timelines may be adjusted based on additional planning needs)



Valleywise Health Medical Center

Departmental stacking diagram

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Valleywise Health – Support Services Building

2601 E. Roosevelt St. Phoenix, AZ 85008

Vanir Project Manager: Shannon Lobdell
 Programming: Blue Cottage
 CM at Risk: Kitchell Contractors Inc.
 Architect: Cuningham Group Architecture Inc.

Project Information:

The Support Services Building scope will comprise of a multi-story building that will house Supply Chain, Research & Education, SIM Lab, Faculty Spaces and Administrative Programs to support the new Acute Care Hospital

VHMC Support Services Building (SSB) Timeline	
Final Design Completion	January 2021
Construction- Certificate of Occupancy	June 2023
Activation / Licensing	TBD
"Go Live"	TBD

CONSTRUCTION UPDATE

- CMU block wall construction underway
- Concrete slab poured completed on floors 3-5
- Overhead hanger installation underway

EQUIPMENT & ACTIVATION UPDATE:

- Activation hasn't started, planning has begun with a focus to enable Supply Chain activation prior to ACH

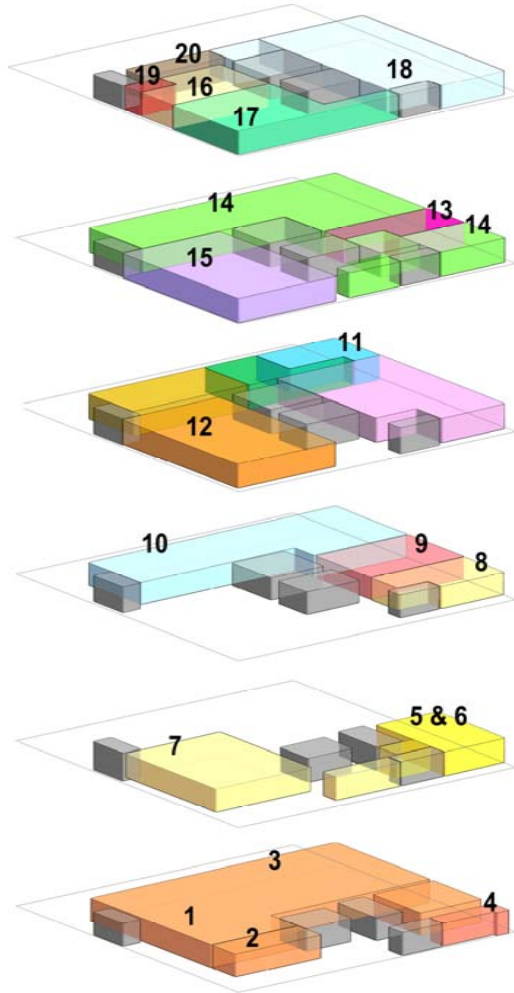
NEXT 30 DAYS:

- Complete concrete slab pour on floor 6 and roof level
- Finish overhead hanger installation
- Complete layout, framing, and drywalling of fire rated walls
- Continue scaffolding on the north, south, and west elevations

Estimate at Completion	Paid to Date	Billed to Date	Percent Spent
\$51.5M	\$14.5M	\$18.3M	35%
Days w/o Incident	Manhours	Percent Complete	
360	9,763	36%	
*without loss of time			

SSB

Departmental stacking diagram



Level 6 (17,252 BGSF)

16. Marketing/Communications	1,602
17. General Admin	3,085
18. Executive Administration	6,891
19. Heads of State Room	339
20. Media Services	847
DGSF	12,764
BGSF	17,252

Level 5 (20,519 BGSF)

13. Medical Staff Services	1,028
14. Physician Offices	7,478
15. Residency Program Offices	4,125
DGSF	12,631
BGSF	20,519

Level 4 (20,519 BGSF)

11. Educational and Research	9,637
12. Simulation Lab	4,782
DGSF	14,419
BGSF	20,519

Level 3 (15,405 BGSF)

8. Board Room	1,729
9.	2,119
10. HR/Legal/Assist. Dist. Counc.	5,359
DGSF	9,207
BGSF	15,405

Level 2 (10,386 BGSF)

5. Supply Chain - Staff Area	1,259
6. Supply Chain - Purchasing	858
7. Auditorium (Conf. Center)	4,745
DGSF	6,862
BGSF	10,386

Level 1 (20,247 BGSF)

1. Print Shop	821
2. Mail Room	606
3. Warehouse	15,285
4. Credit Union	480
DGSF	17,191
BGSF	20,247

Total BGSF 104,327

Valleywise Health – Support Services Building

2601 E. Roosevelt St. Phoenix, AZ 85008



Valleywise Health – Support Services Building

2601 E. Roosevelt St. Phoenix, AZ 85008

CMU Block Wall Progress



Priority Wall Framing Progress



Level 5 Concrete Finishing



Valleywise Health – Support Services Building

2601 E. Roosevelt St. Phoenix, AZ 85008

Topping Out Beam Being Placed



Level 1, Soundcrete Monocote Detailing



Conclusion – Discussion – Q&A – Next Steps





Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

April 27, 2022

Item 8.

Appointment to Valleywise
Health Claims Committee



Clerk's Office

2601 East Roosevelt Street • Phoenix • AZ • 85008

Phone: (602) 344-5177 • Fax: (602) 655-9337

DATE: April 14, 2022

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

FROM: Melanie Talbot, Chief Governance Officer and Clerk of the Board

SUBJECT: Claims Committee

The District's Claims Committee meets at least quarterly to review potential or pending claims and approve claims and lawsuit settlements more than \$99,999.99 and up to and including \$250,000. Under the terms of the Maricopa County Special Health Care District Amended and Restated Risk Management Insurance and Self Insurance Plan (Section 1.7.4), at least one member of the Board of Directors, selected by the Board of Directors shall serve on the Committee for a three (3) year term.

The two current Board members, Mary Rose Wilcox and Mary A Harden, R.N., terms have ended, therefore, the Board of Directors need to select at least one Board member to serve on the Committee. The Board member's status on the Committee will terminate should the Board member's status terminate.



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

April 27, 2022

Item 9.

Reports to the Board



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

April 27, 2022

Item 9.a.

**Reports to the Board
Monthly Marketing and Communications
Report**

Valleywise Marketing Communications Snapshot

March 2022

FY22 Marketing Communication Budget \$1.2M

REQUESTS FOR APPOINTMENTS

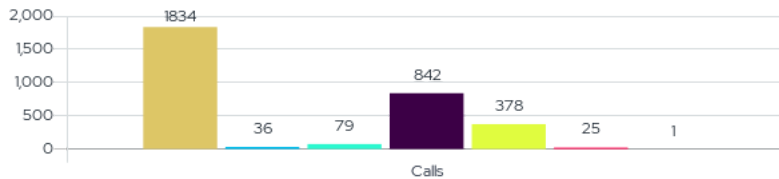
Total Requests
5,502

Click to Call From Google Ads	1,098
Click to Call From Website	2,097
Website Appointment Request Form Fills	2,307

REQUEST FOR APPOINTMENT BREAKDOWN

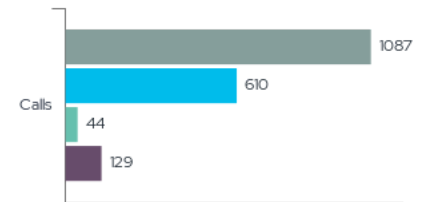
All Calls

By Source



● Google
 ● Facebook/IG
 ● Direct Traffic
 ● Organic
 ● Google Business Profile
 ● Marketo
 ● PR

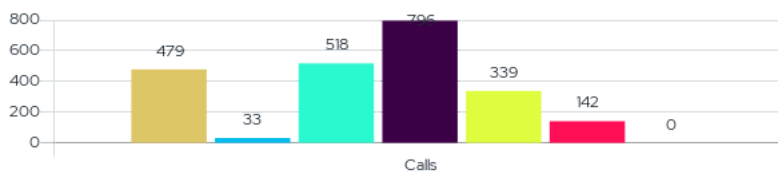
By Campaign



● Core
 ● CHC
 ● Telehealth
 ● Mesa

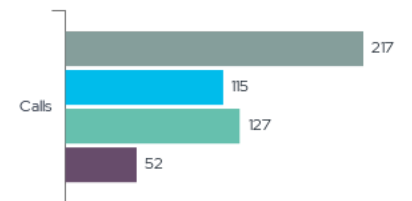
Web Form Fills

By Source



● Google
 ● Facebook/IG
 ● Direct Traffic
 ● Organic
 ● Google Business Profile
 ● Marketo
 ● PR

By Campaign



● Core
 ● CHC
 ● Telehealth
 ● Mesa

EMAIL INSIGHTS

68,031

TOTAL EMAILS SENT

One Month Previous 98,658

6,607

TOTAL OPENED

One Month Previous 28,789

9.71%

OPEN RATE

One Month Previous 33.84%

7.72%

CTO

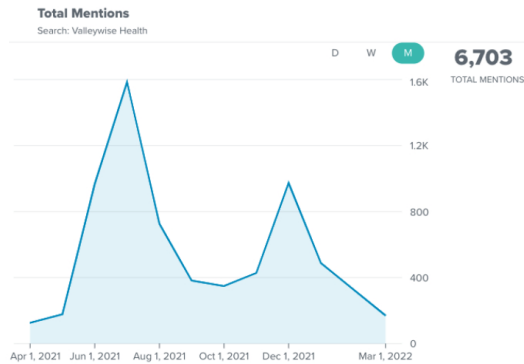
One Month Previous 3.37%

EARNED MEDIA

Total Monthly Mentions

170

Month Over Month Mentions



Month Over Month Share of Voice



SEARCH NAME	TOTAL MENTIONS
Valleywise Health	6.7K (33%)
Banner Health	6.3K (32%)
Dignity Health	3.7K (18%)
Abrazo Health	2.2K (11%)
Honor Health	1.1K (6%)

Apr 1, 2021 to Mar 31, 2022

VALLEYWISE IN THE NEWS

CORONAVIRUS

Valleywise 'optimistic' Arizona's low COVID-19 rates will continue

The Arizona health provider said Wednesday it only had one COVID-19 patient currently in its intensive care unit.



Author: 12 News
Published: 1:54 PM MST March 23, 2022
Updated: 2:59 PM MST March 23, 2022



Valleywise marks 2 years of construction on new hospital



By AZRE

The intersection of Roosevelt and 24th Street is looking quite different recently as Valleywise Health continues progress on the construction of its brand new, state-of-the-art medical center expected to open in late 2023. The public safety net health care system for Maricopa County broke ground on the 673,000-square-foot, 10-story medical center two years ago on February 26 and one year after finished the final beam on the building during a ceremonial topping out ceremony on February 25, 2021.

Today, the building is nearly 70% complete as final roofing activities on the main tower begin, with pipes, flooring and other finishes being started on the basement and first floors and continuing upward. Lead contractor Kinchel is currently utilizing 575 construction personnel to keep the project running on schedule. Of the many improvements being made, the renowned Arizona Burn Center at Valleywise Health will all be housed on one floor with its own external entrance. Improvements will be made to the Level 3 Trauma Center and overall aesthetic improvements for patients and their guests.

READ ON:



Invest in the future of public radio. Become a member. KJZZ is the #1 news station in the Valley!

Latest on COVID-19 in Arizona | COVID-19 cases and deaths

This Phoenix hospital has served millions in the last 50 years. Now it's being replaced

By Al Maclean

Listen to this story

Download (mp3) 26:19 kb

Two years into a three-and-a-half year project, the metal skeleton of the new 10-story Valleywise Health Medical Center stands out near 24th and Roosevelt streets.

The new building will be about half a block west of the 50-year-old facility once known as the Maricopa County Hospital, then the Maricopa County Medical Center and now Valleywise.

The move isn't that big but it's a long way from its origins when contagious diseases like tuberculosis and small pox were a big problem.

The history of Valleywise Health

Download (mp3) 26:19 kb

Author: 12 News

Published: 1:54 PM MST March 23, 2022

Updated: 2:59 PM MST March 23, 2022



COMMUNITY OUTREACH

COMMUNITY PARTNER ENGAGEMENT

16
MEETINGS (VIRTUAL)
308
PARTICIPANTS

- Mesa CAN
- Glendale Strong Families Network
- Maricopa County Public Health
- South Phoenix Healthy Start Community Action Network

EVENTS

- **AZ Complete Health Wellness Community Fair**- total reach 300 families, 35 safety helmets distributed to children
- **Desert Cove Health and Resource Fair** – 500 approx. attendees

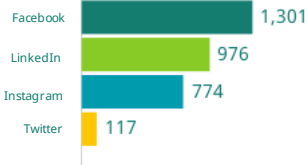
COMMUNITY BUSINESS DEVELOPMENT

5
MEETINGS (VIRTUAL)
500
PARTICIPANTS

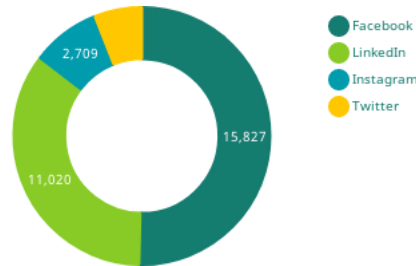
- Peoria Chamber of Commerce
- Mesa Chamber of Commerce
- WESTMARC
- Southwest Valley Chamber of Commerce

SOCIAL

ENGAGED USERS



TOTAL FANS BY PLATFORM



WEBSITE (MoM)

53,054
TOTAL WEB VISITS
One Month Previous 60,438

110,947
TOTAL PAGE VIEWS
One Month Previous 126,400

36,308
UNIQUE VISITORS
One Month Previous 43,070

104,985

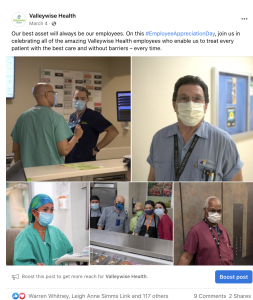
One Month Previous 113,263

POSTS WITH HIGHEST ENGAGEMENT RATES

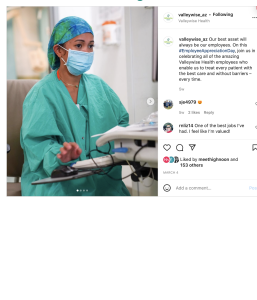
LinkedIn



Facebook



Instagram





INTERNAL MEDIA

OPEN RATE

62.27%

One Month Previous 64.88%

TOTAL EMPLOYEE EMAILS

6

One Month Previous 17

AREA OF FOCUS

- Support Services Building Topping Out Ceremony
- Family Learning Center name change
- Valleywise Health Earns Perfect Score on LGBTQ+ Healthcare Equality by Human Rights Campaign
- Employee Health Portal
- National Doctors' Day



Employee E-News | March 10, 2022

Topping-out ceremony marks construction milestone

Valleywise Health's new Support Services Building marked a major milestone in its construction with a topping-out ceremony Wednesday.

A Kitchell Construction crane lifted a steel beam to the top of the new 106,000 square foot building on the main campus. It's the last piece of structural steel to go into the building.

"This is a big deal. This facility will serve the community for decades to come," said Mary Rose Wilcox, chairman of the Maricopa County Special Health Care District Board of Directors. "As I watch this new building and the new hospital taking shape, I can't tell you how excited we all are."

"This isn't just an office building," said Lia Christensen, Chief Administrative Officer. "At this new facility, the next generation of health care professionals will train in a 3,600 square foot SIM Lab that will include an exam room, operating room, labor & delivery and ICU room."

The building also will have over 14,000 square feet of warehouse space, a print shop, several auditoriums, physician offices, and multiple conference rooms. It will house our Executive Team, Human Resources, Legal Services and Marketing, and feature a permanent Board Room.

It is scheduled to be completed June 2023.



Family Learning Centers are now Family Resource Centers

Since 2007, the Family Learning Centers at Valleywise Health have been your place for educational classes on health, parenting, early literacy, and more. We love being that resource for the community and will continue to offer all those classes.

However, we do so much more and want to be more for you and your family. That's why we are renaming ourselves the Family Resource Center.

[Learn more about our Family Resource Centers.](#)



A Message from our President & CEO Steve Purves



Valleywise Health Earns Perfect Score on LGBTQ+ Healthcare Equality by Human Rights Campaign

I'm pleased to announce that for the fourth consecutive year, Valleywise Health has been named an "LGBTQ+ Healthcare Equality Leader" by the Human Rights Campaign (HRC) Foundation, the educational arm of the nation's largest lesbian, gay, bisexual, transgender, and queer (LGBTQ) civil rights organization.

Valleywise Health was the first hospital in Maricopa County to participate in HRC's annual Healthcare Equality Index (HEI) and is one of only three hospitals in Arizona to receive a perfect 100.

We have been recognized by the HEI with a perfect score for the last three years because of our commitment to providing discrimination protections and high-quality care to our LGBTQ+ patients, visitors, and employees. We're proud to be recognized for culturally competent care and for our commitment to provide equitable access to exceptional care, without exception, every patient, every time.

The HEI is facilitated through our LGBTQ+ Rainbow Warriors' Employee Resource Group, created in April 2021 as a direct result of the HEI recertification efforts. Since then, the team has been meeting monthly to bring awareness, education, community events, and a relaxing social gathering for LGBTQ+ and allied staff.

The HEI accreditation process was accomplished through dedicated workgroups throughout the organization focusing on processes, protocols, and policies to increase the welcoming environment for all patients at Valleywise Health. Led by Manuel Soto-Gregio, these workgroups used HEI as a guide to see where Valleywise Health could lean into its mission to improve the experiences of those we serve.

This past year, the group has helped steer new initiatives, including Sexual Orientation & Gender Identity Inclusion (SOGII) in our medical records and processes, championing the use of pronouns throughout the organization, and making strategic changes in EPIC and with our vendors to honor the identities of our patients in a respectful, affirming manner. Other activities include fundraising for the Arizona AIDS Walk, Celebrating LGBTQ+ Pride Month in June, and honoring the International Transgender Day of Visibility.

I'm proud that Valleywise Health serves as a role model for health organizations locally and across the state. As a major center of teaching, we have a special role in advancing care equity by training future health care providers to offer competent, sensitive care to LGBTQ+ patients and their families.

Steve Purves
Steve Purves
President & CEO



Employee E-News | March 17, 2022

Help us honor our amazing nurses

Help us celebrate our amazing nurses by submitting nominations for 2022 Nursing Leader of the Year and Nightingale Nurse of the Year. Nurse of the year awards are presented during National Nurses Week - May 6 to May 12 - in recognition of individual nurses who have demonstrated an exemplary level of expertise, strength and endurance during a very difficult year.

You can help us recognize our excellent nursing staff by [submitting a nomination](#) by April 15.



New! Employee Health Portal opens in April

Beginning April 4, employees will have access to an Employee Health portal linked to our new Electronic Medical Record, NetHealth. Employees will receive two emails from NetHealth, one containing a link to their Employee Portal, and another on how to set up their username and password. Once Employees have set up their personal accounts, they will have access to the following services:

- Employee immunizations/alert records
- Request an appointment with Employee Health
- Commonly used forms, and the ability to submit documents to Employee Health
- Help tab

Also starting April 4, employees will begin receiving notifications to their Valleywise Outlook Emails of QTB lab draws due, and/or Hepa Mask fitting due. This notification will be sent out bi-monthly, with 30 days from current date range. For example, if today's date is 03/10/2022, the notifications will capture those employees whose draws or fittings will be expiring as of 04/07/2022. Supervisors will continue to receive the QTB/Hepa Mask Compliance report at the current Bi-Monthly interval.

Questions? Please call Employee Health at 602.344.5210 Option 0, or email us at EmployeeHealthandWellness@valleywisehealth.org

Match Day is Friday!

Match Day is the time when fourth-year medical students find out where they will be training for their residency and in what specialty. For this year's Match Day, students will receive their residency assignments and share their excitement with their peers at ceremonies taking place simultaneously on Creighton University's Omaha and Phoenix campuses.

Valleywise Health and St. Joseph's Hospital are major partners in the Creighton University Arizona Health Education Alliance, formed in 2018 to administer the residency and fellowship programs for its partnering organizations, with hopes of an increase in matches in the Phoenix area.

In 2021, 100% of Creighton's medical students matched to residency programs, according to Michael Kavan, PhD, associate dean for Student Affairs at Creighton University School of Medicine.

When: Friday, March 18, 8:30 a.m. (MST) 10:30 a.m. (MST)

Link to livestream: <https://creighton.zoom.us/j/93635478819?pwd=VklwZWdtdRlBmSWZh3R1VjplUFFFMU09>



National Doctors' Day | March 30

In honor of National Doctors' Day on Wednesday, March 30, 2022, and in light of the recent two-year anniversary of our first COVID-19 patient, it is important to take a moment to honor our District Medical Group physicians and Creighton University Arizona Health Education Alliance residents.

Working together with our amazing Valleywise Health staff, our physicians and residents faced unprecedented challenges and made notable personal sacrifices to treat our patients and to protect our community. They have inspired us and the world through their incomparable efforts on the front lines during the COVID-19 pandemic.

Today, and every day, we thank them for applying their knowledge, skills and compassion to reassure our patients and to save lives. We thank them for the sacrifices they make and for the high-quality care they provide.

Please join us in saluting our doctors and residents who have devoted their lives to the study and practice of medicine. We are fortunate to be served by such talented and dedicated individuals who provide our patients and families with skill, compassion and quality care, without exception.

While COVID-19 will continue to be part of our lives for the foreseeable future, the last two years have shown us that by working together, we create a force that no virus will defeat. We are Valleywise Health strong.

Sincerely,

Stephen A. Purves *Kate Chundu*
Stephen A. Purves Kate Chundu, MD
President & CEO President & CEO
Valleywise Health District Medical Group



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

April 27, 2022

Item 9.b.

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



Care Reimagined – Spend report (March 2022)

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		DEC 2021	JAN 2022	FEB 2022	MAR 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			\$ 1,017		\$ 266,409
CDW Government	19-930					\$ 300,754
CENTURYLINK	19-930					\$ 12,532
CHEMDAQ	19-930					\$ 21,874
City of Peoria						\$ 80,987
CME	19-930		\$ 3,865			\$ 1,742,846
COOPER ATKINS	19-930					\$ 33,041
COOPER SURGICAL	19-930					\$ 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				Cumulative Total
		DEC 2021	JAN 2022	FEB 2022	MAR 2022	
DATA INNOVATIONS LLC						\$ 14,285
DATEX OHMEDA						\$ 387,508
DEPUY SYNTHES	19-930			\$ 963		\$ 48,170
DIBBLE ENGINEERING						\$ 12,570
ELITECHGROUP INC	19-930					\$ 16,895
EXTENDATA	19-930					\$ 60,844
FILLMASTER	19-930					\$ 1,494
FOLLETT	19-930					\$ -
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
J AND J HEALTHCARE SYSTEMS	19-930			\$ 15,072		\$ 15,072
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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid				Cumulative Total	
		DEC 2021	JAN 2022	FEB 2022	MAR 2022		
NCI INC						\$ 9,262	
Ninyo and Moore Geotechnical and Environment						\$ 132,464	
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					\$ 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)			\$ -	\$ 3,865	\$ 17,052	\$ -	\$ 66,512,839

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		DEC 2021	JAN 2022	FEB 2022	MAR 2022	Cumulative Total
Alliance Land Surveying LLC	19-942					\$ 1,825
Allstare Rent A Fence	19-942					\$ -
DAVES CONSTRUCTION	19-942					\$ -
Great American Title (escrow/property tax) - Chandler	19-942					\$ 1,214,705
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
ALTURA COMMUNICATIONS	19-944			\$ 10,072	\$ 6,417	\$ 16,489
ABBOTT RAPID DIAGNOSTICS INFORMATICS INC	19-944					\$ -
BPG TECHNOLOGIES LLC	19-944		\$ 1,075			\$ 1,075
BONNY PIONTKOWSKI	19-944		\$ 625		\$ 495	\$ 1,120
CDW G	19-944	\$ 17,513	\$ 23,068	\$ 289	\$ 8,338	\$ 52,080
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	\$ 33,706		\$ 34,138
CME	19-944		\$ 48,882	\$ 11,260	\$ 25,845	\$ 91,530
COOPER ATKINS CORPORATION	19-944					\$ 6,532
CAPSULE TECH INC	19-944			\$ 14,160	\$ 41,760	\$ 55,920
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					\$ 966,705
DANIELS MOVING & STORAGE	19-944			\$ 15,825		\$ 15,825
HELMER INC	19-944		\$ 18,323			\$ 18,323
HP INC	19-944	\$ (405)		\$ 32,015		\$ 31,610
HOLOGIC INC	19-944	\$ 349,945				\$ 349,945
FILLMASTER	19-944					\$ 1,494
FISHER HEALTHCARE	19-944					\$ 36,538
INTERMETRO INDUSTRIES	19-944		\$ 7,511		\$ 699	\$ 8,210
JENSEN HUGHES	19-944				\$ 754	\$ 4,913
Maricopa County Planning	19-944					\$ 85,240
MDM COMMERCIAL	19-944			\$ 1,280	\$ 1,292	\$ 6,997
MONOPRICE	19-944		\$ 35			\$ 335

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		DEC 2021	JAN 2022	FEB 2022	MAR 2022	Cumulative Total
OKLAND CONSTRUCTION	19-944		\$ 390,784	\$ 787,826		\$ 8,646,895
P-CARD MESA PERMIT	19-944					\$ 1,331
THE CBORD GROUP INC	19-944				\$ 2,826	\$ 2,826
TEMP ARMOUR	19-944		\$ 3,699			\$ 9,947
THE GRAPHS MEDICAL PHYSICS	19-944		\$ 1,750			\$ 1,750
SCRIPTPRO USA	19-944		\$ 10,454			\$ 104,544
SMITHS MEDICAL	19-944					\$ 1,391
SPEEDIE AND ASSOC	19-944		\$ 2,285	\$ 140		\$ 18,306
STRYKER SALES	19-944		\$ 6,418			\$ 6,418
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)		\$ 551,679	\$ 524,915	\$ 906,574	\$ 88,426	\$ 13,184,683
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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid				Amount Paid	Cumulative Total
		DEC 2021	JAN 2022	FEB 2022	MAR 2022		
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					\$ 1,400	
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)		\$ 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	

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid				Cumulative Total
		DEC 2021	JAN 2022	FEB 2022	MAR 2022	
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
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
SOUTH MOUNTAIN RETAIL	19-928					\$ -
Speedie and Associates	19-928					\$ 14,595
SPHERE COMMERCE	19-928					\$ 795
SRP	19-928					\$ 2,104
Sundt Construction Inc	19-928					\$ 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)		\$ 15,113	\$ 388	\$ -	\$ -	\$ 12,838,024

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		DEC 2021	JAN 2022	FEB 2022	MAR 2022	Cumulative Total
CDW GOVERNMENT INC	19-946	\$ 7,446	\$ 573		\$ 2,228	\$ 47,326
ADVANCE INNOVATIVE SOLUTIONS	19-946		\$ 6,435			\$ 6,435
ALLEGIANCE CORP	19-946					\$ 920
ALTURA COMMUNICATIONS	19-946	\$ 14,221	\$ 102			\$ 33,123
ABBOTT RAPID DIAGNOSTICS INFORMATICS INC	19-946					\$ -
BPG TECHNOLOGIES	19-946					\$ 757
BONNY POINTKOWSKI	19-946	\$ 1,645				\$ 1,645
CABLE SOLUTIONS	19-946					\$ 77,231
THE CBORD GROUP INC	19-946			\$ 18		\$ 18
CAPSULE TECH	19-946					\$ 56,272
CITY OF PHOENIX	19-946					\$ 68,264
CME	19-946	\$ 5,585	\$ 5,556	\$ 236	\$ 2,581	\$ 103,709
COOPER ATKINS	19-946					\$ 8,233
DIBBLE ENGINEERING	19-946					\$ 6,534
DWL ARCHITECTS + PLANNERS INC	19-946	\$ 12,149	\$ 12,149		\$ 1,926	\$ 889,933
DANIELS MOVING	19-946			\$ 20,892		\$ 20,892
EXTENDATA	19-946					\$ 11,706
Fidelity National Title (escrow) - 79thAve&Thomas	19-946					\$ 1,873,014
FILLMASTER SYSTEMS	19-946					\$ 1,494
GE PRECISION	19-946		\$ 440			\$ 168,432
HYE TECH	19-946		\$ 89,235			\$ 196,353
HP INC	19-946	\$ 11,175	\$ 8,425			\$ 19,600
INTERMETRO INDUSTRIES	19-946	\$ 14,841				\$ 15,951
INVIVO CORP	19-946					\$ 53,865
JENSEN HUGHES	19-946				\$ 1,078	\$ 7,513
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-946					\$ 50,000
MDM COMMERCIAL	19-946					\$ 5,546
MONOPRICE	19-946					\$ 522
NATUS MEDICAL	19-946					\$ 1,141
Ninyo and Moore Geotechnical and Environment	19-946					\$ 22,000
Okland Construction Company	19-946		\$ 84,445		\$ 71,000	\$ 6,794,362
OLYMPUS	19-946					\$ 1,211
P-CARD PURCHASE MKTP US	19-946					\$ 135
SALT RIVER PROJECT	19-946					\$ 1,750
SUNDT CONSTRUCTION	19-946					\$ 4,155,808
SMITHCRAFT SIGNS	19-946				\$ 689	\$ 106,985
SPEEDIE AND ASSOC	19-946					\$ 21,293
SCRIPT PRO	19-946					\$ 104,544
THE CBORD GROUP	19-946					\$ 2,865

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		DEC 2021	JAN 2022	FEB 2022	MAR 2022	Cumulative Total
TEMP ARMOUR	19-946					\$ 9,947
TRANSACT COMMERCIAL	19-946					\$ 291,462
THE GRAPHICS MEDICAL	19-946					\$ 950
SPHERECOMMERCE LLC	19-946		\$ 895			\$ 895
SRP	19-946					\$ 48,255
TOTAL West Maryvale FHC (WM79)		\$ 67,061	\$ 208,257	\$ 21,146	\$ 79,502	\$ 15,288,890
		\$ 635,533	\$ 737,425	\$ 944,772	\$ 167,928	\$ 126,387,026

Note: Prior months amount paid are hidden

Functional Area - Behavioral Health Services						
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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		DEC 2021	JAN 2022	FEB 2022	MAR 2022	Cumulative Total
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
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		\$ 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					\$ 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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid				Amount Paid
		DEC 2021	JAN 2022	FEB 2022	MAR 2022	
						Cumulative Total
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
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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		DEC 2021	JAN 2022	FEB 2022	MAR 2022	Cumulative Total
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
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)		\$ -	\$ 95,391	\$ -	\$ -	\$ 83,114,490

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		DEC 2021	JAN 2022	FEB 2022	MAR 2022	Cumulative Total
Adams and Wendt	19-936					\$ 76,425
AIRPARK SIGNS						\$ 1,305
Arizona Department of Health	19-936					\$ 1,050
AFFILIATED ENGINEERS	19-936					\$ 85,852
BUREAU VERITAS	19-936		\$ 7,031			\$ 28,125
Engineering Economics	19-936					\$ 57,566
GOODMANS	19-936		\$ 1,575	\$ 2,530		\$ 109,269
Grainger	19-936					\$ 5,504
JENSEN HUGHES	19-936				\$ 667	\$ 15,904
KITCHELL	19-936	\$ 55,480	\$ 330,218			\$ 6,515,590
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-936					\$ 230
Speedie and Assoc	19-936	\$ 555				\$ 4,120
Valley Systems	19-936		\$ 1,086			\$ 13,949
TOTAL Annex HVAC Replacement (RSVT)		\$ 56,035	\$ 339,911	\$ 2,530	\$ 667	\$ 6,914,889
						\$ -
TOTAL Annex Building Remodel (RSVT)						\$ -
		\$ 56,035	\$ 435,301	\$ 2,530	\$ 667	\$ 90,029,379

Note: Prior months amount paid are hidden

Functional Area - Acute Care Facilities						
eSTF - Enterprise Strengthening the Foundation (see attached for detail)	17-900					\$ 14,000,000
Client & Mobility (Phase 1)	16-934					\$ 1,434,893
Client & Mobility (Phase 2)	17-906					\$ 1,512,376
IPT (PBX Replacement)	16-909					\$ 2,789,264
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
Epic Modules						\$ -

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		DEC 2021	JAN 2022	FEB 2022	MAR 2022	Cumulative Total
PeriCalm or GEConnect smart tracing software						\$ -
EPCS						\$ -
New software for Contract approval routing						\$ -
Integration						\$ -
VNA & Universal PACS Viewer						\$ -
SEIMS	17-912					\$ 235,134
SEIMS	18-911					\$ 14,468
ESB Framework Enablement	18-914					\$ 1,111,233
Clinical Image Repository	18-915					\$ 1,271,214
MyChart Bedside Tablets						\$ -
Integration SOA Architecture						\$ -
Software Quality Assurance						\$ -
Imprivata Identity	18-916					\$ 576,880
Chartmaxx Infrastructure Upgrade	19-906					\$ 859,682
Imprivata ConfirmID	19-911					\$ 137,295
ESB (Tibco) - Infrastructure	19-918					\$ 34,861
PWIM Global Monitor Software - additional funding required to support implementation of CER15-075, Cloverleaf Availability	16-924					\$ 35,400
Patient monitors - High Acuity	16-908					\$ 6,240,243
Pyxis upgrade 2017						\$ -
Unit 10 Phase II						\$ -
Stretcher replacement	16-912					\$ 395,538
IVUS - intravascular ultrasound for placement of stents	16-922					\$ 128,371
Vigileo Monitors (8)	16-928					\$ 96,132
VANIR CONSTRUCTION	16-928		\$ 463,755			\$ 463,755
Balloon Pumps	16-920					\$ 149,197
Convert Unit 2 at DV to an Adolescent Unit						\$ -
Endo Tower						\$ -
Zeiss - Cirrus HD ophthal camera	16-919					\$ 60,654
Vivid Q BT12 Ultrasound	16-931					\$ 55,019
Colonoscopes						\$ -
Zoll Thermoguard XP (formerly Alsius)	16-906					\$ 33,230
Replacement of tray line for room service project						\$ -
Flexible Ureteroscope (2)						\$ -
3:1 Mesher	16-927					\$ 12,870
1:1 Mesher	16-927					\$ 26,190
2:1 Mesher	16-927					\$ 26,190
Urodynamics machine (for surgery clinic)	16-929					\$ 17,935

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		DEC 2021	JAN 2022	FEB 2022	MAR 2022	Cumulative Total
UltraMist System	16-925					\$ 20,195
Replace Chair in Eye Room						\$ -
EVS UV floor equipment						\$ -
Fluid Warmers						\$ -
Puffer Tenometer						\$ -
Doppler	16-935					\$ 3,950
Autostainer (Histology)						\$ -
Ultrasound (for breast clinic)	16-931					\$ 22,685
Biom 5	16-930					\$ 8,103
HINNI Laryngoscope						\$ -
Wilson Frame	18-902					\$ 4,852
Medical Beds for Psych Units	16-932					\$ 211,197
King Tong Pelvic fx reducer	16-926					\$ 9,500
Stryker Core Power Equipment --Contract	16-904					\$ 369,113
Patient Monitoring (Low Acuity) - Formerly named Alarm Management	16-907					\$ 347,029
AIMS Upgrade	16-901					\$ 51,232
AIMS Upgrade	16-902					\$ 12,000
AIMS Upgrade	16-903					\$ 112,850
Temperature Monitoring - Non FQHC Depts	17-908					\$ 133,615
Blood Culture Instrument Lease						\$ -
2 Pillcams for Endo	17-911					\$ 13,826
Replace 11 ultrasounds	16-931					\$ 1,142,345
POC Ultrasounds (10)	16-931					\$ 634,702
Plant upkeep and repair						\$ -
Ice Machine Replacement	16-911					\$ 23,881
Steam Condensate Return Piping Replacement	16-914					\$ 62,529
Laundry/Finance/Payroll/Facilities Roof Repairs	17-917					\$ 82,955
Minor renovations						\$ -
Replace OR Cabinets						\$ -
Batteries						\$ -
Roof Repair/Replacement						\$ -
MMC 7th Floor Roof	16-905					\$ 274,582
Facility upkeep	17-910					\$ 4,205
Facility upkeep	18-905					\$ 69,218
Colposcopes	18-909					\$ 24,607
Chandler ADA Doors	18-042					\$ 5,867
Upgrade 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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		DEC 2021	JAN 2022	FEB 2022	MAR 2022	Cumulative Total
CHC - Digital Panoramic x-ray	16-916					\$ 60,419
CHC Dental Replace Chairs Lights, Compressor and Delivery Units	18-905					\$ 127,642
CHC Cost for new equipment and cost of moving existing to Avondale X-Ray	16-921					\$ 83,327
Avondale- Replace all flooring.	17-904					\$ 72,635
Temperature Monitoring - FQHC Depts	17-909					\$ 82,219
McDowell Dental	16-918					\$ 15,990
CHC Internal Medicine Clinic renovation - increase the number of exam	18-900					\$ 221,124
CHC Dental Autoclave Replacement including printer & Cassette rack	18-908					\$ 19,122
Chandler Dental Autoclave Replacement including printer & Cassette rack	18-908					\$ 6,374
Avondale Dental Autoclave Replacement including printer & Cassette rack	18-908					\$ 6,374
FHC Helmer Medical Refrigerators	17-714					\$ 11,110
FHC Helmer Medical Refrigerators	17-901					\$ 169,399
FQHC Contingency - addtl camera	16-936					\$ -
Cabinet and Countertop Replacement South Central FHC	18-904					\$ 8,419
CHC Dental Refresh	18-905					\$ 96,361
POC Molecular (26 units)	19-914					\$ 1,049,613
Bili Meter - Draegar (10 units)	19-927					\$ 71,875
Colposcope - Guadalupe	19-925					\$ 9,927
Colposcopes (2 units)	19-434					\$ -
EKG machines (3 units)	19-922					\$ 37,278
Ultrasound machines (2 units) - Women's	19-417					\$ -
South Central FHC Cooling Tower Repairs	19-707					\$ -
South Central FHC Security Fencing Due to Vandalism	19-015					\$ -
CHC Pediatric Clinic (Primary Care) Pharmacy Refrigerator	19-709					\$ -
FQHC Contingency / Emergency - FQHC LAL only						\$ -
Bond related expenses (legal fees, etc.)	N/A					\$ 325,646
Audiology - Astera Audiometer	16-913					\$ 11,326
ALTURA COMMUNICATIONS	16-909					\$ 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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		DEC 2021	JAN 2022	FEB 2022	MAR 2022	Cumulative Total
Vanir Construction Management (\$48M) (\$48,300,501 - Entire Project)	17-916					\$ 21,233,635
Vanir Construction Management (Planning Phase)	16-923	\$ 508,772				\$ 508,772
MOSS ADAMS	17-916		\$ 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 Murrery LD	16-923					\$ 32,654
Devenney Group LTD	16-923					\$ 242,450
MTI Connect Inc	16-923					\$ 181
SHI INTERNATIONAL	19-911					\$ 2,577
Payroll/Supplies/Misc Expenses	16-923					\$ 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		\$ 508,772	\$ 496,153	\$ -	\$ -	\$ 117,741,781
Atlantic Relocation Systems						\$ 39,819
Bond issuance costs						\$ 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 Network 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	\$ 30,000		\$ 15,000	\$ 75,000
Lovitt & Touche Inc	19-934	\$ 8,191	\$ 21,110		\$ 8,191	\$ 3,808,846
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

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Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		DEC 2021	JAN 2022	FEB 2022	MAR 2022	Cumulative Total
Sims Murrary 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		\$ 23,191	\$ 51,110	\$ -	\$ 23,191	\$ 24,960,392
Adams and Wendt	19-935					\$ 37,316
Advanced Testing	19-935					\$ 2,605
APS	19-935					\$ 45,963
Affiliated Engineers Inc	19-935		\$ 35,108			\$ 2,208,952
Affiliated Engineers Inc	19-935			\$ 563		\$ 2,059,120
Arnold Machinery	19-935					\$ 34,209
ARIZONA DEPARTMENT OF HEALTH	19-935					\$ 150
CABLE SOLUTIONS LLC	19-935				\$ 3,649	\$ 3,649
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	\$ 11,992			\$ 11,992	\$ 193,620
GOODMANS	19-935					\$ 3,133
HYE TECH	19-935		\$ 379,692			\$ 1,960,213
JENSEN HUGHES	19-935					\$ 11,820
KITCHELL	19-935				\$ 9,838	\$ 48,190,687
KM FACILITY SERVICES	19-935	\$ 11,370	\$ 20,391	\$ 14,377	\$ 14,377	\$ 71,885
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)		\$ 23,362	\$ 435,190	\$ 14,940	\$ 39,856	\$ 55,318,839

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		DEC 2021	JAN 2022	FEB 2022	MAR 2022	Cumulative Total
ADAMS AND WENDT	19-949					\$ 13,503
ADAMS AND WENDT	19-948					\$ 31,430
ADAMS AND WENDT	19-947			\$ 2,141	\$ 12,846	\$ 17,780
ADAMS AND WENDT	19-951					\$ 79,143
ADAMS AND WENDT				\$ 6,600		\$ 6,600
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
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					\$ 23,013
CABLE SOLUTIONS	19-947	\$ 123,732		\$ 169,337	\$ 105,977	\$ 529,848
C-SCAN TECHNOLOGIES	19-947	\$ 1,015		\$ 1,015		\$ 6,090
CAPSULE TECH	19-951					\$ 8,708
CDW G	19-947			\$ 1,848	\$ 88,660	\$ 91,921
CDW G	19-951					\$ (16)
CENTURY LINK	19-951					\$ 6,706
CITY OF PHOENIX	19-947					\$ 79,102
CME	19-948					\$ 11,254
CME	19-951					\$ 2,765
CME	19-947				\$ 18,616	\$ 18,616
Cop*city Of Phx Paymnt	19-947					\$ 300
Cuningham Architect	19-947	\$ 338,863	\$ 338,863	\$ 338,863		\$ 29,647,789
Cuningham Architect	19-951					\$ 2,466
CLIMATEC LLC	19-947			\$ 14,592		\$ 14,592
DANIELS MOVING	19-948			\$ (27,924)		\$ 1,096
Devenney Group LTD						\$ 530,623
DYNAMIC INSTALLATION	19-948					\$ 23,932
DYNAMIC INSTALLATION	19-951					\$ 501
DWL ARCHITECTS + PLANNERS INC	19-947			\$ 9,719		\$ 9,719
DISTRICT MEDICAL GROUP	19-948				\$ 89,356	\$ 89,356

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		DEC 2021	JAN 2022	FEB 2022	MAR 2022	Cumulative Total
ECD SYSTEMS	19-947				\$ 74,100	\$ 133,037
ENGINEERING ECONOMICS	19-951	\$ 1,500			\$ 3,304	\$ 9,250
EXCESSIVE CARTS	19-948					\$ 22,782
FC HOSPITALITY	19-948					\$ 173,927
Follett	16-923					\$ 5,249
GOODMANS						\$ 90,025
GOODMANS	19-951	\$ 3,791				\$ 30,245
GRAINGER	19-947		\$ 5,445		\$ 224	\$ 5,669
HILL ROM	19-951					\$ 7,795
HILL ROM	19-947			\$ 12,100	\$ 24,643	\$ 36,743
Innerface Architectural Signage	19-948					\$ 862
Innerface Architectural Signage	19-951					\$ 833
JENSEN HUGHES	19-947				\$ 11,155	\$ 20,792
JENSEN HUGHES	19-951	\$ 11,695			\$ 1,439	\$ 20,819
KITCHELL	19-947	\$ 13,299,090	\$ 17,129,892	\$ 9,001,883	\$ 8,974,510	\$ 191,648,799
KITCHELL	19-937					\$ 667,452
KITCHELL	19-948			\$ 13,552		\$ 11,879,707
KITCHELL	19-951	\$ 877,099	\$ 4,907	\$ 703,275		\$ 8,528,959
KITCHELL	19-954					\$ 8,373
LANMOR	19-947		\$ 458,934			\$ 466,500
LANMOR	19-948					\$ 1,977
LANMOR	19-951					\$ 61,404
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-951					\$ 289,918
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-947		\$ 7,764	\$ 7,293	\$ 8,120	\$ 2,078,383
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
MDM COMMERCIAL	19-947				\$ 24,079	\$ 24,079
NINYO AND MOORE	19-947					\$ 3,200
NINYO AND MOORE	19-947					\$ 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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		DEC 2021	JAN 2022	FEB 2022	MAR 2022	Cumulative Total
RMJ Electrical Contractors						\$ 551
Smithcraft Signs	19-947					\$ 960
Smithcraft Signs	19-951					\$ 4,650
SPEEDIE AND ASSOC	19-947		\$ 9,430	\$ 4,190	\$ 13,705	\$ 241,178
SPEEDIE AND ASSOC	19-951		\$ 20,906			\$ 22,326
STERIS	19-947					\$ 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					\$ 59,810
Speedie and Assoc	19-951			\$ 2,326		\$ 2,326
SRP	19-947					\$ 500
THOMAS PRINTWORKS						\$ 7,517
Trademark Visual	19-948					\$ 2,576
ZOLL MEDICAL WILL REVERSE IN JULY						\$ -
ZORO TOOLS	19-948					\$ 14,481
TOTAL Roosevelt Campus Site Development Plan (RSVT)		\$ 14,664,488	\$ 18,020,714	\$ 10,260,811	\$ 9,450,733	\$ 249,834,220
		\$ 15,219,814	\$ 19,003,168	\$ 10,275,750	\$ 9,513,780	\$ 447,855,232
Bond Proceeds received to date:						
\$935,805,959						
TOTAL MONTHLY SPENT AMOUNT		\$ 15,911,382	\$ 20,175,894	\$ 11,223,052	\$ 9,682,376	\$ 664,271,636
VARIANCE: Bond Proceeds amount vs CER amount issued						
REMAINING Cash for disbursement		\$ 312,615,644	\$ 292,439,750	\$ 281,216,698	\$ 271,534,322	\$ 271,534,322



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

April 27, 2022

Item 9.c.

Presented at the Meeting

**Reports to the Board
Monthly Valleywise Health Employee
Turnover Report**

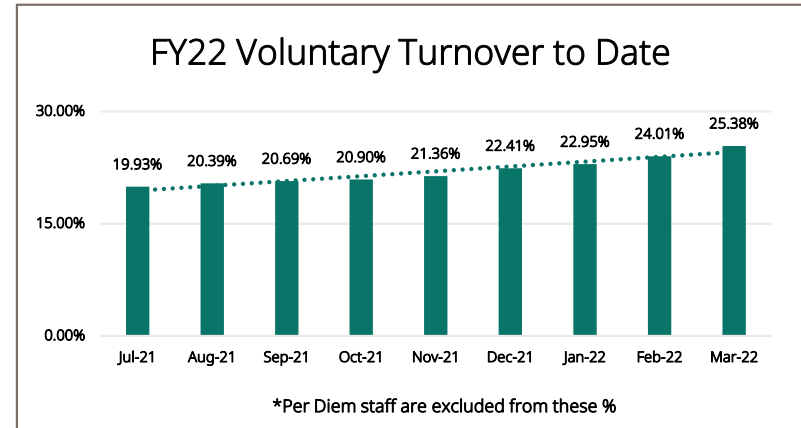
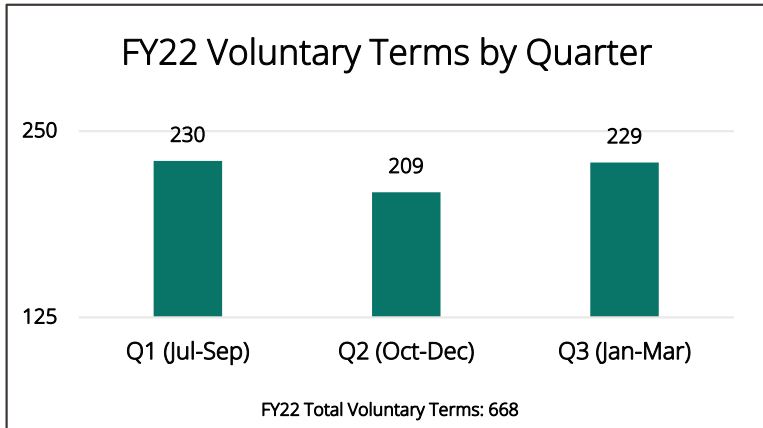
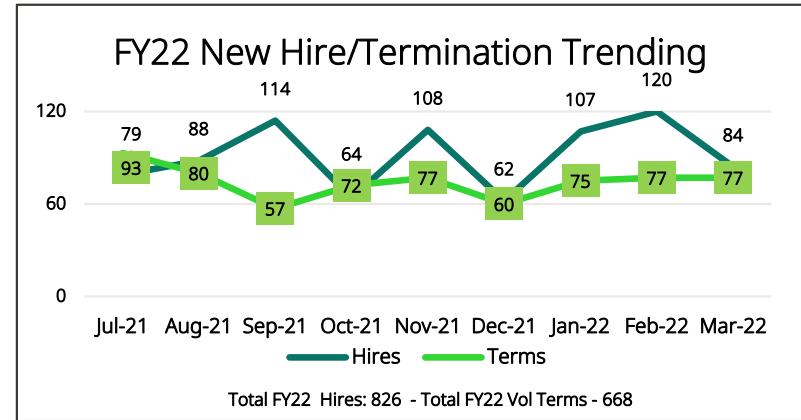
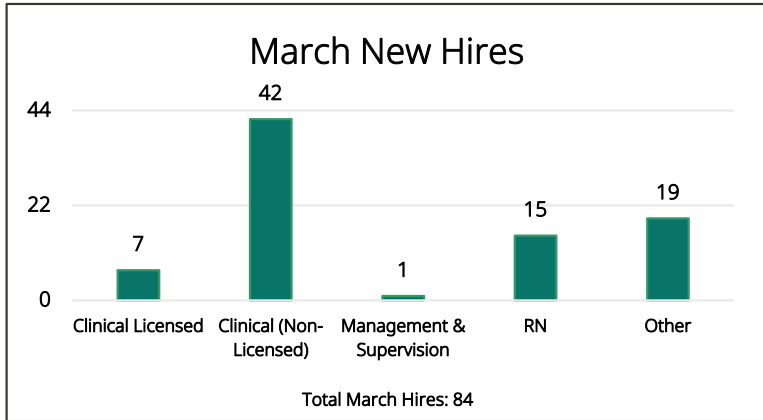


Human Resources Board Turnover Analysis & Employee Demographic Information

March 2022

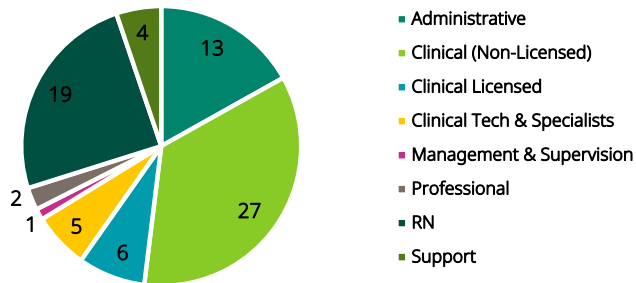
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Valleywise Health New Hires and Terminations

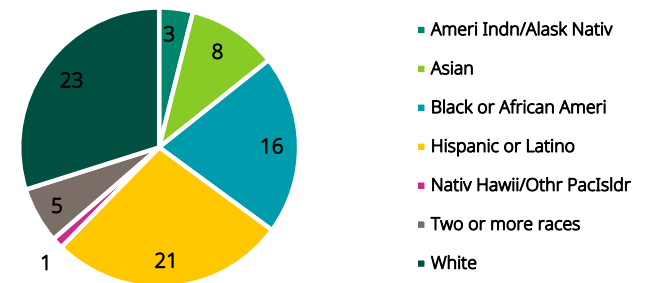


Valleywise Health Voluntary Turnover Demographic Info

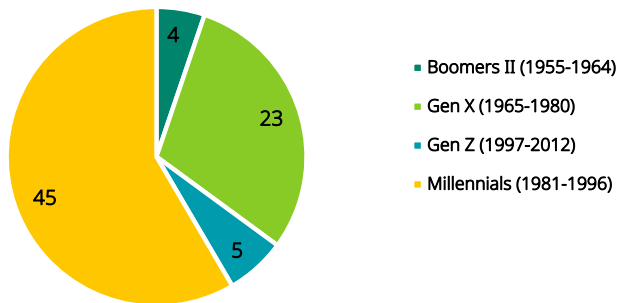
Turnover by Labor Group



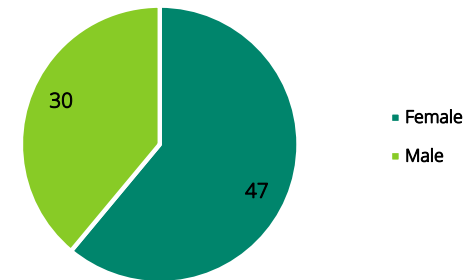
Turnover by Ethnicity



Turnover by Generation

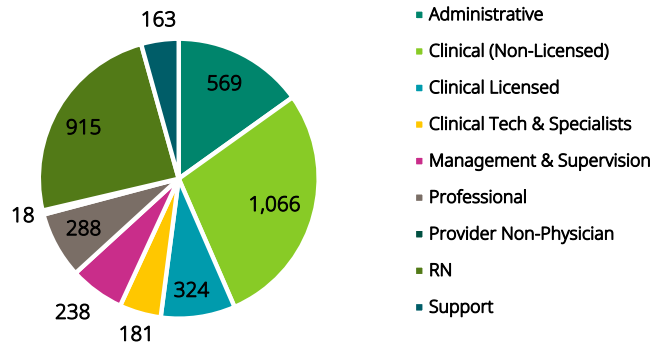


Turnover by Gender

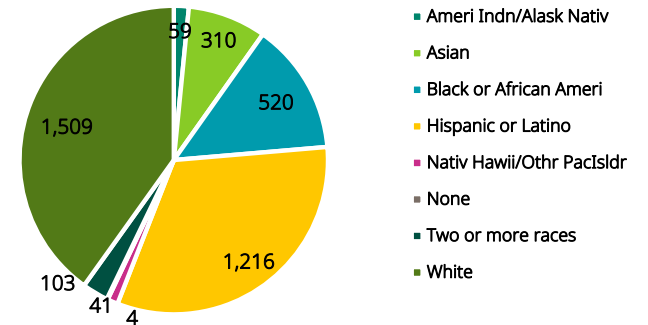


Valleywise Health Workforce Demographic Info

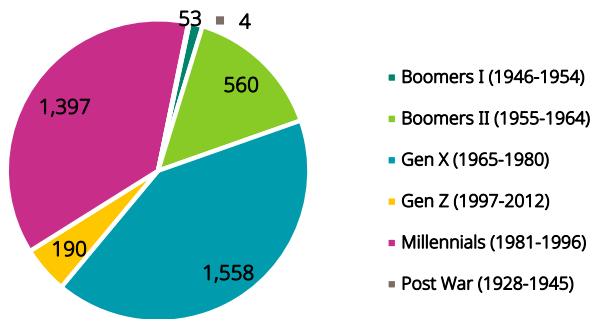
Headcount by Labor Group



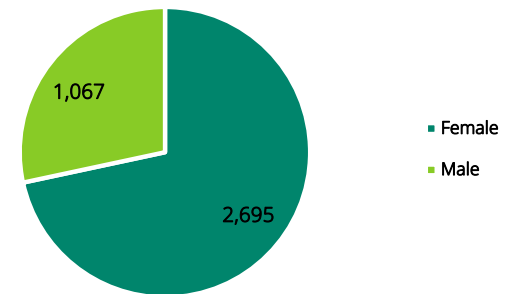
Headcount by Ethnicity



HeadCount by Generation



Headcount by Gender







**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

April 27, 2022

Item 9.c.

**Reports to the Board
Monthly Valleywise Health Employee
Turnover Report**

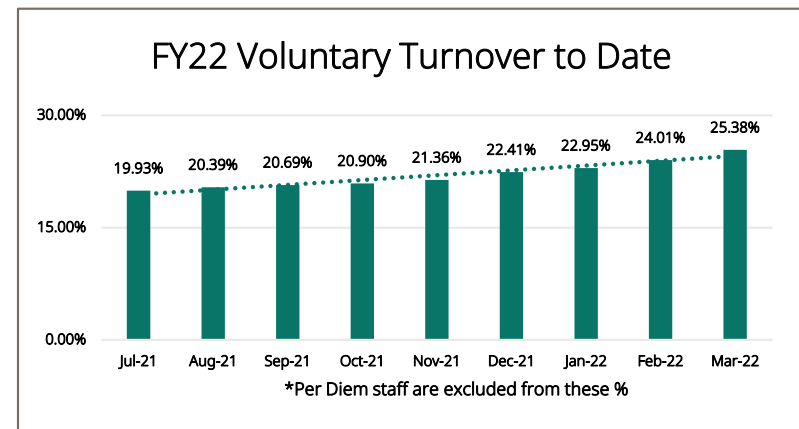
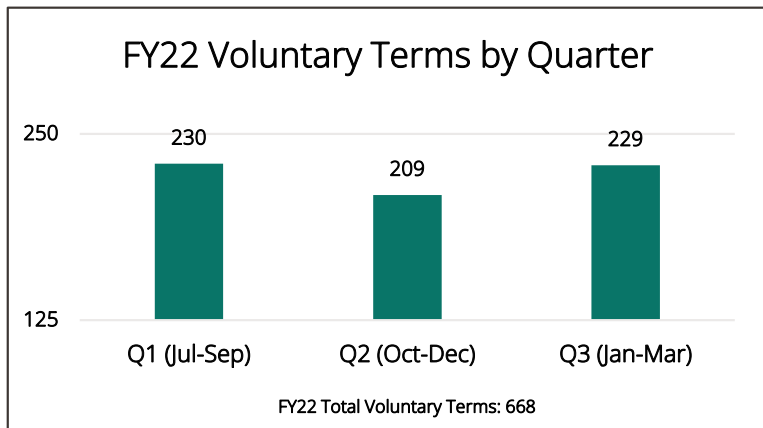
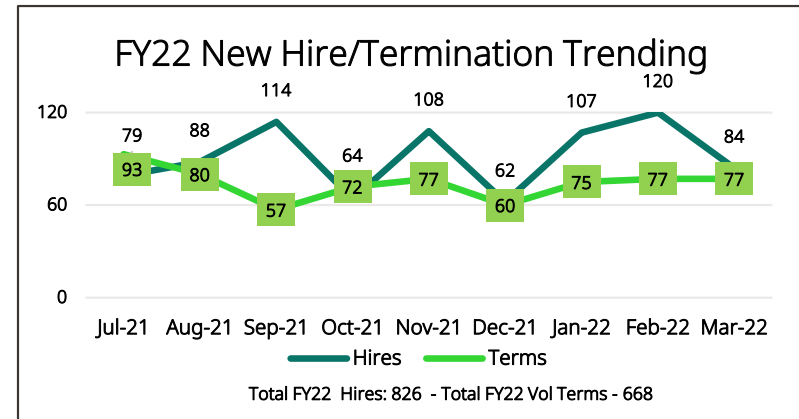
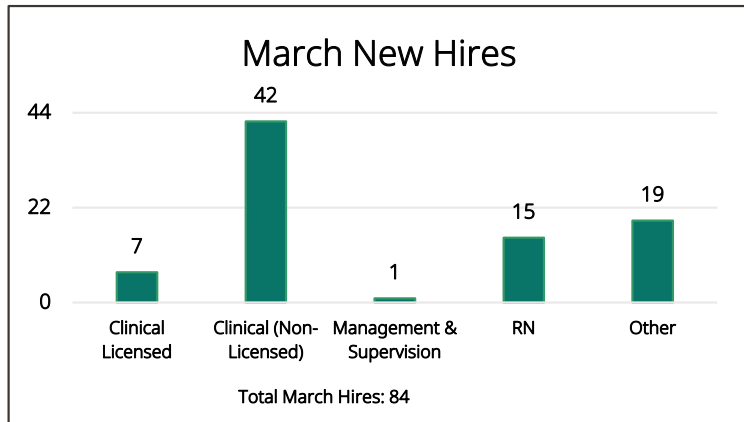


Human Resources Board Turnover Analysis & Employee Demographic Information

March 2022

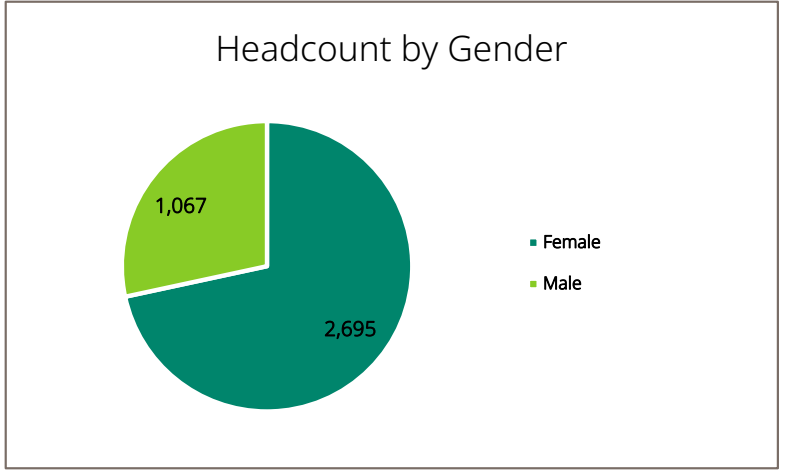
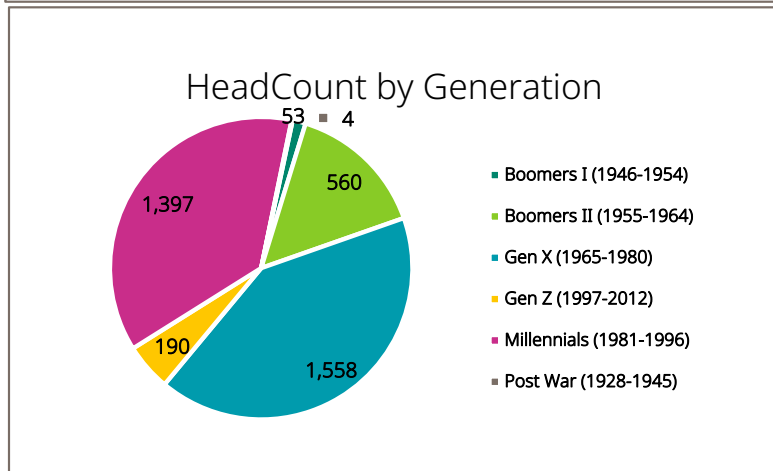
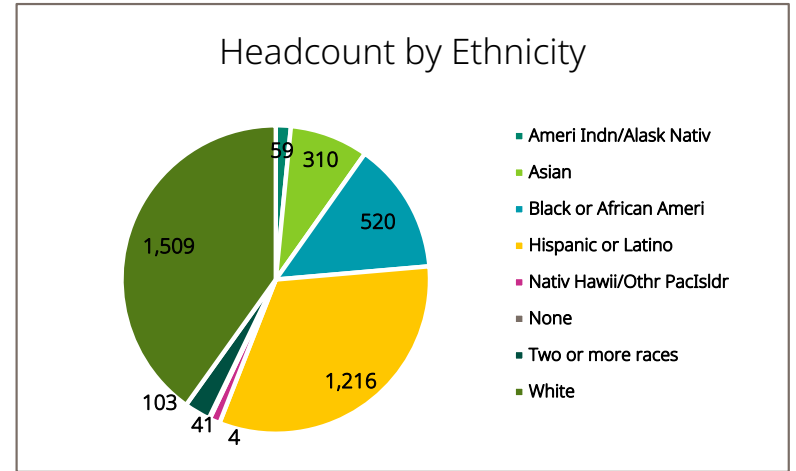
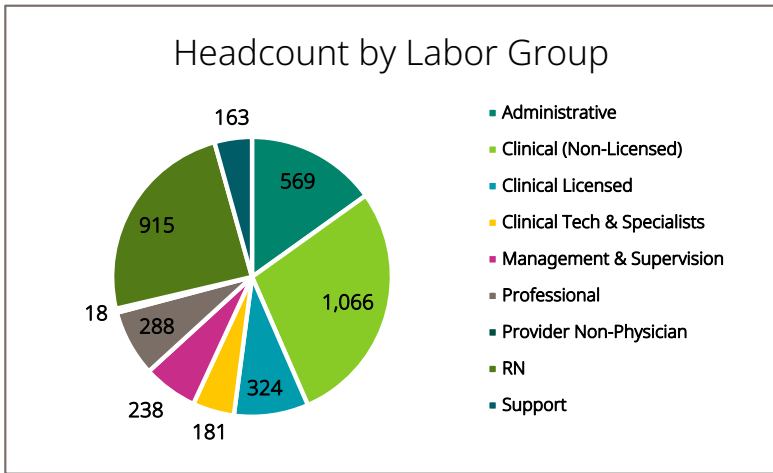
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Valleywise Health New Hires and Terminations March 2022



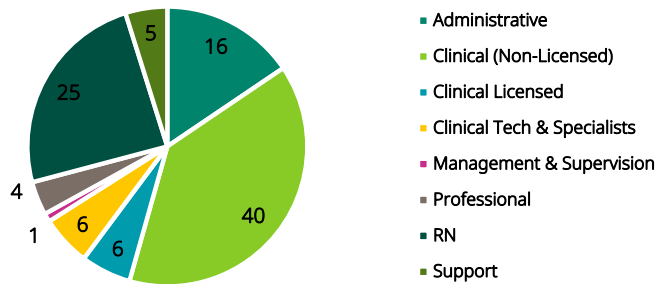
Valleywise Health Workforce Demographic Information March 2022

Total Workforce 3762

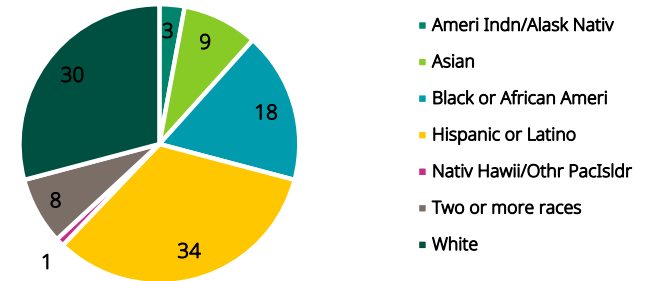


Valleywise Health Turnover Demographic Information March 2022

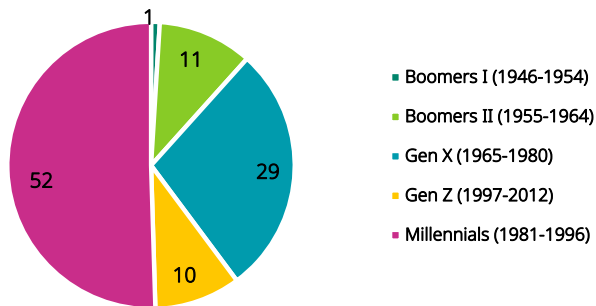
Turnover by Labor Group



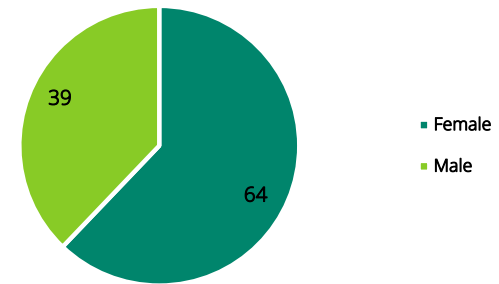
Turnover by Ethnicity



Turnover by Generation



Turnover by Gender

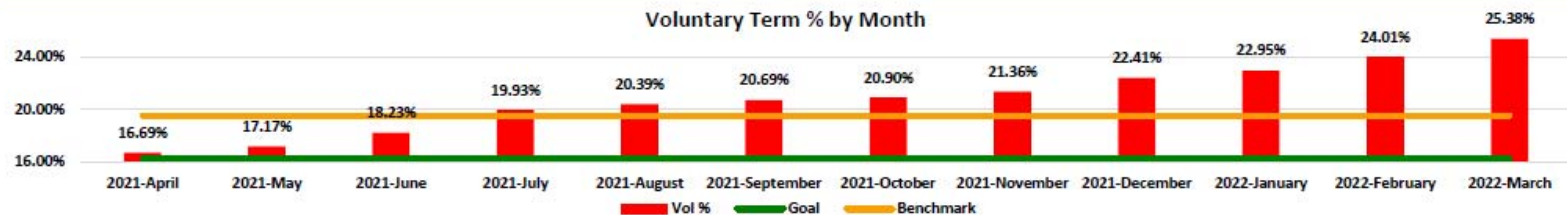




ALL Valleywise Health Summary

March - 2022	Avg Emps	Avg Emps 1Yr	Hires	VOL 1 Yr	VOL 1st Yr %	VOL	VOL%
Administrative	46.17	11.17	9	7	5.22%	13	2.35%
Clinical (Non-Licensed)	72.67	21.92	32	14	5.32%	23	2.64%
Clinical Licensed	20.42	3.17	6	1	2.63%	4	1.63%
Clinical Tech & Specialists	11.58	2.92	1	0	0.00%	5	3.60%
Management & Supervision	18.58	2.83	1	0	0.00%	2	0.90%
Professional	22.08	3.42	2	0	0.00%	1	0.38%
Provider Non-Physician	1.25	0.00	0	0	0.00%	0	0.00%
RN	60.50	11.33	14	6	4.41%	17	2.34%
Support	15.67	4.08	4	1	2.04%	6	3.19%
Total	268.92	60.83	69	29	3.97%	71	2.20%

Total (Last 12 Months)	Avg Emps	Avg Emps 1Yr	Hires	VOL 1 Yr	VOL 1st Yr %	VOL	VOL%
Administrative	521.92	137.08	143	68	49.60%	124	23.76%
Clinical (Non-Licensed)	854.50	262.83	341	159	60.49%	262	30.66%
Clinical Licensed	249.75	39.67	37	14	35.29%	45	18.02%
Clinical Tech & Specialists	136.67	29.42	34	13	44.19%	37	27.07%
Management & Supervision	222.42	34.17	37	7	20.49%	29	13.04%
Professional	258.75	46.00	39	10	21.74%	30	11.59%
Provider Non-Physician	15.92	2.25	0	0	0.00%	1	6.28%
RN	777.17	184.08	162	122	66.27%	239	30.75%
Support	174.50	49.92	59	22	44.07%	48	27.51%
Total	3,211.58	785.42	852	415	52.84%	815	25.38%





English/Spanish Bilingual Assistance Program

English/Spanish Bilingual Assistant Program

Status	Job	Department	Facility	Last Published	Weight	Employees
Published	Interpreter (3011I)	Language Services (107820)	Maryvale Campus (MYV)	3/18/2019	100%	4
Published	Interpreter (3011H)	Grants - FTF Care Coordination - Central Phx (30933B)	Valleywise Comprehensive Health Center - Phoenix (PXC)	3/1/2018	100%	0
Published	Interpreter (3011A)	Language Services (107820)	Valleywise Health Medical Center (VHMC)	9/22/2017	100%	19
Published	Interpreter (3011C)	Language Services (107820)	Valleywise Health Medical Center (VHMC)	8/28/2017	100%	0
Published	Interpreter (3011D)	Language Services (107820)	Valleywise Health Medical Center (VHMC)	8/28/2017	100%	0
Published	Interpreter (Pool) (3014A)	Language Services (107820)	Valleywise Health Medical Center (VHMC)	9/22/2017	100%	3
Published	Interpreter (Pool) (3014D)	Language Services (107820)	Valleywise Health Medical Center (VHMC)	9/22/2017	100%	0
Published	Interpreter (Pool) (3014E)	Language Services (107820)	Valleywise Health Medical Center (VHMC)	9/22/2017	100%	0
Published	Interpreter (Pool) (3014F)	Language Services (107820)	Valleywise Health Medical Center (VHMC)	9/22/2017	100%	0
Published	Interpreter (Pool) (3014G)	Language Services (107820)	Valleywise Health Medical Center (VHMC)	12/10/2020	100%	1
Published	Interpreter/Translator (3041A)	Language Services (107820)	Valleywise Health Medical Center (VHMC)	9/22/2017	100%	2
Published	Interpreter (3011B)	PreOp PACU - Roosevelt (105437)	Valleywise Health Medical Center (VHMC)	8/27/2018	100%	0

- 12 Interpreter positions “require” 1 year of interpretation experience
- Valleywise Health currently employees 29 Interpreter /Translators
- Compensated \$1.00 extra per hour

JOB QUALIFICATIONS

Knowledge, Skills, and Abilities:

- Requires the ability to read, write and speak effectively in English and Spanish.
- Must be bilingual in English and Spanish as spoken in the Southwestern US.
- Must have acute knowledge and understanding of cultural diversity and language of targeted populations.
- Current knowledge of medical terminology in English and Spanish, interpretation techniques, interviewing and communication skills.
- Well versed in Customer Service, Cultural Competence.
- Requires excellent interpersonal, communication, and customer service skills.
- Must have and maintain a high level of skill, proficiency and professionalism when interpreting.
- Due to the sensitive nature of much of the information processed by this position, a high degree of integrity and confidentiality must be maintained at all times.

Education or equivalency:

- Requires a High school diploma or GED; and must be a graduate of a Bilingual Assistant course or other accredited language interpretation certification program.
- A Bachelor degree in Spanish, Language or Bilingual Education is preferred.

Experience:

- Requires up to one (1) year of healthcare interpretation experience that demonstrates an understanding of the required knowledge, skills and abilities.

Specialized training:

- Must successfully complete a Bilingual Assistant course.

Certification/licensure:

- Prefer certification through an accredited language interpretation certification program (e.g. Certification Commission of Healthcare Interpreters or National Board of Certification for Medical Interpreters).





**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

April 27, 2022

Item 9.d.

**Reports to the Board
Quality Management Council Meeting
Minutes – February 2022**



Quality Management Council

A = Absent E = Excused G = Guest P = Present

CHAIR/FACILITATOR	Dr. White and Sherry Stotler, CNO					
MEMBERS/ATTENDEES	Barbara Harding, RN	Jo-el Detzel		Paul Pugsley, MD	Gene Cavallo	
	Christelle Kassis, MD	Kathie Kirkland		Sherrie Beardsley, RN		
	Crystal Garcia, RN	Kelly Summers		Sherry Stotler, RN		
	Dale Schultz	LT Slaughter Jr.		Steve Purves		
	Dan Hobohm, MD	Manuel Soto-Griego		Tony Dunnigan, MD		
	Dan Quan, MD	Mary Harden, RN		Claire Agnew		
	David Wisinger, MD	Michael White, MD		Martha Steiner		
	Dorinne Gray, RN	Nancy Kaminski		Lia Christiansen		
	Heather Jordan, RN	Nelson Silva-Craig, RN		Pat Arendt		

PURPOSE: Quality and Patient Safety Improvement

CALL TO ORDER

	Topic	Findings/Discussion	Conclusion/Action	Responsible
1	Approval of Minutes	There were no meeting minutes to approve	Minutes were approved as written.	Committee
2	Consent Agenda	Motion Approval for consented agenda items	Consent agenda items were approved.	Dale Jo-el Detzel

STANDING BUSINESS

	Topic	Findings/Discussion	Conclusion/Action	Responsible
1	Quality Dashboard (Patient Care & Safety) Sherry Stotler	<ul style="list-style-type: none"> Quality Dashboard Perspective Infections Control, MRSA Ventilators, work in progress 	<ul style="list-style-type: none"> Will continue to focus on our opportunities 	Sherry Stotler

Quality Dashboard –
Quality Dashboard

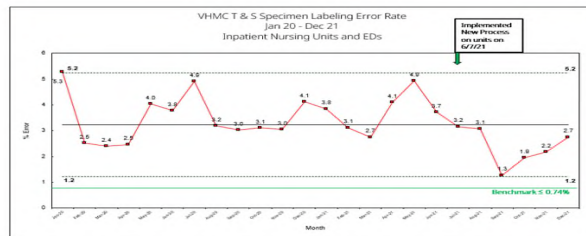
Quality Dashboard			Reporting Period	Benchmark	FY21 Year to Date	Actual (Previous)	Jul 2021	Aug 2021	Sep 2021	Oct 1 (FY 2022)	Oct 2021	Nov 2021	Dec 2021	Qtr 2 (FY 2022)	Qtr 3 (FY 2022)	Qtr 4 (FY 2022)	FY22 YTD
Nursing Workforce																	
Overall worked ICU and general patient unit hours per patient/day equivalents (incl. L&A and postpartum)**	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 case**	LF	5.65	5.15	NA	5.77	4.99	4.76	5.21	4.44	4.21	4.35	5.15					4.73
Healthcare Associated Infections; *incl. in Leapfrog																	
Hand Hygiene Compliance (Percent)	LF	≥97%	99%	↑	98%	99%	99%	99%	99%	98%	96%	97%					98%
Central Line Associated Blood Stream Infection (CLABSI) Standardized Infection Ratio (SIR); Hospital-acquired CLABSI	CMS-VBP-HIQR-HAC	≤0.596	0.401	↓	0.000	0.463	0.000	0.159	0.000	1.104	1.524	0.869					0.498
Hospital Acquired Catheter Associated Urinary Tract Infections (CAUTI) (SIR)	CMS-VBP-HIQR-HAC	≤0.676	1.196	↓	0.000	0.453	0.487	0.321	0.484	0.000	0.935	0.486					0.403
MRSA Bacteremia (SIR); HO-MRSA BSI Events	CMS-VBP	≤0.727	2.294	↓									Report Semi-annually	3.086	pt Semi-ann		3.086
Hospital Onset Clostridium difficile (C. diff) SIR; Facility Wide-IN	CMS-VBP	≤0.544	0.495	↓				Reported Quarterly	0.536			Reported Quarterly	0.274				0.394
Surgical Site Infections (SSI) - Colon Surgery (SIR)	CMS-VBP-HIQR-HAC	≤0.734	0.434	↓									Report Semi-annually		pt Semi-ann		
Surgical Site Infections (SSI) - Abdominal Hysterectomy (SIR)	CMS-VBP-HIQR-HAC	0.732	-	↓									Report Semi-annually		red Semi-ann		
Total Ventilator Associated Event (SIR) ≤ 1,000	DNV	≤1,000	2.16	↓	1.42	1.69	1.37	1.50	1.71	3.10	2.29	2.39					1.97
Infection Related Ventilator Associated Condition (SIR) ≤ 1,000	DNV	≤1,000	2.68	↓	2.29	1.39	2.42	2.01	1.42	3.47	1.80	2.26					2.14
Process of Care Measures; *included in Leapfrog																	
SEP-1: Severe Sepsis and Septic Shock Management Bundle (Composite Measure)	CMS-HQICR	>50%	93%	↑	100%	78%	75%	83%	57%	90%	86%	79%					81%
Emergency Department (ED-2) median time (minutes) from Admit Decision Time to ED Departure Time for Admitted Patients	CMS-HQICR	<110	106	↓	125	143	149	146	126	164	162	154					146
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

- Quality Dashboard Perspective
- Infections Control, MRSA Ventilators, work in progress
- Correlation of spiking with our COVID numbers
- Continuously working on how to remove some of the variations as possible
- Patient experience is a good example of the correlation of when our numbers spike/go down
- Spikes go down, due to perceived patient service
- Will need to learn how to balance this perception as we continue to see these surges every month as it's starting to become predictive in our data

List of Measures Not Meeting Benchmark Blood Bank Specimen Labeling Errors, % Cancellation

Measures *Not Meeting Benchmark*

Measure	Benchmark	Dec 2021	FY2022 Q2	FYTD
Blood Bank Specimen Labeling Errors, % Cancellation	≤ 0.74%	2.7%	2.3%	2.4%



Analysis:

- There are multiple pertinent items that were being missed in the handwriting process for type and screen specimens which resulted in specimen cancellations
- The expected outcome in a reduction in specimen labeling errors for T&S specimens which would reduce delays and improve patient experience by eliminating multiple re-draws

Action Items / Barriers

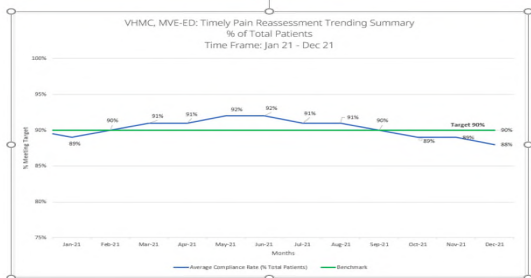
- **Actions** - Implementation of new process for the non-written blood band labeling process for type and screen specimens on the units began 06/07/21 and was completed.
- **Action > 60 days to completion** - Taskforce is **not** currently meeting and a new task force is being created. Meetings were discontinued and Jackie and Yasmine are currently working together to review the weekly cancellation reports and provide feedback on errors to nursing.
- **Barriers** - increased staffing acuity/staff vacancies

- Initiative with blood Banding, were making good progress, numbers went up "a bit"
- Dealt with turnover with people as we got new travelers onboarded
- Numbers stayed below, but not what we wanted to achieve
- Group continues to work towards this as we move forward

Pain Reassessment (% Compliance)

Measures *Not Meeting Benchmark*

Measure	Benchmark	Dec 2021	FY2022 Q2	FYTD
Pain Reassessment (% Compliance)	≥ 90%	88%	88%	89%



- Analysis:**
- Pain reassessment was reviewed by three items: on time, exceeds time and missing documentation.
 - Exceeds time measured administrations outside of the defined acceptable time limit of 60 minutes.
 - Pain reassessment exceeded time limits of 60 minutes by an average of 10.2% through all units reviewed.
 - The average for missing documentation was at 3.1% for all departments reviewed.

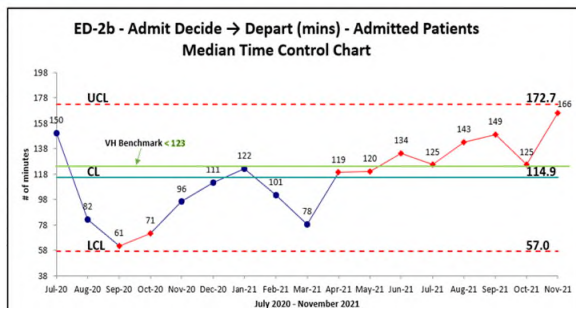
- Action Items / Barriers**
- **Actions** – Action plan creation is being discussed and being prepared to address the item not meeting benchmark.
 - **Barriers** –
 - increased staffing acuity/staff vacancies
 - New staff requiring additional education
 - New hires and travelers
 - Travel RN

- We drop a bit with this one as well, down to 89% to date
- We need to be 90% or greater
- We will continue to focus /audit
- Looking for numbers to rise as we continue to educate

Ed-2b-Admit Decide → Depart-Admitted Patients Median Time-Reporting

Measures *Not meeting Benchmark*

Measure	Benchmark	November 2021	FY22 Q1	FYTD 2022
ED-2b – Admit Decide → Depart (mins) - Admitted Patients Median Time -REPORTING	≤ 123 mins	166 mins	146 mins	143 mins



- Analysis:**
- July 2021-November 2021:
- Increased boarding times in the ED went up significantly due to shortages in staffing in both the ED and inpatient units.
 - 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.
 - Influx of Covid-19 patients

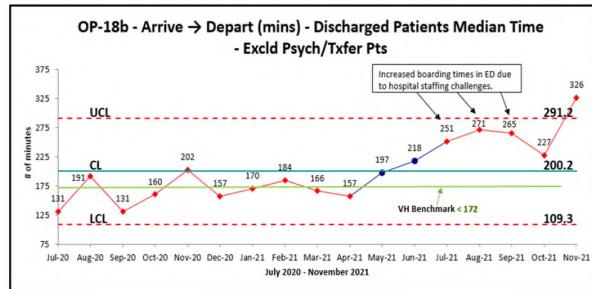
- Open Action Items / Barriers**
- **Action(s)** – September-December 2021: Recruitment to bring in contract labor and to hire full-time positions in inpatient as well as the ED is ongoing. There is a major focus to increase both day & nighttime staffing as well as addressing staffing concerns in both areas.
 - **Barrier** – Staffing
 - **Action incomplete** > 60 days – N/A
 - **Barrier** – N/A

- We're seeing spikes in the movement of our COVID numbers
- Constant work in progress to balance bed availability and staffing
- Teams continue to work on this movement with patients
- Working with care management & others to see if there's patients before they get an admit order, if there's another transition of care available
- This is a continued work in progress

OP-18b-ED Arrive → Depart-Discharged Patients Median Time-Excld Psych/Txfer Pts

Measures *Not* meeting Benchmark

Measure	Benchmark	November 2021	FY22 Q1	FYTD 2022
OP-18b – ED Arrive → Depart (mins) - Discharged Patients Median Time - Excl'd Psych/Txfer Pts	≤ 172 mins	326 mins	259 mins	265 mins



Analysis:

- July 2021-November 2021:
 - Increased boarding times in the ED went up significantly due to shortages in staffing in both the ED and inpatient units.
 - 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.
 - Influx of Covid-19 patients

Open Action Items / Barriers

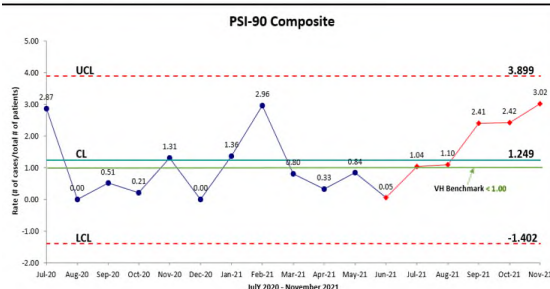
- Action(s) –
 - September-December 2021: Recruitment to bring in contract labor and to hire full-time positions in inpatient as well as the ED is ongoing. There is a major focus to increase both day & nighttime staffing as well as addressing staffing concerns in both areas.
- Barrier – Staffing
- Action incomplete > 60 days – N/A
- Barrier – N/A

- FYTD 2022 - 265 is high view, however we're seeing same numbers across the city
- As numbers rise in COVID, it "clogs" the process and bed placement; As numbers decrease expect to see numbers go down as well
- It's a balance of staffing beds and patient needs in order to get people moved
- We continue to see people brought to the ED, who perhaps should not have originally been moved; they're moved due to the struggles of caring for them

PSI – 90 Composite (CDB3162)

Measures *Not* meeting Benchmark

Measure	Benchmark	November 2021	FY22 Q1	FYTD 2022
PSI-90 Composite (CDB3162)	≤ 1.00	3.02	1.52	2.00



Analysis:

- November 2021: 2 Patients/Cases
 - PSI 12 Perioperative PE or DVT
 - PSI 03 Pressure Ulcer 3+ or
- October 2021: 2 Patients/Cases
 - PSI 12 Perioperative PE or DVT
 - PSI 14 Postoperative Wound Dehiscence

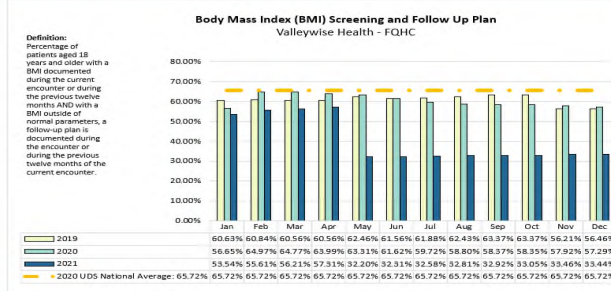
Open Action Items / Barriers

- Action(s) –
 - November: PSI 12 occurrence discussed at SERT mtg. w/ resolution of re-education with staff regarding policy stating: "Pulse ox finger probe change location Q8hrs, head probe Q1hr, ear probe Q 2 hrs.
 - Oct 2021: Sub-group PSI committees cont. to meet.

- We have seen an increase, as we review on a regular basis (PSI4's, 3's & 12's)
- Drilling down with our PS12's to review data differently between Burn, Service Trauma, Medical, to see if there's any specific trends in those areas, even though it isn't publicly reported this way
- PSI3's which are apart of this composition, has a work group which has met and have action items, that will be implemented, driven by our wound nurses
- This implementation will be based on evidence based practices they have assembled

Body Mass Index (BMI) Screening and Follow-Up Plan Measures *Not* meeting Benchmark

Measure	Benchmark	November 2021	December 2021	CYTD
Body Mass Index (BMI): Screening and Follow-Up Plan	>65.72%	33.46%	33.44%	33.44%



Analysis:

The BMI Focus Workgroup launched for calendar year 2022 to address challenges in achieving this measure after national logic changes were implemented in mid year 2021. The BMI must be addressed when out of range every time it is generated, or a patient will fall out of meeting the measure guideline.

Action Items / Barriers:

Action: Reviewing/testing if EPIC logic and mapping utilized for the UDS Tobacco Screening and Cessation Measure can be utilized for BMI Measure.

Action: Reviewing care notes and if current educational documents already exist that can support follow up plan for patients.

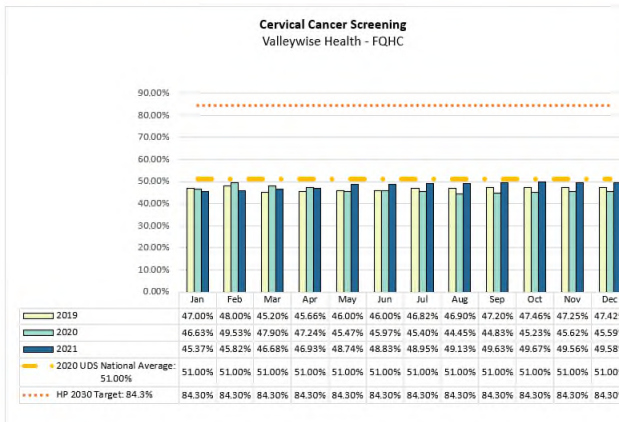
- Action:** Exploring potential to collaborate with BH for support on this measure.

- Barrier:** No current discrete/standard process to address not in range BMI.

- Finishing up calendar year for measurements for 2021 for our metrics, which will restart in January 2022
- With BMI have some work to do with regards how the data is retrieved, and we have an action plan currently in place to resolve this concern.

Cervical Cancer Screening Measures *Not* meeting Benchmark

Measure	Benchmark	November 2021	December 2021	CYTD
Cervical Cancer Screening	>51.00%	49.56%	49.58%	49.58%



Analysis:

- Screening rates are approaching the benchmark – within 1.5%. Bulk ordering processes were reviewed for improvement along with opportunities for patient outreach and reminders to increase the number of women completing cervical cancer screening. It was found that the cervical screening was not popping up for providers under the Health Maintenance plan in the patient chart. This was requested for the bulk ordering process.

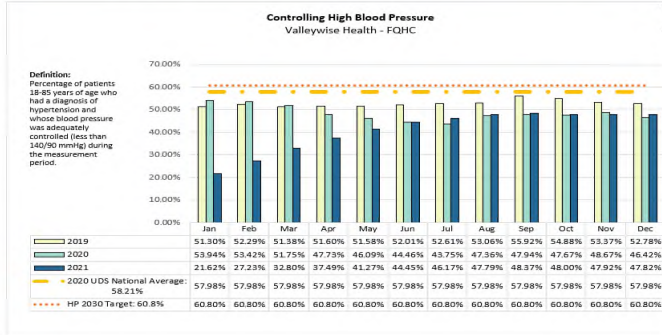
Action Items / Barriers:

Action: Cervical Screening Focus Workgroup planned to continue efforts for UDS reporting year 2022.

- We've seen some improvements regarding this measure and will continue the same with all the measures
- We have action plans developed as to maximize how the outcomes will be measured

Controlling High Blood Pressure Measures *Not* meeting Benchmark

Measure	Benchmark	November 2021	November 2021	CYTD
Controlling High Blood Pressure	>58.21%	47.92%	47.82%	47.82%



Analysis:

There has been a steady increase in the percentage of patients with high blood pressure being controlled. The measurement percentages for 2021 are currently trending much like the 2020 calendar year. The Hypertension Focus Team is continuing to work on closing the gap between the current state and benchmark. Proper documentation in EPIC has been a key focus.

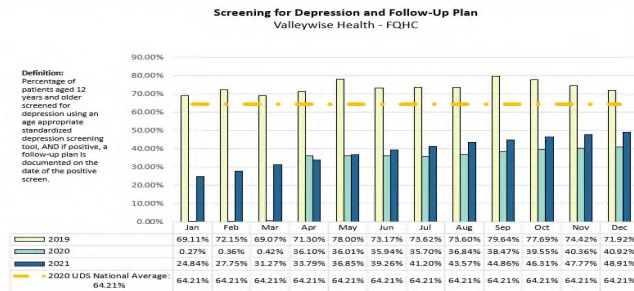
Action Items / Barriers:

- Action:** The High Blood Pressure Policy has been finalized and will be sent forward to agenda coordinator JoAnn Salamone for presentation and approval at the Medical Executive Committee (MEC).
- Action:** Hypertension Focus Workgroup planned to continue efforts for UDS reporting year 2022.
- Barrier:** None

- Controlling hypertension another challenging area, ended the year not as well as EOY 2019
- Slight improvement from previous year, working on this with teams

Screening for Depression and Follow-Up Plan if Positive Screen Measures *Not* meeting Benchmark

Measure	Benchmark	November 2021	December 2021	CYTD
Screening for Depression and Follow-Up Plan if Positive Screen	>64.21%	47.77%	48.91%	48.91%



Analysis:

The Behavioral Health Team looked further into if the PHQ2/PHQ9 screening tool was being done at every visit. The team found that more screenings were being completed at sites when it is part of the standard workflow, i.e., Medicare Wellness and EPSDT (Early and Periodic Screening, Diagnosis, and Treatment).

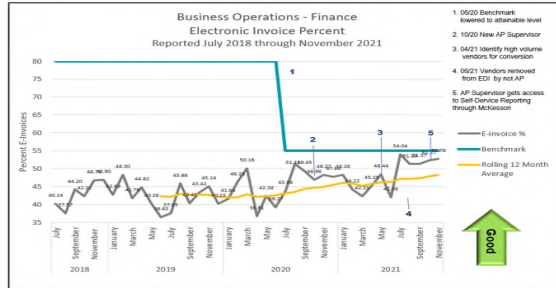
Action Items / Barriers:

- Action:** Depression Screening workgroup is starting to meet regularly to review and discuss documentation adjustments for better capturing PHQ9 data for quality measures. This includes planning to release a tip sheet for review at the start of the new calendar year on the PHQ9.
- Barrier:** Notes do not count towards any quality measure. There are smart phrases available that can pull the PHQ2/PHQ9 into a note, yet emphasis has been placed on refraining from "note bloat" and the balance of keeping notes short and clean.

- There's some movement in these areas with screening; working closely with behavioral health in order to improve this measure
- These slides do not speak to the other measures where we've done excellence work, moving the needle in those areas
- Management in diabetic patient with payment A1C, tobacco sensation, colorectal screening; more to come

Finance: Electronic Invoices as a percent of all invoices
Measures *Not* meeting Benchmark

Measure	Benchmark	November 2021	FY22 Q1	FYTD 2022
Finance: Electronic Invoices as a percent of all invoices	> 55%	52.8%	52.3%	52.4%



Analysis:

- Improved from FY21 43.38%
- Identifying higher volume vendors has positively impacted progress
- ~ 100 vendors converted to EDI since March 2021

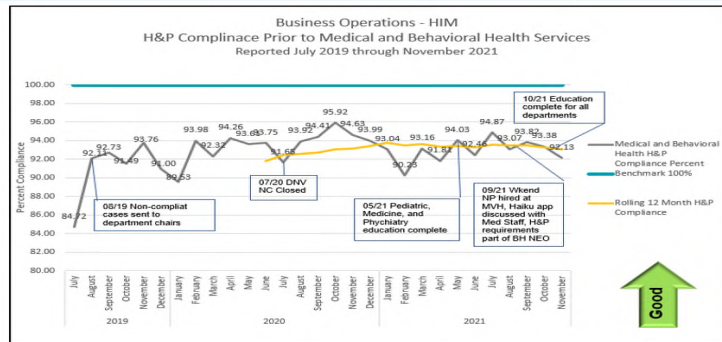
Open Action Items / Barriers

- **Action** – Identify Blanket PO and Check Request vendors that can be converted to EDI – Pharmacy 10/31/21- incomplete
Barrier – none
- **Action** – Identify Blanket PO and Check Request vendors that can be converted to EDI – Perioperative 12/31/21- incomplete
Barrier – none
- Action incomplete > 60 days** – Document process for add/remove vendors from EDI 09/30/21 - incomplete
Barrier – none

- Moving in the right direction, identifying what we can place on blanket PO's and convert vendors over to electronic invoices
- Converted over 100 vendors to EDI since March of 2021 with lots of great progress

HIM: Admissions H&P – Medical and Behavioral Health
Measures *Not* meeting Benchmark

Measure	Benchmark	November 2021	FY22 Q1	FYTD 2022
HIM: Admissions H&P – Medical and Behavioral Health	100%	92.1%	93.9%	93.5%



Analysis:

- Volume
 - o 20% Behavioral Health
 - o 80% Non-Behavioral Health
- Department Chairs provided education to their departments
- All open action items complete, Action Plan closed
- Open new action plan is measure not meeting benchmark after 90 days

Open Action Items / Barriers

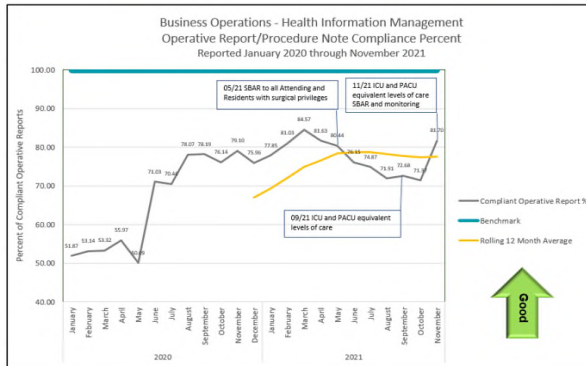
- Action – none
 - o Barrier – none
- Action incomplete > 60 days – none
 - o Barrier – none

- o Doing well on this one as we're moving in the right direction and 100% is the goal, which continues to be a challenge
- o We continue to work with the department chairs to educate and working with the providers

HIM: Operative Note Compliance

Measures *Not meeting Benchmark*

Measure	Benchmark	November 2021	FY22 Q1	FYTD 2022
HIM: Operative Note Compliance	100%	81.7%	73.1%	74.5%



Analysis:

- Non-compliance by area November 2021
 - 100% Anesthesiology (1/1)
 - 27% Surgery (147/543)
 - 13% OB/GYN (12/96)
 - 10% Gastroenterology (23/230)
 - 10% Orthopedic Surgery (7/71)
- All open action items complete, Action Plan closed
Open new action plan is measure not meeting benchmark after 90 days.

Open Action Items / Barriers

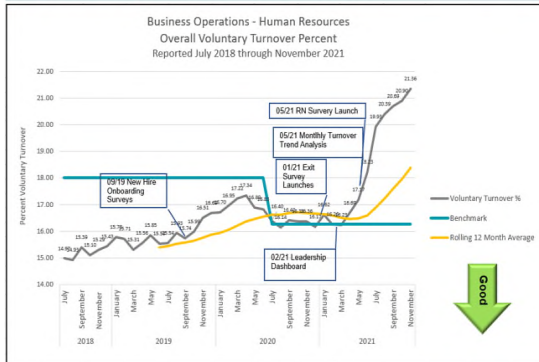
- Action** – none
Barrier – none
- Action** – none
Barrier – none
- Action incomplete > 60 days** – none
Barrier – none

- We made a huge jump in progress on the OP notes
- Notable mention - Working to take those patients that go to the PAC U and have same level of service as ICU
- Working with Chairs and Pyschians for improvements

HIM: Voluntary Turnover Rate – Overall

Measures *Not meeting Benchmark*

Measure	Benchmark	November 2021	FY22 Q1	FYTD 2022
HR: Voluntary Turnover Rate - Overall	<16.26%	21.4%	20.3%	20.7%



Analysis:

- Top Reason Codes for Voluntary Terms
 - 26% Personal/Family
 - 23% Quit without appropriate notice
 - 12% accepted another job
- Exit Surveys top reasons increase due to burnout and pay

Open Action Items / Barriers

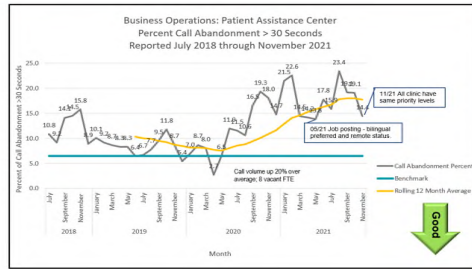
- Action** – Performance Appraisals providing employee feedback for FY21-11/30/21 - incomplete
 - 92% complete ((2825)
 - 7% in progress (majority need employee signature)
 - 1% not started (17)
- Barrier** – Kronos outage
- Action incomplete > 60 days** – Leaders create action plans based on 2021 Engagement Survey 10/31/21 (85% complete)- incomplete
Barrier – none

- Turnover has a high rate, which is hard to see and we're being proactive with a turnover 100-day workout
- We have identified opportunities to the workout
- 12 month rolling average continues to go up, were above industry benchmark
- FYTD 20.7%
- Actions being worked on in the workout as it relates to pay, stay bonuses, ladders and step increases; recognition of employees; then standard process for onboarding

PAC: Call Abandonment Rate (% ABD 30secs) (Both slides correlate with one another)

Measures *Not* meeting Benchmark

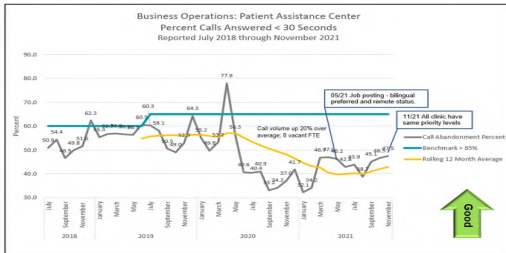
Measure	Benchmark	November 2021	FY22 Q1	FYTD 2022
PAC: Call Abandonment Rate (% ABD > 30 secs)	< 6.5%	14.4%	19.7%	18.6%



- Analysis:**
- Call volumes remain high
 - Staffing continues to be a barrier
 - Daily call offs
 - New hires and resignations
 - October
 - 2 transfers to the PAC
 - October hiring fair completed
 - November
 - 2 resignations
 - 6 requisitions under HRSA grant
 - 4 starts in November, 1 start in December
 - Adjustment of call priority levels reduced some clinic wait time
 - Clinics now have same priority level
 - VIP, Employee Line, VH Line, and Concierge Lines have higher priority
- Open Action Items / Barriers**
- Action** - Transition EPIC discharge worklist to work que - 02/01/22
 - Barrier** - none
 - Action** - Investigate 3rd party for high volume overflow - Submit budget request for FY23 - 02/28/22
 - Barrier** - none
 - Action** - AVAYA Call Back Assist features - HRSA approved - 09/30/22
 - Barrier** - Wait for IT infrastructure update in 2022
 - Action incomplete** - 60 days - none
 - Barrier** - none

PAC: Speed to Answer Measures *Not* meeting Benchmark

Measure	Benchmark	November 2021	FY22 Q1	FYTD 2022
PAC: Speed to Answer (% Answer = 30 secs)	> 65%	47.5%	42.5%	44.3%

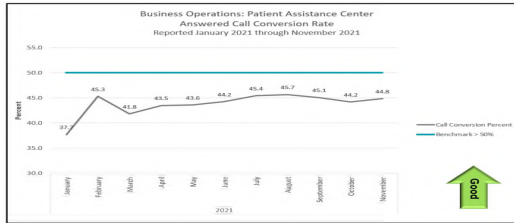


- Analysis:**
- Call volumes remain high
 - Staffing continues to be a barrier
 - Daily call offs
 - New hires and resignations
 - October
 - 2 transfers to the PAC
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- Open Action Items / Barriers**
- Action** - Transition EPIC discharge worklist to work que - 02/01/22
 - Barrier** - none
 - Action** - Investigate 3rd party for high volume overflow - Submit budget request for FY23 - 02/28/22
 - Barrier** - none
 - Action** - AVAYA Call Back Assist features - HRSA approved - 09/30/22
 - Barrier** - Wait for IT infrastructure update in 2022
 - Action incomplete** - 60 days - none
 - Barrier** - none

- We're moving in the right direction in November & December 2021
- FY22 Q1 there was an increase, which correlated to COVID and staff off due to sickness
- We currently have a high vacancy rate and working with HR to fill those positions
- Working to get the team staff up again, working with vendor "stericycle" to handle our overflow calls when we reach a certain hold time, it would flip over to vendor
- This is somewhat contingent on a "SIP" conversion, unfortunately we're a bit delayed on that conversion, and will need to come up with other options in terms of stericycle
- Avaya assistance would allow callers to press a button and have the telephony system call them back without losing their place in line
- This will all depend on the SIP conversion and will have to wait as well.

PAC: Answered Call Conversion Rate
Measures *Not* meeting Benchmark

Measure	Benchmark	November 2021	FY22 Q1	FYTD 2022
PAC: Answered Call Conversion Rate	> 50%	44.8%	45.4%	45.0%



Analysis:

- Call volumes remain high
- Staffing continues to be a barrier
 - Daily call offs
 - New hires and resignations

October
2 transfers to the PAC
October hiring fair completed
November
2 resignations
6 requisitions under HRSA grant
4 starts in November, 1 start in December

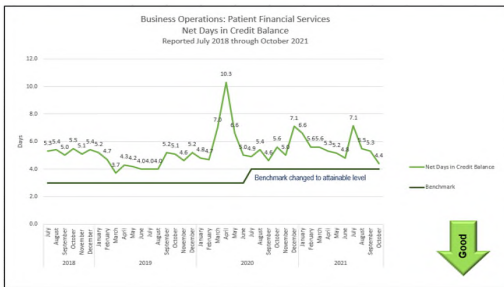
Open Action Items / Barriers

- Action** – Transition EPIC discharge worklist to work que – 02/01/22
Barrier – none
- Action** – Investigate 3rd party for high volume overflow – Submit budget request for FY23- 02/28/22
Barrier – none
- Action** – AVAYA Call Back Assist features–HRSA approved – 09/30/22
Barrier – Wait for IT infrastructure update in 2022
- Action incomplete > 60 days** – none
Barrier – none

- Moving in the right direction, calls are getting to the right place the first time around without having to be transferred to other areas
- This was due to the triage line we started last year, and patients have direct access to an RN or MA to be triage and it's not going through the PAC

PFS: Net Days in Credit Balance
Measures *Not* meeting Benchmark

Measure	Benchmark	October 2021	FY22 Q1	FYTD 2022
PFS: Net Days in Credit Balance	< 4 days	4.4	5.9	5.7



Analysis:

- Net Patient Service Revenue lower in July
- Credit Balances (CB) increased

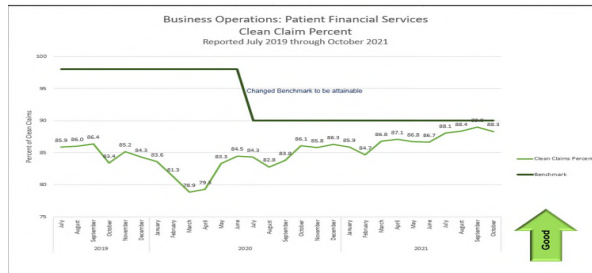
Open Action Items / Barriers

- Action** –
Barrier – none
- Action incomplete > 60 days** – Daily review of report to identify CB created during cash posting- estimated completion 01/31/22
Barrier – none

- Moving in the right direction with credit balances, as we're close to goal

PFS: Clean Claim Rate Quantity (EPIC)
Measures *Not* meeting Benchmark

Measure	Benchmark	October 2021	FY22 Q1	FYTD 2022
PFS: Clean Claim Rate Quantity (EPIC)	> 90%	88.3%	88.5%	88.4%



Analysis:

- Trending in the positive direction

Open Action Items / Barriers

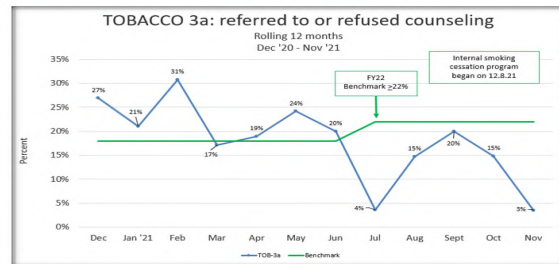
- **Action** – EPIC build – National Drug Code (NDC) edits and medication name on claim – 09/15/21
 - o **Barrier** – none
- **Action incomplete > 60 days** – none
 - o **Barrier** – none

- o Technically doing very well on the CCR, we hit our goal at one point, and our currently below; continued focus on creating edits in the system, so claims will not be stopped before going out the door
- o Working on improving claim turnaround time

TOB-3a the subset tobacco use treatment at discharge (CMS)

Measures *Not* Meeting Benchmark

Measure	Benchmark	NOV 2021	FY22 Q1	FYTD
TOB-3a: the subset tobacco use treatment at discharge (CMS)	≥ 22%	3%	13%	12%



TOB-3a:

- To improve compliance, an internal tobacco cessation program was created, and staff began offering services to patients at discharge on 12/8/2021.
- This program will be an alternative, if the [ASHLine](#) is refused.

Open Action Items / Barriers:

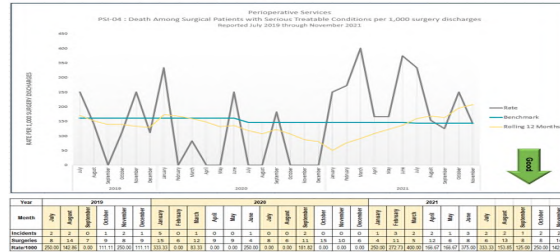
Action: Therapists began offering VHM internal smoking cessation program on 12/8/21
Due date: Ongoing
Barriers: Hardwiring new practice to staff

- o This updated data looks good

PSI – 04: DEATH Among Surgical Patients w/serious treatable conditions per 1,000

Measures *Not* meeting Benchmark

Measure	Benchmark	November 2021	FY22 Q1	FYTD 2022
PSI - 04: Death Among Surgical Patients with serious treatable conditions per 1,000	≤ 143.41 (overall)	142.86	185.19	183.67



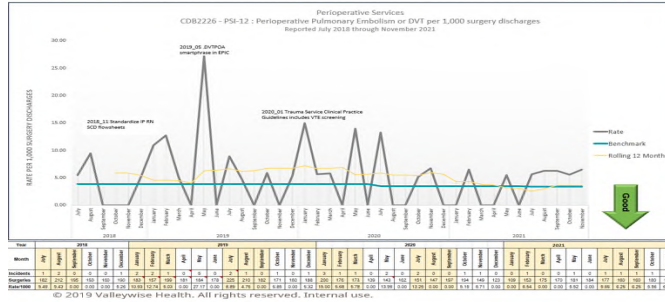
- Analysis:**
- Trauma cases not excluded
 - Extensive review process to confirm PSI
 - All cases sent to Peer Review for Opportunities For Improvement (OFIs)
 - Stratum FY22
 - 62% Sepsis (5/8)
 - 13% Pneumonia (1/8)
 - 13% Shock/Cardiac Arrest (1/8)
 - 13% DVT/PE (1/8)
- Open Action Items / Barriers**
- Action – Review at multidisciplinary workgroup – ongoing
 - Barrier – none
 - Action incomplete > 60 days – none
 - Barrier – none

- Although we've had spikes, we're coming back down, and we've met our goal in November 2021 and we are continuously meeting hitting it
- These are all reviewed every month to seek out any trends, specifics, that could have been down differently and currently there's no trends
- We look at this closely and continue to monitor

PSI-12: Postoperative PE or DVT rate per 1,000

Measures *Not* meeting Benchmark

Measure	Benchmark	November 2021	FY22 Q1	FYTD 2022
PSI - 12: Postoperative PE or DVT rate per 1,000	≤ 3.37	5.85	6.24	6.13

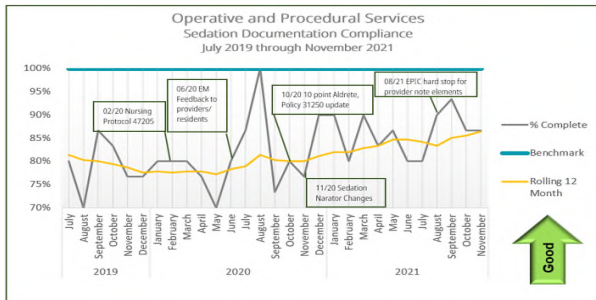


- Analysis:**
- Met benchmark FY21
 - 3.10 FY21
 - < 3.45 FY21 benchmark
 - Extensive review process to confirm PS
- Open Action Items / Barriers**
- Action – Participate in outside study [Standard Therapy plus Active Therapy Improve Mobility, Long-Term Activity, a Quality of Life (STAT Study)] and incorporate learnings to develop Early Mobilization Order Set – incomplete
 - Barrier – none
 - Action incomplete > 60 days – none
 - Barrier – none

- Preparing to look at all three categories and prepare action items and improvements
- We go up and down as we made changes to the trauma back YR2020, which is still in place and were working toward other process we deem fit to put in place

Sedation Documentation Compliance Measures *Not* meeting Benchmark

Measure	Benchmark	November 2021	FY22 Q1	FYTD 2022
Sedation Documentation Compliance	100%	90%	88%	88%



Analysis:

- Physician Champions drive improvement
20% improvement in EM in FY21
Resident education improves compliance
- Repetition supports compliance
Radiology FY21
65% of sedations reviewed
2 providers performed 94% of Radiology sedations
99% compliance
IDEA003955 – include sedation with procedure in consent – complete 11/10/21

Open Action Items / Barriers

- Action** – Develop Procedural Sedation Policy – incomplete – 12/31/21
Barrier – none
- Action** – Revise Procedural Sedation training for non-anesthesia providers – incomplete – 12/31/21
Barrier – none
- Action incomplete > 60 days** – none
Barrier – none

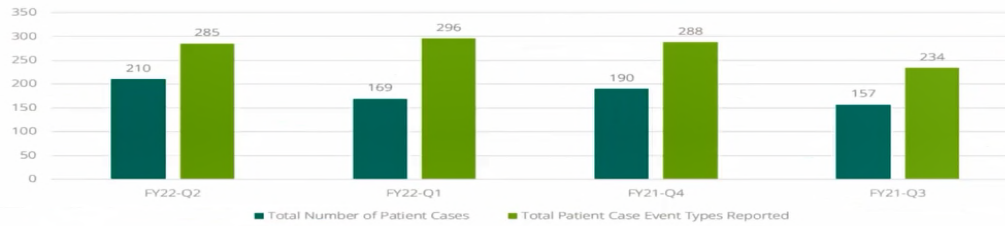
- Our goal is 100% and were hovering from year-to-date FY22 Q1 at 88%. Difficult to attain 100% when everyone has input on this one. This gets sited during regulatory review and has an ongoing focus
- Any of these which pops out, we continue to drill down on as it's often missing one element, which takes the whole thing out if you miss

Topic	Findings/Discussion	Conclusion/Action	Responsible
2 Patient Experience (Monthly) Complaints/Grievance (Quarterly: Feb, May, August, November) Sherrie Beardsley	<ul style="list-style-type: none"> Overview Complaints/Grievances Overview Complaints/Grievances <p>Note: 1 patient withdrew complaint, setting reported "Blank"</p> <p>Rate Change Between FY22-Q1 and FY22-Q2</p> <ul style="list-style-type: none"> ↑ FQHC's = 1 per 1000 (0.660) ↑ Behavioral Health = 36 per 1000 (36.38) ↑ Specialty Clinics = 1 per 1000 (0.749) ↓ ED = 2 per 1000 (1.613) ↑ Medical Center = 3 per 1000 (2.939) 		
	<ul style="list-style-type: none"> Quarterly Comparisons <ul style="list-style-type: none"> - Patient Cases =210 Complaints/Grievances, up over the last three quarters, most we've had - 285 Event Types Reported = Complaint/Grievance Types Reported - 26 Grievances 		

- Top 5 –
- Setting distribution
 - Behavioral 16%
 - FQHC 27%
 - Specialty Clinic 18%
 - Emergency 12%
 - Medical Center 27%
- Overall volume of Event Types has increased their rates slightly
- Start seeing COVID cases coming in, due to behavioral health quarantine, we see a higher increase complaint from patients
- We will begin to implement data to include any correlation between complaints/grievances of workplace incidents including violence or assaults by patients and family members

• Number of Patients Cases vs Number of Patient Case Event Types

Number of Patients Cases vs Number of Patient Case Event Types



	FY22-Q2	FY22-Q1	FY21-Q4	FY21-Q3
Close-Out (%)	90 (n=190)	91 (n=153)	76 (n=145)	87 (n=137)
Grievances (count)	26	29	42	33

- Dark green is compared to the number of patients who provided complaints in FY22-Q2 which is more than we have seen in the last three quarters
- Total number of compliants/grievances are the same from last couple quarters FY21-Q3/ 282-290 area
- Grievances from last quarter has been the same. Reason for the decrease from Q4 FY22 is we stop using health plan compliants as grievances

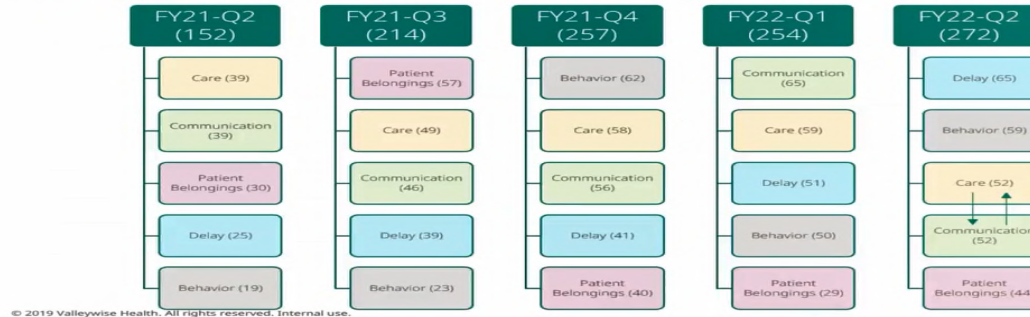
FY22Q2 Patient Complaints/Grievances Rate by Setting

FY22Q2 Patient Complaints/Grievances Rate by Setting
(285 Total; 26 Grievances)



- Shows numbers complaints & grievances speciality clinics we see an increase Inpatient and a decrease in ED
- FQHC has gone up at same rate
- Behavioral were using specialty tool to define patient experience, seeing an increase from Q1 to Q2 and due to COVID and patients in quarantine, expectation is to see some of this carried into first part of this quarter as well.

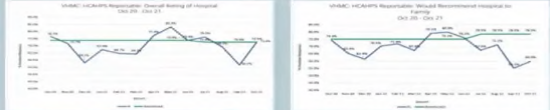
Rolling 5 Quarters – “The 5 By 5”



- Five by Five rolling quarters, topics haven't changed, but first quarter where we experience delays being the #1 complaint
- Delays in scheduling, response back from clinics, getting appointments, referrals, etc.
- Care and Communication tied for #3. Patient belongings were seeing lots of complaints, as it's with the trend of COVID cases spiking

Patient Experience

• FY2022 Patient Experience – Overview

Opportunities	Actions
Identified areas with opportunities to improve 'rate' <ul style="list-style-type: none"> Inpatient: "Staff took preferences into account" & "Understood managing of health" ED: "Spent enough time with patient" 	<ul style="list-style-type: none"> ACCEPT roll-out began in DEC; to complete in FEB Response Rate actions launched in JAN IP & ED workgroups developing actions related to noted opportunities Ambulatory final feedback on revision of survey questions with goal to decrease to max. of 9 due JAN. Opportunities for improvement will be next focus
Impacts +/-	Barriers
<p>Month of OCT: Scores trending up.</p> <ul style="list-style-type: none"> Rate: Almost meeting benchmark (72.5%) Recommend: Not meeting benchmark (60.0%) <p>FYTD: Not Meeting Benchmarks</p> <ul style="list-style-type: none"> Rate not meeting (68.9%) Recommend not meeting (64.7%)  <p>Benchmarks: Rate >72.6% Recommend >78.5%</p>	<p>Although current environment has required focus on essential functions, we are moving forward with establishing patient experience foundation at a pace that will promote learning and implementation while respecting operational needs.</p>

- We have Inpatient and ED group from our SEC where we looked at our priority matrix, focusing on questions which would improve and increase our rate at VW
- Our questions for Inpatient – discharge & planning; ED questions: Staff spending time with patients
- Some actions taken was rolling out our first patient standard called ACCEPT, which is our retake on 10-5 and make it more VW. Expect staff to be trained by EOM in February, as we will conduct evaluations afterward
- Response rate actions launched in January 2022; marketing is creating postcards which will be displayed throughout the medical center
- Ambulatory has done work on the questions, were going to 16 questions to our best practices to 8 or 9 and looking to getting those questions finalized and implemented
- Impacts- we took a dive in our scores last month, but starting to see an increase on both, almost meeting benchmark on rate, have a way to go on recommend
 - Hopefully things were doing with ACCEPT which includes first impression
 - On /Off stage
 - How we're greeting customers
 - This will help with recommend
- Barriers include our environment which as been challenging and were being cognizant of continued stress/pressures that leaders and staff are under while pushing forward with our patient experience standards
- We have two more rounds of standards we will do throughout the year applying to patient experiences and expectations
 - Service recovery

Sherrie Beardsley

		- Values of ACES		
3	Patient Safety Officer Report	<ul style="list-style-type: none"> Open Action Items: <ul style="list-style-type: none"> Beginning to meet and review the requirements for Leapfrog with supporting documents for June 30th deadline which is the new survey The Spring Leapfrog grade will be release in late April through the embargo with the early May public announcement This will be coming from the survey submitted last summer. An update the data was done EOM in January from NSHN and will post grades in late April and will keep everyone update to date We're beginning FMEA beginning this month regards to medical imaging and the delay in scheduling and seeing what is happening with it, as we've seen a drastic increase in delays in this area. Working with leadership in this regard In the process of doing Culture Safety, preparing for it to go out a little early March, to help spread out the numbers of surveys seen during June-August for stats 		Crystal Garcia
4	Risk Department	<ul style="list-style-type: none"> No settlements/write offs related to patient care 		Dale Schultz
5	VPP/Regulatory/EOC Deficiencies	<ul style="list-style-type: none"> With regards to our certification, we presented the plaque to the BOD in January The flag provided to us showing were VPP accredited will go up on the flagpole and the plaque will be placed downstairs in the cabinet to show our ongoing accreditation for the next five years 		Sherry Stotler
6	Workplace Violence	<ul style="list-style-type: none"> Crystal's group will be working with Gallante and Olin to pull numbers to start mapping and reporting out what we're seeing as opportunities as we did with other graphs; what was being implemented and we'll measure improvements in the process 		
7	HR Updates	<ul style="list-style-type: none"> We discuss the turnover rate, but from an onboarding/hiring standpoint, statistically we've hired more people at the start of 2022 than 2021 We have good momentum, with keeping good statistics for number of hires, time, length, and related process Just a call out to those who are in this meeting, we're trying to get folks looked at who are in the queue, so we can process people quicker and those who are interested in VW Will report within next two weeks on actions being taken through the Workout which is all related to turnover/resignations 		Lia
8	CMS Memos	<ul style="list-style-type: none"> Last one was focus on staff vaccinations 	<ul style="list-style-type: none"> We'll keep you posted on updates 	Sherry Stotler
9	Infection Control	<ul style="list-style-type: none"> Working very closely with the Nursing Leadership, making sure we get investigation of cases, being reported to infection control committee Shout out to Sara because her group has had a lot them due to COVID patients and she's done a phenomenal job drilling down and her work is truly appreciated Will continue to find opportunities for improvement 		Dorinne Gray

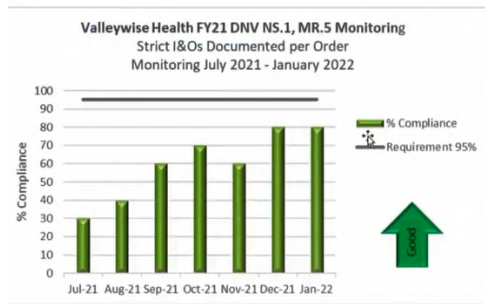
UNFINISHED BUSINESS

	Topic	Findings/Discussion	Conclusion/Action	Responsible
1	DNV Survey Findings and Plan of Corrections: Action	Audit results related to a DNV Corrective Actions <ul style="list-style-type: none"> Continuing to meet with any groups which had NC1, NC2, findings Strict-I&Os documented per order; the group continues to work on this, and has yet to hit our goal of 95% 		Sherry Stotler

- Continuing to do audits and work with the team as this one continues to not move as quickly as we would like to see

FY22 DNV 2-1

Finding – Strict I&Os documented per order



	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Compliant Records	3	4	6	7	6	8	8
Non-Compliant Records	7	6	4	3	4	2	2
Total Records Reviewed	10	10	10	10	10	10	10
Percent Compliant	30	40	60	70	60	80	80
Requirement 95%	95	95	95	95	95	95	95

- 38% of Non-Compliant charts (Jul 21 – Jan 22) occurred in Step Down / MICU West

FY22 DNV NC 2-2

Finding - There was no documented objective evidence of a one-hour face-to-face assessment performed



	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Compliant Records	0	2	5	3	3
Non-Compliant Records	2	4	4	3	5
Total Records Reviewed	2	6	9	6	5
Percent Compliant	0	33.3	56.6	50	60
Requirement 99%	99	99	99	99	99

- Five cases of violent/self-destructive restraint at VHMC during December 2021
- 2 Cases Noncompliant – 1 case in ED Adult with no evidence of 1-hr face-to-face; 1 case in peri-Op with late face-to-face (13 hours late).
- 3 Cases, 1 each in ED Adult, MVED, and Peri-Op, compliant.

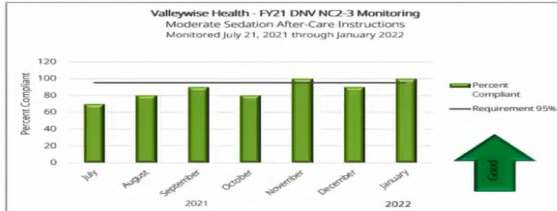
- Related to the one-hour face-to-face assessment and this one wasn't doing that one-hour within a minute placing patient within restraints
- Our goal was 99% ...we continue to work on this one as well and educate when it's happening sooner than it needs to or not happening at all
- During our recent visit, the surveyor caught we did the one-hour face-to-face sooner than later. This one is ongoing
- We're still struggling with this one at 60% DEC21; it's improving but very slowly
- Update from Crystal: In January the restraint order was updated to make sure it was very clear when doing a violent restraint to contact the House Supervisor, who will walk them through the one-hour face-to-face when they need to do it, so they're able to hit all those points
- Dr. H is working to make some education parts for the staff so they're aware of the requirements; He will attend some of their meetings the first week of March as well

- Crystal to get Dir. Harden case on PeriOp

- Finding 1 -Moderate Sedation after-care instructions included in AVS

FY21 DNV NC 2-3

Finding 1 – Moderate Sedation after-care instructions included in AVS



- December
 - AVS started prior to sedation start
 - Reprinting AVS after sedation end adds post care instructions
- October
 - Clinical Informatics asked to review records with not AVS found
- September
 - Clinical Informatics determined the sedation instructions were not included due to a workflow issue – Sedation Nursing Care End not filed in EPIC.
- July/August
 - Non-compliant records had the AVS created prior to sedation end documented in the sedation timeline
 - Communication to create AVS after sedation end documented – 08/31/21
 - Delay in communication due to personnel out of office

Finding 1: Sedation After-Care Instructions in AVS

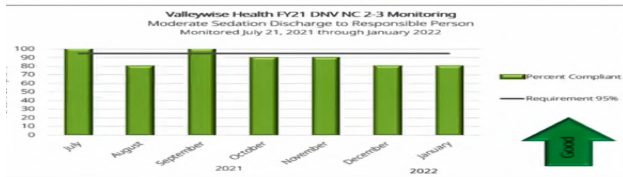
	2021							2022
	July	August	September	October	November	December	January	
Compliant Records	7	8	9	8	10	9	10	
Non-Compliant Records	3	2	1	2	0	1	0	
Total Records Reviewed	10	10	10	10	10	10	10	
Percent Compliant	70	80	90	80	100	90	100	
Requirement 95%	95	95	95	95	95	95	95	

- This one was related to the AVS having the updated information regarding the sedation
- We hit 95% and for January we hit 100%. We will continue to monitor
- This will automatically print to the AVS, and it's starting to take hold

- Finding 1 – Patient discharged to a responsible person

FY21 DNV NC 2-3

Finding 1 – Patient discharged to a responsible person



Finding 1: Patient Discharged to a Responsible Person

	2021							2022
	July	August	September	October	November	December	January	
Compliant Records	10	8	10	9	9	8	8	
Non-Compliant Records	0	2	0	1	1	2	2	
Total Records Reviewed	10	10	10	10	10	10	10	
Percent Compliant	100	80	100	90	90	80	80	
Requirement 95%	95	95	95	95	95	95	95	

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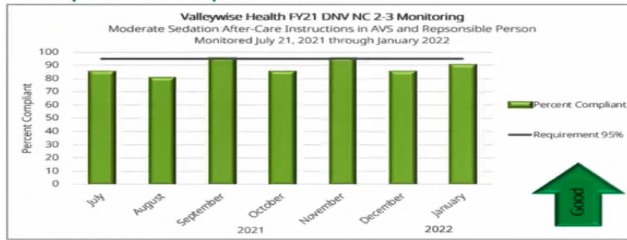
- January
 - 2 records not compliant with Protocol 47205 MT (44)
 - 1 record complete with documentation OFI
 - Discharge documented as self
 - Education stated family present
 - ~50 minutes prior to discharge nurse documented family at bedside and will take home
- December
 - Not compliant with Protocol 47205 MT (44)
- November
 - Not compliant with Protocol 47205 MT (44)
- Category (self, spouse/significant other, family, other) documented
- Name of specific person not documented in all areas

- This is documenting who the patient is being released too. Our goal was 95% for December and in January were hovering at 80%
- This one is an ongoing reeducation for staff for documentation and to ensure that it's clearly documented as to whom the patient it is being released too

- Finding 1 – Discharge instructions in AVS and patient discharged to a responsible person

FY21 DNV NC 2-3

Finding 1 – Discharge instructions in AVS and patient discharged to a responsible person



- 10 records reviewed for 2 elements – 20 combined opportunities each month

Finding 1: Sedation After-Care Instructions in AVS and Patient Discharged to a Responsible Person

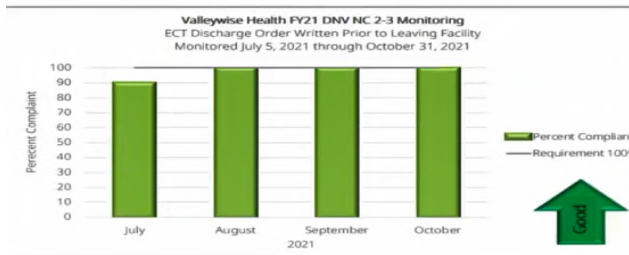
	2021						2022
	July	August	September	October	November	December	January
Compliant Records	17	16	19	17	19	17	18
Non-Compliant Records	3	4	1	3	1	3	2
Total Records Reviewed	20	20	20	20	20	20	20
Percent Compliant	85	80	95	85	95	85	90
Requirement 95%	95	95	95	95	95	95	95

- Our goal was 95% in January we hit 90% and 85% in December. This is an ongoing review and education with the person who's documenting information at time of discharge

- Finding 2 – Behavioral Health ECT patients have a transfer/discharge order written prior to leaving facility

FY22 DNV NC 2-3

Finding 2 – Behavioral Health ECT patients have a transfer/discharge order written prior to leaving the facility



Finding 2: ECT Discharge/Transfer Orders Written Prior to Patient Leaving Facility

	July	August	September	October
Compliant Records	9	10	10	10
Non-Compliant Records	1	0	0	0
Total Records Reviewed	10	10	10	10
Percent Compliant	90	100	100	100
Requirement 100%	100	100	100	100

- 100% Compliance achieved for 3 consecutive months.

- Our goal was 100% and we obtain our goal 100% during August, September and October FY2

NEW BUSINESS

	Topic	Findings/Discussion	Conclusion/Action	Responsible																										
1	EMTALA Action Plan; Checklist Process	<ul style="list-style-type: none"> • EMTALA Audits <p>EMTALA Audits</p> <p>EMTALA Audits reviewed to ensure Medical Screening Exams were completed.</p> <ul style="list-style-type: none"> - January data: 26 chart reviews completed <ul style="list-style-type: none"> - 26/26 charts had MSE completed <p><small>© 2019 Valleywise Health. All rights reserved. Internal use.</small></p> <ul style="list-style-type: none"> ○ EMTALA Audits reviewed to ensure MSE were completed ○ In January 26/26 charts had MSE completed <ul style="list-style-type: none"> • House Supervisor/PFA Log Review <p>House Supervisor/PFA Log Review</p> <p>House Supervisor/PFA Log reviewed Weekly</p> <table border="1" data-bbox="604 841 905 997"> <thead> <tr> <th>Weekly Review</th> <th>Issues Noted</th> </tr> </thead> <tbody> <tr><td>11/5/2021</td><td>None</td></tr> <tr><td>11/12/2021</td><td>None</td></tr> <tr><td>11/19/2021</td><td>None</td></tr> <tr><td>11/24/2021</td><td>None</td></tr> <tr><td>12/3/2021</td><td>None</td></tr> <tr><td>12/10/2021</td><td>None</td></tr> <tr><td>12/17/2021</td><td>None</td></tr> <tr><td>12/24/2021</td><td>None</td></tr> <tr><td>12/31/2021</td><td>None</td></tr> <tr><td>01/08/2022</td><td>None</td></tr> <tr><td>01/15/2022</td><td>None</td></tr> <tr><td>01/22/2022</td><td>None</td></tr> </tbody> </table> <ul style="list-style-type: none"> ○ Reviewing House Supervisor Log on weekly basis, and there has been no issues noted were there needs to be a quality review ○ We had a repeat visit from the state/CMS so all of our EMTALA open have been closed so we have a clean slate on this ○ We continue to work on the EMTALA logs to ensure all data points are being completed and it's an ongoing process 	Weekly Review	Issues Noted	11/5/2021	None	11/12/2021	None	11/19/2021	None	11/24/2021	None	12/3/2021	None	12/10/2021	None	12/17/2021	None	12/24/2021	None	12/31/2021	None	01/08/2022	None	01/15/2022	None	01/22/2022	None		Crystal Garcia /Sherry Stotler
Weekly Review	Issues Noted																													
11/5/2021	None																													
11/12/2021	None																													
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12/31/2021	None																													
01/08/2022	None																													
01/15/2022	None																													
01/22/2022	None																													
2	DNV Complaint Action Plan	<ul style="list-style-type: none"> ○ The DNV complaint we had at the beginning of December, we had a repeat visit on Monday, so that has also been closed out, ○ We will submit 60days of data from the date we receive our close out report, to close this one as well ○ The team did a great job on both, and the surveyor was able to find everything they were looking for and was very complimentary about all the work which had been done ○ They complimented the leadership team as well, from making sure everything was clear, to the staff who was responsible for documentation, to the leader who was responsible for auditing information. The feedback was very positive 		Sherry Stotler																										

V. Adjourn			
NEXT MEETING			
Date	Time	Location	
March 7, 2022	3:30pm	WebEx	



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

April 27, 2022

Item 9.d.

**Reports to the Board
Quality Management Council Meeting
Minutes – March 2022**



Quality Management Council

A = Absent E = Excused G = Guest P = Present

CHAIR/FACILITATOR

Dr. White and Sherry Stotler, CNO

MEMBERS/ATTENDEES

Barbara Harding, RN	Jo-el Detzel	Nelson Silva-Craig, RN	Gene Cavallo
Christelle Kassis, MD	Kathie Kirkland	Paul Pugsley, MD	Martha Steiner
Crystal Garcia, RN	Kelly Summers	Sherrie Beardsley, RN	
Dale Schultz	LT Slaughter Jr.	Sherry Stotler, RN	
Dan Hobohm, MD	Manuel Soto-Griego	Steve Purves	
Dan Quan, MD	Susan Willars	Tony Dunnigan, MD	
David Wisinger, MD	Mary Harden, RN	Claire Agnew	
Dorinne Gray, RN	Michael White, MD	Lia Christiansen	
Heather Jordan, RN	Nancy Kaminski	Pat Arendt	

PURPOSE: Quality and Patient Safety Improvement

CALL TO ORDER

	Topic	Findings/Discussion	Conclusion/Action	Responsible
1	Approval of Minutes	Meeting Minutes Sent	Minutes were approved via E Vote	Committee
2	Consent Agenda	Motion Approval for consented agenda items	Consent agenda items were approved.	Barbara Harding Jo-el Detzel

STANDING BUSINESS

	Topic	Findings/Discussion	Conclusion/Action	Responsible
1	Quality Dashboard (Patient Care & Safety) Sherry Stotler	<ul style="list-style-type: none"> Quality Dashboard Perspective 	<ul style="list-style-type: none"> 	Sherry Stotler

- Measures Not Meeting Benchmark

Measures *Not* Meeting Benchmark

Measure	Benchmark	Dec 2021	FY2022 Q2	FYTD
Blood Bank Specimen Labeling Errors, % Cancellation	≤ 0.74%	2.7%	2.3%	2.4%



Analysis:

- There are multiple pertinent items that were being missed in the handwriting process for T&S specimens which resulted in specimen cancellations
- The expected outcome is a reduction in specimen labeling errors for T&S specimens which would reduce delays and improve patient experience by eliminating multiple re-draws

Action Items / Barriers

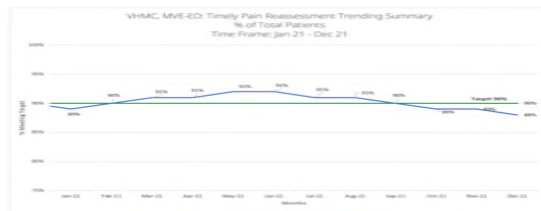
- Actions** - Implementation of new process for the non-written blood band labeling process for type and screen specimens on the units; began 06/07/21 and was completed.
- Action > 60 days to completion** - Taskforce is not currently meeting and a new task force is being created. Meetings were discontinued and Xosha and Yasmin are currently working together to review the weekly cancellation reports and provide feedback on errors to nursing.
- Barriers** - increased staffing acuity/staff vacancies

- Specimen blood, labeling errors; we're continuing to make progress on this one. This slide isn't the most current up to date. For the month of February, we were down at 1.3% again. We've been going up and down and we're continuing to do education on this metric and continuing to use our just culture process to address the
- We're seeing some good improvement and will continue to do so, as we work on getting this process hard wired and implemented on all our unit

- Pain Reassessment (% Compliance)

Measures *Not* Meeting Benchmark

Measure	Benchmark	Dec 2021	FY2022 Q2	FYTD
Pain Reassessment (% Compliance)	≥ 90%	88%	88%	89%



Analysis:

- Pain reassessment was reviewed by three items: on time, exceeds time and missing documentation.
- Exceeds time measured administrations outside of the defined acceptable time limit of 60 minutes.
- Pain reassessment exceeded time limits of 60 minutes by an average of 10.2% through all units reviewed.
- The average for missing documentation was at 3.1% for all departments reviewed.

Action Items / Barriers

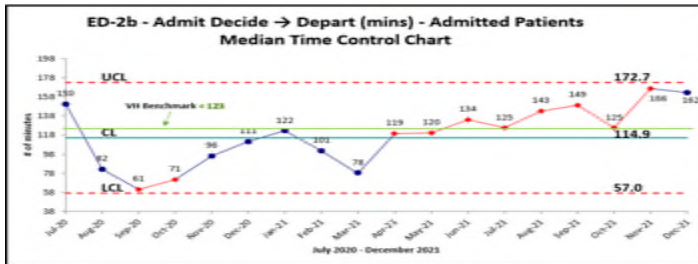
- Actions** - Action plan creation is being discussed and being prepared to address the item not meeting benchmark.
- Barriers** - increased staffing acuity/staff vacancies
 - New staff requiring additional education
 - New hires and travelers
 - Travel RN

- With pain assessment compliance, we have a new action plan to address some of these fallouts, as we have epic changes we have requested to address when patients go off units and different things, we're finding to be barriers to being compliant with us
- We've done education with our contract and labor nurses on assessing pain reassessment and making sure that it's documented. We do have an action plan in place, and we're following up on the unit and the individuals who are not meeting benchmark with this measure

- ED-2b – Admit Decide → Depart (mins) Admitted Patients Median Time- Reporting

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



Analysis:
July 2021-November 2021:

- Increased boarding times in the ED went up significantly due to shortages in staffing in both the ED and inpatient units.
- 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.
- Influx of Covid-19 patients

Open Action Items / Barriers

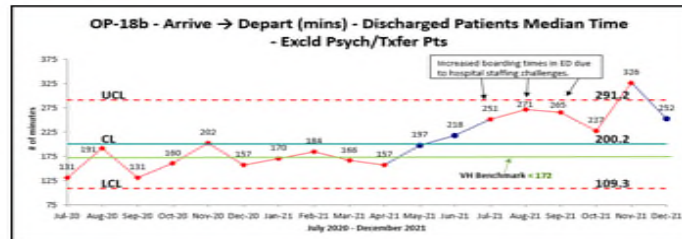
- Action(s) –**
January 2022: Improve ED flow, ED throughput times, & pt experience by extensive cleaning in front of ED & ED lobby; redesigning lobby flow to enhance safety & pt satisfaction; developing new workflow w/ physicians to separate PUJ pt's and ped's pt's more efficiently.
- September-December 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.
- Barrier – Staffing**
- Action Incomplete > 60 days – N/A**
- Barrier – N/A**

- Admit decision to depart from the emergency department. This is one that continues to take work as we see inpatient volumes go up and boarding continuing in the ED numbers continues to get higher
- We will see a drop down in this as we do see hospital, inpatient, volumes, decrease as well as emergency department boarding decrease
- We will continue to work through having a better throughput of these patients even during times when we see high volumes. The ED has a throughput committee they're working on addressing front end, workflows and we'll see some good improvement in this measure with A, volumes going down on boarding, but also with the throughput efficiencies that they're working on in the ED

- OP-18b-ED Arrive → Depart (mins)-Discharge Patients Median Time -Excl'd Psych/Txfer Pts

Measures *Not* meeting Benchmark

Measure	Benchmark	December 2021	FY22 Q2	FYTD 2022
OP-18b – ED Arrive → Depart (mins) - Discharged Patients Median Time - Excl'd Psych/Txfer Pts	≤ 172 mins	252 mins	258 mins	259 mins



Analysis:
July 2021-November 2021:

- Increased boarding times in the ED went up significantly due to shortages in staffing in both the ED and inpatient units.
- 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.
- Influx of Covid-19 patients

Open Action Items / Barriers

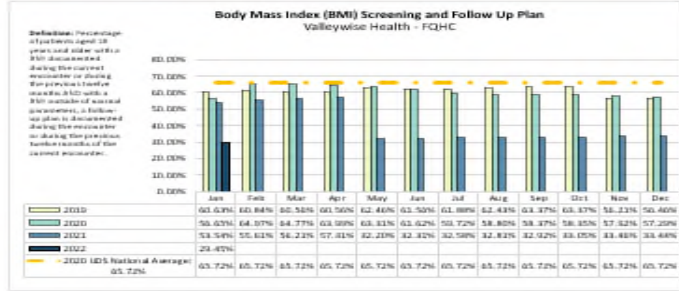
- Action(s) –**
January 2022: improve ED flow, ED throughput times, & pt experience by extensive cleaning in front of ED & ED lobby; redesigning lobby flow to enhance safety & pt satisfaction; developing new workflow w/ physicians to separate PUJ pt's and ped's pt's more efficiently.
- September-December 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.
- Barrier – Staffing**
- Action Incomplete > 60 days – N/A**
- Barrier – N/A**

- This one is for discharged patient and one correlates to the last slide as well, which always seem those two things would not go together, but anytime we're boarding patients in the emergency department that takes up beds that you'd normally see patient and decreases the ability to have turnaround and good throughput through the ED
- We'll see some improvements in this with some hospitals ED throughput initiatives the ED is working on in their action plan

- Body Mass Index (BMI) Screening and Follow-Up Plan

Measures Not meeting Benchmark

Measure	Benchmark	December 2021	Final Year End 2021	CYTD 2022
Body Mass Index (BMI): Screening and Follow-Up Plan	>65.72%	33.44%	34.26%	29.45%



Analysis:
The BMI must be addressed when out of range every time is generated, or a patient will fall out of meeting the measure guideline. The follow-up plan is often the piece missing for this measure. The BMI Quality Workgroup is focused on generating standard educational material for patients who are over the target BMI.

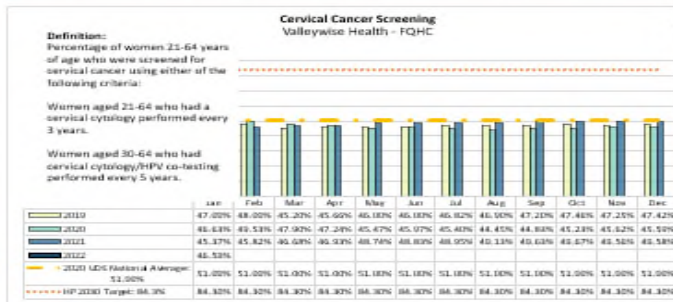
Action Items / Barriers:
Action: Reviewing/testing if EPIC logic and mapping utilized for the UDS Tobacco Screening and Cessation Measure can be utilized for BMI Measure. SNOW ticket to be entered for proper IT tracking of the BPA/button BMI counseling request in EPIC.
Action: Reviewing care notes to determine if "Heart Healthy Diet" or "Weight Management" is most appropriate for follow up education to be given to patient.
Barrier: No current discrete/standard process to address not in range BMI.

- We have reinitiated or updated all our action plans for our measures
- For body mass index, Dr. Yuh and Dr. Dunnigan have a meeting coming up to work through this measure, due to challenges in terms of how we're recording the information

- Cervical Cancer Screening

Measures Not meeting Benchmark

Measure	Benchmark	December 2021	Final Year End 2021	CYTD 2022
Cervical Cancer Screening	>51.00%	49.58%	49.77%	46.59%



Analysis:
Review of the last three years of UDS metric data for cervical cancer screening show we have been trending just below the UDS national average benchmark. The Cervical/Breast Cancer Screening Quality Workgroup is focused on data review and correction of possible errors and/or incomplete patient information/data that may impact numerator and denominator inclusion values.

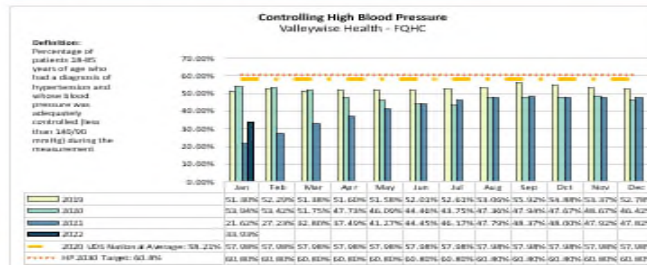
Action Items / Barriers:
Action: IT team to assess data and report back progress pertaining to patient hysterectomy type within EPIC. Some patients may be displayed as not meeting the cervical screening measure when they should be excluded from the denominator because it is not correctly specified if a full hysterectomy was completed.
Barrier: none

- This one has been a particular issue for us because every patient has a different screening interval for cervical cancer, so we're figuring out what can be done in epic and we're working closely with Dr. Dunnigan and his team, to make it easier for providers to input that information
- We want to be able to send out bulk letters to patients letting them know when they're due for paps, but also making sure the data we have in epic is accurate. We've been working with providers, brainstorming how we can streamline that process, as for every patient it must be manually changed by the provider, which makes it difficult.
- We're moving closer to having something in place, which will make the process easier for us

- Controlling High Blood Pressure

Measures Not meeting Benchmark

Measure	Benchmark	December 2021	Final Year End 2021	CYTD 2022
Controlling High Blood Pressure	>58.21%	47.82%	47.76%	33.93%



Analysis:

The Hypertension Quality Workgroup is now meeting 1x weekly to increase efforts towards meeting this measure. The group is focused on capturing potential blood pressure re-checks/followups. Year over year data demonstrates the difficulty with meeting the US5 national average since the start of the pandemic; telehealth visits creating further challenges. Yet historically we have trended below the national average since prior to covid.

Action Items / Barriers:

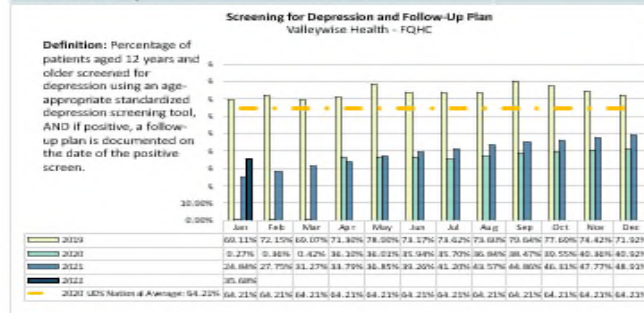
- Action:** An IT ticket to be submitted for change in E-PIC to alert red Q in the vitals section if the patient BP is over 140/90. Previously the systolic BP had to be over 150 to show up red in the vitals section. Message to display in storyboard to re-check BP.
- Action:** Agenda Item is to be added to the next FQHC Collaboration Meeting. Re-education on blood pressure rechecks when abnormal after 5-min period.
- Barrier:** none

- We continue to have a team on this. Dr. Turbarcy has been active in terms of implementing inroads along with Dr. Dunnigan and others, as we continue to work with epic about submitting alerts that we can appropriately document what findings are for our patient population

- Screening for Depression and Follow-Up Plan if Positive Screen

Measures Not meeting Benchmark

Measure	Benchmark	December 2021	Final Year End 2021	CYTD 2022
Screening for Depression and Follow-Up Plan if Positive Screen	>64.21%	48.91%	48.73%	35.68%



Analysis:

The Behavioral Health Team looked further into if the PHQ2/PHQ9 screening tool was being done at every visit. The team found that more screenings were being completed at sites when it is part of the standard workflow, i.e., Medicare Wellness and EPSDT (Early and Periodic Screening, Diagnosis, and Treatment).

Action Items / Barriers:

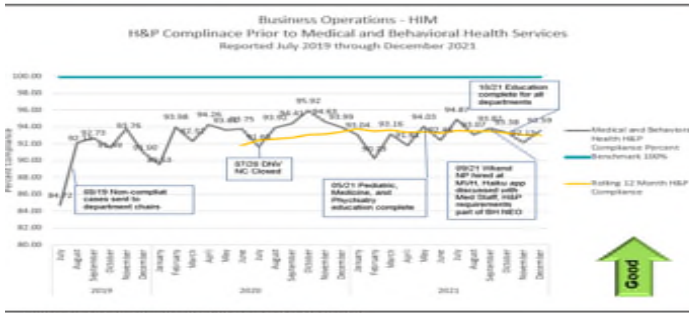
- Action:** Depression Screening workgroup is scheduled to meet 2/17/2022.
- Barrier:** none

- Screening for depression is being worked on with a team and some improvements noted as in comparison since last year in January and we continue to move forward on this one

- HIM: Admissions H&P – Medical and Behavioral Health

Measures *Not* meeting Benchmark

Measure	Benchmark	December 2021	FY22 Q2	FYTD 2022
HIM: Admissions H&P – Medical and Behavioral Health	100%	93.59%	93.03%	93.48%



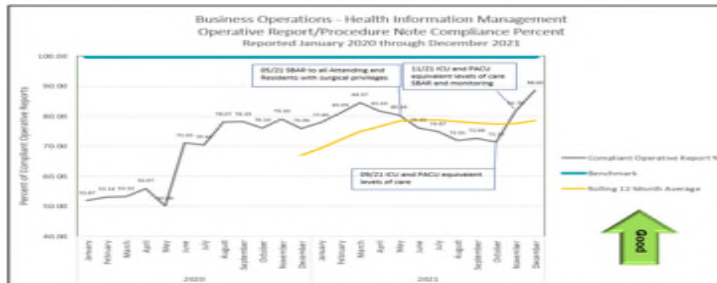
Analysis:
 December 2021 BH non-compliance due to a December EPIC build intended to allow simultaneous co-sign and attestation but did not support BH workflow. Issue has been resolved. Expect improved compliance in January 2022.
 91% of December 2021 Medical H&P non-compliance due to co-signature and attestation by attending provider not within the 24-hour requirement.
 All actions complete and action plan closed on 11/22/21. Open new Action Plan in if measure not meeting benchmark in 90 days.

- The admin HMP for medical staff and behavioral health in December we did an epic build which did not affect the behavioral health side that has been corrected as in January, and toward the end of January we started seeing improvements and the compliance rate here as well and it's getting better

- HIM: Operative Note Compliance

Measures *Not* meeting Benchmark

Measure	Benchmark	December 2021	FY22 Q2	FYTD 2022
HIM: Operative Note Compliance	100%	88.60%	80.49%	76.77%



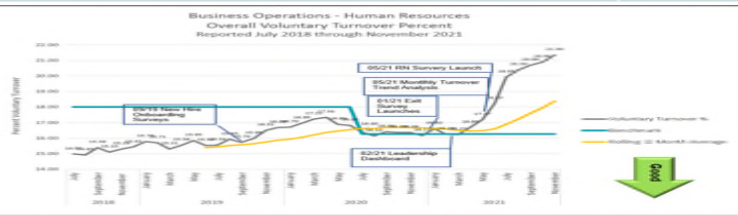
Analysis:
 • Designation that ICU and PAC are equivalent levels of care in September 2021 increased compliance
 • Surgery non-compliance decreased from 42% in August to 13% in December
 • Gastroenterology, OB, and Orthopedic Surgery non-compliance decreases modest
 All actions complete and action plan closed on 12/20/21. Open new Action Plan in if measure not meeting benchmark in 90 days.

- Operative note compliance is moving in the right direction, and we did make changes where we designated the ICU and PAC as equivalent level to (audio briefly went blank) that was changed in September and we're now seeing an increase in compliance there, and in other departments as well
 - Plastic report we're above 90% ... it's increasing

- HR: Voluntary Turnover Rate – Overall

Measures *Not* meeting Benchmark

Measure	Benchmark	December 2021	FY22 Q2	FYTD 2022
HR: Voluntary Turnover Rate - Overall	<16.26 %	Pending	Pending	20.7%*



Analysis:

- Top Reason Codes for Voluntary Terms Data not available due to KRONOS outage
- 90-day Onboarding Survey opportunities Data not available due to KRONOS outage

* FYTD November 2021. Kronos outage.

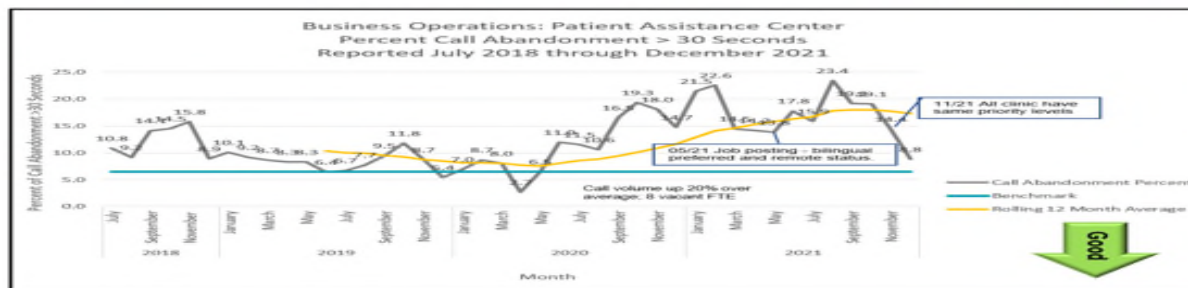
14

- The turnover is well known, as were at 20.7% and we have actions in place we discuss and share in our daily huddle
- We are doing exit interviews to understand the reasons why and have workout group 17 who's digging into retention and trying to address recognition, ladders and pay as three area of focus

- PAC: Call Abandonment Rate (%ABD 30 secs)

Measures *Not* meeting Benchmark

Measure	Benchmark	December 2021	FY22 Q2	FYTD 2022
PAC: Call Abandonment Rate (% ABD > 30 secs)	< 6.5%	8.8%	14.3%	17.2%

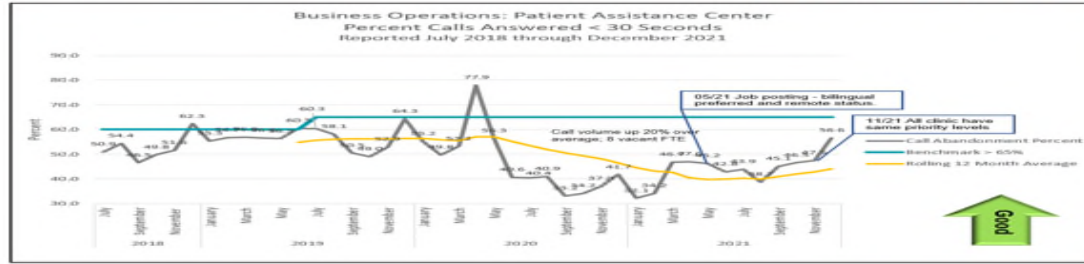


- We were trending favorably down on our call and abandonment rate in November, our goal was 100%
- You can see the answer rate was moving in the right direction, but as noted Jan-Feb are not going to look good as our abandonment rates went up again, which is attributed to staff vacancies, turnovers, COVID sick calls, etc.
- We have an action plan we're working on in terms of recruitment to fill vacant positions and working with stericycle to possibly handle our overflow calls to reduce our abandonment rate
- Long-term strategy is to purchase a buyer call back assist, which will allow callers to press a prompt, the phone call will be returned, without losing their place in line. This is contingent on IT upgrades with AVAYA which will come later at a future date
- Short-term would like to do something with stericycle outside some of the limitations we have currently, with the AVAYA SIP conversion

- PAC: Speed to Answer (% Answer 30 secs)

Measures *Not* meeting Benchmark

Measure	Benchmark	December 2021	FY22 Q2	FYTD 2022
PAC: Speed to Answer (% Answer < 30 secs)	> 65%	56.6%	50.2%	46.3%

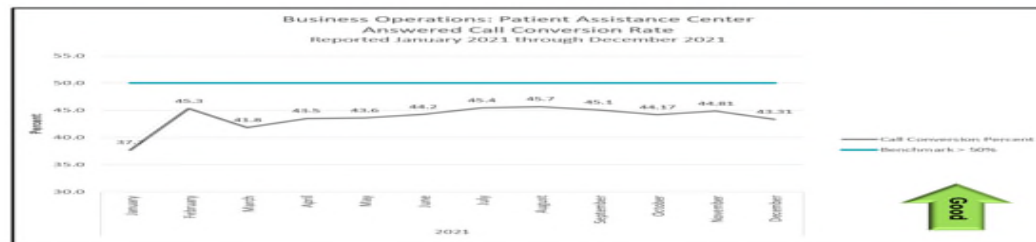


- This slide is related to the last one, as you can see the answer rate was moving in the right direction but as noted Jan-Feb are not looking good, and this is tied to the last measures previously spoken about

- PAC: Answered Call Conversion Rate

Measures *Not* meeting Benchmark

Measure	Benchmark	December 2021	FY22 Q2	FYTD 2022
PAC: Answered Call Conversion Rate	> 50%	43.3%	44.1%	44.8%



- Measure Analysis and Actions – PAC Calls

Measure Analysis and Actions – PAC Calls

Analysis:

- Call Abonnement, Speed to Answer, and Call Conversion Rate related, and actions apply to all
- Call volumes remain high
- Staffing continues to be a barrier
 - Daily call offs
 - New hires and resignations
- Adjustment of call priority levels reduced some clinic wait time
 - Clinics now have same priority level
 - VIP, Employee Line, VH Line, and Concierge Lines have higher priority

Open Action Items / Barriers

- **Action** –Transition EPIC discharge worklist to work que - 02/01/22
 - **Barrier** – none
- **Action** –Investigate 3rd party for high volume overflow – Submit budget request for FY23- 02/28/22
 - **Barrier** – none
- **Action incomplete > 60 days** –AVAYA Call Back Assist features–HRSA approved – 09/30/22
 - **Barrier** – Wait for IT infrastructure update in 2022

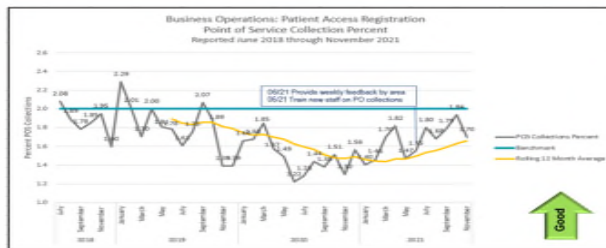
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- This goes through things we're currently working on in terms of the action plans mentioned previously

- PAR: Point of Service Collections

Measures *Not* meeting Benchmark

Measure	Benchmark	November 2021	FY2022 Q1	FYTD 2022
PAR: Point of Service Collections	> 2%	1.70%	1.82%	1.78%



Analysis:

- December collections tend to be lower as patients have already met their deductibles for the calendar year
- Telemedicine patients do not pay at the time of the appointment because they usually pay with cash
- New employees have not been trained on POS collections yet. Focus in the first few weeks is on registration.
- All actions complete and action plan closed on 09/17/21. Open new Action Plan in if measure not meeting benchmark in 90 days.

Open Action Items / Barriers:

- **Action** – none
- **Barrier** – none

- This was originally trending up and it turned back down again in November
- We have a team and patient access that is looking at how we can improve our PSC. Some of this started to decline when we went to telehealth, and we were not as easily able to collect those services through telehealth
- We've worked through some of that as well, so we're continuing to focus on how we can improve, the PSC and come up with some new programs for the staff that involve training and scripting

- PFS: Net Days in Credit Balance

Measures *Not* meeting Benchmark

Measure	Benchmark	November 2021	FY22 Q1	FYTD 2022
PFS: Net Days in Credit Balance	< 4 days	5.2	5.9	5.5



Analysis:

- Report developed to capture credit balances due to cash posting activities
- Updated staff assignments and reporting for increased ability to trend reasons for Credit Balance and quicker resolution

Open Action Items / Barriers

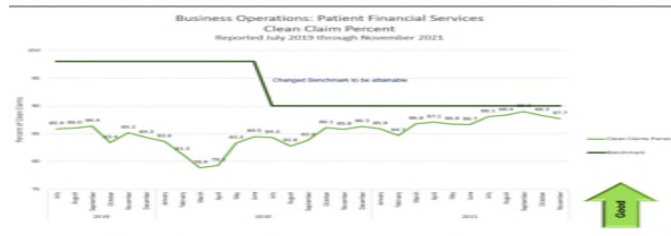
- **Action** – none
- **Barrier** – none
- **Action incomplete > 60 days** – Daily review of report to identify CB created during cash posting – estimated completion 01/31/22 – 09/15/21
- **Barrier** – none

- We made some progress - Credit balances; You can see in November it went up and down a bit four days or less is our benchmark. As previously mentioned, this is like “wack-a-mole” payers, put in new edits and all of a sudden, we have “overpayments.” With contractual allowance issues, the action plans continue to change on this one as we solve one problem, something else “pops” up

- PFS: Clean Claim Rate Quantity (EPIC)

Measures *Not* meeting Benchmark

Measure	Benchmark	November 2021	FY22 Q1	FYTD 2022
PFS: Clean Claim Rate Quantity (EPIC)	> 90%	87.7%	88.5%	88.3%



Analysis:

- Steadily trended upward since Spring 2020

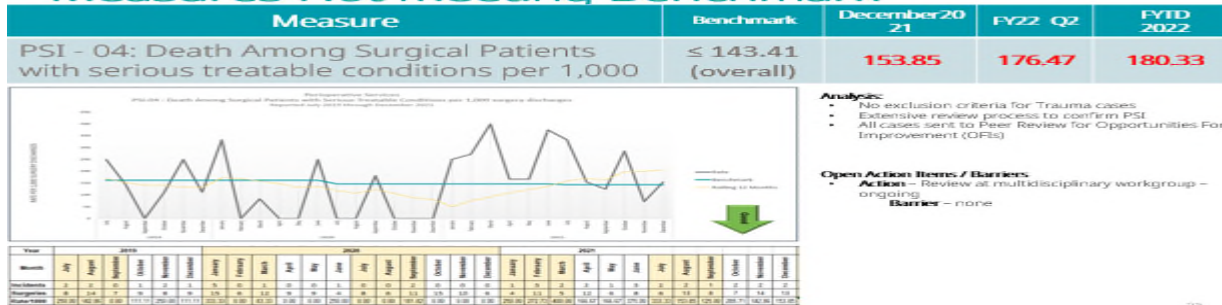
Open Action Items / Barriers

- **Action** – none
- **Barrier** – none
- **Action incomplete > 60 days** – Ticket to improve MSRP accuracy related to order of payers – 09/05/21
- **Barrier** – none
- **Action incomplete > 60 days** – Increase completion of insured information at registration – 09/15/21
- **Barrier** – none

- We’re doing well on CCR as you can see how well we’ve gone when you look at the trend graph as we hit it a couple of days. This is also looking at edits on the front end, and how can we put edits, so the bills go through cleanly.
- Please be reminded, this is also going to be one where the action plans are going to continue to change as the payers change their edits
- Overall, we’re doing very well on this metric

- PSI – 04: Death Among Surgical Patients with serious treatable conditions per 1,000

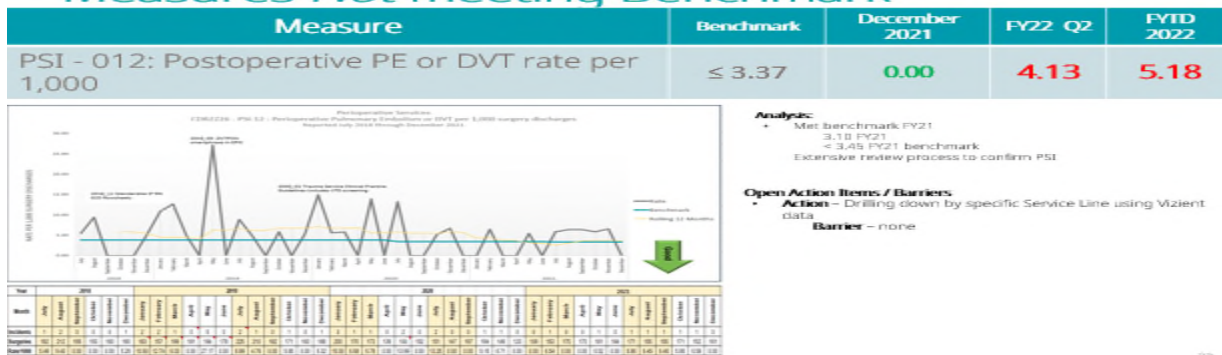
Measures *Not* meeting Benchmark



- These are our patient safety indicators were continuing to review. Our PSI for December 2021 was still just above, and we continue to look at these with our physician advisors, and patient safety to see if there's any exclusion criteria that can assist
- We are working with Vizient and we're pulling out and look to see for PSI 4 if there's certain areas or not and still looking for opportunities to see if there's anything which stands out

- PSI -012: Postoperative PE or DVT rate per 1,000

Measures *Not* meeting Benchmark

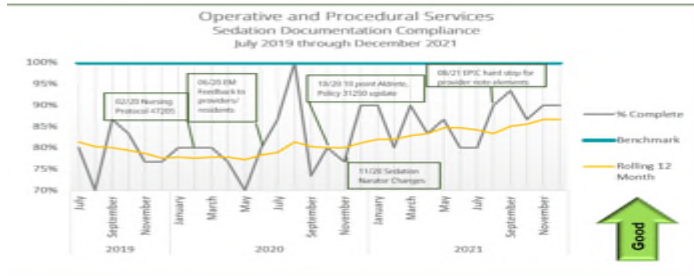


- In December, we had 0 and we're trending down again. There's a disciplinary group that looks at these. Crystal did some drill down Vizient data to see the past year
- We had six that were spread out and there was no certain service line that stood out which had more than one
- We will continue to review this and other areas where we see this decline

- Sedation Documentation Compliance

Measures *Not* meeting Benchmark

Measure	Benchmark	December 2021	FY22 Q2	FYTD 2022
Sedation Documentation Compliance	100%	90%	89%	88%



Analysis:

- Physician Champions drive improvement
- Repetition supports compliance
- Internal Medicine is low volume with decent compliance

Open Action Items / Barriers

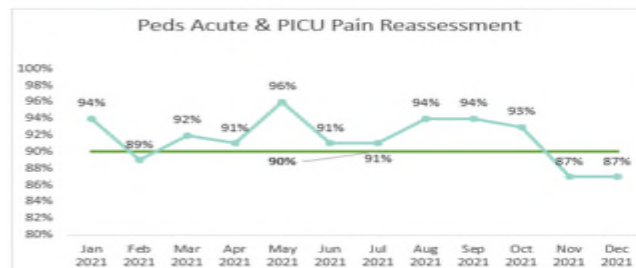
- **Action** – Develop Procedural Sedation Policy – incomplete – 12/31/21
Barrier – none
- **Action** – Revise Procedural Sedation training for non-anesthesia providers – incomplete – 12/31/21
Barrier – none
- **Action incomplete > 60 days** – none
Barrier – none

- In December 2021, we were at 90% at our sedation.
- There were hard stops in August 2021, they reviewed and revised some training for non-anesthesia providers as they're continuing to finalize the sedation policy to help make sure it's clear to the requirements needed

- Peds Acute & PICU Combined

Measure *Not* meeting Benchmark

Measure	Benchmark	Dec 2021	FY2022 Q2	FYTD 2022
Peds Acute & PICU Combined				
Pain Reassessment	>90%	87%	89%	92%



Analysis:

- Decline in metric over the past couple of months
- Parallel decline noted in adult care areas
- Systemwide increase in RN vacancies; lack of candidates to hire
- Unusually large increase in travel nurses (onboarded 242 travelers between 10/1/21 - 2/7/21)
- Shorter overall orientation with fewer core staff as resources
- Recognized need to focus on pain assessment, timely reassessment, charting and overall expectations of metric and corresponding documentation

Open Action Items:

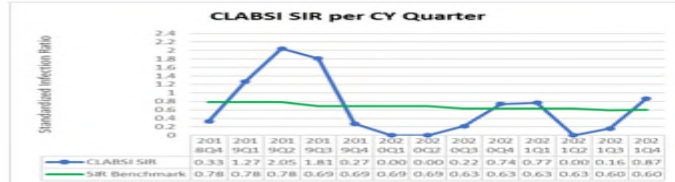
- **Action** – Nurse Manager Work group identified (adult & pediatric areas)
- Due date first meeting: Jan 12, 2022 – done
- Action Plan initiated
- Action Items determined (x4) with action step implemented, due dates
- Nursing Managers, CRNs & Preceptors all responsible
- Ongoing monthly tracking of metric on dashboards

- This is part of the assessments Heather brought up earlier, but this one specially called out Peds Acute, and PICU combined
- FY22 was at 89% which was aligned with what we were seeing overall rates
- FY2022 was 92% with the overall group as well on ways to improve that documentation

- Central Line Associated Blood Stream Infection (CLABSI) SIR

Measures *Not* meeting Benchmark

Measure	Benchmark	Dec 2021	FY22 Q2	FYTD
Central Line Associated Blood Stream Infection (CLABSI) SIR	≤0.596	1.524	0.869	0.498



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 flow sheet documentation for dialysis catheter is different than for regular central lines.

Open Action Items / Barriers:

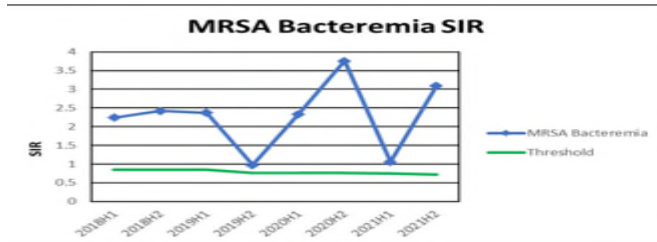
- Action - Line leader will work on improving nursing documentation, implement bundle audits in IDU units, and place IDEA ticket for Epic to standardize IDU flow sheet documentation.
- Due date 3/1/22

- We are continuously doing the weekly rounding, and education on the line placement as well as maintenance
- This is an ongoing process

Healthcare Onset MRSA Bacteremia SIR

Measures *Not* meeting Benchmark

Measure	Benchmark	Dec 2021	FY22 Q2	FYTD
Healthcare Onset MRSA Bacteremia SIR	≤0.727	n/a	3.086	3.086



Analysis:

- There were 4 HD-MRSA bacteremia infections during Oct-Dec 2021, 1 in Burn center, 1 in MICU South and 2 in IDU. Drill down analysis showed 2 of the cases did not have MRSA screening on admission, was sent for further provider review.
- WVHC joined AI-IRQ 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
Due Date 2/28/22 - Incomplete
- Action - Participate in prevention program
Due Date 4/1/22 - 10/31/23

- This is one we've continued with discussions as we've worked on it for years and it's ongoing
- There's a large component of the environment as well as patients and good adherence to hand washing, and we can continue to work on this one as well

Topic	Findings/Discussion	Conclusion/Action	Responsible
2 Patient Experience (Monthly) Complaints/Grievance (Quarterly: Feb, May, August, November) Sherrie Beardsley	<ul style="list-style-type: none"> This wasn't due this month, however Crystal shared the following insights <ul style="list-style-type: none"> We are continuing to roll out ACCEPT throughout the organization We've gotten the information out to everyone, delivering sticky posters, which is like the 10/5 rule Beginning the forward facing and getting information out to help work on our interaction with everyone, just the eye contact and acknowledgment The other is through patient experience with our real time platform working with those leaders and all the areas to get their feedback to help look at our questions, narrowing down, looking at our evidence-based practices on what questions should be asked and for which area 		Crystal Garcia

		<ul style="list-style-type: none"> - We're actively working through this and expecting feedback by EOW. There should be less questions asked and those which prove to be beneficial for each area should be implemented by end of April / or May 1st - We continue to move forward 		
3	Patient Safety Officer Report	<ul style="list-style-type: none"> • There are several things we're currently doing <ul style="list-style-type: none"> - We're actively working to get the culture and safety survey out and distributed in the next few weeks, so we can receive feedback from our leadership and staff to see how we're doing - Leap Frog spring grade will be coming out next month in April and we're waiting to see how that should be and the specific scoring - We have a Safety Program Manager that will be focusing specifically on behavioral health. We've grown a lot regarding the beds we have, and the PM will focus on (<i>but not limited to</i>) rounding, ligature risk assessments, reviewing incoming products, verifying and making sure when documentation says things have been corrected, to verify it's really the correct product. This was approved through the meeting we call ERAT an environmental risk assessment team. - - We will have others split the workload focusing on various areas (<i>i.e., inpatients/ambulatory</i>) 		Crystal Garcia
4	Risk Department	<ul style="list-style-type: none"> • One settlement to report of \$15K and not write offs 		Dale Schultz
5	VPP/Regulatory/EOC Deficiencies	<ul style="list-style-type: none"> • The environmental care team continues to round out and a lot of work is happening ensuring readiness for DMV as well • This month all the scopes of services have been sent out for updating to ensure we have those available at the time for DMV and we continue to work to ensure we're in compliance with all the regulatory 		Sherry Stotler
6	Workplace Violence	N/A		
7	HR Updates	N/A		
8	CMS Memos	<ul style="list-style-type: none"> • The biggest CMS memos had to do with visitations updates • We've worked on our visitation policies for the ACUTE and Ambulatory settings so were aligned with the recommendation and the community 		Sherry Stotler
9	Infection Control	<ul style="list-style-type: none"> • We are actively participating and got accepted into AHRQ through MRSA • With their evidence-based practices, we're going to have 3 teams to assist looking at this on a unit specific basis • This program will continue into April FY2023 and we're currently getting teams together and will be working actively on for the next year, to increase our number even more 		Dorinne Gray

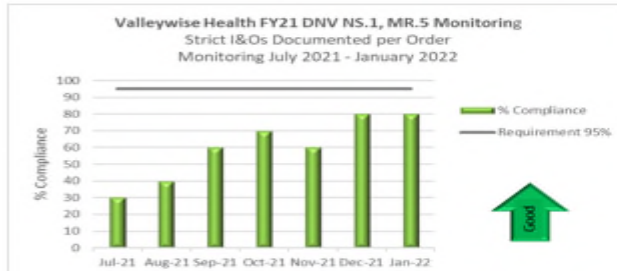
UNFINISHED BUSINESS

	Topic	Findings/Discussion	Conclusion/Action	Responsible
1	DNV Survey Findings and Plan of Corrections: Action Plan from annual Certification	<ul style="list-style-type: none"> • We had identified areas of deficiency with the last DMV visit, as we continue to do audits. • One of the deficiencies had to do with the strict I&Os documentation, so you will see the numbers getting better 		Sherry Stotler

- Finding – Strict I&Os documented per order

FY22 DNV 2-1

Finding – Strict I&Os documented per order



	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
Compliant Records	3	4	6	7	8	8	8
Non-Compliant Records	7	6	4	3	4	2	2
Total Records Reviewed	10	10	10	10	10	10	10
Percent Compliant	30	40	60	70	80	80	80
Requirement 95%	95	95	95	95	95	95	95

- 38% of Non-Compliant charts (Jul 21 – Jan 22) occurred in Step Down / MICU West

- We're still not quite to 95% that teams continues to work with everybody
- There's not a necessarily a consistent theme other than people forgetting to document a true value or documenting why they could not give that true value, and more education on this is ongoing

Finding -There was no documented objective evidence of a one-hour face-to-face assessment performed

FY22 DNV NC 2-2

Finding - There was no documented objective evidence of a one-hour face-to-face assessment performed



	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Compliant Records	0	2	5	3	3
Non-Compliant Records	2	4	4	3	5
Total Records Reviewed	2	6	9	6	5
Percent Compliant	0	33.3	55.6	50	60
Requirement 99%	99	99	99	99	99

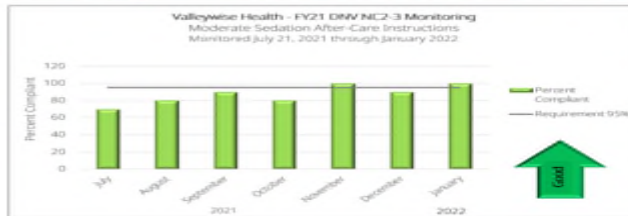
- Five cases of violent/self-destructive restraint at VHM during December 2021
- 2 Cases Noncompliant – 1 case in ED Adult with no evidence of 1-hr face-to-face; 1 case in peri-Op with late face-to-face (13 hours late).
- 3 Cases, 1 each in ED Adult, MVED, and Peri-Op, compliant.

- No documentation objective evidence of a one-hour face-to-face assessment performed
- Our biggest issue is that we were completing the one hour, at a rapid pace meaning they would place the order and then do the one face-to-face instead of waiting a little bit to then reassess the patient
- This is ongoing
- The regulatory team is working with all the clinical teams to continue to work on this so we get the right size as you can see, we continue to struggle

- Dr. Hobohm is having trouble with his computer, but he and Crystal are doing plenty with regards to education. They've done work with Dr. Dunnigan and others with assisting with the EMR to assist with this process.
 - We continue to refine this as we go through. They also put a plan in place that in the medical center, the house supervisor will remind the physicians of the need to do the one hour face-to-face
 - Behavioral health has a similar process that they've used for years that has been successful and we continue to drill down on this one
- Finding 1 – Moderate Sedation after-care instructions included in AVS

FY21 DNV NC 2-3

Finding 1 – Moderate Sedation after-care instructions included in AVS



Finding 1: Sedation After-Care Instructions in AVS

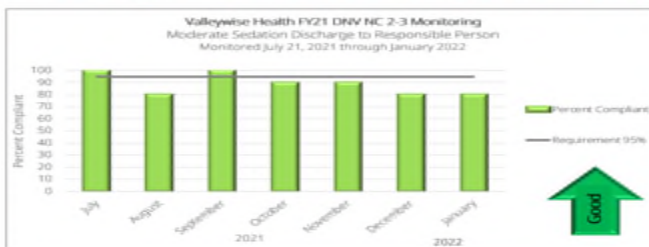
	2021							2022
	July	August	September	October	November	December	January	
Compliant Records	8	9	9	8	10	9	10	
Non-Compliant Records	3	2	1	2	1	1	1	
Total Records Reviewed	11	11	10	10	11	10	11	
Percent Compliant	73	82	90	80	100	90	100	
Requirement 95%	95	95	95	95	95	95	95	

- December
 - AVS started prior to sedation start
 - Reprinting AVS after sedation end adds post care instructions
- October
 - Clinical Informatics asked to review records with not AVS found
- September
 - Clinical Informatics determined the sedation instructions were not included due to a workflow issue – Sedation Nursing Care End not filed in EPIC
- July/August
 - Non-compliant records had the AVS created prior to sedation end documented in the sedation timeline
 - Communication to create AVS after sedation end documented – 08/31/21
 - Delay in communication due to personnel out of office

- This one had to do with moderate sedation and aftercare instructions, included in the AVS and they hit 100% November and January, and has been moving in the right direction as we continue to audit it as well
- Finding 1 -Patient discharged to a responsible person

FY21 DNV NC 2-3

Finding 1 – Patient discharged to a responsible person



Finding 1: Patient Discharged to a Responsible Person

	2021							2022
	July	August	September	October	November	December	January	
Compliant Records	10	8	10	9	9	8	8	
Non-Compliant Records	0	2	0	1	1	2	0	
Total Records Reviewed	10	10	10	10	10	10	10	
Percent Compliant	100	80	100	90	90	80	80	
Requirement 95%	95	95	95	95	95	95	95	

- January
 - 2 records not compliant with Protocol 47205 MT (44)
 - 1 record complete with documentation QRI
 - Discharge documented as self
 - Education stated family present
 - ~50 minutes prior to discharge nurse documented family at bedside and will take home
- December
 - Not compliant with Protocol 47205 MT (44)
- November
 - Not compliant with Protocol 47205 MT (44)
- Category (self, spouse/significant other, family, other) documented
- Name of specific person not documented in all areas

FY21 DNV NC 2-3

Finding 1 – Discharge instructions in AVS and patient discharged to a responsible person



- 10 records reviewed for 2 elements – 20 combined opportunities each month

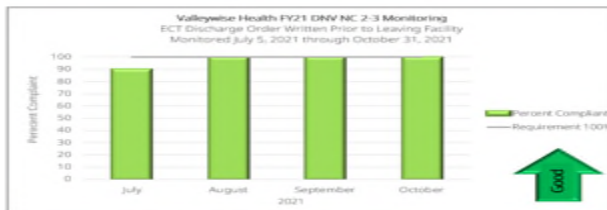
Finding 1 - Sedation After-Care Instructions in AVS and Patient Discharged to a Responsible Person

	2021							2022
	July	August	September	October	November	December	January	
Compliant Records	17	16	19	17	19	17	18	
Non-Compliant Records	3	4	1	3	1	3	2	
Total Records Reviewed	20	20	20	20	20	20	20	
Percent Compliant	85	80	95	85	95	85	90	
Requirement 95%	95	95	95	95	95	95	95	

- Patient discharged to our responsible party; discharge and documenting who it was and made clear we did release patient.
 - We're still working on this one, we went down slightly to the 80's, and we continue to do education and audits
 - Update per Crystal: After looking at the policy and working with leadership, it was determined the physician writes the order after the sedation and the patient's ready to go home
 - This will be updated to show we're at 100% as we reverified the few cases that fell out, so this now in compliant.
- Finding 2 -Behavioral Health ECT patients have a transfer/discharge order written prior to leaving the facility

FY22 DNV NC 2-3

Finding 2 – Behavioral Health ECT patients have a transfer/discharge order written prior to leaving the facility



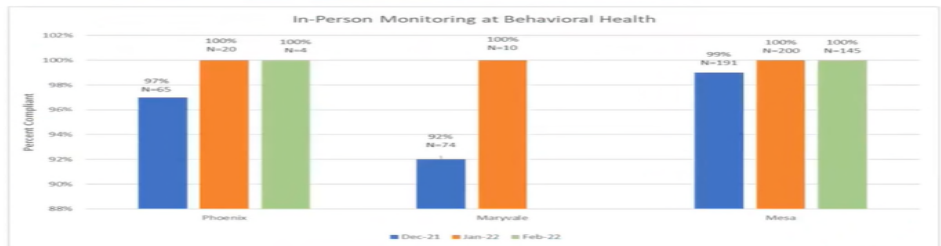
Finding 2: ECT Discharge/Transfer Order Written Prior to Patient Leaving Facility

	July	August	September	October
Compliant Records	9	10	10	10
Non-Compliant Records	1	0	0	0
Total Records Reviewed	10	10	10	10
Percent Compliant	90	100	100	100
Requirement 100%	100	100	100	100

- 100% Compliance achieved for 3 consecutive months.

- Behavioral health patients have a transfer discharge order written prior to leaving the facility. This one has been hitting at 100% and has been compliant

NEW BUSINESS

1	Topic	Findings/Discussion	Conclusion/Action	Responsible																															
	EMTALA Action Plan; Checklist Process	<ul style="list-style-type: none"> EMTALA Audits <div data-bbox="388 349 1470 576" style="border: 1px solid #ccc; padding: 10px;"> <p>EMTALA Audits</p> <p>EMTALA Audits reviewed to ensure Medical Screening Exams were completed.</p> <ul style="list-style-type: none"> January data: 26 chart reviews completed <ul style="list-style-type: none"> 26/26 charts had MSE completed February data: 26/26 chart reviews completed <ul style="list-style-type: none"> 26/26 charts had MSE completed </div> <ul style="list-style-type: none"> For January and February, we we're required to review at minimum 25 charts, and we were 26/26 MSE for completion. Another part of our action plan is to look at our supervisor log on a weekly basis, and there has been no known issues noted, as the log has been completed correctly and completed each week 		Sherry Beardslie /Crystal Garcia																															
2	DNV Complaint Action Plan	<ul style="list-style-type: none"> BH Audits – DNV Plan of Correction <div data-bbox="483 803 1606 1104" style="border: 1px solid #ccc; padding: 10px;"> <p>BH Audits – DNV Plan of Correction</p> <p>In-Person Monitoring at Behavioral Health</p>  <table border="1" data-bbox="577 852 1512 1096"> <thead> <tr> <th>Location</th> <th>Month</th> <th>Percent Compliance</th> <th>N</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Phoenix</td> <td>Dec-21</td> <td>97%</td> <td>60</td> </tr> <tr> <td>Jan-22</td> <td>100%</td> <td>20</td> </tr> <tr> <td>Feb-22</td> <td>100%</td> <td>4</td> </tr> <tr> <td rowspan="2">Maryvale</td> <td>Dec-21</td> <td>92%</td> <td>74</td> </tr> <tr> <td>Jan-22</td> <td>100%</td> <td>10</td> </tr> <tr> <td rowspan="3">Mesa</td> <td>Dec-21</td> <td>99%</td> <td>191</td> </tr> <tr> <td>Jan-22</td> <td>100%</td> <td>200</td> </tr> <tr> <td>Feb-22</td> <td>100%</td> <td>145</td> </tr> </tbody> </table> </div> <ul style="list-style-type: none"> They returned and that was closed out and we continue to do all the activities we have addressed, and we will be submitting data in the month of May to show ongoing compliance of this one as well From the charts and the three different areas, the team continues to hold at 100% and we're meeting our expectations of what we set The team has been working with Jean, Martha and others to get a device for tracking processes. The things being done manually by either watching videos, rounding constantly and watching, is not sustainable at the percentage that we must assess This new electronic device will assist with this piece of it. It's capable of knowing people are close enough to the patient and not just punching a button, not being able to see the patient <ul style="list-style-type: none"> This has been used in other similar behavioral organizations, and it assist us and be able to continue to ensure our compliance of the activities 	Location	Month	Percent Compliance	N	Phoenix	Dec-21	97%	60	Jan-22	100%	20	Feb-22	100%	4	Maryvale	Dec-21	92%	74	Jan-22	100%	10	Mesa	Dec-21	99%	191	Jan-22	100%	200	Feb-22	100%	145		Sherry Stotler
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DEFERRED

	Topic	Presenter	Time	Notes/Discussion Items
1				
2				

ADJOURN

NEXT MEETING

Date	Time	Location		
April 4, 2022		WebEx		



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

April 27, 2022

Item 9.e.

**Reports to the Board
Quarterly Employee Engagement
Survey Action Plans**

Leader Action Plan Highlight

Patricia Reyes, Manager IT Service Center



Opportunity: My manager seriously considers staff suggestions for improving safety.

Issue: IT Switchboard and Service Desk Staff were concerned about physical space/separation during the peak of the COVID pandemic.

Action Plan 1:

- I personally met with all IT Switchboard and Service Desk Staff to understand their concerns.
- IT leadership supported a hybrid model of onsite/remote IT Service Desk staff to create enough physical separation (per CDC guidelines) of at least 6 feet separation between workers.

Opportunity: Our procedures and systems are good at preventing errors from happening.

Action Plan 2:

- **Service Desk** – I met with staff to understand any documentation gaps. Each staff member will be modifying / creating (2) documentation improvement (*knowledge articles*) tasks and review and update as necessary.
- **Switchboard** – I assigned Emergency Code sheets to staff to review and update as necessary.



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

April 27, 2022

Item 9.f.

**Reports to the Board
Quarterly Valleywise Community Health
Centers Governing Council Structure Report**

Demographic Characteristics of Valleywise Community Health Centers Governing Council Members

Numbers of Members	Consumers	Race	Ethnicity	Gender	Areas of Expertise	District
8	63%	12.5% Asian 0% Native Hawaiian 0% Other Pacific Islander 12.5% Black/African American 0% American Indian/Alaska Native 50% White 25% More than one race 0% Unreported/refused to report	75% Non-Hispanic or Latino 12.5% Hispanic or Latino 12.5% Unreported/refused to report	50% Female 37.5% Male 12.5% Unreported/refused to report	Business Community Affairs Finance Healthcare Social Services <u>Not represented</u> Legal Labor Relations Trade Unions Education Government	37.5% District 1 25% District 2 0% District 3 25% District 4 12.5% District 5

Demographic Characteristics of Valleywise Health FQHC Patients*

Total patients	Race	Ethnicity	Gender identity
83,659	3% Asian <1% Native Hawaiian <1% Other Pacific Islander 13% Black/African American 1% American Indian/Alaska Native 79% White <1% More than one race 3% Unreported/refused to report	38% Non-Hispanic or Latino 62% Hispanic or Latino <1% Unreported/refused to report	41% Female 25% Male <1% Transgender Man/Male/Masculine <1% Transgender Woman/Female/Feminine <1% Other 34% Unreported/refused to report

* Data source: Valleywise Health UDS Report Submitted to HRSA Mar 2022



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

April 27, 2022

Item 9.g.

**Reports to the Board
Annual Risk Management Program
Report**



RISK MANAGEMENT ANNUAL REPORT

April 27, 2022

Dale Schultz
Director of Risk Management

Risk Surveillance

- Occurrence Reports
- Leadership Quality and Safety Rounds – Daily
- Nursing Leadership Patient Rounding – Daily
- CNO Weekly Report of Significant Occurrences
- Bi-weekly Meeting - Valleywise/DMG Risk Management Teams
- Report of Potential Risk Issues from Director of Security

Risk Funding and Transfer

- Self Insurance Plan funded to actuary's recommendation
- Statement from broker attesting that our comprehensive insurance program meets healthcare industry standards

Risk Mitigation

- Quarterly Workers' Compensation Claim Review with broker and insurer
- Monthly review of all reserves
- Weekly Risk Management review of patient injuries and claims
- Remedial measures required after every non-clinical claim
- Support Employee Health return-to-work program
- Collaboration with Human Resources to reduce EEOC and ADA claims

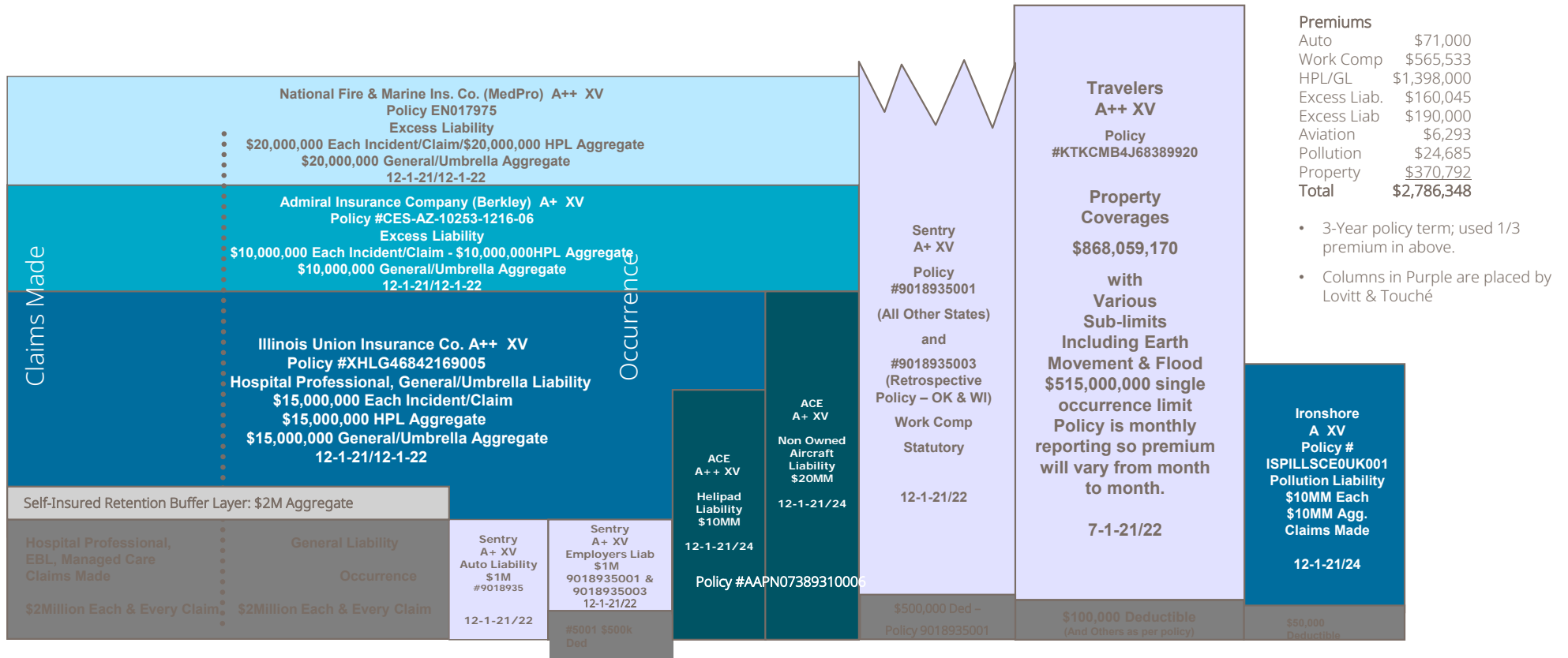
Current Risk Activities

- Owner Controlled Insurance Program, safety and claims
- Implementation of insurance and risk management programs at new facilities
- Investigation of COVID-19 claims
- Facilitation of return-to-work on any lost time employee injuries
- Mitigation efforts for violence in the workplace
- Develop and distribute weekly report of employee injuries
- EMTALA risk reduction training
- Behavioral Health risk reduction – development of policies and procedures

Accomplished Current Risk Activities

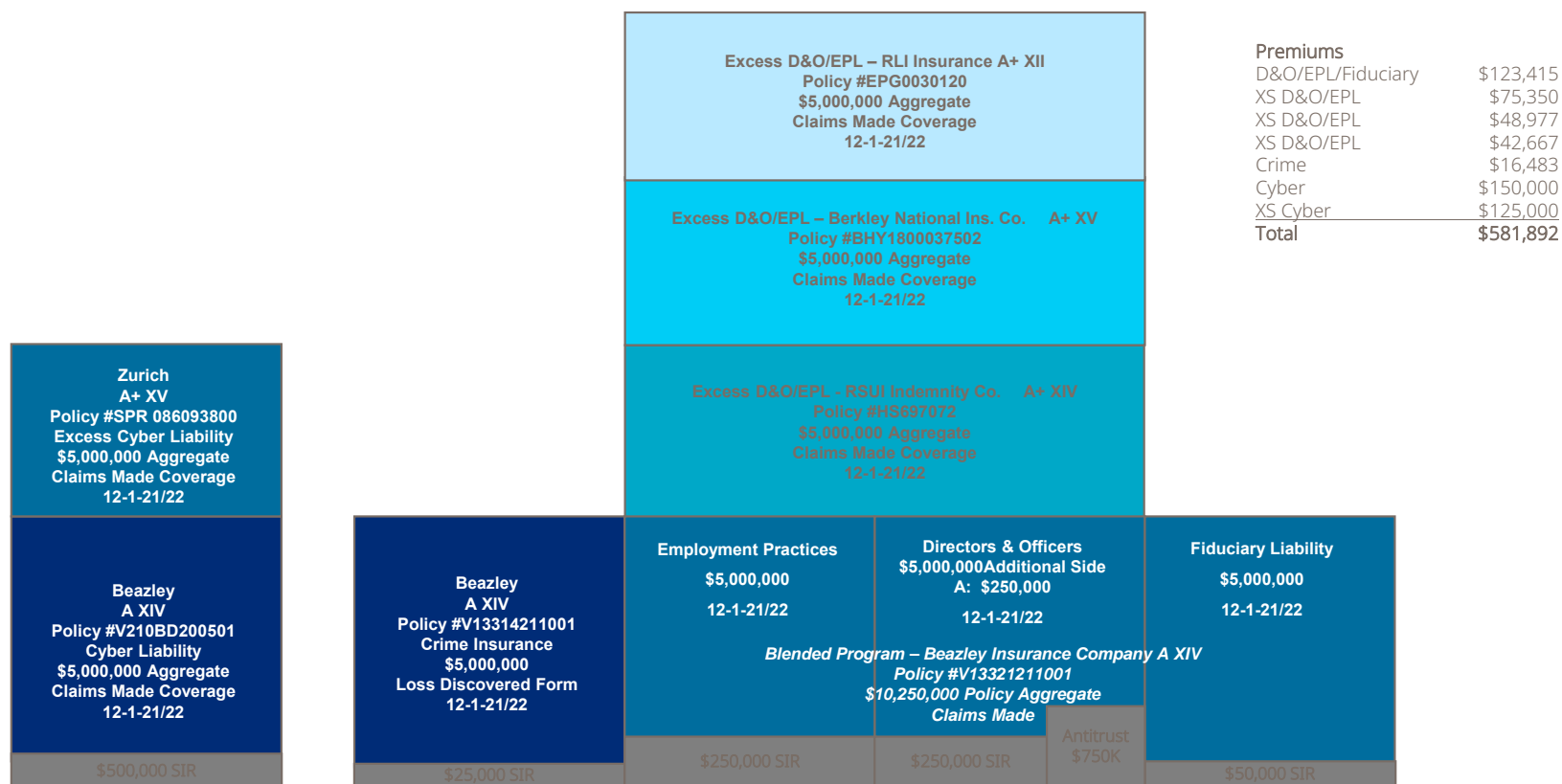
- Improvement of fleet management maintenance and repair processes
- Facilitation of return-to-work on any lost time employee injuries
- Evaluation of lighting and noise testing for Facilities personnel
- Transition of insurance for residents to the Alliance
- Reduction of environmental risk exposures from drywells
- Joint risk management education - Valleywise/DMG Risk Management (All departments completed)
- Revision of vehicle use policy
- Training of ergonomic evaluators
- Mid project review of owner-controlled insurance program

Valleywise Health Current Program 2021-2022



This figure is a graphical, rather than a literal, representation of the coverage provided. For example, a DIC policy, and subsequently the excess policies, frequently will not cover sublimited lines of coverage in a local policy. Please consult the terms and conditions of the actual policies, which necessarily govern. Please consult the terms and conditions of the actual policies, which necessarily govern. Not to scale.

Valleywise Health Current Program 2021-2022



This figure is a graphical, rather than a literal, representation of the coverage provided. For example, a D&O policy, and subsequently the excess policies, frequently will not cover sublimated lines of coverage in a local policy. Please consult the terms and conditions of the actual policies, which necessarily govern. Please consult the terms and conditions of the actual policies, which necessarily govern. Not to scale.



Jeffrey T. Johnson

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Phoenix, AZ 85016
+1 602 337 6226
www.marsh.com

November 12, 2021

Marsh Coverage Statement Regarding 12/1/2021 Insurance Renewals

As the insurance Broker for Maricopa County Special Healthcare District (the "District"), we have been requested to provide a statement regarding the insurance coverages placed by us on the District's behalf. We have placed the insurance which is the subject of this statement for the District since December 2012, when the District established its own insurance program separate from Maricopa County, in each case after consultation with the District and based upon the District's instructions. Terms of coverage, including the limits and deductibles, are based upon information furnished to us by the District, which information we have not independently verified.

We are pleased to confirm:

1. The insurance policies listed on the attached insurance schedule are proposed for the upcoming 12/1/2021 renewal.
2. It is our opinion based upon our experience as insurance brokers that the coverages provided by the policies are consistent with those normally provided to other healthcare companies engaged in the same or similar business activities and similarly situated as the District, and having similar risks as the District with respect to their operations.

We express no view and assume no liability with respect to the solvency or future ability to pay of any of the insurance companies which have issued the policies.

We assume no obligation to advise you of any developments regarding the policies subsequent to the date hereof. This letter is given on the understanding that we will have no liability to you based upon the placement of the policies and/or the statements made herein except to the extent arising out of our gross negligence or fraud.

This letter may not be republished by you or used for any other purpose without our prior written consent.

This letter shall be governed by and construed in accordance with the laws of the State of New York, without regard to its conflicts of law provisions.

Sincerely,

Jeffrey T. Johnson
Senior Vice President
Marsh USA Inc.





**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

April 27, 2022

Item 10.

No Handout

Concluding Items