



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 28, 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, September 28, 2022
1:00 p.m.

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

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

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

1:00 **Call to Order**

Roll Call

Call to the Public

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

ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE

General Session, Presentation, Discussion and Action:

- 1:15 1. **Approval of Consent Agenda: 15 min**
Note: Approval of contracts, minutes, IGA's, proclamations, etc. Any matter on the Consent Agenda will be removed from the Consent Agenda and discussed as a regular agenda item upon the request of any Board member.
- a. **Minutes:**
 - i. **Approve** Maricopa County Special Health Care District Board of Directors meeting minutes dated August 15, 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 August 24, 2022
Melanie Talbot, Chief Governance Officer; and Clerk of the Board

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

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

b. Contracts:

- i. **Approve** amendment #3 to the intergovernmental agreement (90-22-094-1-03) between Maricopa County and the Maricopa County Special Health Care District dba Valleywise Health, to increase the amount of American Rescue Plan Act (ARPA) funding provided for the courtroom at Valleywise Behavioral Health Center-Maryvale by \$183,879, resulting in a total funding amount of \$2,848,879
Warren Whitney, MBA, Senior Vice President, Government Relations
- ii. **Approve** amendment #4 to the contract (90-16-129-1-04) between UnitedHealthcare Insurance Company and the Maricopa County Special Health Care District dba Valleywise Health, for the provision of dental services performed in an outpatient operating room setting
Renee Clarke, MBA, Senior Vice President, Managed Care
- iii. **Approve** a new contract (MCO-20-029-MSA) between Dental Benefit Providers, Inc., and the Maricopa County Special Health Care District dba Valleywise Health, for comprehensive dental services
Renee Clarke, MBA, Senior Vice President, Managed Care
- iv. **Approve** amendment #8 to the contract (C-90-00-312-1-08) between Evernorth Behavioral Health, Inc., formally known as Cigna Behavioral Health Inc., and the Maricopa County Special Health Care District dba Valleywise Health, for behavioral health services
Renee Clarke, MBA, Senior Vice President, Managed Care
- v. **Approve** a new intergovernmental agreement (90-23-052-1) with Arizona Health Care Cost Containment System (AHCCCS) for Valleywise Health to participate in the Access to Professional Services Initiative (APSI), with effective dates of service on or after October 1, 2022, through September 30, 2023. Valleywise Health shall transfer funds to AHCCCS in the amount of \$201,590 for the administration of the APSI
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer
- vi. **Approve** a new intergovernmental agreement (90-23-053-1) with Arizona Health Care Cost Containment System (AHCCCS) for Valleywise Health to participate in the Access to Professional Services Initiative (APSI), with effective dates of service on or after October 1, 2022, through September 30, 2023. Valleywise Health will provide State match funds in the amount of \$4,300,376 to the State of Arizona, to receive Federal match funds
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer
- vii. **Approve** a new intergovernmental agreement (90-23-054-1) with Arizona Health Care Cost Containment System (AHCCCS), on behalf of Dignity Health, to participate in the Access to Professional Services Initiative (APSI), with effective dates of service on or after October 1, 2022, through September 30, 2023. Valleywise Health shall transfer funds to AHCCCS the amount of \$118,520, on behalf of Dignity Health, for the administration of the APSI
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer

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

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

b. Contracts, cont.:

- viii. **Approve** a new intergovernmental agreement (90-23-055-1) with Arizona Health Care Cost Containment System (AHCCCS), on behalf of Dignity Health, to participate in the Access to Professional Services Initiative (APSI), with effective dates of service on or after October 1, 2022, through September 30, 2023. Valleywise Health will provide State match funds in the amount of \$2,588,410, on behalf of Dignity Health, to the State of Arizona, to receive Federal match funds
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer
- ix. **Approve** a new intergovernmental agreement (90-23-056-1) with Arizona Health Care Cost Containment System (AHCCCS), on behalf of Abrazo, to participate in the Access to Professional Services Initiative (APSI), with effective dates of service on or after October 1, 2022, through September 30, 2023. Valleywise Health shall transfer funds to AHCCCS the amount of \$41,530, on behalf of Abrazo, for the administration of the APSI
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer
- x. **Approve** a new intergovernmental agreement (90-23-057-1) with Arizona Health Care Cost Containment System (AHCCCS), on behalf of Abrazo, to participate in the Access to Professional Services Initiative (APSI) with effective dates of service on or after October 1, 2022, through September 30, 2023. Valleywise Health will provide State match funds in the amount of \$1,038,200, on behalf of Abrazo, to the State of Arizona to receive Federal match funds
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer
- xi. **Approve** amendment #5 to the contract (MCO-20-001-05) between UnitedHealthcare Insurance Company and the Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive healthcare services
Renee Clarke, MBA, Senior Vice President, Managed Care
- xii. **Approve** amendment #60 to the professional services agreement (90-12-084-1-60) 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
- xiii. **Approve** amendment #5 to the intergovernmental agreement (90-19-176-1-05) between the Arizona Department of Health Services (ADHS) and the Maricopa County Special Health Care District dba Valleywise Health, to replace the scope of work and annual price sheet, and include requirements for pass-through entities
Michael D. White, MD, MBA, Executive Vice President, Chief Clinical Officer

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

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

c. Governance:

- i. **Approve** registration fee, mileage, lodging, and meals & incidentals per diem not to exceed rates allowable under applicable District practices and policies for Chairman Wilcox and Vice Chairman Thomas to attend Arizona Hospital and Healthcare Association's Annual Membership Conference, October 19-21, 2022, in Tucson, Arizona
Melanie Talbot, Chief Governance Officer; and Clerk of the Board
- ii. **Approve** a no objection letter to the proposed property tax reclassification of real and personal property for Project Cold Summit to the proposed Foreign Trade Zone Usage Drive Site, located at 9600 North 151st Avenue, Waddell, Arizona 85355
Warren Whitney, MBA, Senior Vice President, Government Relations
- iii. **Approve** revisions to the following Board policies and forms:
 - a. Policy 99300 G – Call to the Public – Addressing the Board of Directors at a Meeting
 - b. Form 45556 – Board of Directors Request to Speak Form and Procedure
Melanie Talbot, Chief Governance Officer; and Clerk of the Board
- iv. **Approve** Change in Scope to add additional services to Health Resources and Services Administration's form 5A: Services Provided:
 - Add Behavioral Health Services-Substance Use Disorder Services
 - Add Additional Enabling and Supportive Services at Family Resource Centers at the Following locations:
 - Valleywise Community Health Center-Chandler
 - Valleywise Community Health Center-North Phoenix
 - Valleywise Community Health Center-South Central
 - Valleywise Community Health Center-South Phoenix/Laveen
 - Valleywise Community Health Center-West Maryvale
 - Valleywise Comprehensive Health Center-Peoria
 - Valleywise Comprehensive Health Center-Phoenix
Barbara Harding, RN, MPA, Senior Vice President, Ambulatory Services; and Federally Qualified Health Center Clinics Chief Executive Officer
- v. **Accept** Health Resources and Services Administration Service Area Competition Notice of Award No. 2 H80CS33644-04-00, including the New Project Period Dates September 1, 2022, to March 31, 2025
Barbara Harding, RN, MPA, Senior Vice President, Ambulatory Services; and Federally Qualified Health Center Clinics Chief Executive Officer
- vi. **Approve** Health Resources and Services Administration Service Area Competition Notice of Award No. 2 H80CS33644-04-00 Prorated Budget for Project Period Dates September 1, 2022, to March 31, 2023
Barbara Harding, RN, MPA, Senior Vice President, Ambulatory Services; and Federally Qualified Health Center Clinics Chief Executive Officer
- vii. **Approve** Health Resources and Services Administration Grant Application #HRSA-22-152 – Fiscal Year 2022 American Rescue Plan Uniform Data System Patient-Level Submission (ARP-UDS+) Supplemental Funding
Barbara Harding, RN, MPA, Senior Vice President, Ambulatory Services; and Federally Qualified Health Center Clinics Chief Executive Officer

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

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

c. Governance, cont.:

- viii. **Accept** Health Resources and Services Administration Notice of Award No. 3 H8FCS41092-01-01 – Fiscal Year 2022 American Rescue Plan Uniform Data System Patient-Level Submission (ARP-UDS+) Supplemental Funding
Barbara Harding, RN, MPA, Senior Vice President, Ambulatory Services; and Federally Qualified Health Center Clinics Chief Executive Officer
- ix. **Approve** Amended and Restated Creighton University Arizona Health Education Alliance Agreement
Michael D. White, MD, MBA, Executive Vice President, Chief Clinical Officer

d. Medical Staff:

- i. **Approve** Valleywise Health’s Medical Staff credentials for September 2022
Mark M. MacElwee, MD, Vice Chief of Staff
- ii. **Approve** Valleywise Health’s Advanced Practice Clinician/Allied Health Professional Staff credentials for September 2022
Mark M. MacElwee, MD, Vice Chief of Staff

e. Care Reimagined Capital:

- i. **Approve** capital expenditure request (CER #19-947R) for SIRVA Worldwide Commercial Moving equipment warehousing and relocation services within the new acute care hospital and support services building, for a total cost of \$746,539
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer
- ii. **Approve** capital expenditure request (CER #19-947S) to purchase GE Healthcare bedside patient monitors and central monitoring stations for the new acute care hospital and the Simulation lab in the support services building, for a total cost of \$4,374,919
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer
- iii. **Approve** amendment #1 to capital expenditure request (CER#19-947A) to purchase additional Steris boom and lights for the acute care hospital, for an additional \$370,522, resulting in a total cost of \$3,253,610
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer

f. Capital:

- i. INTENTIONALLY LEFT BLANK

End of Consent Agenda

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

- 1:30 2. Discuss and Review Nursing Related Quality Metrics **10 min**
Crystal Garcia, RN, Vice President, Surgical, Specialty, Quality and Safety
- 1:40 3. Presentation on Home Assist Health's (HAH) Fiscal Year 2022 Report **10 min**
Sara Wilson, President and Chief Executive Officer, Home Assist Health
- 1:50 4. Presentation on Valleywise Community Health Centers Governing Council Annual Report **10 min**
Michelle Barker, DHSc, Chairman, Valleywise Community Health Centers Governing Council
- 2:00 5. Discuss and Review Valleywise Health's August 2022 Financials and Statistical Information **15 min**
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer
- 2:15 6. Monthly Update on Care Reimagined Projects **10 min**
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer
- 2:25 7. Discuss, Review and **Approve** Valleywise Health's President & Chief Executive Officer's, Steve Purves, Performance Goals for Fiscal Year 2023 **5 min**
Board of Directors
- 2:30 8. Review and **Possible Action** on the Following Reports to the Board of Directors: **15 min**
- a. Monthly Marketing and Communications Report (August 2022)
Runjhun Nanchal, MHA, Senior Vice President, Strategy, Marketing and Communications
 - b. Monthly Care Reimagined Capital Purchases Report (August 2022)
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer
 - c. Monthly Valleywise Health Employee Turnover Report (August 2022)
Susan Lara-Willars, HCS, MBA, Senior Vice President, Chief Human Resources Officer
 - d. Annual Valleywise Health Nurse Staffing Plan for Fiscal Year 2023
Sherry Stotler, MSN, RN, Senior Vice President, Chief Nursing Officer
- 2:45 9. Concluding Items **10 min**
- a. Old Business:

June 16, 2022

Fiscal Year 2023 Operating and Capital Budget

- Share results of analysis on whether nutrition and environmental services should remain outsourced with the Board, prior to issuing requests for proposals.

August 24, 2022

Monthly Update on Care Reimagined Projects

- Provide a timeline of the demolition of Conference and Administration Center/Hogan Building
- Work with organized neighborhood groups near Valleywise Health Medical Center to build connections and invite to opening of new hospital

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

2:45 9. Concluding Items, cont.

a. Old Business, cont.:

August 24, 2022, cont.

Engineering and Construction Projects at Valleywise Health

- Provide the landscaping plans included in the renovations of Valleywise Community Health Center-Guadalupe

b. Board Member Requests for Future Agenda Items or Reports

c. Comments

i. Chairman and Member Closing Comment

ii. President and Chief Executive Officer Summary of Current Events

2:55 **Adjourn**



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 28, 2022

Item 1.

Consent Agenda



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

September 28, 2022

Item 1.a.i.

**Minutes
August 15, 2022**

Minutes

**Maricopa County Special Health Care District
Board of Directors Meeting
Valleywise Health Medical Center
August 15, 2022
3:30 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*

Absent: Susan Gerard, Director, District 3

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*
Sherry Stotler, RN, MSN, Senior Vice President, Chief Nursing Officer –
participated remotely
Martin Demos, JD, Senior Vice President, General Counsel – *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 3:30 p.m.

Roll Call

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

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 – August 15, 2022**

General Session, Presentation, Discussion and Action:

1. Discuss, Review and Approve Board Resolution No. 2022-8-15-001 Cancelling the November 8, 2022 General Election for the Maricopa County Special Health Care District Board of Directors Seats 3 and 4; and Appointing Kate Brophy-McGee as Director for District 3 effective December 5, 2022 and Appointing James Woodfin Thomas as Director for District 4 effective December 5, 2022

MOTION: Director Harden moved to approve Board Resolution No. 2022-8-15-001 cancelling the November 8, 2022 general election for the Maricopa County Special Health Care District Board of Directors seats 3 and 4; and appointing Kate Brophy-McGee as Director for District 3 effective December 5, 2022 and appointing James Woodfin Thomas as Director for District 4 effective December 5, 2022. Director Dewane seconded.

Vice Chairman Thomas announced that he would abstain from voting.

VOTE: 3 Ayes: Chairman Wilcox, Director Dewane, Director Harden
0 Nays
1 Abstain: Vice Chairman Thomas
1 Absent: Director Gerard
Motion passed.

Adjourn

MOTION: Vice Chairman Thomas moved to adjourn the August 15, 2022 Maricopa County Special Health Care District Board of Directors Meeting. Director Dewane seconded.

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

Meeting adjourned at 3:34 a.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

September 28, 2022

Item 1.a.ii.

Minutes
August 24, 2022

Minutes

Maricopa County Special Health Care District
Board of Directors Meeting
Valleywise Health Medical Center
August 24, 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*
Sherry Stotler, RN, MSN, Senior Vice President, Chief Nursing Officer – *participated remotely*
Mark M. MacElwee, MD, Vice Chief of Staff – *participated remotely*
Martin C. Demos, JD, Senior Vice President, General Counsel – *participated remotely*

Guest Presenters: Crystal Garcia, RN, Vice President, Surgical, Specialty, Quality and Safety – *participated remotely*
Lalitha Madhavan, Senior Program Manager, Engineering and Construction – *participated remotely*
Gene Cavallo, MC, LPC, Senior Vice President, Behavioral Health Services – *participated remotely*
Susan Lara-Willars, MCS, MBA, Senior Vice President, Chief Human Resources Officer – *participated remotely*

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

Call to Order:

Chairman Wilcox called the meeting to order at 1:02 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.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – August 24, 2022**

Call to the Public

Chairman Wilcox called for public comment.

Mr. Purves congratulated those honored at the *Phoenix Business Journal's* Healthcare Heroes Awards ceremony. Director Gerard was the recipient of the Lifetime Achievement Award, Ms. Martha Steiner received the Nurse of the Year Award, and Valleywise Health's First Episode Center received the Team Health Award. Other Valleywise Health finalist included Dr. Frank LoVecchio for the Health Education Award, and the Valleywise Health Foundation for the Philanthropic Champion Award.

Mr. Purves announced Ms. Stotler was named one of the Most Influential Women in Arizona for 2022, presented by the *Arizona Business Magazine*.

Chairman Wilcox applauded Director Gerard for the recognition she received, noting it was well deserved. She commended Mr. Purves for being elected to American Hospital Association's Board of Trustees, for a three-year term, beginning in January 2023.

Mission Statement

Director Gerard 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 June 8, 2022
 - ii. Approve Maricopa County Special Health Care District Board of Directors meeting minutes dated June 14, 2022
 - iii. Approve Maricopa County Special Health Care District Board of Directors meeting minutes dated June 16, 2022
 - iv. Approve Maricopa County Special Health Care District Board of Directors meeting minutes dated June 22, 2022
 - v. Approve Maricopa County Special Health Care District Board of Directors meeting minutes dated August 9, 2022
 - b. Contracts:
 - i. Approve a new sub-recipient agreement (90-23-014-1) between the Arizona Association of Community Health Centers dba Arizona Alliance for Community Health Centers, and the Maricopa County Special Health Care District dba Valleywise Health, for grant funding for facility alteration and renovation at Valleywise Community Health Center-Guadalupe as part of the Federally Qualified Health Center capital assistance program funded through the American Rescue Plan Act (ARPA)

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – August 24, 2022**

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

1. Approval of Consent Agenda, cont.:
 - b. Contracts, cont.:
 - ii. Approve a new sub-recipient agreement (90-23-013-1) between the Arizona Association of Community Health Centers dba Arizona Alliance for Community Health Centers, and the Maricopa County Special Health Care District dba Valleywise Health, for grant funding for facility alteration and renovation at Valleywise Community Health Center-Chandler as part of the Federally Qualified Health Center capital assistance program funded through the American Rescue Plan Act (ARPA)
 - iii. Approve a new agreement (90-23-007-1) between Arizona Department of Emergency and Military Affairs and the Maricopa County Special Health Care District dba Valleywise Health, for a Mutual Aid Compact Agreement
 - iv. Approve a new agreement (90-22-282-1) between DWL Architects & Planners, Inc. and the Maricopa County Special Health Care District dba Valleywise Health, to provide architectural and engineering services for the Valleywise Behavioral Health Center-Maryvale Outpatient Facility at Valleywise Behavioral Health Center-Maryvale
 - v. Approve a new agreement (MCO-20-028-MSA) between United Healthcare Insurance Company and the Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive healthcare services
 - vi. Approve a new agreement (90-22-281-1) between DWL Architects & Planners, Inc. and the Maricopa County Special Health Care District dba Valleywise Health, to provide architectural and engineering services for the Valleywise Behavioral Health Center-Mesa Outpatient Facility at Valleywise Behavioral Health Center-Mesa
 - vii. Approve amendment #25 to the contract (90-17-076-1-25) between nThrive Revenue Systems, LLC and the Maricopa County Special Health Care District dba Valleywise Health, to add price transparency reporting, CarePricer Payment Estimator tools, and update vendor name from nThrive Revenue Systems, LLC to FinThrive Revenue Systems, LLC
 - viii. Approve a new agreement (90-22-195-1) between Language Line Services, Inc. and the Maricopa County Special Health Care District dba Valleywise Health, for a statement of work for interpreting services
 - ix. Approve a new lease agreement (90-23-020-1) between Marisol Federal Credit Union and the Maricopa County Special Health Care District dba Valleywise Health, for 80 square feet of office space within Valleywise Health Medical Center
 - x. Approve amendment #2 to the contract (MCO-20-014-02) between Arizona State Hospital and the Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive medical services for Arizona State Hospital patients and residents
 - xi. Approve a new agreement (MCO-20-027) between Cigna Healthcare of Arizona, Inc., and the Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive healthcare services

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – August 24, 2022**

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

1. Approval of Consent Agenda, cont.:
 - b. Contracts, cont.:
 - xii. Approve amendment #59 to the professional services agreement (90-12-084-1-59) between District Medical Group and the Maricopa County Special Health Care District dba Valleywise Health
 - xiii. Approve amendment #2 to the agreement (MCO-20-009-02) between United Behavioral Health and the Maricopa County Special Health Care District dba Valleywise Health, for the provision of integrated behavioral health services
 - xiv. Approve a new agreement (90-23-032-1) between Mercy Care and the Maricopa County Special Health Care District dba Valleywise Health, for a subcontract for the Coronavirus Response and Relief Supplemental Appropriations Act Mental Health Block Grant
 - xv. Approve an intergovernmental agreement (90-23-033-1) between the Arizona Health Care Cost Containment System (AHCCCS) and the Maricopa County Special Health Care District dba Valleywise Health, to provide matching funds in support of the Targeted Investment 2.0 Program (TIP)
 - xvi. Approve a new funds flow agreement (90-23-034-1) between St. Joseph’s Hospital and Medical Center and the Maricopa County Special Health Care District dba Valleywise Health, for redistribution of newly generated graduate medical education funding agreement
 - xvii. Rescind intergovernmental agreement (90-23-025-1) between the Arizona Health Care Cost Containment System (AHCCCS) and the Maricopa County Special Health Care District dba Valleywise Health, and Approve replacement intergovernmental agreement (90-23-025-1A) between the Arizona Health Care Cost Containment System (AHCCCS) and the Maricopa County Special Health Care District dba Valleywise Health, for the transfer of public funds for use as the non-federal share of the Medicaid payment under this agreement for graduate medical education programs, for the period of July 1, 2021 through June 30, 2022 for the benefit of Valleywise Health (\$14,632,860.22); Abrazo Arrowhead (\$1,220,148.19); Abrazo Central (\$636,413.37); Abrazo West (\$662,090.18); Canyon Vista Medical Center (\$766,936.72); Mountain Vista Medical Center (\$1,914,040.40); and Phoenix Children’s Hospital (\$2,000,000.00)
 - c. Governance:
 - i. Approve Change in Scope of Service: delete Saturday hours at Valleywise Community Health Center-Chandler, effective August 2022
 - ii. Approve Change in Scope of Service: delete Saturday hours at Valleywise Comprehensive Health Center-Peoria, effective August 2022
 - iii. Approve Change in Scope of Service: reduce Saturday hours at Valleywise Community Health Centers-Avondale and South Central, effective August 2022
 - iv. Approve Change in Scope of Service: add hours at Valleywise Community Health Centers-Mesa and West Maryvale, effective August 2022

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – August 24, 2022**

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

1. Approval of Consent Agenda, cont.:
 - c. Governance, cont.:
 - v. Approve renewal of the following Board Policy Statements:
 - a. 99011 G – Revenue Contracts – Medical Services
 - b. 99103 G – Cellular Phone Service Plan Stipend
 - c. 99104 G – Intergovernmental Agreements
 - vi. Approve proclamation supporting Valleywise Health’s Trauma Center/Trauma Programs
 - vii. Approve affidavit appointing Brant Thayer, MD, Katrina Lepthien, DO, and Sugandha Bhosrekar, MD, as Deputy Medical Directors in the Department of Psychiatry
 - d. Medical Staff:
 - i. Approve Valleywise Health’s Medical Staff credentials for July and August 2022
 - ii. Approve Valleywise Health’s Advanced Practice Clinician/Allied Health Professional Staff credentials for July and August 2022
 - iii. Approve proposed revision to the Department of Psychiatry Delineation of Privileges
 - iv. Approve proposed revisions to the Nurse Practitioner Psychiatry Delineation of Privileges/Practice Prerogatives
 - v. Approve proposed revisions to the Nurse Practitioner General Surgery/Trauma Surgery Delineation of Privileges/Practice Prerogatives
 - vi. Approve proposed revisions to the Physician Assistant Surgery/Trauma/Burn Surgery Delineation of Privileges/Practice Prerogatives
 - e. Care Reimagined Capital:
 - i. INTENTIONALLY LEFT BLANK
 - f. Capital:
 - i. Approve a capital expenditure request (CER # 23-405) to purchase Pure Storage, for storage consolidation and replacement of obsolescent equipment, for a total cost of \$763,513
 - ii. Approve a capital expenditure request (CER #22-035) for capital improvements and renovations including construction, signage, and landscaping for Valleywise Community Health Center-Guadalupe, for a total cost of \$1,266,443, utilizing American Rescue Plan Act funding awarded by Arizona Association of Community Health Centers dba Alliance for Community Health Centers

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – August 24, 2022**

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

1. Approval of Consent Agenda, cont.:

f. Capital, cont.:

- iii. Approve a capital expenditure request (CER # 22-035B) for capital improvements and renovations including construction, signage, and landscaping for Valleywise Community Health Center-Chandler, for a total cost of \$3,727,551, utilizing American Rescue Plan Act funding awarded by Arizona Association of Community Health Centers dba Alliance for Community Health Centers
- iv. Approve a capital expenditure request (CER #23-409) for the replacement of a Medtronic StealthStation Surgical Navigation System, for a total cost of \$378,959
- v. Approve a capital expenditure request (CER #23-407) to upgrade the current Cloverleaf integration engine, for a total cost of \$386,560
- vi. Approve a capital expenditure request (CER #23-410) to refresh the Cisco Nexus 9K switches for fiber distribution, for a total cost of \$327,223 for fiscal year 2023
- vii. Approve a capital expenditure request (CER #23-302) to purchase Avaya Callback Assist, for a cost of \$377,833 for fiscal year 2023

Director Harden requested to remove items 1.b.i., 1.b.ii., 1.b.ix., 1.b.x., 1.c.i., 1.c.ii., 1.c.iii., and 1.c.iv. from the consent agenda, to be discussed and voted on separately.

MOTION: Director Harden moved to approve the consent agenda minus items 1.b.i., 1.b.ii., 1.b.ix., 1.b.x., 1.c.i., 1.c.ii., 1.c.iii., and 1.c.iv. Vice Chairman Thomas seconded.

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

0 Nays

Motion passed.

Ms. Christiansen addressed consent agenda items 1.b.i. and 1.b.ii., sub-recipient agreements between the Arizona Association of Community Health Centers dba Arizona Alliance for Community Health Centers, and the Maricopa County Special Health Care District dba Valleywise Health, for grant funding for facility alteration and renovation at Valleywise Community Health Centers-Chandler and Guadalupe. She stated the information contained within the contracts was correct. The funds were to be spent by September 2026. The presentation related to the engineering and construction projects to be discussed later in the meeting included incorrect dates and the information would be updated.

Director Harden requested consent agenda item 1.b.ix., a new lease agreement between Marisol Federal Credit Union and the Maricopa County Special Health Care District dba Valleywise Health, be removed from the consent agenda, as she had a direct conflict of interest and would abstain from voting.

She removed consent agenda item 1.b.x., amendment #2 to the contract between Arizona State Hospital and the Maricopa County Special Health Care District dba Valleywise Health, noting the contract was an intergovernmental agreement and the approval language should reflect that.

Director Harden referenced consent agenda items 1.c.i. and 1.c.ii., the Changes in Scope of Service to delete Saturday hours at Valleywise Community Health Center-Chandler and Valleywise Comprehensive Health Center-Peoria. She asked what the current Saturday hours were at the locations, and if the staffing shortages noted as a contributing factor included nurses and support staff, in addition to provider shortages.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – August 24, 2022**

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

1. Approval of Consent Agenda, cont.:

Ms. Harding said that the staffing shortages included a combination of provider, nursing and support staff. She informed the Board of the current Saturday hours at both locations.

Director Harden questioned if the Saturday hours had a high utilization rate. If so, what was being done to minimize the disruption to the patients.

Ms. Harding stated that efforts made to accommodate the change in hours included offering virtual visits on Saturdays. However, in-person visits continued to be offered at Valleywise Community Health Centers-Avondale, North Phoenix, and South Central.

Director Harden asked if the Saturday hours at the two locations would be reinstated in the future. She mentioned the removal of consent agenda item 1.c.iii., the Change in Scope of Service to reduce Saturday hours at Valleywise Community Health Centers-Avondale and South Central, and consent agenda item 1.c.iv., the Change in Scope of Service at add hours at Valleywise Community Health Centers-Mesa and West Maryvale, to highlight the difference in the information provided for each item.

Ms. Harding said the goal was offer Saturday hours at those locations, as it was important for the community to have access during that timeframe.

MOTION: Director Harden moved to approve consent agenda item 1.b.x., amendment #2 to the intergovernmental agreement (MCO-20-014-02) between the Arizona State Hospital and the Maricopa County Special Health Care District dba Valleywise, for the provision of comprehensive health services for Arizona State Hospital patients and residents; and consent agenda items 1.c.i., 1.c.ii., 1.c.iii., and 1.c.iv. Vice Chairman Thomas 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 approve consent agenda item 1.b.ix. Director Gerard seconded.

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

MOTION: Vice Chairman Thomas moved to approve consent agenda items 1.b.i. and 1.b.ii. Director Dewane 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 – August 24, 2022**

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

2. Discuss, Review and Approve Valleywise Health’s Annual Quality Improvement and Patient Safety Plan for Fiscal Year 2023; Approve Indicators on Which to Measure Quality for Fiscal Year 2023

Ms. Garcia presented the quality priorities and goals contained within the Quality Improvement and Patient Safety Plan for fiscal year (FY) 2023. Valleywise Health staff would continue to focus on reducing hospital-acquired conditions, improving hand hygiene compliance, and decreasing Methicillin-resistant Staphylococcus aureus (MRSA) bacteremia infections. Other goals included decreasing the minutes from decision time to emergency department departure, reducing inpatient falls with injury, and lowering the number of hypoglycemia events.

She outlined the patient safety indicators (PSI) that would be monitored and measured, including but not limited to PSI-12, post-operative pulmonary embolism (PE) or deep vein thrombosis (DVT) rate. Improving breast cancer screening and increasing patient experience results were also priorities.

In addition, all regulatory and publicly reported measures would be monitored and measured to ensure the organization was within established benchmarks.

Ms. Garcia provided an overview of the quality dashboard for FY 2023, which the Board would review on a quarterly basis.

Director Harden referenced the metric related to breast cancer screenings, noting the Quality Improvement and Patient Safety Plan and the quality dashboard had different benchmarks. She questioned which benchmark would the organization strive to achieve.

Ms. Garcia explained that new information was recently received, and the benchmark in the Quality Improvement and Patient Safety Plan had not been updated, however, the quality dashboard had the correct benchmark. To clarify, the goal was to improve the breast cancer screening to greater than 46.29% by December 31, 2022.

MOTION: Director Harden moved to approve Valleywise Health’s Annual Quality Improvement and Patient Safety Plan for fiscal year 2023, with the correction to the breast cancer screening benchmark to 46.29%; and approve the indicators on which to measure quality for fiscal year 2023. Vice Chairman Thomas seconded.

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

3. Discuss and Review Quarterly Quality Report and Metrics Dashboard including but not limited to Patient Satisfaction Survey Results/Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Scores

Ms. Garcia provided an overview of FY 2022 quality metrics year-end results, acknowledging the metrics that did not meet the established benchmarks. The metric related to the minutes from admit decision time to emergency department departure had not met the benchmark for the year and she summarized the action plans in place to improve the results.

She noted PSI-12, postoperative PE or DVT rate, did not meet the benchmark for the year and outlined the processes in place to make improvement. While PSI-13, postoperative sepsis rate, and PSI-14, postoperative wound dehiscence rate, had not met the benchmark for the year, there were no trends identified, however, staff would continue to monitor.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – August 24, 2022**

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

3. Discuss and Review Quarterly Quality Report and Metrics Dashboard including but not limited to Patient Satisfaction Survey Results/Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Scores, cont.

Ms. Garcia reviewed the preliminary Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores for the fourth quarter of FY 2022, highlighting a slight improvement from the previous quarter. She reviewed the plans to improve scores and increase the number of surveys returned.

Director Gerard understood that there were limitations surrounding the surveys, including the questions asked, communicating with the patients about the survey, and the appearance of the survey. All were factors that may discourage patients from completing and returning. She asked if the number of surveys returned had improved over the years.

Ms. Garcia confirmed that there were strict rules surrounding the surveys. To increase the number of surveys returned, necessary files were sent daily to the third-party vendor, and prior to discharge patients were advised they would receive a survey, and they were encouraged to complete and return. There were also informative posters placed throughout the hospital, highlighting the importance of receiving patient's feedback. As a result, the number of surveys returned had improved.

4. Discuss and Review Quarterly Infection Control Quality Metrics Dashboard

This item was not discussed.

5. Discuss and Review Valleywise Health's Preliminary June 2022 Fiscal Year End Financials and Statistical Information, July 2022 Financials and Statistical Information, and Quarterly Investment of Funds Report

Ms. Agnew reviewed the statistical information for July 2022, noting overall admissions were 2.1% better than budget. Acute admissions were 5.3% better than budget and behavioral health missed budget by 6.8% for the month. Overall emergency department visits were 11.9% better than budget, and ambulatory visits were 2.2% better than budget.

She discussed the payor mix, noting higher Medicaid and other government utilization, decreasing the utilization in Medicare and commercial insurance. The unusual item for the month was revenue generated from the sale of the former Valleywise Community Health Center-Maryvale building.

Ms. Agnew outlined the income statement for July 2022, noting total operating revenue had a 1.2% positive variance, while total operating expenses had a negative two percent variance. The major contributing factors for the negative operating expense variance were associated with contract labor, salaries and wages. She explained various pay incentives distributed throughout the month, including overtime. While the hourly rates for contract labor had slightly decreased, the organization continued to have a high reliance on contract labor for the month.

The operating loss for the month was \$13,572,032, compared to a budgeted loss of \$12,883,188, for a \$688,844 unfavorable variance. After factoring in non-operating revenues and expenses and removing bond related activity, the overall decrease in net assets was \$5,360,008 compared to a budgeted loss of \$6,155,018, for a \$795,010 positive variance.

She announced that Valleywise Health received \$24.7 million in American Rescue Plan Act (ARPA) funds in July 2022. Those funds would be accounted for inside of FY 2022, however, the amount was included in the cash on days, which was 115.1 days, and the number of days in accounts receivable was 75.7 days.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – August 24, 2022**

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

6. Monthly Update on Care Reimagined Projects

Ms. Christiansen provided an update on the Care Reimagined projects, noting nearly 10.4 million manhours had accumulated throughout the course of the various projects. There were no changes to the timeline related to the opening of the new acute hospital, and the timeline related to the support services building was being refined.

Director Harden questioned when the demolition of the Conference and Administration Center would occur.

Ms. Christiansen said that the demolition of the Conference and Administration Center, as well as the adjacent Hogan building, would occur soon after the support services building was occupied. **She would provide a timeline for those activities at a future meeting.**

There were no major concerns on the project dashboard, while mitigation plans related to the budget and long-lead equipment were in place. She mentioned that as the acute care hospital was nearing completion, videos would be produced to showcase areas within the new facility to staff and the community. She reviewed the planned activities that would take place in the next 30 days.

Ms. Christiansen outlined the activation plan, which would take place through various cycles. She provided an update on the progress related to the supporting services building, noting the tasks to be completed in the next 30 days.

Director Harden asked if there had been dust or noise complaints received, related to the ongoing construction at the Roosevelt campus.

Ms. Christiansen said that she was not aware of any recent dust or noise complaints. She noted that there had been some frustrations related to parking within the community, but those matters were addressed and corrected quickly.

Director Harden recommended that staff reach out to the surrounding neighborhood and communicate the ongoing progress of the construction.

Ms. Christiansen said that as community events were planned, she would work with staff to engage the neighborhood.

Chairman Wilcox suggested that staff work with organized neighborhood groups to build connections and extend invitations to upcoming events and celebrations.

7. Discuss and Review Engineering and Construction Projects at Valleywise Health

Chairman Wilcox announced that through the consent agenda, the Board approved the receipt of ARPA grant funding to renovate and refresh Valleywise Community Health Centers-Chandler and Guadalupe. She stated that the Guadalupe community was looking forward to the renovations and **requested additional information related to the landscaping plans.**

Ms. Madhavan provided an overview of the various construction and engineering projects that were occurring or planned throughout Valleywise Health. The \$32.6 million portfolio of projects was funded through various grants, as well as operating capital. She outlined each project, the source of funds, the scope of work and timeline.

Director Harden requested additional information related to the credit union.

Ms. Christiansen stated that staff was recently notified that the credit union project was put on hold.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – August 24, 2022**

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

7. Discuss and Review Engineering and Construction Projects at Valleywise Health, cont.

Ms. Madhavan presented visuals of completed projects and designs for those that had not yet been finished. She outlined the various construction projects planned for Valleywise Behavioral Health Centers-Maryvale and Mesa, announcing the recent receipt of funds to install a sport court for adolescent patients at the Mesa site.

Chairman Wilcox referenced the renovations at Valleywise Behavioral Health Center-Maryvale and was pleased that the outpatient behavioral health services would be offered within the confines of the facility.

Director Gerard noted that behavioral health models did not recommend instituting outpatient services within a hospital setting, as it may be a deterrent for those seeking care.

Mr. Cavallo explained that the Seriously Mentally Ill (SMI) clinics would be located at the Valleywise Behavioral Health Centers-Mesa and Maryvale. Those services were intended for individuals recently discharged from the inpatient facilities and would allow for a seamless continuity of treatment. In the west valley, the First Episode Center was housed within Valleywise Community Health Center-Avondale, a primary care setting. In the east valley, the plan was to offer those services within Valleywise Community Health Center-Mesa.

Ms. Madhavan focused on Valleywise Community Health Centers-Chandler and Guadalupe, highlighting the various projects that were completed, as well as those planned, as a result of numerous grant funds received.

8. Discuss, Review and Approve Valleywise Health's President & Chief Executive Officer's, Steve Purves, Performance Goals for Fiscal Year 2023

This item was not discussed.

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

- a. Monthly Marketing and Communications Report (July 2022)
- b. Monthly Care Reimagined Capital Purchases Report (June and July 2022)
- c. Monthly Valleywise Health Employee Turnover Report (June and July 2022)
- d. Quality Management Council Meeting Minutes (June 2022)
- e. Quarterly Compliance Officer's Activities Report; Valleywise Health's Finance, Audit and Compliance Committee Activities Report
- f. Quarterly Valleywise Community Health Centers Governing Council Structure Report
- g. Quarterly Valleywise Health Foundation's Task Status Report to the Valleywise Health President & Chief Executive Officer
- h. Quarterly Employee Engagement Survey Action Plans
- i. Fiscal Year to Date Operational Dashboard for Valleywise Health's Federally Qualified Health Center Clinics
- j. Semi-Annual Creighton University Arizona Health Education Alliance Report

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – August 24, 2022**

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

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

k. Fiscal Year 2022 Employee Engagement Survey Results

Director Harden addressed item 9.c., the monthly Valleywise Health Employee Turnover report, noting the report previously contained a monthly summary, as well as the 12-month trends. She requested that information be included in the reports moving forward.

She referenced item 9.d., the Quality Management Council meeting minutes, remarking that the physician participants were frequently absent from the meeting. She questioned if steps were being taken to increase the attendance rate of physicians at the meetings.

Dr. White acknowledged the diminishing participation from the physicians and stated efforts were being made to adjust meeting dates and times to accommodate multiple schedules.

Director Harden referenced item 9.j., the semi-annual Creighton University Arizona Health Education Alliance report, commending the accomplishments notated throughout the report.

Vice Chairman Thomas expressed his appreciate for staff's effort to secure grant funding for construction projects throughout the organization. He also referenced item 9.c., highlighting the increasing number of new employees being hired.

Chairman Wilcox requested an elaboration related to the Employee Engagement Survey results and action plans.

Ms. Lara-Willars highlighted item 9.h., the Quarterly Employee Engagement Survey Action Plans, which showcased Ms. Garcia's efforts to improve processes in her areas of responsibility.

She reviewed item 9.k, the Fiscal Year 2022 Employee Engagement Survey Results, stating the participation rate had increased from the prior year. She explained various aspects of the survey, outlined the results, and how those results compared to prior years and other healthcare organizations of similar size. She indicated that the results were favorable for many questions, including employees indicated their intention to remained employed by Valleywise Health for the next 12 months and their likelihood to recommend the organization as a good place to work.

Director Harden asked if employees had been informed of the salary increase that was distributed at the beginning of FY 2023 when the survey was conducted and.

Ms. Lara-Willars said the survey was conducted in late-June through early-July, and the communication related to the salary increase had been distributed. She provided an overview of the areas of opportunities and timeline in place to improve the results.

Vice Chairman Thomas was pleased with the results of the survey; however, he could not correlate the positive feedback with the high turnover rate the organization was currently experiencing.

Ms. Lara-Willars understood how it would be difficult to reconcile the data. However, she noted the turnover rate improved month over month.

Mr. Purves stated that historically Valleywise Health employees were highly engaged, which was why transparent communication was essential to the organization. He said there were several contributing factors for the current challenges related to employee turnover, and multi-faceted plans were in place to improve the results.

Chairman Wilcox acknowledged various industries were the experiencing staffing challenges, not just healthcare.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – August 24, 2022**

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

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

Director Harden asked if leaders were aware of the most recent phenomenon, quiet quitting, and if there were occurrences within the organization.

Ms. Lara-Willars said that staff was aware and were monitoring the impact.

Director Dewane agreed that all industries were experiencing staffing challenges and he stated that the hiring process may need to be reviewed, with expectations being communicated from the very beginning.

Chairman Wilcox recognized Ms. Harding's upcoming retirement from Valleywise Health and expressed her appreciation for the numerous accomplishments achieved during her tenure.

10. Concluding Items

a. Old Business:

June 23, 2021

Reports to the Board – Monthly Employee Turnover Report

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

November 23, 2021

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

June 16, 2022

Fiscal Year 2023 Operating and Capital Budget

- Share results of analysis on whether nutrition and environmental services should remain outsourced with the Board, prior to issuing requests for proposals.

June 22, 2022

Valleywise Health's Behavioral Health Programs and Services

- Hold a celebration for the 6th anniversary of the Assertive Community Team program

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

Mr. Purves acknowledged the Valleywise Health Foundation and the members of Courage Rising, who recently climbed Mount Kilimanjaro to raise funds and bring awareness to the Arizona Burn Center at Valleywise Health. The story was featured on a variety of news outlets, most notably, ABC World News.

Vice Chairman Thomas applauded the individuals honored at the *Phoenix Business Journal's* Healthcare Heroes Awards ceremony and was delighted that Valleywise Health was recognized for its many community contributions. He attended the Assertive Community Treatment 6th Anniversary celebration and commented on staff's dedication to the patients served.

Chairman Wilcox also attended the celebration and echoed the comments.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – August 24, 2022**

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

10. Concluding Items, cont.

Director Harden referenced a request from the June 16, 2022 meeting and requested an update on the analysis related to nutritional and environmental services.

Ms. Christiansen said that the analysis was underway, and the results would be shared with the Board by November 2022.

Chairman Wilcox shared that two of her family members recently receive care at Valleywise Health and she was thankful to all involved in their treatment.

Adjourn

MOTION: Vice Chairman Thomas moved to adjourn the August 24, 2022 Maricopa County Special Health Care District Board of Directors Formal Meeting. Director Dewane seconded.

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

Meeting adjourned at 2:49 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**

September 28, 2022

Item 1.b.i.

**Contracts
90-22-094-1-03**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Friday, September 9, 2022 7:13 AM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment #3 - Increase of ARPA Funds for Valleywise Behavioral Health Center - Maryvale Courtroom Maricopa County (IGA)

CAUTION: External Email. This Email originated outside of Valleywise Health. THINK BEFORE YOU CLICK. It could be a phishing email.

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 - Increase of ARPA Funds for Valleywise Behavioral Health Center - Maryvale Courtroom Maricopa County (IGA)

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

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
90-22-094-1-03 (unsigned).pdf		File	 90-22-094-1-03 (unsigned).pdf

Contract Information

Division Contracts Division

Folder Amendments

Status Pending Approval

Title Amendment #3 - Increase of ARPA Funds for Valleywise Behavioral Health Center - Maryvale Courtroom

Contract Identifier Board - Amendment

Contract Number 90-22-094-1-03

Primary Responsible Party Pardo, Laela N.

Departments

Product/Service Amendment #3 - Increase of ARPA Funds for Valleywise Behavioral Health
Description Center - Maryvale Courtroom

Action/Background Approve Amendment #3 to the Intergovernmental Agreement between Maricopa County and Maricopa County Special Health Care District dba Valleywise Health. This IGA provides ARPA funds for capital expenditures and improvements for behavioral health facilities. This Amendment #3 is to increase the amount of funds by \$183,879.00, resulting in a new total additional funding amount of \$2,848,879.00 to be used for Security and Storefront costs for the Maryvale courtroom project. All other terms and conditions remain the same and in full effect.

This Amendment #3 is sponsored by Warren Whitney, SVP Government Relations.

Evaluation Process

Category IGA

Effective Date

Term End Date

Annual Value \$2,848,879.00

Expense/Revenue Revenue

Budgeted Travel Type

Procurement Number

Primary Vendor Maricopa County (IGA)

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	
Cavallo, Gene A.	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**

September 28, 2022

Item 1.b.ii.

**Contracts
90-16-129-1-04**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Friday, September 9, 2022 7:14 AM
To: Melanie Talbot
Subject: Contract Approval Request: United Healthcare Community Plan (APIPA) United Healthcare Community Plan (fka APIPA)

CAUTION: External Email. This Email originated outside of Valleywise Health. THINK BEFORE YOU CLICK. It could be a phishing email.

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: United Healthcare Community Plan (APIPA)
United Healthcare Community Plan (fka APIPA)
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button below.

Approve/Reject Contract

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

Contract Information

Division Contracts Division
Folder Contracts \ Managed Care/Revenue
Status Pending Approval
Title United Healthcare Community Plan (APIPA)
Contract Identifier Board - Amendment
Contract Number 90-16-129-1-04
Primary Responsible Party Tucker, Collee K.
Departments
Product/Service Description Dental outpatient procedures for APIPA
Action/Background Approve Amendment #4 to contract number 90-16-129-1 between UnitedHealthcare Insurance Company and Maricopa County Special Health Care District dba Valleywise Health for comprehensive outpatient facility dental services.
Evaluation Process This Amendment #4 to contract number 90-16-129-1 between UnitedHealthcare Insurance Company and Maricopa County Special Health Care District DBA Valleywise Health is for the provision of dental services performed in an outpatient operating room setting at Valleywise Health. This Amendment will be effective on October 15, 2022. Either party may terminate the agreement upon 30 days written notice.

Category **Other**

Effective Date 10/15/2022

Term End Date 7/31/2023

Annual Value \$0.00

Expense/Revenue

Budgeted Travel Type

Procurement Number

Primary Vendor **United Healthcare Community Plan (fka APIPA)**

Responses

Member Name	Status	Comments
Tucker, Collee K.	Approved	
Clarke, Renee R.	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**

September 28, 2022

Item 1.b.iii.

**Contracts
MCO-20-029-MSA**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Friday, September 9, 2022 7:13 AM
To: Melanie Talbot
Subject: Contract Approval Request: Dental Benefit Providers, Inc. Agreement Dental Benefit Providers, Inc.

CAUTION: External Email. This Email originated outside of Valleywise Health. THINK BEFORE YOU CLICK. It could be a phishing email.

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: Dental Benefit Providers, Inc. Agreement Dental Benefit Providers, Inc.
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button below.

Approve/Reject Contract

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

Contract Information

Division Contracts Division
Folder Contracts \ Managed Care/Revenue
Status Pending Approval
Title Dental Benefit Providers, Inc. Agreement
Contract Identifier Board - New Contract
Contract Number MCO-20-029-MSA
Primary Responsible Party Tucker, Collee K.
Departments
Product/Service Description Dental
Action/Background Approve a new contract (MCO-20-029-MSA) between Dental Benefit Providers, Inc. and Maricopa County Special Health Care District dba Valleywise Health for comprehensive dental services.
Evaluation Process The purpose of this agreement is to provide comprehensive dental services to plan members of Dental Benefit Providers, Inc. The initial contract term is from October 15, 2022 to September 15, 2023 and may be extended for additional periods up to a maximum contract term of five (5) years from the Effective Date. Either party may terminate the contract upon ninety (90) days written notice.
Category Other

Effective Date 10/15/2022

Term End Date 10/15/2023

Annual Value \$0.00

Expense/Revenue

Budgeted Travel Type

Procurement Number

Primary Vendor Dental Benefit Providers, Inc.

Responses

Member Name	Status	Comments
Tucker, Collee K.	Approved	
Clarke, Renee R.	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**

September 28, 2022

Item 1.b.iv.

**Contracts
C-90-00-312-1-08**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Thursday, September 15, 2022 10:17 AM
To: Melanie Talbot
Subject: Contract Approval Request: Evernorth Behavioral Health, Inc. Amendment 8 Evernorth Behavioral Health, Inc. FKA Cigna Behavioral Health, Inc.

CAUTION: External Email. This Email originated outside of Valleywise Health. THINK BEFORE YOU CLICK. It could be a phishing email.

Do not click links or open attachments unless you recognize the sender and know the content is safe.

Message Information

From [Tucker, Collee](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Evernorth Behavioral Health, Inc. Amendment 8 Evernorth Behavioral Health, Inc. FKA Cigna Behavioral Health, Inc.
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button below.

Approve/Reject Contract

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

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title Evernorth Behavioral Health, Inc. Amendment 8

Contract Identifier
Contract Number C-90-00-312-1-08

Primary Responsible Party Tucker, Collee K.
Departments
Product/Service Description Commercial, Medicare Behavioral Health IP

Action/Background Approve Amendment #8 (C-90-00-312-1-08) to the agreement between Evernorth Behavioral Health, Inc. FKA Cigna Behavioral Health Inc. and Maricopa County Special Health Care District DBA Valleywise Health for behavioral health services.

Evaluation Process This Amendment #8 (C-90-00-312-1-08) to the agreement between Evernorth Behavioral Health, Inc. and Maricopa County Special Health Care District DBA Valleywise Health for behavioral health services updates the entity name from Cigna Behavioral Health, Inc. to Evernorth Behavioral Health, Inc. as well as updates Valleywise Health locations to be included in the contract.

Category **Other**

Effective Date 10/1/2022

Term End Date 8/31/2023

Annual Value \$0.00

Expense/Revenue

Budgeted Travel Type

Procurement Number

Primary Vendor Evernorth Behavioral Health, Inc. FKA Cigna Behavioral Health, Inc.

Responses

Member Name	Status	Comments
Tucker, Collee K.	Approved	
Clarke, Renee R.	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**

September 28, 2022

Item 1.b.v.

**Contracts
90-23-052-1**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Monday, September 12, 2022 9:55 AM
To: Melanie Talbot
Subject: Contract Approval Request: IGA Administration of the Access to Professional Services Initiative (APSI) – Valleywise Health CY23 (IGA# YH23-0051-05-A) AHCCCS

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Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);


Subject Contract Approval Request: IGA Administration of the Access to Professional Services Initiative (APSI) – Valleywise Health CY23 (IGA# YH23-0051-05-A) AHCCCS

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

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
(For Board Signature) YH23-0051-05-A CYE23 APSI Admin IGA_Valleywise for Valleywise - AHCCCS signed.		File	 (For Board Signature) YH23-0051-05-A CYE23 APSI Admin IGA_Valleywise for Valleywise - AHCCCS signed.pdf

Contract Information

Division Contracts Division

Folder Contracts \ Services - Consulting/Auditing & Other

Status Pending Approval

Title IGA Administration of the Access to Professional Services Initiative (APSI) – Valleywise Health CY23 (IGA# YH23-0051-05-A)

Contract Identifier Board - New Contract

Contract Number 90-23-052-1

Primary Responsible Party Melton, Christopher C.

Departments HOSPITAL ADMINISTRATION

Product/Service Description Access to Professional Services Initiative (APSI): AHCCCS has received approval from CMS to provide enhanced support to certain professionals in order to (1) preserve and enhance access to these professionals who deliver essential services to Medicaid recipients in Arizona and (2) support professionals who are critical to professional training and education efforts. APSI is a program to preserve and promote access to medical services through a uniform percentage increase to the Contractor's rates for professional services provided by qualified physicians and non-physician professionals affiliated with designated teaching hospitals. APSI is effective with dates of service on and after October 1, 2022. On or before November 1 of the Contract Year, Valleywise Health shall transfer to AHCCCS the amount of \$201,590 for the administration of the APSI for the Contract Year ending September 30, 2023.

The purpose of this Agreement is to set forth the procedures under which the Public Entity will, at its discretion, transfer public funds for use as the Non-federal Share of expenditures by the administration for the administration of the APSI Payment IGA.

Action/Background Approve an Intergovernmental Agreement ("IGA") with Arizona Health Care Cost Containment System ("AHCCCS") for Valleywise Health to participate in the Access to Professional Services Initiative ("APSI"). This IGA commences when signed by both parties and is eligible for annual renewal by AHCCCS via an amended Attachment A for a future Contract Year and the timely transfer of funds in accordance with any such amended Attachment A.

This new IGA is sponsored by Claire Agnew, EVP & Chief Financial Officer.

Evaluation Process

Category IGA

Effective Date

Term End Date 9/30/2023

Annual Value \$201,590.00

Expense/Revenue Expense

Budgeted Travel Type

Procurement Number

Primary Vendor AHCCCS

Responses

Member Name	Status	Comments
Melton, Christopher C.	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**

September 28, 2022

Item 1.b.vi.

**Contracts
90-23-053-1**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Monday, September 12, 2022 9:57 AM
To: Melanie Talbot
Subject: Contract Approval Request: IGA Support of Access to Professional Services Initiative (APSI) – Valleywise Health CY23 (IGA# YH23-0051-05-S) AHCCCS

CAUTION: External Email. This Email originated outside of Valleywise Health. THINK BEFORE YOU CLICK. It could be a phishing email.

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Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: IGA Support of Access to Professional Services Initiative (APSI) – Valleywise Health CY23 (IGA# YH23-0051-05-S) AHCCCS
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button below.

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
(For Board Signature) YH23-0051-05-S CYE23 APSI Support IGA_Valleywise for Valleywise - AHCCCS signe		File	 (For Board Signature) YH23-0051-05-S CYE23 APSI Support IGA_Valleywise for Valleywise - AHCCCS signed.pdf

Contract Information

Division Contracts Division
Folder Contracts \ Services - Consulting/Auditing & Other
Status Pending Approval
Title IGA Support of Access to Professional Services Initiative (APSI) – Valleywise Health CY23 (IGA# YH23-0051-05-S)
Contract Identifier Board - New Contract
Contract Number 90-23-053-1
Primary Responsible Party Melton, Christopher C.
Departments HOSPITAL ADMINISTRATION
Product/Service Access to Professional Services Initiative (APSI): AHCCCS has received Description approval from CMS to provide enhanced support to certain professionals in

order to (1) preserve and enhance access to these professionals who deliver essential services to Medicaid recipients in Arizona and (2) support professionals who are critical to professional training and education efforts. APSI is a program to preserve and promote access to medical services through a uniform percentage increase to the Contractor's rates for professional services provided by qualified physicians and non-physician professionals affiliated with designated teaching hospitals. APSI is effective with dates of service on and after October 1, 2022. Valleywise Health will provide State match funds in the amount of \$4,300,376 to the State of Arizona in order to receive Federal match funds.

The purpose of this Agreement is to set forth the procedures under which the Public Entity will, at its discretion, transfer public funds for use as the Non-federal Share of expenditures by the administration for the APSI program and payments made by AHCCCS to MCOs for the Contract Year in support of the APSI described in this Agreement.

Action/Background Approve an Intergovernmental Agreement ("IGA") with Arizona Health Care Cost Containment System ("AHCCCS") for Valleywise Health to participate in the Access to Professional Services Initiative ("APSI"). This IGA commences when signed by both parties and is eligible for annual renewal by AHCCCS via an amended Attachment A for a future Contract Year and the timely transfer of funds in accordance with any such amended Attachment A. Contract year is for the period from October 1, 2022 through September 30, 2023.

This new IGA is sponsored by Claire Agnew, EVP & Chief Financial Officer.

Evaluation Process

Category IGA

Effective Date

Term End Date 9/30/2023

Annual Value \$4,300,376.00

Expense/Revenue Expense

Budgeted Travel Type

Procurement Number

Primary Vendor AHCCCS

Responses

Member Name	Status	Comments
Melton, Christopher C.	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**

September 28, 2022

Item 1.b.vii.

**Contracts
90-23-054-1**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Monday, September 12, 2022 9:56 AM
To: Melanie Talbot
Subject: Contract Approval Request: IGA Administration of the Access to Professional Services Initiative (APSI) - Dignity Health CY23 (IGA# YH23-0051-06-A) AHCCCS

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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 Administration of the Access to Professional Services Initiative (APSI) - Dignity Health CY23 (IGA# YH23-0051-06-A) AHCCCS

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

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
(For Board Signature) YH23-0051-06-A CYE23 APSI Admin IGA_Valleywise for Dignity - AHCCCS signed.pdf		File	 (For Board Signature) YH23-0051-06-A CYE23 APSI Admin IGA_Valleywise for Dignity - AHCCCS signed.pdf

Contract Information

Division Contracts Division

Folder Contracts \ Services - Consulting/Auditing & Other

Status Pending Approval

Title IGA Administration of the Access to Professional Services Initiative (APSI) - Dignity Health CY23 (IGA# YH23-0051-06-A)

Contract Identifier Board - New Contract

Contract Number 90-23-054-1

Primary Responsible Party Melton, Christopher C.

Departments HOSPITAL ADMINISTRATION

Product/Service Description Access to Professional Services Initiative (APSI): AHCCCS has received approval from CMS to provide enhanced support to certain professionals in order to (1) preserve and enhance access to these professionals who deliver essential services to Medicaid recipients in Arizona and (2) support professionals who are critical to professional training and education efforts. APSI is a program to preserve and promote access to medical services through a uniform percentage increase to the Contractor's rates for professional services provided by qualified physicians and non-physician professionals affiliated with designated teaching hospitals. APSI is effective with dates of service on and after October 1, 2022. On or before November 1 of the Contract Year, Valleywise Health shall transfer to AHCCCS the amount of \$118,520, on behalf of Dignity Health, for the administration of the APSI for the Contract Year ending September 30, 2023.

The purpose of this Agreement is to set forth the procedures under which the Public Entity will, at its discretion, transfer public funds for use as the Non-federal Share of expenditures by the administration for the administration of the APSI Payment IGA.

Action/Background Approve an Intergovernmental Agreement ("IGA") with Arizona Health Care Cost Containment System ("AHCCCS"), on behalf of Dignity Health, to participate in the Access to Professional Services Initiative ("APSI"). This IGA commences when signed by both parties and is eligible for annual renewal by AHCCCS via an amended Attachment A for a future Contract Year and the timely transfer of funds in accordance with any such amended Attachment A.

This new IGA is sponsored by Claire Agnew, EVP & Chief Financial Officer.

Evaluation Process

Category IGA

Effective Date

Term End Date 9/30/2023

Annual Value \$118,520.00

Expense/Revenue Expense

Budgeted Travel Type

Procurement Number

Primary Vendor AHCCCS

Responses

Member Name	Status	Comments
Melton, Christopher C.	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

September 28, 2022

Item 1.b.viii.

Contracts
90-23-055-1

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Monday, September 12, 2022 9:55 AM
To: Melanie Talbot
Subject: Contract Approval Request: IGA Support of Access to Professional Services Initiative (APSI) - Dignity Health CY23 (IGA#YH23-0051-06-S) AHCCCS

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Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: IGA Support of Access to Professional Services Initiative (APSI) - Dignity Health CY23 (IGA#YH23-0051-06-S) AHCCCS
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button below.

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
(For Board Signature) YH23-0051-06-S CYE23 APSI Support IGA_Valleywise for Dignity - AHCCCS signed.p		File	 (For Board Signature) YH23-0051-06-S CYE23 APSI Support IGA_Valleywise for Dignity - AHCCCS signed.pdf

Contract Information

Division Contracts Division
Folder Contracts \ Services - Consulting/Auditing & Other
Status Pending Approval
Title IGA Support of Access to Professional Services Initiative (APSI) - Dignity Health CY23 (IGA#YH23-0051-06-S)
Contract Identifier Board - New Contract
Contract Number 90-23-055-1
Primary Responsible Party Melton, Christopher C.
Departments HOSPITAL ADMINISTRATION
Product/Service Access to Professional Services Initiative (APSI): AHCCCS has received Description approval from CMS to provide enhanced support to certain professionals in

order to (1) preserve and enhance access to these professionals who deliver essential services to Medicaid recipients in Arizona and (2) support professionals who are critical to professional training and education efforts. APSI is a program to preserve and promote access to medical services through a uniform percentage increase to the Contractor's rates for professional services provided by qualified physicians and non-physician professionals affiliated with designated teaching hospitals. APSI is effective with dates of service on and after October 1, 2022. Valleywise Health will provide State match funds in the amount of \$2,588,410, on behalf of Dignity Health, to the State of Arizona in order to receive Federal match funds.

The purpose of this Agreement is to set forth the procedures under which the Public Entity will, at its discretion, transfer public funds for use as the Non-federal Share of expenditures by the administration for the APSI program and payments made by AHCCCS to MCOs for the Contract Year in support of the APSI described in this Agreement.

Action/Background Approve an Intergovernmental Agreement ("IGA") with Arizona Health Care Cost Containment System ("AHCCCS"), on behalf of Dignity Health, to participate in the Access to Professional Services Initiative ("APSI"). This IGA commences when signed by both parties and is eligible for annual renewal by AHCCCS via an amended Attachment A for a future Contract Year and the timely transfer of funds in accordance with any such amended Attachment A. Contract year is for the period from October 1, 2022 through September 30, 2023.

This new IGA is sponsored by Claire Agnew, EVP & Chief Financial Officer.

Evaluation Process

Category IGA

Effective Date

Term End Date 9/30/2023

Annual Value \$2,588,410.00

Expense/Revenue Expense

Budgeted Travel Type

Procurement Number

Primary Vendor AHCCCS

Responses

Member Name	Status	Comments
Melton, Christopher C.	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**

September 28, 2022

Item 1.b.ix.

**Contracts
90-23-056-1**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Monday, September 12, 2022 9:56 AM
To: Melanie Talbot
Subject: Contract Approval Request: IGA Administration of the Access to Professional Services Initiative (APSI) – Abrazo CY23 (IGA#YH23-0051-04-A) AHCCCS

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Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: IGA Administration of the Access to Professional Services Initiative (APSI) – Abrazo CY23 (IGA#YH23-0051-04-A) AHCCCS
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button below.

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
(For Board Signature) YH23-0051-04-A CYE23 APSI Admin IGA_Valleywise for Abrazo - AHCCCS signed.pdf		File	 (For Board Signature) YH23-0051-04-A CYE23 APSI Admin IGA_Valleywise for Abrazo - AHCCCS signed.pdf

Contract Information

Division Contracts Division
Folder Contracts \ Services - Consulting/Auditing & Other
Status Pending Approval
Title IGA Administration of the Access to Professional Services Initiative (APSI) – Abrazo CY23 (IGA#YH23-0051-04-A)
Contract Identifier Board - New Contract
Contract Number 90-23-056-1
Primary Responsible Party Melton, Christopher C.
Departments HOSPITAL ADMINISTRATION
Product/Service Access to Professional Services Initiative (APSI): AHCCCS has received
Description approval from CMS to provide enhanced support to certain professionals in

order to (1) preserve and enhance access to these professionals who deliver essential services to Medicaid recipients in Arizona and (2) support professionals who are critical to professional training and education efforts. APSI is a program to preserve and promote access to medical services through a uniform percentage increase to the Contractor's rates for professional services provided by qualified physicians and non-physician professionals affiliated with designated teaching hospitals. APSI is effective with dates of service on and after October 1, 2022. On or before November 1 of the Contract Year, Valleywise Health shall transfer to AHCCCS the amount of \$41,530, on behalf of Abrazo, for the administration of the APSI for the Contract Year ending September 30, 2023.

The purpose of this Agreement is to set forth the procedures under which the Public Entity will, at its discretion, transfer public funds for use as the Non-federal Share of expenditures by the administration for the administration of the APSI Payment IGA.

Action/Background Approve an Intergovernmental Agreement ("IGA") with Arizona Health Care Cost Containment System ("AHCCCS"), on behalf of Abrazo, to participate in the Access to Professional Services Initiative ("APSI"). This IGA commences when signed by both parties and is eligible for annual renewal by AHCCCS via an amended Attachment A for a future Contract Year and the timely transfer of funds in accordance with any such amended Attachment A.

This new IGA is sponsored by Claire Agnew, EVP & Chief Financial Officer.

Evaluation Process

Category IGA

Effective Date

Term End Date 9/30/2023

Annual Value \$41,530.00

Expense/Revenue Expense

Budgeted Travel Type

Procurement Number

Primary Vendor AHCCCS

Responses

Member Name	Status	Comments
Melton, Christopher C.	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**

September 28, 2022

Item 1.b.x.

**Contracts
90-23-057-1**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Monday, September 12, 2022 9:56 AM
To: Melanie Talbot
Subject: Contract Approval Request: IGA Support of Access to Professional Services Initiative (APSI) – Abrazo CY23 (IGA#YH23-0051-04-S) AHCCCS

CAUTION: External Email. This Email originated outside of Valleywise Health. THINK BEFORE YOU CLICK. It could be a phishing email.

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 Support of Access to Professional Services Initiative (APSI) – Abrazo CY23 (IGA#YH23-0051-04-S) AHCCCS
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button below.

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
(For Board Signature) YH23-0051-04-S CYE23 APSI Support IGA_Valleywise for Abrazo - AHCCCS signed.pdf		File	 (For Board Signature) YH23-0051-04-S CYE23 APSI Support IGA_Valleywise for Abrazo - AHCCCS signed.pdf

Contract Information

Division Contracts Division
Folder Contracts \ Services - Consulting/Auditing & Other
Status Pending Approval
Title IGA Support of Access to Professional Services Initiative (APSI) – Abrazo CY23 (IGA#YH23-0051-04-S)
Contract Identifier Board - New Contract
Contract Number 90-23-057-1
Primary Responsible Party Melton, Christopher C.
Departments HOSPITAL ADMINISTRATION
Product/Service Access to Professional Services Initiative (APSI): AHCCCS has received Description approval from CMS to provide enhanced support to certain professionals in

order to (1) preserve and enhance access to these professionals who deliver essential services to Medicaid recipients in Arizona and (2) support professionals who are critical to professional training and education efforts. APSI is a program to preserve and promote access to medical services through a uniform percentage increase to the Contractor's rates for professional services provided by qualified physicians and non-physician professionals affiliated with designated teaching hospitals. APSI is effective with dates of service on and after October 1, 2022. Valleywise Health will provide State match funds in the amount of \$1,038,200, on behalf of Abrazo, to the State of Arizona in order to receive Federal match funds.

The purpose of this Agreement is to set forth the procedures under which the Public Entity will, at its discretion, transfer public funds for use as the Non-federal Share of expenditures by the administration for the APSI program and payments made by AHCCCS to MCOs for the Contract Year in support of the APSI described in this Agreement.

Action/Background Approve an Intergovernmental Agreement ("IGA") with Arizona Health Care Cost Containment System ("AHCCCS"), on behalf of Abrazo, to participate in the Access to Professional Services Initiative ("APSI"). This IGA commences when signed by both parties and is eligible for annual renewal by AHCCCS via an amended Attachment A for a future Contract Year and the timely transfer of funds in accordance with any such amended Attachment A. Contract year is for the period from October 1, 2022 through September 30, 2023.

This new IGA is sponsored by Claire Agnew, EVP & Chief Financial Officer.

Evaluation Process

Category IGA

Effective Date

Term End Date 9/30/2023

Annual Value \$1,038,200.00

Expense/Revenue Expense

Budgeted Travel Type

Procurement Number

Primary Vendor AHCCCS

Responses

Member Name	Status	Comments
Melton, Christopher C.	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**

September 28, 2022

Item 1.b.xi.

**Contracts
MCO-20-001-05**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, September 13, 2022 9:00 AM
To: Melanie Talbot
Subject: Contract Approval Request: United Healthcare Core Benefit Plans Amendment United HealthCare

CAUTION: External Email. This Email originated outside of Valleywise Health. THINK BEFORE YOU CLICK. It could be a phishing email.

Do not click links or open attachments unless you recognize the sender and know the content is safe.

Message Information

From [Clarke, Renee](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: United Healthcare Core Benefit Plans Amendment United HealthCare
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button below.

Approve/Reject Contract

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

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title United Healthcare Core Benefit Plans Amendment
Contract Identifier Board - Amendment
Contract Number MCO-20-001-05
Primary Responsible Party Tucker, Collee K.
Departments
Product/Service Description Core Benefit Plans
Action/Background Approve Amendment #5 (MCO-20-001-05) between United Healthcare Insurance Company and Maricopa County Special Health Care District dba Valleywise Health for the provision of comprehensive healthcare services.
Evaluation Process This amendment #5 between United Healthcare Insurance Company and Maricopa County Special Health Care District dba Valleywise Health adds additional benefit plans, Core Benefit Plans. As used here, UnitedHealthcare Core Benefit Plans means commercial narrow network Benefit Plans marketed under a name that includes the word "Core". References to "UnitedHealthcare Core" also apply to any brand name adopted by United in the future to supplement and/or replace "UnitedHealthcare Core."

Category
Effective Date 10/15/2022
Term End Date
Annual Value \$0.00
Expense/Revenue
Budgeted Travel Type
Procurement Number
Primary Vendor United HealthCare

Responses

Member Name	Status	Comments
Agnew, Claire F.	Approved	
Demos, Martin C.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	
Clarke, Renee R.	Approved	



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

September 28, 2022

Item 1.b.xii.

**Contracts
90-12-084-1-60**



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

DATE: September 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 #60

A request for approval of Amendment #60 to the contract between District Medical Group (DMG) and Valleywise Health has been included in the September 28, 2022, Formal Meeting Consent Agenda. This amendment will be effective September 15, 2022, unless otherwise noted. The following requests are segregated by those that have or do not have a financial impact.

Amendment #60 Requests with a Financial Impact

- **Add Radiologist 1.0 FTE to the Service Line, Effective September 15, 2022**
Valleywise Health is requesting to add 1.0 FTE Physician for Diagnostic Radiology to the Service Line at Peoria.

	FTE	Rate	Total	FY23 Total
Radiology-Diagnostic-Peoria	1.00	\$594,131	\$594,131	\$470,354

Fiscal Year 2023 Calculation

Designated Dept. / Service Line	FY2023 Physician and Mid-Level Staffing Fees	FY2023 Estimated Gross Professional Fee Collections	Billing Fee	FY2023 Net Staffing Fees
Radiology-Diagnostic-Peoria	\$470,354	\$208,943	\$18,805	\$280,216

Full Twelve Month Calculation

Designated Dept. / Service Line	Annual Physician and Mid-Level Staffing Fees	Estimated Annual Gross Professional Fee Collections	Billing Fee	Annual Net Staffing Fees
Radiology-Diagnostic-Peoria	\$594,131	\$263,928	\$23,754	\$353,957

The cost to Fiscal Year 2023 for the above FTE is \$470,354 in staffing fees. The gross professional fee collections are estimated to be \$208,943, and the billing fees are estimated to be \$18,805. The estimated net staffing fees for Fiscal Year 2023 are \$280,216.

Amendment #60 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:

- **Revise Maryvale Laboratory Medical Director to Satellite Laboratory Medical Director, Effective July 1, 2022.**
- **Revise Child/Adolescent Psychiatry Teaching Faculty to Child/Adolescent Psychiatry Core Faculty, Effective July 1, 2022.**

	Addition of Radiologist	Revise Maryvale Laboratory Medical Director to Satelite Laboratory Medical Director	Revise Child/Adolescent Psychiatry Teaching Faculty to Core Faculty	Amendment 60 Totals
Total FY2023 Financial Impact	\$280,216	N/A	N/A	\$280,216

The total **Fiscal Year 2023** financial impact of Amendment #60 to the Valleywise Health-DMG Contract is: \$280,216.

The total additional annual cost is estimated to be: \$353,957.

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, September 13, 2022 10:58 AM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment #60 to the Professional Medical Services District Medical Group (DMG)

CAUTION: External Email. This Email originated outside of Valleywise Health. THINK BEFORE YOU CLICK. It could be a phishing email.

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 #60 to the Professional Medical Services District Medical Group (DMG)
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button below.

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
(For Board Review Only) V3.Board Narrative VH-DMG Agreement-Amendment 60-September 2022.pdf		File	 (For Board Review Only) V3.Board Narrative VH-DMG Agreement-Amendment 60-September 2022.pdf

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title Amendment #60 to the Professional Medical Services
Contract Identifier Board - Amendment
Contract Number 90-12-084-1-60
Primary Responsible Party Pardo, Laela N.
Departments
Product/Service Description Amendment #60 to the Professional Medical Services

Action/Background A request for approval of Amendment #60 to the contract between District Medical Group (DMG) and Valleywise Health has been included in the September 28, 2022 Formal Meeting Consent Agenda. This amendment will be effective September 15, 2022, unless otherwise noted. The following requests are segregated by those that have or do not have a financial impact.

Amendment #60 Request with Financial Impact

- Add Radiologist 1.0 FTE to the Service Line, Effective September 15, 2022
Valleywise Health is requesting to add 1.0 FTE Physician for Diagnostic Radiology to the Service Line at Peoria.

The cost to Fiscal Year 2023 for the above FTE is \$470,354 in staffing fees. The gross professional fee collections are estimated to be \$208,943, and the billing fees are estimated to be \$18,805. The estimated net staffing fees for Fiscal Year 2023 are \$280,216.

Amendment #60 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:

- Revise Maryvale Laboratory Medical Director to Satellite Laboratory Medical Director, Effective July 1, 2022.
- Revise Child/Adolescent Psychiatry Teaching Faculty to Child/Adolescent Psychiatry Core Faculty, Effective July 1, 2022.

The total Fiscal Year 2023 financial impact of Amendment #60 to the Valleywise Health-DMG Contract is \$280,216.

The total additional annual cost is estimated to be: \$353,957.

Evaluation Process

Category Other

Effective Date 9/15/2022

Term End Date

Annual Value \$353,957.00

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	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

September 28, 2022

Item 1.b.xiii.

**Contracts
90-19-176-1-05**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Wednesday, September 14, 2022 11:11 AM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment #5 (IGA) Pharmacy Medication Management Arizona Department of Health Services (ADHS)

CAUTION: External Email. This Email originated outside of Valleywise Health. THINK BEFORE YOU CLICK. It could be a phishing email.

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 #5 (IGA) Pharmacy Medication Management Arizona Department of Health Services (ADHS)
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button below.

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
RFBA		File	 RFBA - ADHS Amendment 5.pdf
SAM - Arizona Department of Health Services 2022		File	 SAM - Arizona Department of Health Services 2022.pdf
OIG - Arizona Department of Health Services 2022		File	 OIG - Arizona Department of Health Services 2022.pdf
90-19-176-1-05 (unsigned).pdf		File	 90-19-176-1-05 (unsigned).pdf

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title Amendment #5 (IGA) Pharmacy Medication Management
Contract Identifier Board - Amendment
Contract Number 90-19-176-1-05 (ADHS# CTR050459)
Primary Responsible Party Tymczyna, Katherine

Departments GRANTS ADMINISTRATION

Product/Service Amendment #5 (IGA) Pharmacy Medication Management for the prevention and management of Diabetes and Heart Disease

Action/Background Approve Amendment #5 to the IGA agreement between the Arizona Department of Health Services (ADHS) and Maricopa County Special Health Care District dba Valleywise Health to replace the Scope of Work and Annual Price Sheet and include Exhibit 2, to include requirements for pass-through (sub-recipient) entities. This Amendment #5 for the Sub-award Budget Period from June 30, 2022 through June 29, 2023 is effective upon signatures of all parties.

The ADHS-A1C program implemented at Valleywise Health employs a Pharmacist to promote behavior changes through Medication Therapy Management (MTM) services for patients with A1C>9. This Amendment #5 allows Providers at the Valleywise Health Community Health Centers (CHC) to refer not only refugee patients, but will begin referring non-refugee patients with A1C>9 to the Pharmacy for Medication Management to expand the reach of the Pharmacists working at the CHC.

Pharmacists shall be available for Medication Management one (1) day a week for six (6) hours based on the Refugee Clinic Schedule. Refugee and non-refugee status patients with A1C>9 will be referred to the Pharmacy for Medication Management by either verbal or electronic referral. An additional change includes funding for Community Health Navigators (CHN) to achieve certification as Community Health Workers (CHW).

This agreement is 100% grant funded and allows a maximum of 10% of the current grant award for indirect costs. The anticipated annual revenue for Amendment #5 is \$30,000.00. Both Valleywise Health and ADHS may terminate this IGA at any time with thirty (30) days' notice in writing specifying the termination date.

This Amendment #5 is sponsored by Dr. Michael White, EVP & 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

Term End Date 6/29/2023

Annual Value \$30,000.00

Expense/Revenue Revenue

Budgeted Travel Type

Procurement Number

Primary Vendor Arizona Department of Health Services (ADHS)

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	

Landas, Lito S.	Approved
Demos, Martin C.	Approved
White, Michael	Approved
Agnew, Claire F.	Approved
Purves, Steve A.	Approved
Talbot, Melanie L.	Current
Joiner, Jennifer L.	Approved



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

September 28, 2022

Item 1.c.i.

Governance

**Arizona Hospital and Healthcare Association's
Annual Membership Conference**

2022 AzHHA Annual
Leadership Conference

LEADERSHIP AND RESILIENCY

Bringing healthcare leaders together
for a stronger Arizona

REGISTER

October 19-21, 2022 | Loews Ventana Canyon Resort, Tucson

[HOME](#) > CONFERENCE

About

Join AzHHA at its 2022 Annual Leadership Conference October 19-21, 2022. After two years of putting the conference on pause to focus on the pandemic response, we will meet at the majestic Loews Ventana Canyon in Tucson. The AzHHA Annual Leadership Conference brings together healthcare executives, trustees, thought leaders, legislators and community partners from across the state for two days of education and networking.

Keeping up with the latest developments in healthcare is an integral part of leadership roles. And there's no better forum to do so than at AzHHA's Annual Leadership Conference, at which like-minded professionals come together to learn about challenges and opportunities, discuss issues and build relationships with peers.

Agenda

Wednesday, Oct. 19

- 8:50 a.m. Golf at the Ventana Canyon Golf and Racquet Club - Tee times begin at 8:50 a.m.
- 2 p.m. Sponsor Exhibit Hall Opens
- 2:30-4:30 Registration Open
- 3:00-4:30 Clinical Panel Discussion - in development

Thursday, Oct. 20

- 7:30 a.m. AzHHA Board Breakfast
- 8:00-9:00 AzHHA Board Meeting
- 8:30 Sponsor Exhibit Hall Opens
- 8:30-10:00 Registration Open / Sponsor Networking
- 10:00 Welcome and Opening Session
- 10:15 [How to Lead Teams During Any Crisis, Challenge, or Change](#)
[Mary Kelly, Ph.D., CSP, CDR, US Navy \(ret\)](#)

Friday, Oct. 21

- 7:45 a.m. Sponsor Exhibit Hall Opens
- 7:45-8:45 Breakfast and Roundtable Discussions with Title and Platinum Sponsors
- 9:00 Annual Meeting
- 9:30 General Session: Federal Landscape
- 10:45 [Why Healthcare Leadership Matters](#)
[Thom Mayer, M.D.](#)
- 12:30 p.m. Adjourn / Sponsor Exhibit Hall Closes

[SHARE](#)

3:30-5:00 [Trustee Session - Top 3 External Threats Facing Healthcare Today](#)
Panel session
speakers include:
[Moderator: Jeffery Adler, CEO, iPro Governance Expert:](#)
[Laura Orr, CEO, Forward Hospital and Healthcare Expert:](#)
speaker information coming soon

5:00 Sponsor Exhibit Hall Closes

6:00-7:00 Sponsor Reception by invitation only

11:05 [Cyber Security Preparedness](#)
[John Riggi](#)
[National Advisor for Cybersecurity and Risk, American Hospital Association](#)

12 p.m. Lunch and Salsbury Award Presentation

1:15 [Breakout session: Hospital Finance and Reimbursement](#)
[AHCCCS updates and Social Determinants of Health Closed Loop Referral System](#)
[Kristen Challacombe, AHCCCS](#)
[Melissa Kotrys, Contexture](#)

1:15 Breakout session: Health Equity
Speaker information coming soon

1:15 [Breakout session: Healthcare Workforce The Arizona Wellbeing Collaborative for Health Professionals: Building a Framework for Sustainable Improvement](#)
[Mark Carroll, M.D.](#)
[Jasleen Chhatwal, MBBS, M.D., FAPA](#)

2:15	Breakout session: Hospital Finance and Reimbursement Arizona Market Update from The Hertel Report Jim Hammond, Hertel Report
2:15	Breakout session: Health Equity Health Equity and Maternal Health <i>Speaker information coming soon</i>
2:15	Breakout session: Healthcare Workforce Employer Brand Strategy: A Contemporary Approach to Talent Acquisition and Union Avoidance Jay Kuhns, Vice President, Strategic Planning, IRI Consultants Joe Clees, Founding Shareholder, Ogletree Deakins law firm
3:30	General Session Panel Discussion Hospitals Against Violence Human trafficking: our role in prevention, intervention and survivorship
4:45	Adjourn / Sponsor Exhibit Hall Closes
5:30-7:00	Networking Dinner Reception



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 28, 2022

Item 1.c.ii.

Governance
No Objection Letter



DRAFT

Board of Directors

September 28, 2022

Chairman
Mary Rose Garrido Wilcox
District 5

Ms. Allison Grigg
President
GMFTZ Inc. c/o WESTMARC
6751 N. Sunset Blvd. Suite 210
Glendale, AZ 85305

Valleywise Health Medical Center
2601 East Roosevelt Street
Phoenix, Arizona 85008
Phone: 602-344-1241
Fax: 602-655-9337

RE: Foreign Trade Zone No. 277 – Project Cold Summit, Usage Driven Site at
9600 N. 151st Avenue, Waddell, AZ 85355, “No Objection”

Vice Chairman
J. Woodfin Thomas
District 4

Dear Ms. Grigg:

Valleywise Health Medical Center
2601 East Roosevelt Street
Phoenix, Arizona 85008
Phone: 602-344-1241
Fax: 602-655-9337

The Maricopa County Special Health Care District submits this letter to inform you that the District has no-objection to the proposed Foreign Trade Zone (FTZ) Usage Driven Site for a new cold storage retail warehouse and distribution operation being constructed at 9600 North 151st Avenue, Waddell, AZ 85355 in Maricopa County.

Director
Mary A. Harden, R.N.
District 1

The FTZ Site is approximately 30.97+/- acres. We are aware that as an FTZ activated user the property will be reclassified as a Class 6 property.

Valleywise Health Medical Center
2601 East Roosevelt Street
Phoenix, Arizona 85008
Phone: 602-344-1241
Fax: 602-655-9337

In particular, we understand the resulting tax implications from the proposal, in reclassifying for property tax purposes Project Cold Summit’s real and personal property located at the site referenced above. Thus, the Maricopa County Special Health Care District expresses “no-objection” to the proposed property tax re-classification.

Director
Mark G. Dewane
District 2

Sincerely,

Valleywise Health Medical Center
2601 East Roosevelt Street
Phoenix, Arizona 85008
Phone: 602-344-1241
Fax: 602-655-9337

Director
Susan Gerard
District 3

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

Valleywise Health Medical Center
2601 East Roosevelt Street
Phoenix, Arizona 85008
Phone: 602-344-1241
Fax: 602-655-9337

Chief Governance Officer
and Clerk of the Board
Melanie Talbot
Valleywise Health Medical Center
2601 East Roosevelt Street
Phoenix, Arizona 85008
Phone: 602-344-5177
Fax: 602-655-9337

www.valleywisehealth.org



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 28, 2022

Item 1.c.iii.a.

Governance
Policy 99300 G

Valleywise Health Administrative Policy & Procedure

DRAFT

Effective Date: 08/07

Reviewed Dates:

Revision Dates: 01/09, 03/11, 10/14, 11/16, 10/18, 10/20, 09/22

Policy #: 99300 G – Conduct

Policy Title: Call to the Public: Addressing the Board of Directors at a Meeting

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

Purpose:

The purpose of this policy is to maintain the proper level of decorum during the meeting. The policy applies to all members of the public, ~~including Valleywise Health staff~~, who wish to address the Board of Directors (Board).

Policy:

1. Individuals that wish to address the Board on District business or on any published agenda item must complete and submit a signed Request to Speak form.
2. Only persons recognized by the Chairman ~~shall~~will be permitted to address the Board.
3. All remarks ~~shall~~will be made from the podium or designated location and be addressed to the Board as a body, not to any individual Board member.
4. Rudeness, vulgarity or remarks disrespecting the personal dignity of any individual will not be permitted.
5. Pursuant to A.R.S. § 38-431.01(H), the Board may not discuss items that are not specifically identified on the agenda. Therefore, any action taken as a result of public comment will be limited to responding to criticism, directing staff to review the matter or adding the item to a future agenda.

6. No person ~~shall~~will engage in disorderly conduct such as handclapping, stamping of feet, whistling, using profane language, shouting or other similar demonstrations which may disrupt the Board meeting.
7. All members of the public ~~shall~~will remain silent during a Board meeting. If, after receiving a warning from the Chairman, a person persists in disturbing the meeting, the Chairman may order that person to leave the meeting. If the person does not remove himself or herself, the Chairman ~~may~~will order the Security Officer to remove the person from the meeting.

Procedure:

Any individual or group desiring to address the Board at a Board meeting ~~shall~~must comply with the following procedure:

1. The individual or group must complete and submit a Request to Speak form before the Board Chairman makes a Call to the Public at the beginning of the meeting. Forms are available at the meeting, as well as on the Valleywise Health website. Any form submitted through the website needs to be submitted at least two (2) hours prior to the start of the meeting. Any written materials for the Board must be included with the form. The completed form must include:
 - a. The name of the individual or representative of the group
 - b. A description, with specificity, of the matter to be addressed. If the matter is on the Board's current agenda, include the agenda item number.
2. Individual's comments will be limited to three (3) minutes. Speakers should stay on the subject.
3. A maximum of ten (10) minutes will be set aside for each agenda item on which public comment has been requested.
4. The Board will make reasonable attempts to hear any differing viewpoints.
5. No individual will be permitted to relinquish her/his time to another person.
6. Individuals may not address staff or other members of the public.

Reference: [Form #45556](#) - Board of Directors Request to Speak Form and Procedure

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

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

DEVELOPMENT TEAM(S): Clerk's Office

Policy #: 99300 G – Conduct

Policy Title: Call to the Public: Addressing the Board of Directors at a Meeting

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

Place an X on the right side of applicable description:

New -

Retire -

Reviewed -

Revised with Minor Changes -

Revised with Major Changes -

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

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

Committee: N/A

Committee: N/A

Committee: N/A

Reviewed for HR: N/A

Reviewed for EPIC: N/A

Other: N/A

Other: N/A

Other: N/A



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 28, 2022

Item 1.c.iii.b.

Governance
Form 45556



Board of Directors Request to Speak Form and Procedure

DRAFT

During each meeting, the Board of Directors (Board) conducts a “Call to the Public” (CTP). This is the time when members of the public may address the Board on District business or on a published agenda item. Any individual or group desiring to address the Board of Directors at a Board meeting ~~shall~~must comply with the following procedure:

1. The individual or group must complete and submit a signed Request to Speak form (provided below) before the Chairman makes a Call to the Public at the beginning of the meeting. Any written materials for the Board must be included with the form.
2. All remarks ~~shall~~will be made from the podium or designated location and be addressed to the Board as a body, not to any individual Board member.
3. Individual’s comments will be limited to three (3) minutes. Speakers should stay on the subject.
4. A maximum of ten (10) minutes will be set aside for each agenda item on which the public comment has been requested.
5. The Board will make reasonable attempts to hear any differing viewpoints.
6. No individual will be permitted to relinquish her/his time to another person.
7. Individuals may not address staff or other members of the public.
8. Only persons recognized by the Chairman ~~shall~~will be permitted to address the Board.
9. Rudeness, vulgarity or remarks disrespecting the personal dignity of any individual will not be permitted.

Pursuant to A.R.S. § 38-431.01(H), the Board may not discuss items that are not specifically identified on the agenda. Therefore, any action taken as a result of public comment will be limited to responding to criticism, directing staff to review the matter or adding the item to a future agenda. Board members may respond to criticism.

I have read the “Call to the Public” Procedure above and would like to address the Board. _____
(Signature)*

(Please Print)

* **Name:** _____ **Phone Number:** _____

* **Topic of Remarks/Agenda Item:** _____ **In Favor** **Against** **N/A**

Address: _____ **City** _____ **Zip Code:** _____ **District:** _____

Email: _____

Group/Affiliation: _____

Request forms should be turned into the Clerk before the Chairman makes a Call to the Public at the beginning of the meeting.

* required _____ Revised 10/20



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

September 28, 2022

Item 1.c.iv.

Governance

**Change in Scope – Additional Services
to HRSA Form 5A**



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

Date: September 28, 2022

To: Maricopa County Special Health Care District Board of Directors

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

Subj: Change in Scope (CIS) to Add Additional Services to Form 5A:
Services Provided

Per the Health Resources and Services Administration (HRSA), Health Center Compliance Manual, health centers must request prior approval from HRSA for a “Change in the scope of the objective of the project or program (even if there is no associated budget revision requiring prior written approval).” This prior approval applies to the addition, deletion, or replacement of a services site. These changes require prior approval from HRSA and must be submitted by the Health Center as a formal change in scope (CIS) request.

Staff is requesting approval to submit a CIS request to HRSA to add the following Additional Services to Form 5A: Services Provided:

- Add Behavioral Health Services - Substance Use Disorder Services for the screening, diagnosis, and treatment services for substance use disorders, including medication-assisted treatment (MAT).
- Add Additional Enabling and Supportive Services for services that support access to non-medical, social, educational, and other related services, including chronic disease management for adults. This includes services provided at Family Resource Centers at the following locations:
 - Valleywise Community Health Center – Chandler
 - Valleywise Community Health Center – North Phoenix
 - Valleywise Community Health Center – South Central Phoenix
 - Valleywise Community Health Center – South Phoenix/Laveen
 - Valleywise Community Health Center – West Maryvale
 - Valleywise Comprehensive Health Center – Peoria
 - Valleywise Comprehensive Health Center – Phoenix

In their meeting on September 8, 2022, the Valleywise Community Health Centers' Governing Council approved the submission of this CIS request to add these services to Additional Services to Form 5A: Services Provided.



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

September 28, 2022

Item 1.c.v.

Governance

HRSA SAC Notice of Award No. 2

H80CS33644-04-00



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

Date: September 28, 2022

To: Maricopa County Special Health Care District Board of Directors

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

Subj: Health Resources and Services Administration Service Area
Competition Notice of Award No. 2 H80CS33644-04-00,
Including the New Project Period Dates 9/1/2022-3/31/2025

Staff is requesting that the Board of Directors accept the Health Resources and Services Administration (HRSA) Service Area Competition (SAC) Notice of Award No. 2 H80CS33644-04-00, including new project period dates 9/1/2022-3/31/2025.

The HRSA SAC Notice of Award No. 2 H80CS33644-04-00 was received on July 27, 2022 for the FY 2022 SAC Application approved by the Governing Council and the Board of Directors in their March 2022 meetings. The funding opportunity maintains full FQHC status and supports personnel at Valleywise Health Family Resource Centers.

In their meeting on September 8, 2022, the Governing Council accepted the HRSA SAC Notice of Award No. 2 H80CS33644-04-00, including the new project period dates.

September 28, 2022

Overview of Health Resources & Services Administration(HRSA) Service Area Competition Notice of Award No. 2 H80CS33644-04-00, Including New Project Period Dates

Barbara Harding, SVP Ambulatory Services & CEO FQHC Clinics

Overview of HRSA Service Area Competition Notice of Award No. 2 H80CS33644-04-00

- Notice of Award received: 07/27/2022
- Project Period: 09/01/2022 – 03/31/2025
- Retention of full FQHC status
 - Continue to receive 330 grants funds - \$650,000/year
 - Funding will support personnel at Family Resource Centers
- Ending the HIV Epidemic-Primary Care HIV Prevention (PCHP) supplemental funding will become part of SAC
 - Funding to be determined and continue to fund personnel to support HIV prevention services
- Meet SAC Patient Commitment:
 - 85,683 patients for 279,306 visits



Thank you!



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

September 28, 2022

Item 1.c.vi.

Governance

**HRSA SAC Notice of Award No. 2
H80CS33644-04-00 Prorated Budget**



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

Date: September 28, 2022

To: Maricopa County Special Health Care District Board of Directors

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

Subj: Health Resources and Services Administration Service Area
 Competition Notice of Award No. 2 H80CS33644-04-00
 Prorated Budget for Project Period Dates 9/1/2022-3/31/2023

When staff received Notice of Award No. 2 H80CS33644-04-00 in July 2022 that HRSA approved our Service Area Competition (SAC) Application, we were notified that our project period will change from renewing each September to renewing each April. The annual project periods for this new SAC award cycle are:

- Year 1 – 9/1/2022 to 3/31/2023
- Year 2 – 4/1/2023 to 3/31/2024
- Year 3 – 4/1/2024 to 3/31/2025

HRSA also notified in the Notice of Award No. 2 H80CS33644-04-00 that a third year of FY 2020 Ending the HIV Epidemic-Primary Care HIV Prevention (PCHP) supplemental funding is being provided to align with the new project period beginning April 1, 2023. PCHP supplemental funding will be included as part of the annualized SAC funding beginning April 1, 2023.

We were asked to submit the following prorated budget for Year 1 to reflect the change in the project period dates and include the amount HRSA provided for a third year of FY 2020 PCHP funding.

Prorated Budget for Project Period Dates 9/1/2022 – 3/31/2023	Amount
Year 1 Service Area Competition Program funding	\$379,167
A third year of FY 2020 PCHP funding	\$31,025
Prorated Budget Period Total	\$410,192

In their meeting on September 8, 2022, the Governing Council approved the HRSA SAC Notice of Award No. 2 H80CS33644-04-00 prorated budget for project period dates 9/1/2022-3/31/2023.



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

September 28, 2022

Item 1.c.vii.

Governance

**HRSA Grant Application #HRSA-22-125 –
Fiscal Year 2022 (ARP-UDS+)**



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

Date: September 28, 2022

To: Maricopa County Special Health Care District Board of Directors

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

Subj: Health Resources and Services Administration Grant
Application #HRSA-22-152 American Rescue Plan Uniform
Data System Patient-Level Submission (ARP-UDS+)
Supplemental Funding

On April 20, 2022, HRSA made funds totaling \$82.3 million available to American Rescue Plan Act-funded health centers nationwide to support the Uniform Data System (UDS) Modernization Initiative. The UDS Modernization Initiative requires health centers to report de-identified patient-level data for select Tables on the UDS Report beginning in Calendar Year 2023.

Grant Application #HRSA-22-052 American Rescue Plan Uniform Data System Patient-Level Submission (ARP-UDS+) provided one-time supplemental funding to support the Uniform Data System (UDS) Modernization Initiative. Total: \$60,000.00

Staff is requesting that the Board of Directors approve the HRSA Grant Application #HRSA-22-152 ARP-UDS+ supplemental award for personnel time and data analytics support toward high-quality, patient-level UDS data submissions.

In their meeting on September 8, 2022, the Governing Council approved HRSA Grant Application #HRSA-22-152 ARP-UDS+ supplemental funding.



Application Submitted to HRSA

Submitted to HRSA

**Organization: Maricopa County Special Health Care District,
Phoenix, Arizona**

Grants.gov Tracking Number: N/A

EHB Application Number: 204276

Grant Number: 1 H8FCS41092-01-00

Funding Opportunity Number: HRSA-22-152

Received Date:

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- 1. Application for Federal Assistance (SF-424)**
- 2. Project Abstract Summary**
- 3. Project/Performance Site Location(s)**
- 4. Project Narrative**
- 5. SF-424A: Budget Information - Non-Construction Programs**
- 6. Budget Narrative**
- 7. SF-LLL Disclosure of Lobbying Activities**
- 8. Funding Request**
- 9. UDS+ Activities List**
- 10. Other ARP Activities List**
- 11. Equipment List**

[Skip to Main Content](#)

Application for Federal Assistance SF-424

OMB Approval No. 4040-0004
Expiration Date 8/31/2016

* 1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>
--	--	--	--	---

* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>
--	---

* 5.a Federal Entity Identifier: Application #:204276Grants.Gov # <input type="text"/>	5.b Federal Award Identifier: <input type="text"/> H8FCS41092
--	---

* 6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
---	---

8. Applicant Information: * a. Legal Name <input type="text"/> Maricopa County Special Health Care District	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 86-0830701	* c. Organizational UEI: <input type="text"/> J2RHHVGRH11

d. Address: * Street1: <input type="text"/> 2601 E. ROOSEVELT ST. Street2: <input type="text"/> * City: <input type="text"/> PHOENIX County: <input type="text"/> Maricopa * State: <input type="text"/> AZ Province: <input type="text"/> * Country: <input type="text"/> US: United States * Zip / Postal Code: <input type="text"/> 85008-4973	
--	--

e. Organization Unit: Department Name: <input type="text"/> Division Name: <input type="text"/>	
--	--

f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	<input type="text"/>	* First Name:	<input type="text"/> Barbara
Middle Name: Middle Name:	<input type="text"/> J		
Last Name:	<input type="text"/> Harding		
Suffix:	<input type="text"/>		
Title:	<input type="text"/>		
Organizational Affiliation:	<input type="text"/>		
* Telephone Number:	<input type="text"/> (602) 344-1129	Fax Number:	<input type="text"/> (602) 344-0937
* Email:	<input type="text"/> Barbara.Harding@valleywisehealth.org		

9. Type of Applicant 1: <input checked="" type="checkbox"/> Special District Govern Type of Applicant 2: <input type="text"/> Type of Applicant 3: <input type="text"/> * Other (specify): <input type="text"/>	
---	--

* 10. Name of Federal Agency: <input type="text"/> N/A
--

11. Catalog of Federal Domestic Assistance Number: <input type="text"/> 93.224 CFDA Title: <input type="text"/> Community Health Center

* 12. Funding Opportunity Number: <input type="text"/> HRSA-22-152 * Title: <input type="text"/> Fiscal Year 2022 ARP-U

13. Competition Identification Number:

8867

Title:

Fiscal Year 2022
ARP-UDS+ for H8F

Areas Affected by Project (Cities, Counties, States, etc.):

See Attachment

* 15. Descriptive Title of Applicant's Project:

Health Center Cluster

Project Description:

See Attachment

16. Congressional Districts Of:

* a. Applicant AZ-07

* b. Program/Project AZ-07

Additional Program/Project Congressional Districts:

See Attachment

17. Proposed Project:

* a. Start Date: 4/1/2021

* b. End Date: 3/31/2023

18. Estimated Funding (\$):

* a. Federal \$60,000.00

* b. Applicant \$0.00

* c. State \$0.00

* d. Local \$0.00

* e. Other \$0.00

* f. Program Income \$0.00

* g. TOTAL \$60,000.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent Of Any Federal Debt(If "Yes", provide explanation in attachment.)

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I Agree

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

* Email:

* Signature of Authorized Representative:

* First Name:

Fax Number:

* Date Signed:

Project Abstract Summary

OMB Approval No. 4040-0019

Expiration Date 2/28/2022

This Project Abstract Summary form must be submitted or the application will be considered incomplete. Ensure the Project Abstract field succinctly describes the project in plain language that the public can understand and use without the full proposal. Use 4,000 characters or less. Do not include personally identifiable, sensitive or proprietary information. Refer to Agency instructions for any additional Project Abstract field requirements. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.

Funding Opportunity Number

HRSA-22-152

CFDA(s)

93.224

Applicant Name

Maricopa County Special Health Care District

Descriptive Title of Applicant's Project

Health Center Cluster

Project Abstract

H8FCS41092-01-00

Project/Performance Site Location(s)

OMB Approval No. 4040-0010

Expiration Date 9/30/2016

Project/Performance Site Primary Location

Organization Name:

* Street1:

Street2:

* City:

County:

* State: Province:

* Country * ZIP / Postal Code:

UEI:

Project/ Performance Site Congressional District:

Intentionally left blank

SF-424A: BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0004

Expiration Date 8/31/2016

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity	Catalog of Federal Domestic Assistance Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Community Health Centers	93.224	\$0.00	\$0.00	\$60,000.00	\$0.00	\$60,000.00
Total		\$0.00	\$0.00	\$60,000.00	\$0.00	\$60,000.00

SECTION B - BUDGET CATEGORIES			
Object Class Categories	Federal	Non-Federal	Total
a. Personnel	\$37296.00	\$0.00	\$37296.00
b. Fringe Benefits	\$10704.00	\$0.00	\$10704.00
c. Travel	\$0.00	\$0.00	\$0.00
d. Equipment	\$0.00	\$0.00	\$0.00
e. Supplies	\$0.00	\$0.00	\$0.00
f. Contractual	\$0.00	\$0.00	\$0.00
g. Construction	\$0.00	\$0.00	\$0.00
h. Other	\$0.00	\$0.00	\$0.00
i. Total Direct Charges (sum of a-h)	\$48000.00	\$0.00	\$48000.00
j. Indirect Charges	\$12000.00	\$0.00	\$12000.00
k. TOTALS (sum of i and j)	\$60000.00	\$0.00	\$60000.00

SECTION C - NON-FEDERAL RESOURCES				
Grant Program Function or Activity	Applicant	State	Other Sources	TOTALS
Community Health Centers	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Federal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Non-Federal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

SECTION E - FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	First	Second	Third	Fourth
Community Health Centers	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00

SECTION F - OTHER BUDGET INFORMATION

Direct Charges	No information added.
Indirect Charges	No information added.
Remarks	No information added.

Budget Narrative and Personnel Justification Table - Valleywise Health
H8F UDS Project

Object class category with line item justification	Federal	Non-federal
Personnel		
Information Technology Staff	\$ 37,296.00	\$ -
Total Personnel	\$ 37,296.00	\$ -
Fringe Benefits @ 28.7%		
FICA&MHI @ 7.65%	\$ 2,853.14	\$ -
Health Insurance	\$ 3,205.13	\$ -
Dental	\$ 77.70	\$ -
Retirement - RP Employer expense @ 12.03%	\$ 4,486.71	\$ -
ASRS - Long term disability @ 0.14%	\$ 52.21	\$ -
Other ERE	\$ 29.11	\$ -
Total Fringe Benefits	\$ 10,704.00	\$ -
Total Direct Charges	\$ 48,000.00	\$ -
Indirect Costs @ 25%	\$ 12,000.00	\$ -
Total Indirect Charges	\$ 12,000.00	\$ -
Total of Direct and Indirect	\$ 60,000.00	\$ -

Personnel Justification Table					
Position title	Name	Base salary	Hours	FTE	Federal amount requested
Information Technology Specialist, pay band BID-III	TBD	\$ 99,840.00	777	0.373558	\$ 37,296.00

An existing IT specialist will be assigned to work 777 hours between August 1, 2022 and March 31, 2023 to: 1) decode the current EPIC reports which are aggregate rolling data from the beginning of the calendar year, 2) make an action plan to code for discreet monthly reports with the help of the discovered code, and 3) code reports for as many of the 13 metrics as possible. The thirteen metrics are: BMI, Cervical cancer screening, childhood immunization, colorectal screening, controlling blood pressure, diabetes A1c, IVD aspirin use, clinical depression screening, tobacco use, weight assessment for youth, statin therapy, breast cancer screening, and HIV screening.

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

1. * Type of Federal Action:

- a. contract
- b. grant
- c. cooperative agreement
- d. loan
- e. loan guarantee
- f. loan insurance

2. * Status of Federal Action:

- a. bid/offer/application
- b. initial award
- c. post-award

3. * Report Type:

- a. initial filing
- b. material change

For Material Change

Year

Quarter

Date of Last Report

4. Name and Address of Reporting Entity:

Prime SubAwardee Tier If Known:

*Name

*Street 1

Street 2

* City State

* Zip Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency:

7. * Federal Program Name/Description:

CFDA Number, if applicable:

8. Federal Action Number, if known:

9. Award Amount, if known:

10. a. Name and Address of Lobbying Registrant:

Prefix * First Name

Middle Name

* Last Name

Suffix

* Street 1

* Street 2

* City State

* Zip

b. Individual Performing Services (including address if different from No. 10a)

Prefix * First Name

Middle Name

* Last Name

Suffix

* Street 1

Street 2

* City State

* Zip

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature:

* Name Prefix:

* First Name

Middle Name

* Last Name Suffix
Title: Telephone No.: Date:

Federal Use Only:

Authorized for Local Reproduction
Standard Form - LLL

Funding Request

00204276: Maricopa County Special Health Care District

Due Date: 05/27/2022 (Due In: 3 Days)

Announcement Number: HRSA-22-152

Announcement Name: Fiscal Year 2022 ARP-UDS+ for H8F awardees

Application Type: Revision (Supplemental)

Application Deadline: 05/27/2022

Resources [↗](#)

As of 05/24/2022 04:24:51 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Funding Request

Do you request ARP-UDS+ supplemental funding to support only UDS+ reporting?

Yes
 No

Note: If YES is selected, you will complete the UDS+ Activities list.

Do you request ARP-UDS+ supplemental funding to conduct only other ARP activities?

Yes
 No

Note: If YES is selected, you will complete the Other ARP Activities list.

Do you request ARP-UDS+ supplemental funding to support both UDS+ reporting and other ARP activities?

Yes
 No

Note: If YES is selected, you will complete both the UDS+ Activities list and the Other ARP Activities list.

UDS+ Activities List

00204276: Maricopa County Special Health Care District

Due Date: 05/27/2022 (Due In: 3 Days)

Announcement Number: HRSA-22-152

Announcement Name: Fiscal Year 2022 ARP-UDS+ for H8F awardees

Application Type: Revision (Supplemental)

Application Deadline: 05/27/2022

Resources [↗](#)

As of 05/24/2022 04:24:58 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Improve Health Information Technology (Health IT)

Reporting: Improve data quality, aggregation, and analytic capacity to better facilitate UDS+ reporting.	<input checked="" type="checkbox"/> Yes
Data Integration: Develop data warehousing capabilities to integrate clinical, financial, and/or operational data.	<input type="checkbox"/> Yes
Workflow Design: Develop or modify operational workflows to systematically collect data on social risk factors and other barriers that influence patients' health outcomes and receipt of health care.	<input type="checkbox"/> Yes
Data Collection: Enhance data collection on structural, process, and outcome measures most meaningful to patients.	<input checked="" type="checkbox"/> Yes
FHIR: Develop or modify clinical and operational workflows to implement new health IT, Fast Healthcare Interoperability Resources (FHIR), and UDS+ reporting.	<input type="checkbox"/> Yes
Interoperability Standards: Enhance EHR interoperability and health information exchange with FHIR in order to improve UDS+ reporting and align with national interoperability standards.	<input type="checkbox"/> Yes
EHR Interoperability: Enhance documentation and interoperability of information from patient encounters.	<input type="checkbox"/> Yes
Data Storage: Improve data storage and accessibility through new or expanded server capacity.	<input type="checkbox"/> Yes
Internet Efficiency: Update Internet systems to enhance efficiency (e.g., fiber optics lines, increased Internet bandwidth, new routers).	<input type="checkbox"/> Yes
External Data Sites: Increase connectivity to external data recovery sites that host health centers' health IT systems.	<input type="checkbox"/> Yes
Software: Purchase or upgrade Office of the National Coordinator for Health Information Technology (ONC)-certified technology, including electronic health records (EHRs).	<input type="checkbox"/> Yes
Hardware: Purchase laptop computers, portable devices (e.g., tablets), kiosks, and modular workstation adaptations to improve patient services and engagement, and increase the efficiency and/or quality of patient data retention to improve clinical outcomes.	<input type="checkbox"/> Yes
Other: Provide details	<input type="checkbox"/> Yes
Other: Provide details	<input type="checkbox"/> Yes
Other: Provide details	<input type="checkbox"/> Yes
Other: Provide details	<input type="checkbox"/> Yes
Other: Provide details	<input type="checkbox"/> Yes
Other: Provide details	<input type="checkbox"/> Yes

Recruiting and/or Training Staff

Data Training: Provide staff and/or provider training to support enhanced clinical data entry and extraction.	<input type="checkbox"/> Yes
Software Training: Train providers and staff to implement and optimize use of FHIR, and UDS+ enhancements and equipment.	<input type="checkbox"/> Yes
Workflow Design: Develop or modify clinical and operational workflows to enable improved collection and utilization of clinical quality data.	<input type="checkbox"/> Yes
Staffing: Increase FTE for internal individuals or hire and/or contract external individuals experienced in patient-level data collection and analysis to produce test files for UDS+ reporting.	<input type="checkbox"/> Yes
Other: Provide details	<input type="checkbox"/> Yes
Other: Provide details	<input type="checkbox"/> Yes
Other: Provide details	<input type="checkbox"/> Yes
Other: Provide details	<input type="checkbox"/> Yes
Other: Provide details	<input type="checkbox"/> Yes

 **Other ARP Activities List**

▼ **00204276: Maricopa County Special Health Care District**

Due Date: 05/27/2022 (Due In: 3 Days)

Announcement Number: HRSA-22-152

Announcement Name: Fiscal Year 2022 ARP-UDS+ for H8F awardees

Application Type: Revision (Supplemental)

Application Deadline: 05/27/2022

▼ **Resources** [↗](#)

As of 05/24/2022 04:25:05 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023



Alert:

This form is not applicable to you as you have not selected Yes for ARP-UDS+ supplemental funding to conduct other ARP activities in the Funding Request Form.

Equipment List

▼ 00204276: Maricopa County Special Health Care District

Due Date: 05/27/2022 (Due In: 3 Days)

Announcement Number: HRSA-22-152

Announcement Name: Fiscal Year 2022 ARP-UDS+ for H8F awardees

Application Type: Revision (Supplemental)

Application Deadline: 05/27/2022

▼ **Resources** [↗](#)

As of 05/24/2022 04:25:13 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

List of Equipment

Type	Description	Unit Price	Quantity	Total Price
------	-------------	------------	----------	-------------

No equipment added.



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

September 28, 2022

Item 1.c.viii.

Governance

**HRSA Notice of Award No. 3 H8FCS41092-01-
01 – Fiscal Year 2022 (ARP-UDS+)**



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

Date: September 28, 2022

To: Maricopa County Special Health Care District Board of Directors

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

Subj: Health Resources and Services Administration Notice of Award
No. 3 H8FCS41092-01-01 FY 2022 American Rescue Plan
Uniform Data System Patient-Level Submission (ARP-UDS+)
Supplemental Funding

Staff is requesting that the Board of Directors accept the HRSA Notice of Award No. 3 H8FCS41092-01-01 FY 2022 American Rescue Plan Uniform Data System Patient-Level Submission (ARP-UDS+) supplemental funding. Total: \$65,500.00

HRSA awarded more than what was available to apply for as outlined in the Grant Application #HRSA-152-22. Total: \$60,000.00

In their meeting on September 8, 2022, the Governing Council accepted the HRSA Notice of Award No. 3 H8FCS41092-01-01 FY 2022 ARP-UDS+ supplemental funding award totaling \$65,500.00.

September 28, 2022

Health Resources & Services
Administration (HRSA) Notice of
Award No. 3 H8FCS41092-01-
01 FY 2022 American Rescue
Plan Uniform Data System
Patient-Level Submission (ARP-
UDS+) Supplemental Funding

Barbara Harding, Senior VP Ambulatory Services
& CEO FQHC Clinics

HRSA FY 2022 ARP-UDS+ Grant Summary

Grant Name	Grant Number	Funded Amount	Budgeted Period	End Date
FY 2022 American Rescue Plan Uniform Data System Patient-Level Submission (ARP-UDS+) Supplemental Funding	3 H8FCS41092-01-01	\$65,500	08/01/22 - 03/31/22	3/31/22

FY 2022 ARP-UDS+ Supplemental Funding will support the UDS Modernization Initiative requiring health centers to replace existing patient-oriented Tables on the UDS Report with patient-level data beginning Calendar Year 2023.

This enhancement will help health centers identify, measure, and investigate disparities in health care use and outcomes and support participation in critical population health activities during public health emergencies

Proposed expenditures include personnel time to prepare for and support the data collection changes to patient-oriented Tables the UDS Report required beginning in Calendar Year 2023.



Thank you!



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 28, 2022

Item 1.c.ix.

Governance

Creighton University Arizona Health
Education Alliance Agreement

**AMENDED AND RESTATED
CREIGHTON UNIVERSITY ARIZONA HEALTH EDUCATION ALLIANCE
AGREEMENT**

This Amended and Restated Creighton University Arizona Health Education Alliance Agreement (“Agreement”) is effective as of _____, 2022, and is entered into by and among (i) ST. JOSEPH’S HOSPITAL AND MEDICAL CENTER, located at 350 West Thomas Road, Phoenix, Arizona 85012 (“St. Joseph’s”), and DIGNITY HEALTH MEDICAL GROUP (“Dignity Health Physicians”), each a d/b/a of Dignity Health, a California nonprofit public benefit corporation; (ii) DISTRICT MEDICAL GROUP, INC., an Arizona nonprofit corporation (“DMG”), located at 2929 East Thomas Road, Phoenix, Arizona 85016; (iii) CREIGHTON UNIVERSITY, a Nebraska nonprofit corporation located at 2500 California Plaza, Omaha, Nebraska 68178 (“Creighton”); (iv) MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT d/b/a VALLEYWISE HEALTH (“Valleywise”), a political subdivision of the State of Arizona, located at 2601 East Roosevelt Street, Phoenix, Arizona 85008; and (v) CREIGHTON UNIVERSITY ARIZONA HEALTH EDUCATION ALLIANCE, an Arizona nonprofit corporation, located at 3100 North Central Avenue, 7th Floor, Phoenix, Arizona 85012 (“Alliance”). In this Agreement, St. Joseph’s, Dignity Health Physicians, DMG, Creighton, Valleywise, and the Alliance may be referred to individually as a “Party” and may be referred to collectively as the “Parties.”

RECITALS

WHEREAS, the Parties other than the Alliance entered into the Creighton University Arizona Health Education Alliance Agreement (the “Prior Agreement”) dated as of September 1, 2017 (the “Effective Date”); and

WHEREAS, the Parties with their exceptional and demonstrated track records, reputations, and proven expertise in operating academic medical centers, teaching hospitals, medical schools, medical training, and health care delivery systems, continue to seek to collaborate in order to be at the forefront of advanced medical education, research, and training new generations of physicians, nurses, and allied health professionals, all of which will improve the health outcomes of our community, state, and nation; and

WHEREAS, the Parties recognize that their closely aligned missions and core values permit and further this collaboration and will continue to combine the best and brightest collective leadership roles in attracting top-caliber academicians, faculty and students, expanding health care and medical education and training programs, developing joint research institutes, and collectively being a greater advocate for medical education funding; and

WHEREAS, the Parties have a long history and interest in clinical care, research, medical and health care education, Graduate Medical Education (“GME”) such that the Parties’ collaboration will continue to improve upon and expand the Parties’ current medical and health care academic programs and their GME programs, and serve the population of the State of Arizona; and

WHEREAS, the Parties wish to amend and restate the Prior Agreement to add the Alliance as a Party, and to reflect their experiences over the past four years, following the opening of Creighton's Phoenix medical school campus;

NOW THEREFORE, the Parties agree as follows:

I. DEFINITIONS

The following defined terms refer to terms used in the Agreement and terms discussed below.

- A. Accrediting Agencies. Various organizations that provide national and regional standards for degree-granting institutions. The following organizations have oversight of Alliance academic Programs:
1. ACGME. The Accreditation Council for Graduate Medical Education, which provides a single and uniform graduate medical education system throughout the United States.
 2. ACOTE. Accreditation Council for Occupational Therapy Education.
 3. ACPE. The Accreditation Council for Pharmacy Education.
 4. AOA. The American Osteopathic Association, in its role as the accrediting entity.
 5. ARC-PA. Accreditation Review Commission on Education for the Physician Assistant.
 6. CAPTE. The Commission on Accreditation in Physical Therapy Education.
 7. CCNE. The Commission on Collegiate Nursing Education provides accreditation for various degrees: Bachelor of Science (BSN), Master of Science (MSN), and Doctor of Nursing Practice (DNP).
 8. CPME. Council on Podiatric Medical Education.
 9. HLC. The Higher Learning Commission provides accreditation and pre-accreditation of degree-granting institutions of higher education in numerous states including Arizona and Nebraska.
 10. LCME. The Liaison Committee on Medical Education, an accrediting agency that accredits medical education programs that lead to the M.D. degree in the United States and Canada.

11. Non-listed Accrediting Bodies. From time to time, the Alliance will engage in the training and education of Healthcare Learners whose accrediting bodies are not listed above, and in such situations, this Agreement will be amended to reflect the name of such entities.
- B. Affiliate Members. Members of the Alliance who actively participate in the Alliance (i.e., provide input in key decisions and have financial obligations) and which may have voting rights described herein, but are not Core Members. The original Affiliate Member is Dignity Health Physicians.
- C. Alliance Board or Board. A multi-member institutional entity made up of representatives of Core Members and Affiliate Members that serves as the governing entity of the Alliance.
- D. Alliance GEC. The Phoenix Graduate Education Committee, a subcommittee of the Creighton University Executive GEC.

If Creighton separates sponsorship of its Phoenix area residency programs from its Omaha area residency programs, then references to the Alliance GEC shall mean the Phoenix Area Graduate Medical Education Committee, or Alliance GMEC, as a separate committee and not a subcommittee of the Creighton GEC.

- E. Alliance Institutions. The Alliance Institutions are St. Joseph's and Valleywise (each, a "Hospital" and collectively, the "Hospitals"), and as appropriate, other outpatient facilities and offices operated by Alliance-affiliated entities.
- F. Associate Members. Members of the Alliance who do not actively participate in oversight or operations of the Alliance, and do not have voting rights, but participate in education or research programs and/or have a relationship with Core or Affiliate Members.
- G. Clinical Chair. Academic Chairs or Department Chairs of Creighton, or a faculty physician designated by a Member, with responsibility to manage daily activities of residents, fellows, and faculty within a designated specialty or department.
- H. Clinical Faculty. Health professionals employed or otherwise engaged by a Member to teach and supervise Healthcare Learners, primarily in a clinical setting.
- I. Core Members. Members of the Alliance who are founding members or subsequently admitted as Core Members upon unanimous approval of the current Alliance Core Board Members, under Section V.G of this Agreement, with key decision-making power regarding governance and management functions and who fulfill a majority of the financial obligations for the Alliance. The founding Members, and thus the initial Core Members, are Creighton, DMG, Valleywise, and St. Joseph's.

- J. Credit. The amount owed to a Core Member by the Alliance when a Core Member has paid more than was required under its Installment Payment Amount obligation.
- K. Creighton University Executive GEC. The Creighton University Executive Graduate Education Committee (the “Creighton GEC”) will provide overall oversight of all GME programs sponsored by Creighton and all Alliance Programs as described in this Agreement. The Creighton GEC is chaired by the Creighton University DIO, and includes the Alliance DIO, a program director from each of Creighton, Valleywise, and St. Joseph’s; one peer-selected resident/fellow from among the ACGME-accredited programs at Creighton, Valleywise, and St. Joseph’s; and the hospital Chief Medical Officer or other physician executive from each of CHI Health Creighton University Medical Center-Bergan Mercy, Valleywise, and St. Joseph’s who will serve as the quality improvement or patient safety officer from each hospital for purposes of this Agreement. Other members of the Creighton University Executive GEC may be added as needed by Creighton with input from the Core Members.

If Creighton separates sponsorship of its Phoenix area residency programs from its Omaha area residency programs, the Parties agree that subject to Alliance Board approval, the reporting structure described in this Section 1.K shall be revised to reflect that change, and references in this Agreement to the Creighton GEC and the Alliance GEC both shall mean the separate Alliance GMEC.

- L. Deficit. The amount owed by a Core Member to the Alliance when a Core Member has paid less than was required under its Installment Payment Amount obligation.
- M. DIO. The Designated Institutional Officer is the individual who, in collaboration with the Alliance GEC, has the authority and responsibility for the oversight and administration of each sponsoring institution’s ACGME-accredited programs, as well as for ensuring compliance with the ACGME Institutional, Common, and specialty/subspecialty-specific program requirements.

Creighton will employ or otherwise engage for the services of an Assistant or Associate Dean for Graduate Medical Education, who will serve as the DIO of Creighton’s Phoenix area residency programs. The DIO shall work with the Creighton officials designated by Creighton for accreditation and resident education and performance matters and with the Alliance’s Executive Director for operational matters. Creighton shall consult with the Alliance Board in selection, retention, and replacement of the DIO. The title of the Dean and reporting relationships may change if the separation of the Alliance GEC occurs.

- N. Disputes. Disagreements or controversies arising out of the formation, performance, or alleged breach of this Agreement.
- O. Fiscal Year or Academic Year. The period from July 1 to June 30 of the following calendar year.

- P. GME. Graduate Medical Education, which includes resident and fellowship training that allows physicians to specialize and learn to practice independently.
- Q. GME Expenses. Agreed-upon categories of expenses directly attributable to GME, which are salaries and benefits, purchased services, insurance, and operating expenses, as determined from time to time by the Finance Committee.
- R. GME Programs. Graduate Medical Education programs sponsored by Creighton for residents and fellows in the Phoenix area.
- S. Healthcare Learners. Medical students, residents, fellows, nurses and nursing students, and all others enrolled in an academic Program that is operated by or affiliated with the Alliance.
- T. Hospital. Alliance Institutions and Alliance-affiliated entities that include inpatient and outpatient facilities and offices.
- U. Installment Payment Amount. The amount each Core Member must pay annually representing its share of Alliance expenses. The amount and timing of payment, and reconciliation of any Credit or Deficit, will be determined by the annual budget adopted by the Alliance Board.
- V. Major Participating Site. A participating site approved by the relevant review committee to which all residents in at least one Program rotate for a required educational experience, and for which a master affiliation agreement must be in place. To be designated as a Major Participating Site in a two-year Program, all residents must spend at least four months in a single required rotation or a combination of required rotations across both years of the program. In Programs of three years or longer, all residents must spend at least six months in a single required rotation or a combination of required rotations across all years of the Program. The term “Major Participating Site” does not apply to sites providing required rotations in one-year Programs.
- W. Member. For purposes of this Agreement, Core, Affiliate, or Associate Alliance Members may be individually referred to as a “Member” and collectively referred to as “Members.” The Alliance, while a Party to this Agreement, is not a Member of the Alliance. In addition, while St. Joseph’s and Dignity Health Physicians are part of Dignity Health, a California nonprofit public benefit corporation (“Dignity Health”), Dignity Health itself is not a Member nor a Party to this Agreement. Only St. Joseph’s and Dignity Health Physicians are Members of the Alliance and Parties to this Agreement.
- X. Program. A structured educational or training experience in medical education, including graduate medical education, designed to conform to the ACGME program requirements of a particular specialty/subspecialty, as well as other

regulatory or oversight entities' requirements, the satisfactory completion of which may result in eligibility for professional certification, including board certification. An "Alliance Program" is a Program administered through the Alliance.

- Y. PLA. The Program Letter of Agreement is a written document that addresses GME responsibilities between an individual accredited program and a site other than the sponsoring institution at which residents receive a required part of their education.
- Z. Program Director. A member of the faculty for an Alliance Program who is appointed by the Creighton University Executive GEC to oversee the Alliance Program and fulfill the responsibilities specified by the ACGME or other applicable Accrediting Agencies.
- AA. Quorum. A simple majority (50% + 1) of the then-serving membership of the Alliance Board or any committee of the Board.
- BB. Right of First Offer. A contractual obligation of the owner of an asset to the holder of the right to negotiate the sale of an asset with that rights holder before offering the asset for sale to third parties, as provided in Section IV.H and IV.I.
- CC. Right of First Refusal. A potential buyer's contractual right to meet the terms of a third party's highest offer. Should Creighton seek to develop academically focused affiliations and partnerships with other entities within Arizona, the Alliance will hold right of first refusal.
- DD. Supermajority. Seventy-five percent (75%) of all Board directors present and voting on a particular action.

II. PURPOSE AND OVERVIEW

- A. The purpose of this Agreement is to set out the framework for collaboration among the Parties that will enable the Parties to leverage their own expertise and resources to facilitate their shared interests in collaboration across multiple disciplines of health science, clinical learning environment, research, and teaching medical students, residents, fellows, nurses, allied health, and related health professionals.
- B. This Agreement is based upon a mutually agreed goal to improve and expand academic and clinical education Programs in medicine, nursing, pharmacy, and allied health through the Alliance. This Agreement has provided and will continue to provide for, among other things, joint governance and operation of the Programs conducted under the Alliance.
- C. With the exception of health education programs sponsored by St. Joseph's at its Barrow Neurological Institute, such as Neurology, Neuroradiology and Neurosurgery and directly related subspecialty programs as listed in Schedule 1 (collectively, "BNI Programs"), and the Phoenix Children's Hospital/Maricopa

Medical Center Pediatric Residency Program (the “Valleywise PCH Program”), the Alliance intends to direct and coordinate clinical training activities among the Members for Programs conducted under the Alliance. This includes clinical rotations at Member and non-Member institutions and any Alliance Program Healthcare Learners who seek clinical training at Alliance clinical training sites. The Alliance will include coordination of its Members for non-sponsored Programs as well. One goal of the Alliance is to develop high quality academic health education Programs that produce top clinical health care professionals trained in quality and safety to improve health outcomes, increase access to health care and meet the needs of Arizona’s patient population. If necessary, the Alliance will develop a transition plan for any other Program that the Alliance wants to sponsor or coordinate in the future, which may include the following categories of Programs: GME, medical student education, nursing education, dentistry, physical therapy, occupational therapy, and pharmacy.

- D. Another goal of the Alliance is to build a robust academic health care enterprise within Arizona and the Greater Phoenix region that attracts top caliber academicians and faculty and results in an increase in the number of learners trained in Arizona.
- E. The Alliance will explore opportunities to (i) develop joint research institutes, whose focus is on scholarly activities of health professions students and which is a non-binding commitment contingent upon separate written agreement among participating Members and, if applicable, third parties; and (ii) as agreed to from time to time, collectively be a greater advocacy voice for health education funding. A current organizational chart of the Alliance, and a proposed future organizational chart reflecting separation of Phoenix area sponsorship, are attached as Exhibit A.
- F. The Alliance will support the Creighton Phoenix Health Sciences Campus (“Creighton Phoenix”) by coordinating training programs, and clinical training opportunities described in Section II.G below as provided in this Agreement. This commitment is contingent upon (i) approval of the Creighton Board of Trustees, various accrediting bodies, and agencies of the State of Arizona; and (ii) approval of each Member or its governing authority, as applicable, for any commitment of funding, fundraising, physical, or human (including faculty) resources to develop or operate such training programs and training opportunities.
- G. Alliance Core Members agree to provide, within their institutional and capacity limits, Creighton health professions students with ample clinical training opportunities to support the development of Arizona campus academic programs.
- H. Creighton has received approval from the ACGME to sponsor residency and fellowship programs.

- I. Subject to the agreement of the Parties, Creighton shall sponsor new or expanded programs, in nursing, pharmacy, occupational therapy, physical therapy, medicine, and various medical specialties and sub-specialties.
- J. Each Party will appoint appropriate representatives to facilitate the planning, preparation, and implementation, operations, and oversight of the activities within the framework of this Agreement. Meetings will be convened at a venue and time agreed upon between the Parties, and each Party shall be responsible for its own expenses incurred in sending representatives to these meetings.
- K. This Agreement describes the terms upon which the Parties intend to cooperate. All activities undertaken pursuant to the Agreement are subject to the availability and, in some cases, governing body approval of personnel, resources, and appropriated funds. This Agreement does not affect or supersede any existing or future agreements or arrangements among the Parties and does not affect the ability of the Parties to enter into other training agreements or arrangements related to this Agreement.

III. GENERAL MATTERS

A. Independence of Parties.

- 1. Each Party will retain responsibility for managing its own operations and related policies, processes, and organizational procedures, arrangements, regulatory/accreditation compliance, and resource deployments.
- 2. Each Party will retain responsibility for its own financial condition and maintain separate Boards of Directors, and fiduciary responsibilities for each Party shall remain with the Party's Board of Directors or other governing authority.
- 3. Each Party will maintain their respective financial activities, including budgets, operating statements, capital funding, working capital requirements, etc.
- 4. Each Party will maintain current financial commitments for their individually hosted programs until those programs transition into the Alliance.

B. Religious Directives.

The Parties acknowledge that Creighton, St. Joseph's, and Dignity Health Physicians are governed by certain religious directives related to their Jesuit and Catholic mission and values. Any service or activity operated or sponsored by Creighton, St. Joseph's, and Dignity Health Physicians covered under this Agreement must align with these directives if it takes place at a Creighton, St. Joseph's, or Dignity Health Physicians facility.

IV. EXCLUSIVITY, FLEXIBILITY, AND RIGHT OF FIRST OFFER

- A. Except as otherwise provided in this Agreement for the BNI Programs and the Valleywise PCH Program, Creighton will serve as the exclusive sponsoring and accrediting institution for all health professions education programs conducted under the Alliance pursuant to this Agreement and that are hosted at Member organizations of the Alliance. The Core Members agree not to enter into new academic relationships in the Phoenix market without Creighton's approval, not to be unreasonably withheld, delayed, or conditioned. Notwithstanding the above, health care educational programs hosted by a Core Member where the Core Member has a contractual relationship with a third-party entity that was effective as of July 1, 2022, as listed on Exhibit B (each, a "Pre-Existing Core Member Program") may remain with the Core Member. Each Core Member with a Pre-Existing Core Member Program shall provide information regarding all such programs in which the Core Member participates with any other Core Member periodically on request.
- B. Alliance Members seek to include as many Programs as possible under the Alliance to benefit from the Members' shared resources. Programs currently in existence that are hosted or sponsored by an Alliance Core Member will be reviewed according to a transition review process developed by the Alliance Board. As appropriate, Programs will be assigned or transferred to the Alliance according to a timeline that is agreed upon by the sponsoring or hosting Core Member and the Alliance Board. Should a Core Member seek to enter into a new Program with a third-party entity, the Alliance shall hold a right of first refusal with respect to such third-party Program. If the Alliance does not provide programmatic resources necessary for the third-party Program within a reasonable time as agreed by the Alliance Board and the Core Member, not to exceed one hundred twenty (120) days, the requesting Core Member may implement the third-party Program. The Alliance's right of first refusal does not extend to Pre-Existing Core Member Programs or to Programs jointly shared with Creighton and another academic institution, which shall require Alliance Board approval.
- C. With the exception of BNI Programs and the Valleywise PCH Program, during the term of the Alliance, Core Members will not seek to establish or sponsor any ACGME-accredited GME training or other ACGME-accredited education programs within the Phoenix market outside the Alliance without the approval of the Alliance Board.

St. Joseph's will continue to operate the BNI Programs under separate ACGME institutional sponsorship maintained by or through St. Joseph's.

Valleywise will continue to operate the Valleywise PCH Program under separate ACGME institutional sponsorship maintained by or through Phoenix Children's Hospital.

- D. Should Creighton seek to develop primarily academically-focused affiliations for Healthcare Learners with other entities within Arizona, the Alliance shall hold right of first refusal; however, the commitment by the Alliance to provide a comparable level of programmatic resources must be provided within a reasonable time frame as agreed upon by the Alliance, which is not to exceed one hundred twenty (120) days, and provided, further, the Alliance's right of first refusal does not extend to Creighton faculty affiliations.
- E. St. Joseph's, Valleywise, and DMG agree that all rotations for Healthcare Learners from programs conducted under the Alliance into their "collective" learning environment will be administered through the Alliance to ensure a single point of contact and coordination. St. Joseph's, Valleywise and DMG will each retain, however, the individual ability to define the number and types of Healthcare Learners that they are willing to accept from any given institution for a given academic year.
- F. Alliance Members will afford primary access to core (required) and elective training opportunities for all Creighton health professions students expected in Phoenix each year as their primary or rotational learning site.
- G. Alliance Members shall maintain a transparent relationship concerning potential academic affiliations with other entities offering services/relationships that may be perceived as competitive to the Alliance, subject to the terms of any commercially reasonable written commitment or other legal obligation of confidentiality or non-disclosure.
- H. If any Core Member is approached about another academic affiliation or new academic program within the Phoenix market, or if any Core Member has an interest in creating new educational programs, it shall inform Creighton by notice as provided in this Agreement. Creighton shall have a Right of First Offer.
- I. After a Core Member provides Creighton Notice of a Right of First Offer, Creighton shall have forty-five (45) days to review the Notice. If at the end of the forty-five (45) day period, Creighton rejects the offer, the Core Member making the offer may proceed with the proposed affiliation or academic program.

V. GOVERNANCE

- A. Overview. The Alliance will be governed through a Board of Directors ("Board" or "Alliance Board") consisting of representatives of the Core Members and the original Affiliate Member, serving as the governing body of the Alliance. The Alliance may choose to admit additional Affiliate Members, but each Affiliate Member, including the original Affiliate Member, will only have voting rights if granted by unanimous approval of the Core Members, which decision the Core Members, if unanimous, may revisit or revise at any time. The Alliance, through

the Alliance Board and its Board committees, will develop a strategic plan, provide operational oversight, strategic direction, and ensure excellence in the clinical learning environment. The Core Members at all times shall have equal representation on the Board, and no Core Member may have its relative voting power on the Board increased, decreased, or changed without the consent of all Core Members.

- B. Board of Directors. The Alliance shall be governed by the Board.
- C. Board: Number and Makeup. The Board shall consist of not less than eight (8) nor more than twelve (12) Directors. The Board shall be constituted as follows:
1. Each Core Member will be represented by an equal number of voting Directors (each, an “Alliance Core Board Member” and collectively the “Alliance Core Board Members”).
 2. Each Affiliate Member may appoint one (1) Director. The Affiliate Member Director will only have voting rights if the Affiliate Member is granted voting rights with the consent of all the Core Members as set forth in Section V.A above. Otherwise, Affiliate Member Directors are non-voting Directors.
 3. Other Non-voting Directors may be appointed at the discretion of the Alliance Board.
 4. Directors appointed by each Core Member are expected to vote together, and each Director appointed by a Core Member may act as the proxy for any other Director appointed by the Core Member, if not present at a Board meeting, without the need for a formal written proxy.
- D. Term of Office. Term of office for a Director is three (3) years. Incumbent Directors shall be eligible for reappointment and the number of terms a person may serve as a Director is not limited. In the event a Director ceases to serve for any reason, the appointing Member shall appoint a replacement Director.
- E. Purpose and General Authority of the Board. The purpose of the Alliance Board is to establish, implement, and enforce organizational policies and procedures for maintaining effective, comprehensive, and high-quality medical education programs in the Alliance. The general authority of the Board shall include but not be limited to:
1. Set Alliance strategy and monitor execution.
 2. Review and approve committee recommendations.
 3. Determine the start date and membership of each Board committees.

4. Evaluate and approve external affiliations and new partnership opportunities.
5. Recommend and endorse Alliance personnel decisions unrelated to GEC program leadership decisions.
6. Develop and approve Alliance policies and procedures.
7. Monitor Alliance and program performance.
8. Approve the solicitation or expenditure of Alliance funds.
9. Resolve Alliance and related medical and health education program problems.
10. Review and approve the Alliance funds flow methodology and funding amounts, including assuring adequate financial support for all Alliance functions.
11. Establishing and supporting committees and plans as appropriate to ensure the success of all Programs as well as to ensure adequate clinical teaching opportunities sufficient to support those Programs, subject to approval by the Board.
12. To the extent required, oversee the transition of Core Members' staff who provided support to any Program, training, or educational Program to the Alliance.
13. Review annually the distribution of residents among the teaching institutions in Arizona.

F. Powers: Delegation. Unless otherwise required through powers reserved to the Board or Core Members, or as otherwise provided herein, the Board may delegate such authority and responsibility to the Alliance Executive Director appointed pursuant to Article VI below and other agents and/or committees of the Alliance as it deems appropriate in its discretion. The Alliance Board shall have the power to adopt resolutions and engage in such activities as are necessary to effectuate the purposes of the Alliance. The Board is also empowered to appoint committees for the purpose of assisting it in effectuating the purposes of the Alliance. Unless otherwise required herein, or by Accrediting Agencies, or by the resolution creating such committees, members of such committees need not be officers or Directors of the Alliance Board.

1. Notwithstanding anything stated herein to the contrary, Board approval shall be required prior to the entry into any training and educational

agreement, course of conduct, or other activity, the effect of which is to bind the Alliance in any manner with respect to the following actions:

- a. The expansion or reduction in the residencies and fellowships, or number of residents and/or fellows included in the residencies and fellowships in Programs sponsored by the Alliance;
- b. The acquisition, sale, transfer, assignment, lease, mortgage or encumbrance of any buildings or parcel of real estate;
- c. The acquisition, sale, transfer, assignment, lease, mortgage or encumbrance of any fixed capital with a value greater than \$50,000;
- d. The undertaking of any single non-budgeted expenditure in excess of \$25,000;
- e. The incurrence of any debt or obligation which would bind or obligate the Alliance in an aggregate amount exceeding \$50,000;
- f. The approval of the Alliance's annual operating budget, any capital budget, any variances to the budget, and the annual financial obligations of Core and Affiliate Members, all of which shall require unanimous approval of the Alliance Core Board Members;
- g. The approval of any amendment to, any internal audit program and selection of the certified public accounting firm to act as the Alliance's auditor;
- h. The approval of any amendment to the Alliance's long range financial and strategic plans; and
- i. The hiring or dismissal of and the performance review of the Alliance's Executive Director.

G. Powers Reserved to Alliance Core Board Members. In addition to the powers reserved to the Alliance Core Board Members stated elsewhere in this Agreement, the following duties, powers and responsibilities of the Alliance Board are reserved to the Alliance Core Board Members:

1. Adopt and amend this Agreement or the Articles of Incorporation or Bylaws of the Alliance.
2. Approve the admission of additional Core, Affiliate, or Associate Members to the Alliance.
3. Remove a Core Member.

4. Grant any Affiliate Member voting rights, either as a Member or for a Director appointed to the Board by the Affiliate Member.
5. Recommend that a Member remove and replace a Director.
6. Terminate or dissolve the Alliance.
7. Actions reserved to the Core Members under this Agreement may be taken by the unanimous agreement of all Alliance Core Board Members.

H. Committees in General.

1. The committees of the Board shall be standing or ad hoc. Committees shall have no authority to take action on behalf of or otherwise bind the Alliance or the Board unless such authority is delegated by this Agreement or by appropriate Board resolution, but the Board at each meeting shall undertake to review committee matters, findings, recommendations, and minutes.
2. The Chair of the Board shall determine the size of each committee and shall appoint special committees as necessitated by the requirements of the Alliance and/or the Board. When the specific assignment for which an ad hoc committee is created has been completed, such ad hoc committee shall be automatically dissolved. Such dissolution shall be recorded in the minutes of the meeting of the Board during which the final report of such ad hoc committee is made and accepted. The standing committees of the Board shall be determined by the Board, and may include Finance, Nursing, Health Science Professions, Research, Innovation, the Creighton University Executive GEC, and the Alliance GEC.
3. The procedures in this Agreement for meetings of the Board regarding notice, quorum, voting, Supermajority votes, presence, and other such matters shall apply to meetings of committees.

I. Voting. Actions reserved to the Alliance Board Core Members under Section V.G above will be by unanimous vote of all Alliance Core Board Members, except as related to the removal of a Core Member, which will be by supermajority vote. The removal of a Core Member and all other actions by the Alliance Board will be by supermajority vote of seventy-five percent (75%) of all voting Directors present at a meeting at which a quorum is present (e.g., if there are 8 Directors, and 6 are present and voting, an affirmative supermajority vote would require 5 votes).

J. Meetings. The Alliance Board shall meet regularly at least once quarterly during each Academic Year (July 1 – June 30). Notice of regular quarterly meetings scheduled in advance shall not be required to be given to each Director. Special meetings of the Board may be held upon the call of the Chair of the Board or the

Alliance Executive Director. The Chair of the Board or the Alliance Executive Director shall give notice of such meeting to each Director at least five (5) days before the date of such meeting. Notice of the date, place, and purpose of the holding of such meeting of the Board may be waived in writing by any Director if the waiver sets forth, in reasonable detail, the purpose or purposes for which the meeting is called and the time and place thereof. Attendance at any such meeting in person by any Director shall constitute waiver of the notice of such meeting. Whenever all of the then-serving Directors of the Board shall meet, such meeting shall be valid for all purposes.

- K. Meetings by Telephonic or Other Remote Communications. The Chair (or, in his/her absence, the presiding officer at a meeting of the Directors) may authorize any or all Directors to participate in meeting by, or through the use of any means of communication, such as conference telephone or website, by which all Directors of the Board participating may simultaneously hear each other during the meeting. Any Director participating in a meeting by such means is deemed to be present in person for all purposes at the meeting.
- L. Action by Written Consent. Any action required or permitted to be taken at any meeting of the Board, by the Alliance Core Board Members, or by any committee of the Board may be taken without a meeting by way of unanimous written consent. A written communication expressing support for the pending action shall be counted as an execution of such consent.
- M. Quorum. With the exception of those actions requiring a unanimous vote by all Core Members (such as an action by written consent), a simple majority of the membership of the Alliance Board then serving (or of any committee of the Board) shall constitute a quorum for the transaction of business by the Board (or such committee).
- N. Board Officers. The officers of the Board, as more fully described below, shall be elected from the Directors of the Board by vote of the Directors of the Board in May of each year, and those elected shall assume office in June of each year. The Board shall elect a Board Chair and appoint an Executive Director for the Alliance, but other offices are optional at the decision of the Board. Officers which shall be or which may be elected, and the duties incumbent on such officers if elected, are as follows:
 - 1. Chair of the Board. The Chair shall preside at all meetings of the Board, shall act as a liaison with the Alliance Member institutions and affiliated entities, and shall be responsible for providing effective leadership and the functioning and operation of the Board. The Chair shall in general perform all duties incident to the office of Chair and such other duties as may be prescribed by the Board from time to time. The Chair shall also serve as Chair of the Finance Committee.

2. Vice-Chair of the Board. If elected, the Vice-Chair shall assist the Chair in the discharge of the duties of the Chair as the Chair may direct, and shall perform such other duties as from time to time may be assigned by the Chair, this Agreement, or the Board, In the absence of the Chair, or in the event of the Chair's inability or refusal to act, the Vice-Chair shall perform the duties of the Chair, and when so acting shall have all the powers of and be subject to all of the restrictions upon the Chair.
 3. Secretary. If elected, the Secretary shall ensure the custody and care of all corporate records and minutes relating to the activities of the Board and Board committee meetings for permanent recording and/or filing. The Secretary shall keep, or cause to be kept a true and complete record of the acts and votes and the minutes of proceedings of such meetings, and shall perform a like duty for all standing committees of the Board, when required. The Secretary shall authenticate records of the Alliance as necessary, and shall perform such other duties as maybe prescribed by the Board or the Chair.
 4. Treasurer. If elected, the Treasurer or the Treasurer's designee shall render to the Chair, the Vice-Chair, the Alliance Executive Director, and the Board, whenever they may require it, an accounting of the financial condition of the Alliance. The Treasurer shall keep, or cause to be kept, a record of accounts, showing accurately at all times the financial condition of the Alliance.
 5. Additional Officers. The Board may elect or authorize the appointment of additional officers as the business of the Alliance may require, including, without limitation, a Chief Financial Officer, Assistant Secretaries, and Assistant Treasurers, each of whom shall hold office for such period, have such authority and perform such duties as the Board from time to time may direct. Duties of the Secretary and the Treasurer, if no officer has been elected by the Board, may be performed by management or staff of the Alliance designated by the Board.
- O. Term of Office. The officers of the Alliance shall hold office for one (1) year and/or until their successors are chosen and qualify. Any officer may succeed himself or herself without limit. Any officer elected or appointed by the Board may be removed at any time by the affirmative vote of the majority of the Board. If any office becomes vacant by reason of death, resignation, disqualification, or other cause, the Board may choose a successor who shall hold office for the unexpired term of the office in which such vacancy occurs.
- P. Resignation. Any Director or officer may resign at any time by delivering notice of such resignation in writing to the Secretary of the Alliance. The acceptance of such resignation, unless required by the terms thereof, shall not be necessary to make such resignation effective.

- Q. Removal. Any Director may be removed and replaced by the Director's Core Member at any time. The Board may recommend the removal of a Director by supermajority vote if the Director misses three (3) consecutive Board meetings or for any other reason. Any replacement of a Director will be made at the discretion of the Core Member who appointed that Director.
- R. Electronic Notice. Any notice or writing which is required or permitted for the Board or a committee may be provided by personal delivery, by mail, or by electronic communications, records, and signatures. The Alliance and its directors, committee members, and officers may use and rely on electronic communications, records, and signatures for all notices, waivers, consents, undertakings, and other documents, communications, or information of any type sent or received in connection with the matters under discussion. An electronically transmitted (but not oral) document, including an email or text message, will be deemed to satisfy any requirement under this Agreement, the Alliance Bylaws, or applicable law that such document be "written," "in writing," or the like, and an electronic transmittal or communication (but not oral) of a document will constitute delivery of such document.

VI. EXECUTIVE OVERSIGHT

- A. Appointment, Qualifications, and Tenure. The Alliance Board shall select the Alliance Executive Director, who shall be responsible to, and may be removed with or without cause by, the Board upon vote of the then-serving Directors with voting rights. The Alliance Executive Director may be employed by Creighton and may be leased or otherwise assigned to the Alliance.
- B. Duties. The Alliance Executive Director, who shall be the chief executive officer of the Alliance, shall be responsible for and report directly to the Board for, among other duties, the following:
1. All day-to-day operations of the Alliance, including, without limitation, the creation and maintenance of all personnel and operating policies and procedures of the Alliance.
 2. All fiscal operations of the Alliance including, without limitation, creation and maintenance of, development of, and compliance with, an operating budget to ensure financial stability of the Alliance.
 3. Recruit, hire, supervise, monitor, manage and terminate, if necessary, employees of the Alliance.
 4. Direct long-range planning and curricula enhancement for the Alliance.

5. Establish such positions as are necessary for implementing an efficient organization.
6. Work with all Parties to this Agreement to maintain and develop effective high quality healthcare education programs that comply with all applicable requirements of Accrediting Agencies.
7. Provide executive oversight and a single point of accountability.
8. Work in a dyad relationship in the development of recruitment strategies, evaluation of personnel, and professional development of GME staff.
9. Identify and pursue opportunities to secure new and additional funding to support the operation and expansion of health professions training in the Arizona and Greater Phoenix area.
10. Participate in the formulation and evaluation of goals and objectives for the Alliance in alignment with the strategic direction provided by the Alliance Board.
11. Coordinate with Core Members and the Alliance Board around facilities planning, marketing, branding, and communications, and philanthropy/fund-raising functions to advance the mission of the Alliance.
12. Serve as a liaison among the Alliance Members and with external partners, affiliates, and other entities to further the mission of the Alliance through partnerships.
13. Perform other duties as assigned by the Alliance Board.

The Alliance Executive Director shall be a non-voting member of all committees of the Alliance. The enumeration of the above powers and duties of the Alliance Executive Director shall not be interpreted as being in derogation of other duties normally incumbent upon the Executive Director of such an organization, and the Alliance Executive Director shall have plenary authority to take action on behalf of the Alliance except as limited herein or by appropriate resolution of the Board.

- C. Reports to Board. Within ninety (90) days of the end of each fiscal year, the Alliance Executive Director shall submit to the Board a report of the operations of the Alliance for the preceding year, including, an annual report of revenues and expenses of the Alliance and the annual audited financial statement of the Alliance prepared by the Alliance's auditors. The Alliance Executive Director shall bring other matters of importance about the Alliance to the attention of the Board as necessary.

- D. Annual Budget. The proposed annual Core Member allocations and operating budget developed by the Executive Director in conjunction with the Finance Committee shall be submitted to the Alliance Board for review and approval as provided in Section XI.A below.

VII. MEDICAL EDUCATION

- A. Medical Student Education. The Alliance will coordinate rotations of Creighton medical students and medical students of other Programs conducted under the Alliance in collaboration with St. Joseph's, Dignity Health Physicians, Valleywise, and DMG, and at Alliance-affiliated entities ("Medical Student Rotations").
- B. Graduate Medical Education. Creighton shall sponsor all GME Programs conducted under the Alliance for residents and fellows. (St. Joseph's, Valleywise, and DMG employed the residents and fellows until June 30, 2021, when Creighton began employing them under a common salary and benefits structure.) Creighton, through its GEC oversight, shall have overall responsibility for the employment and orientation of the residents and fellows who are recruited and selected by the Program Directors for the GME Programs. The Alliance, through its GEC oversight, will review the overall performance of the residents and fellows and develop and maintain a curriculum for each the GME Programs that meets the requirements of the appropriate accreditation agencies.
1. Creighton University Executive GEC: Among other things, the Creighton University Executive GEC monitors the administration and performance of all Alliance Programs and Program Directors, ensures that sites are compliant and that they receive necessary support and scrutiny, develops policies and Programs to further the Alliance's mission and goals, and advocates for and secures funding for sufficient resources required to support resident education and clinical requirements that promote resident-centered Programs and services.
 2. Alliance GEC. GME will be conducted through the Alliance GEC. The Alliance will provide centralized coordination and oversight of the GME Programs, expand training, maintain affiliations with external partners, increase access to greater patient/community diversity, develop new clinical care models aligned with population health and value-based care, reduce costs due to consolidation, expand existing programs, develop new residencies and fellowships, improve advocacy for medical education funding, and address the health care work force needs of the State of Arizona. The Alliance GEC's composition, function, and responsibilities shall be defined by ACGME requirements and shall include but not be limited to:
 - a. Establishing and implementing policies and procedures regarding the quality of education and the work environment for the residents

and fellows in all ACGME accredited graduate medical education residency and fellowship programs.

- b. Advising the Creighton University Executive GEC and the Alliance Board on all aspects of GME education including monitoring of all Alliance GME Programs.
- c. Exercising those powers and duties required by the Charter for Creighton University Arizona Alliance in the Area of Graduate Medical Education.
- d. Annually reviewing and recommending resident and fellow compensation to the Alliance Board, which shall include information that the proposed compensation is consistent with compensation provided by comparable programs outside of the Alliance, and developing and implementing policies regarding resident and fellow duty hours to ensure compliance with ACGME requirements.
- e. Ensuring that each residency and fellowship program provides a curriculum and evaluation system that enables residents and fellows to demonstrate achievement of ACGME common and specialty-specific competencies.
- f. Reviewing and advising the Alliance Board and the Creighton University Executive GEC, as appropriate, prior to submission to the ACGME, on the following:
 - i. Applications for ACGME accreditation of new programs.
 - ii. Changes in the location and size of programs.
 - iii. Appointment of new program directors.
 - iv. Progress reports requested by review committees.
 - v. Responses to all proposed adverse actions by the ACGME.
 - vi. ACGME program accreditation letters of notification and action plans for correction of citations and areas of non-compliance.
 - vii. Monitoring the activities of an effective appeals process for residents and fellows to ensure due process, as required by the ACGME.

3. Accreditation-Related Topics.
 - a. Maintain and/or support accreditation for any Alliance health professions education or education-related research programs.
 - b. Accreditation-related functions will be overseen and administered by the Alliance through the Alliance GEC.
 - c. Creighton will employ or otherwise engage an Associate Dean for Graduate Medical Education who will oversee the Alliance GEC and serve as the Creighton University DIO, with oversight by the Creighton University Executive GEC.
 - d. Creighton will employ or otherwise engage an Associate Dean for Graduate Medical Education, who will serve as the Alliance DIO, chair the Alliance GEC, and have a dyad reporting relationship to the Alliance Executive Director and the Creighton University DIO.
 - e. Creighton maintains accreditation with the LCME that is specific to its medical education program and leads to the granting of the MD degree.
 - f. The Alliance will ensure that LCME-related accreditation requirements are met and administer operational aspects of the Medical Student Rotations for Creighton students as well as for visiting students from other allopathic and osteopathic medical school programs who choose to do either elective or required rotations within Hospitals.
 - g. The Alliance will analyze the capacity of clinical training opportunities at its Hospitals on an annual basis and make recommendations to the Board about the number and distribution of trainees throughout the clinical learning environment.
 - h. Core Members will use best efforts (i) to provide an adequate number of clinical placements to permit Creighton to maintain accreditation for its medical student and health professions training programs based in Phoenix; and (ii) to give preference to such Creighton students for placement at Core Members' facilities.
 - i. The Alliance will support accreditation-related needs of Alliance health professions education programs, as approved by the Alliance Board.
4. Employment of Residents and Fellows. Starting on July 1, 2021, Creighton employs the residents and fellows in GME Programs and has sole

responsibility and authority to administer their salaries and benefits, including their professional liability insurance, in accordance with Alliance policies and procedures and GME requirements. The residents and fellows in GME Programs shall not be entitled to receive any compensation or benefits from Hospitals for services provided pursuant to this Agreement, except in connection with “moonlighting” apart from the GME Programs in compliance with Creighton policies as required under Section XIII.A, and with any adjustments required by Article XI. Compensation paid to the residents and fellows in GME Programs will not take into account the volume or value of any referrals or other business generated by such residents or fellows either within the Alliance or at any Member facilities.

5. GME Program Transition Items.

- a. With the exception of BNI Programs, the Valleywise PCH Program, and any other Pre-Existing Core Member Programs, the Parties will continue to transition GME program sponsorship to Creighton. Creighton will make efforts to minimize disruption to the Hospitals, and their respective Programs, staff, and Healthcare Learners.
- b. To be eligible for transition of sponsorship programs to Creighton, GME Programs must be in good academic standing with the relevant accrediting body.
- c. With the exception of BNI Programs, the Valleywise PCH Program, and any other Pre-Existing Core Member Programs, all new program applications must be approved by the Alliance GEC and the Creighton University Executive GEC and submitted by Creighton to the ACGME.
- d. The Parties shall continue to work together to integrate any duplicative programs, where there is rationale to support integration, as rapidly as feasible, taking into account operational and other practical considerations.

C. Health Professions Education.

1. The Alliance, with input from the Core Members, will coordinate rotations of Creighton health professions education program students with Hospitals.
2. Hospital Rotations. The Alliance will coordinate Healthcare Learner hospital rotations with the Hospitals and, as appropriate, with other Alliance Institutions. The Alliance also will coordinate resident and fellow rotations from non-Alliance institutions and hospitals. Core Members which have Pre-Existing Core Member Programs permitted under this Agreement (i.e., the BNI Programs, the Valleywise PCH Program, and other programs which

may be approved by the Alliance Board) are not coordinated by the Alliance.

D. Nursing Committee. Once appointed by the Alliance Board, the Nursing Committee shall include in its composition the Valleywise and St. Joseph's Chief Nursing Officers or their designees, and the Committee's function and responsibilities shall include but are not limited to:

1. Support nursing programs, commitment to service, accreditation, and site-specific requirements.
2. Provide recommendations about strategic and programmatic planning within Members related to nursing education programs.
3. Create and review mutually agreeable goals, performance measures, and targets to support clinical site goals, and assess metrics and support quality and patient safety outcomes identified by Hospitals.
4. Periodically evaluate clinical experience opportunities to meet the needs of all academic partners.
5. Identify potential opportunities and support development of resources for expansion and growth of nursing education programming.
6. Work in conjunction with the Finance Committee to develop proformas or identify collaborative funding mechanisms to support nursing education initiatives at partner training sites.
7. Promote collaboration among Alliance partners, including service lines and training programs.
8. Provide resources for dialogue and scholarly activity to investigate and coordinate collaborative expansion and growth of nursing education programming.
9. Support the development of recruitment strategies within the State of Arizona and Alliance partners.

E. Health Science Professions Committee. Once appointed by the Alliance Board, the Health Science Professions Committee's function and responsibilities shall include but not be limited to:

1. Support health professions education programs, commitment to service, accreditation, and site-specific requirements.

2. Provide recommendations about strategic and programmatic planning within Alliance Members related to health professions education programs.
3. Create and review mutually agreeable goals, performance measures, and targets, and assess metrics and improve outcomes.
4. Periodically evaluate clinical experience opportunities to meet the needs of all academic partners.
5. Identify potential opportunities and support development of resources to allow for expansion and growth of health professions experiential education programs.
6. Work in conjunction with the Finance Committee to develop proformas or identify collaborative funding mechanisms to support health science profession education initiatives at partner training sites.
7. Provide resources for dialogue and scholarly activity to investigate and coordinate collaborative expansion and growth of health professions experiential education programs.
8. Promote collaboration among Members and other program sites, including service lines and training programs within.
9. Support the development of recruitment strategies within the State of Arizona and Alliance Members.

F. Innovation Committee. Once appointed by the Alliance Board, the Committee's function and responsibilities shall include but not be limited to:

1. Promote collaboration and innovation among Alliance Members and training programs.
2. Support and identify opportunities for inter-professional education.
3. Develop innovative education and research initiatives.
4. Research innovative training and education approaches and make recommendations for adoption by the Alliance Board.
5. Evaluate opportunities to utilize investments made in health professions education to stimulate and sustain meaningful improvements in quality and patient safety and other initiatives that drive value.

G. Creighton Education Obligations.

1. Be the sponsoring institution and maintain accreditation and oversight as appropriate for Creighton-sponsored educational programs at Alliance Member institutions, and operate and manage all programs pursuant to accreditation guidelines and standards.
2. Ensure that appropriate resources are provided to support the operation of high-quality, cost-efficient education and research programs at Alliance Member institutions (e.g., subject matter expertise).
3. Make facilities, equipment, and programs reasonably available to Alliance Members, consistent with Creighton's tax-exempt status and educational mission.
4. Ensure that Creighton resources, as applicable, be appropriately licensed and accredited, operated in compliance with all standards for the uses intended by Alliance Members, and managed in accordance with law and generally applicable standards.
5. Comply with all requirements necessary to support the rotations for educational programs and qualified reimbursement for such programs (if applicable).
6. Partner with and/or lead efforts, where appropriate, to advocate for the resources necessary to support educational and research programs at the regional, state and national levels.
7. Develop and implement documents required by the ACGME relating to specific GME programs established under the Alliance including but not limited to oversight of affiliation agreements approved by the Creighton University Executive GEC between the Alliance and each Hospital that is a Major Participating Site, and PLAs approved by the Creighton University Executive GEC between each program and all training sites where required rotations will occur.
8. Coordinate all ACGME processes for participating residencies and fellowships and be identified as the recipient for all ACGME materials for participating residencies and fellowships.

H. Medical Education Research and Scholarly Activities.

1. The Alliance shall facilitate an academic culture where the educational programs operate in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars, and sufficient opportunities, encouragement, and support for health professions' student participation in the research and other scholarly activities of its health profession learners, faculty, and Alliance Members.

2. The Alliance will encourage and support clinical research. The Alliance shall facilitate Members, Hospitals and Clinical Faculty, as appropriate, entering into clinical research study agreements with study sponsors that encompass multiple sites throughout the Alliance. The Alliance shall ensure that Members, Hospitals, and Clinical Faculty devote sufficient time and professional services to clinical research to satisfy ACGME requirements.
3. Research Committee. Once appointed by the Alliance Board, the Research Committee's function and responsibilities shall include but not be limited to:
 - a. Support research activities in accordance with accreditation requirements.
 - b. Identify and develop opportunities for learners to participate and engage in research.
 - c. Make recommendations to the Alliance Board regarding:
 - i. Opportunities to advance the research activities of the Alliance strategically.
 - ii. Administrative collaboration, common/centralized processes, economies, and opportunities for alignment of research policies and procedures.
 - iii. Maximize financial and other resources potentially available to the research activities of the Alliance.
 - d. Identify and evaluate opportunities to partner with organizations outside of the Alliance on research activities.

I. Infrastructure.

1. Employment of Operations Staff. Through and as employees of Creighton leased or otherwise assigned to the Alliance, Alliance operations staff responsibilities shall include but not be limited to:
 - a. Recruitment, employment, contracting, and leasing of appropriate administrative/academic support staff for training and related functions by the Alliance.
 - b. Transition, when appropriate, of administrative/academic support staff employed by other Parties to Creighton employment for Alliance purposes.

- c. Develop administrative/academic support staff job descriptions, requirements, and performance expectations, including a career development pathway within the Alliance.
- d. Administer payroll, benefits, and all other HR-related functions for its employees.

2. Back-Office Support/Purchased Services.

- a. The Alliance will enter into contractual arrangements with one or more Core Members or Affiliate Members who can provide access to back-office/support functions and services. These contracts shall be designated as “Work Letters,” and each shall incorporate the terms of this Agreement.
- b. The Alliance shall maintain a current list of all Work Letters. Upon request by any Core Member, the Alliance will provide all information related to a Work Letter reasonably requested by a Core Member who is not a party to the Work Letter.

J. Advocacy and Government Relations.

- 1. The Alliance will operate an advocacy program that represents and supports its Core Members and its Affiliate and Associate Members in identifying opportunities to advocate for access to resources as well as legislative, regulatory, and other action that would benefit the Alliance and its programs.
- 2. The Alliance will continue to develop action plans, materials, and providing education to key constituents as appropriate to effectively advocate for the Alliance, its Members and its Programs.

K. Philanthropy.

- 1. Alliance Core Members will retain their own independent philanthropic functions. It is not anticipated that the Alliance will engage in development. However, the Alliance Board and the Alliance Executive Director will participate in efforts to support and coordinate philanthropic efforts for the Core Members to benefit the Alliance and its programs wherever possible, and to support and to advance each Member’s pursuit of opportunities.
- 2. The foundations of Alliance Core Members will establish fundraising agreements, as appropriate, to foster coordination and cooperation in fundraising campaigns and other philanthropic activities in a manner beneficial to the strategic objectives of the Alliance.

3. Coordination and collaboration of philanthropic activities should focus on expanding the total amount of aggregate funds raised in support of the programs of the Alliance.
4. The philanthropic activities associated with the Alliance should fully respect the intent of the donor.
5. The priorities of the Alliance should be reflected in both the joint and separate fund-raising activities of the Alliance Core Members.
6. When appropriate, the Alliance Board may provide guidance on joint philanthropic activities and priorities.
7. Nothing in this Agreement shall prevent a Core Member from seeking outside funding, outside of the Alliance, for health education programs.

VIII. PROTECTION OF CREIGHTON ACADEMIC INTERESTS

All Parties to the Agreement have a shared responsibility for the academic programs and training conducted through the Alliance. Although the Alliance Agreement is meant to avoid duplication of academic assets and to increase the efficiency and quality of delivering clinical training for health professions programs, Creighton retains ultimate control over its academic interests, specifically the appointment of faculty and academic department chairs at Creighton, approval of the curriculum, and the development and implementation of standards for those in the Alliance Programs. The policies and procedures governing student, resident, and fellow education shall be those of Creighton University as the sponsoring institution of health professions training programs. Given the Alliance's collaborative structure, Creighton will consider recommendations of the Alliance Board, with specific deference to recommendations based on the law of the state in which the Alliance is located.

In the relationship between Creighton's health professions schools and the Alliance Members in their role as clinical affiliates of the health professions programs, the educational programs for all Healthcare Learners remain under the control of the respective health professions school's faculty. This Agreement shall serve in lieu of individual institutional clinical affiliation agreements between Creighton and other Alliance Members. Clinical affiliation agreements for required clinical experiences also may be warranted with other clinical facilities that have a significant role in the clinical education program. Such agreements provide for, at a minimum the following:

- The assurance of Healthcare Learner and faculty access to appropriate resources for the student education.
- The primacy of the health professions education program's authority over academic affairs and the education/assessment of Healthcare Learners.

- The role of Creighton’s health professions colleges and schools in the appointment and assignment of faculty members with responsibility for teaching of Healthcare Learners.
- Specification of the responsibility for treatment and follow-up when a Healthcare Learner is exposed to an infectious or environmental hazard or other occupational injury.
- The shared responsibility of the clinical affiliate and the health professions school for creating and maintaining an appropriate learning environment.

IX. FACULTY AND MEDICAL STAFF MATTERS

- A. Creighton, through the Deans of its health professions colleges and schools, will accept and actively solicit applications from Clinical Faculty to obtain faculty appointments with Creighton.
- B. Creighton shall ensure that the Clinical Faculty at Member sites and medical school levels at each campus are functionally integrated by appropriate administrative mechanisms (e.g., regular meetings and/or communication, periodic visits, participation in shared governance, and data sharing).
- C. Alliance Affiliate and Core Members will continue to oversee and manage physician deployment and compensation arrangements, other than residents and fellows employed by Creighton.
- D. Clinical Faculty, other than nursing faculty, will not generally be employed by Creighton or the Alliance unless there is Alliance Board approval for an exception to this policy. The Alliance and Creighton may contract with Members for Clinical Faculty. The Alliance also may employ or otherwise engage Clinical Faculty for non-clinical administrative positions (e.g., the Alliance Executive Director). Creighton also may contract with the Members for Clinical Faculty for non-clinical academic and administrative positions.
- E. Educators, including physicians, nurses, allied health professionals, and scientists with assigned responsibility for the training, instruction, supervision, and control of Healthcare Learners and who are in positions of administrative leadership or designated as core faculty will be required to apply for faculty appointments with the appropriate school at Creighton.
- F. Physicians who wish to serve as Clinical Faculty shall apply for Creighton faculty appointments that will be granted, or not, in accordance with Creighton policies.
- G. Creighton retains sole authority with respect to the granting, renewal, and maintenance of faculty appointments and the attendant rights and responsibilities.

- H. Creighton retains sole authority with respect to naming of Program Directors, Academic Directors, and Department Chairs at Creighton.
- I. Alliance Members who maintain medical staffs (e.g., Valleywise and St. Joseph's) and/or clinical departmental structures (e.g., DMG and Dignity Health Physicians) will retain sole authority with respect to:
 - 1. Granting, renewing, and maintaining medical staff membership and privileges.
 - 2. Selecting and appointing Department Chairs, Service Chiefs, or equivalent consistent with their medical staff bylaws, physician practice bylaws, and other relevant policies and procedures.
- J. Recruitment for the administrative leadership positions of academic programs (e.g., program directors, regional Deans) will be conducted in a collaborative manner to ensure each Core Member has input into the process.
- K. Alliance Members may choose to engage in joint recruitment of other faculty for educational programs.
- L. Employment arrangements for any jointly recruited faculty/physicians will be determined on a case-by-case basis and will take into account factors such as anticipated deployment and source of funding/support for faculty compensation, among others.

X. AVAILABILITY OF CLINICAL FACILITIES AND RESOURCES

- A. DMG Obligations. DMG shall:
 - 1. Provide adequate support and resources for the education programs to be established and otherwise fulfill all duties, powers, and responsibilities as appropriate and/or as required by the relevant accreditation or regulatory agencies.
 - 2. Maintain medical staffing and clinical faculty support for Alliance education and training programs.
 - 3. Ensure that Clinical Faculty members devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities and to demonstrate a strong interest in the education of residents and students. The Clinical Faculty must establish and maintain an environment of inquiry and scholarship that includes research opportunities for Healthcare Learners. Faculty members, including the program director, must regularly participate in faculty development activities related to

resident and student education, including evaluation, feedback, mentoring, supervision, or teaching.

4. If DMG operates independent facilities (e.g., ambulatory care sites), make space, facilities, equipment, infrastructure, and other resources reasonably available to foster the Alliance's education training programs and to ensure that Creighton is successful in maintaining accreditation by the LCME by meeting or exceeding all of its standards.
5. Provide a convenient and patient-sensitive environment for faculty practice.
6. Foster Clinical Faculty and Clinical Chair recruitment/retention and support program development and operations at Alliance-affiliated institutions.
7. Partner with and/or lead efforts, where appropriate, to advocate for the resources necessary to support educational programs at the regional, state and national levels.
8. Manage physician deployment and compensation plans in a manner that supports the needs of the Alliance training programs and ensures adequate support for physicians to meet academic-related expectations, subject to DMG policies and parameters.
9. Encourage and support physicians to pursue and maintain Creighton faculty appointments.
10. Provide an adequate clinical instructional setting, including access to patients in a variety of clinical settings. Creighton will provide oversight of the clinical learning environment in accordance with program accreditation requirements.

B. St. Joseph's and Dignity Health Physicians Obligations. St. Joseph's and Dignity Health Physicians shall:

1. Provide adequate support and resources for the education programs to be established and otherwise fulfill all duties, powers, and responsibilities as appropriate and/or as required by the relevant accreditation or regulatory agencies, including entering into master affiliation agreements and PLAs.
2. Provide a convenient and patient-sensitive environment for faculty practice with an adequate clinical instructional setting, including access to patients, inpatient care, ambulatory care, data, and clinical records. Creighton will provide oversight of the clinical learning environment in accordance with program accreditation requirements.

3. If St. Joseph's or Dignity Health Physicians operates independent facilities (e.g., ambulatory care sites), make space, facilities, equipment, infrastructure, and other resources reasonably available to foster the Alliance's education training programs and to ensure that Creighton is successful in maintaining accreditation by the LCME by meeting or exceeding all of its standards.
4. Ensure that the use of resources by Alliance clinical faculty members and learners shall be subject to all applicable rules, regulations, and policies of the hospital(s).
5. Maintain licensure and be in good standing with relevant government agencies, regulatory, and accrediting bodies (e.g., Arizona Department of Health Services, Medicare/Medicaid (AHCCCS), and The Joint Commission).
6. Maintain medical staffing, clinical administration, and faculty support for Alliance education and training programs and ensure that Clinical Faculty devotes sufficient time to the educational programs to fulfill their supervisory and teaching responsibilities, and to demonstrate a strong interest in the education of Healthcare Learners. The Clinical Faculty must establish and maintain an environment of inquiry and scholarship that includes research opportunities for Healthcare Learners. Faculty members, including the program director, must regularly participate in faculty development activities related to education of Healthcare Learners, including evaluation, feedback, mentoring, supervision, or teaching.
7. Partner with and/or lead efforts, where appropriate, to advocate for the resources necessary to support educational programs at the regional, state and national levels.
8. Continue to aggressively pursue available sources of hospital funding for health professions training, for example, Medicare GME reimbursement, and work closely with the Alliance to ensure compliance with all reporting and documentation requirements related to external funding opportunities.
9. Encourage and support medical staff and/or affiliated physicians to pursue and maintain Creighton faculty appointments.
10. Foster Faculty and Clinical Chair recruitment/retention and support program development and operations at Alliance-affiliated institutions.
11. Provide an adequate clinical instructional setting, including access to patients in a variety of clinical settings. Creighton will provide oversight of the clinical learning environment in accordance with program accreditation requirements.

12. Manage physician deployment and compensation plans in a manner that supports the needs of the Alliance training programs and ensures adequate support for physicians to meet academic-related expectations, subject to St. Joseph's or Dignity Health Physicians (as appropriate) policies and parameters.
13. Identify a physician as the Site Director Clinical Leadership Officer.

C. Valleywise Obligations. Valleywise shall:

1. Maintain licensure and be in good standing with relevant government agencies, regulatory, and accrediting bodies (e.g., Arizona Department of Health Services, Medicare/Medicaid (AHCCCS), The Joint Commission, DNV GL Healthcare, or other federally approved accrediting entity).
2. Provide adequate support and resources for the education programs to be established and otherwise fulfill all duties, powers, and responsibilities as appropriate and/or as required by the relevant accreditation or regulatory agencies, including entering into master affiliation agreements and PLAs.
3. Ensure that Clinical Faculty devotes sufficient time to the educational programs to fulfill their supervisory and teaching responsibilities, and to demonstrate a strong interest in the education of Healthcare Learners. The Clinical Faculty must establish and maintain an environment of inquiry and scholarship that includes research opportunities for Healthcare Learners. Faculty members, including the program director, must regularly participate in faculty development activities related to education of Healthcare Learners, including evaluation, feedback, mentoring, supervision, or teaching.
4. Make space, facilities, equipment, infrastructure, and other resources reasonably available to foster the Alliance's education training programs and to ensure that Creighton is successful in maintaining accreditation by LCME by meeting or exceeding all of its standards.
5. Provide an adequate clinical instructional setting, including access to patients, inpatient care, ambulatory care, data, and clinical records, while permitting Creighton's oversight of the clinical learning environment in accordance with program accreditation requirements.
6. Ensure that the use of resources by Alliance clinical faculty members and Healthcare Learners shall be subject to all applicable rules, regulations, and policies of the Hospital.

7. Partner with and/or lead efforts, where appropriate, to advocate for the resources necessary to support educational programs at the regional, state and national levels.
8. Continue to aggressively pursue available sources of hospital funding for health professions training, for example, Medicare GME reimbursement, and work closely with the Alliance to ensure compliance with all reporting and documentation requirements related to external funding opportunities.
9. Encourage and support medical staff and/or affiliated physicians to pursue and maintain Creighton faculty appointments.
10. Identify a physician as the Site Director Clinical Leadership Officer.

XI. FINANCIAL MATTERS

A. Financial and Operational Obligations

1. Each Core Member shall maintain, and when required for growth, increase their financial and operational support obligations and commitments, including clinical facilities and resources, to the Alliance for Programs transitioned to the Alliance, consistent with this Article XI.
2. The general allocation methodology for Alliance expenses shall be: (a) GME Expenses shall be allocated on a pro rata basis between Valleywise and St. Joseph's based on resident rotations; (b) student operational expenses shall be allocated on an annual basis upon the recommendation of the Finance Committee; and (c) each Core Member shall pay an equal (currently 25%) share of all administrative expenses, specifically including all expenses of the Alliance Executive Director and the assistant to the Alliance Executive Director. The Finance Committee shall determine into which category each item of Alliance expenses falls, and whether a different allocation is appropriate, subject, however, to approval by all of the Core Member Board Members.
3. The general allocation methodology for any revenue for professional services by residents and fellows received by the Alliance or a Member shall be allocated to and applied against expenses attributed to an Alliance Institution which incurred the cost for such resident or fellow.
4. The Executive Director and Finance Committee, by April 1 of each year, will submit to the Alliance Board for review and approval a far more detailed allocation methodology, following the general guidelines in Section XI.A.2 above, that will be used to determine each Core Member's financial obligation to the Alliance for each approved annual operating budget at least sixty (60) days prior to each July 1. If the Executive Director

and Finance Committee wish to propose material changes in the allocation methodology for the coming Fiscal Year, they will use best efforts to vet the material changes with the Alliance Board in advance of April 1.

5. Following any Alliance Board approval of the allocation methodology for the upcoming Fiscal Year, the Executive Director and Finance Committee will submit to the Alliance Board for approval an annual operating budget by May 1 of each year, for adoption prior to July 1 of each year. At such time as the Board approves adding these items, the annual operating budget shall include amounts for salaries, payroll taxes, and benefits of all Program Directors, all Associate Program Directors, and the Assistant Dean for Graduate Medical Education. Approval of the annual operating budget (and any capital budget), variances from an approved budget, and financial contributions from the Members requires unanimous approval of the Alliance Board, subject to the unanimous approval of the Alliance Core Board Members required by Section V.F.1.f.
 6. The Alliance Board shall endeavor to approve the allocation methodology and annual budget by June 1 of each year. The Board shall approve the allocation methodology first, with sufficient time so that if the Board changes the allocation methodology submitted by the Executive Director and Finance Committee, they shall have enough time to revise the methodology and prepare the annual budget in time for adoption before July 1. However, if the annual budget is not approved by July 1, the prior Fiscal Year budget shall remain in effect, with reconciliation pursuant to Section VII.C.2 no later than the end of the month in which the budget is adopted.
- B. Non-Shared Expenses. Expenses directly related to any single Member shall be attributed solely to and paid solely by that Member.
- C. Payment/Reconciliation Process.
1. Each Core Member shall pay annually its share of Alliance expenses based upon the annual budget approved by the Alliance Board and the expense commitments in Section VII.B.4 pursuant to this Section XI.C.1. The Alliance Board shall establish a payment schedule for the Core Members to fund the Alliance and the education programs prospectively in advance, with quarterly reconciliation, as determined by the Alliance Board, for any surplus or deficit. The payment schedule (which may call for monthly or quarterly payments, as authorized by the Alliance Board) will be determined annually in accordance with the approved annual budget and the division of expenses outlined therein. Payments shall be made as scheduled. With each reconciliation, the Parties shall reconcile budget to actual incurred costs, and shall pay (or receive credit for) any resulting differences as provided in Section XI.C.3 below.

2. Within thirty (30) days after the end of each fiscal year quarter during the term of this Agreement, the Alliance will provide the Core Members with financial reports and will reconcile Installment Payment Amounts for that quarter, plus any other payments made by Core Members directly for Alliance expenses for that quarter, with the expenses that the Alliance incurred during that quarter.
 3. If any Core Member's Installment Payment Amount exceeds the net expenses that are allocable to that Core Member ("Credit"), the Alliance shall carry forward the Credit as a prepayment of that Core Member's next scheduled Installment Payment Amount, or at the option of the Core Member, shall be refunded to the Core Member in the next quarter. If any Core Member's Installment Payment Amount is less than the net expenses that are allocable to that Core Member ("Deficit"), then that Core Member shall pay the Alliance the Deficit within 30 days of the date on which Alliance provides that Core Member with notice of the Deficit.
 4. The Installment Payment Amount of each Core Member may be adjusted with unanimous Core Member approval in subsequent quarters to better estimate each Core Member's portion of the expenses in those quarters.
 5. The Executive Director or the Finance Committee, as appropriate, shall inform the Board, as soon as practicable, of financial issues that could result in material variances from an approved budget, to allow for prompt Board consideration of necessary modifications to the budget.
- D. Cap Sharing Arrangements. Core Members may engage with one another to develop Medicare Affiliated Group or other cap sharing arrangements that will enable them to optimize their collective access to federal GME reimbursement. The Alliance may serve in a coordinating function to support and facilitate cap sharing among Core Members. However, any cap sharing arrangements will be executed outside of the Alliance by the Core Members in accordance with current Medicare law and regulations. Core Members shall not to participate in cap-sharing arrangements with non-Alliance entities without first notifying and soliciting input from the Alliance Board regarding the proposed arrangement.
- E. Access to GME Funding. Core Members will collaborate and coordinate wherever possible to expand access to federal, state, and other available funding for GME sponsored by Creighton through the Alliance. The Parties agree to work both collectively and individually (e.g., applying for available cap positions when periodic redistributions occur) to increase resources available to support health professions training in Phoenix and Arizona more broadly.
- F. Finance Committee. The Finance Committee may consist entirely of non-Directors, with each Core Member nominating a senior financial officer or employee of the Core Member for appointment by the Alliance Board. The Finance Committee shall

strive to work by consensus, but under this Article XI, the Alliance Board has final say over all finance and budget decisions. Once appointed by the Alliance Board, the Finance Committee's function and responsibilities shall include not be limited to:

1. Recommend to the Alliance Board actions necessary to guarantee the fiscal and legal integrity of the Alliance.
2. Develop and maintain a consolidated operating budget and financial statement for the Alliance, including funds flow model to determine the appropriate amount of financial support required of the Alliance Members, for Board approval as provided in this Article XI. The funds flow methodology will take into account, among other considerations, the following:
 - a. Available funds and revenue sources.
 - b. Valuation of in-kind services and support.
 - c. Usual and customary expenses associated with health professions education will be covered by the Hospitals. This includes costs associated with Alliance administration (personnel and non-personnel), GME (resident comp/benefits, faculty comp/benefits, other program costs), medical education and allied health (coordinator staff/benefits), etc.
 - d. Size and scope of training programs.
 - e. Accreditation requirements and national benchmarks when available.
 - f. Availability of faculty and faculty employment models.
 - g. Local/regional market dynamics or other unique factors.
 - h. Distribution of learners/amount of activity associated with each Hospital/participating institution, to determine pro-rata payment obligations.
 - i. Additional program initiatives such as research, simulation, and other advances.
3. Annually update the Alliance funds flow model.
4. Develop budget recommendations to support new programs developed under the Alliance, including the financial obligations of each Party.

5. Contribute to improving the financial performance of the Alliance.
6. Ensure appropriate operational infrastructure and integration of clinical training programs.
7. Make recommendations about learner distribution in conjunction with other committees and program directors.
8. Periodically, review the personnel policies, salary schedules and job descriptions of the Alliance employees.

XII. BRANDING AND COMMUNICATION

- A. No Party shall use the name, logo, likeness, trademarks, image or other intellectual property (“Branding Rights”) of any other Party for any advertising, marketing, endorsement or any other purposes without the specific prior written consent of an authorized representative of the other Party. Notwithstanding the foregoing, the Parties may refer to the Alliance in its brochures and materials and in other public information materials
- B. The Alliance will serve as a common “brand” for the collective health professions training programs and research initiatives undertaken by the Parties.
- C. The naming convention for Creighton-sponsored educational programs hosted at Alliance Members will uniquely identify the Alliance to provide distinction from any sponsored programs outside of the Alliance.
- D. The Parties agree that BNI Programs will retain their name and brand identification to promote the well-established national reputation of the BNI Programs.
- E. Notwithstanding anything in this Agreement to the contrary, the Parties agree that Valleywise, St. Joseph’s, Dignity Health Physicians, and DMG own and have the right to protect their respective Branding Rights; however, to the extent practicable Valleywise, St. Joseph’s, Dignity Health Physicians, and DMG will work collaboratively with the Alliance to further Alliance’s Branding Rights activities.
- F. This agreed-upon Alliance naming convention will be utilized across all websites, publications, accrediting bodies and other education sites where potential faculty and students may visit.
- G. Co-branding at the corporate level will be allowed exclusively among the Core Members of the Alliance.
- H. Any new co-branded logo developed as a result of the Alliance will be used exclusively by the Alliance at the discretion and approval of the Alliance Board.

- I. To the extent that affiliations are developed with external entities, limited co-branding at the programmatic level with these external entities will be permitted.
- J. Except as required by law, no press release or other statements in connection with this Agreement intended for use in the public media, having or containing any reference to any Party shall be made by any Party without the prior approval of the Alliance, which shall not be unreasonably withheld. All statements by the Parties shall describe the scope and nature of their participation accurately and appropriately.

XIII. PROFESSIONAL LIABILITY; OTHER LIABILITY

- A. Graduate Medical Education. Creighton will provide all employed residents and fellows (collectively, “Trainees”) with professional liability insurance coverage, with at least the minimum coverage and limits specified on Schedule 2, for their acts and omissions that occur at any Hospitals while engaged in educational activities, and such Creighton-provided coverage will be primary coverage to any coverage provided by a Hospital and to coverage for acts and omissions that occur at any non-Alliance external sites affiliated with a sponsored Programs. Creighton also will provide Trainees with professional liability coverage for their acts or omissions that occur during other activities at a location that is a site sponsored by Creighton or the Alliance, e.g., moonlighting, so long as Trainees have complied with Creighton policies regarding outside activities and have received the required approvals. However, for moonlighting at a location that is not a Creighton- or Alliance-sponsored site, including moonlighting in a foreign country as part of a fellowship, the Trainee must provide proof of the required coverage for that location, and Creighton is not required to provide such coverage. Creighton shall also provide extended reporting or “tail” insurance coverage, if applicable, for the Trainees with at least the minimum coverage and limits specified on Schedule 2. Coverage shall include both liability protection to the limits of coverage and the costs of defending litigation. Proof of coverage will be provided upon request to any Party to this Agreement. If an Alliance Member or a Hospital wishes to change its insurance or its coverage applicable to Trainees, that entity will provide at least thirty (30) days’ advance written notice to the Alliance Board and all other Members. As part of its orientation process, the Alliance will inform Trainees as to the scope and applicability of the professional liability insurance coverage provided under this Article XIII.
- B. Clinical Faculty Members. The Members that employ the Clinical Faculty shall provide professional liability coverage for the Clinical Faculty members for liability arising from teaching services provided to the Trainees at Hospitals and such coverage will be primary coverage. Each Party shall include in its contract with any Clinical Faculty member a commitment by the Clinical Faculty member to cooperate in the defense of any claim insured pursuant to this Article XIII.

- C. Outside Activities. To the extent that any Trainees or Clinical Faculty engage in activities or provide services outside the scope of their Creighton or Alliance, as applicable, employment or function, the foregoing professional liability coverages shall not apply to such activities or services, except as provided in this Agreement.
- D. Joint Defense Agreement. In the event of a professional liability claim or claims (collectively, "Claims") against or involving Trainees, Clinical Faculty, or Alliance Institutions in connection with an Alliance Program, the Parties named in a Claim (the "Named Parties") shall use good faith and best efforts to enter promptly into a joint defense agreement based on a general form developed by the Parties, but reviewed and revised specifically by the Named Parties for each Claim (each, a "Joint Defense Agreement"). Such Claims are also subject to indemnification as provided in Article XVI. Each Joint Defense Agreement shall identify which of the Named Parties shall have lead responsibility for handling the common and mutual defense of the Claim. A Named Party may retain other counsel to represent its interests in addition to counsel retained under a Joint Defense Agreement while still remaining a party to the applicable Joint Defense Agreement. No Named Party is required to enter into a Joint Defense Agreement if good faith and best efforts do not permit it, but each Named Party, whether or not a party of a Joint Defense Agreement or if all Named Parties agree that a Joint Defense Agreement is not appropriate for a particular Claim, will collaborate actively with the other Named Parties in defense of the Claim, share experts when appropriate, and coordinate logistical and administrative tasks, such as scheduling.
- E. Allocation and Apportionment. For each Claim covered by a Joint Defense Agreement or another agreement requiring or protecting confidentiality, risk management leadership of each Named Party shall meet and use good faith and best efforts to determine the appropriate allocation of responsibility of each Named Party for possible costs of the Claim, including litigation expenses and money damages in excess of available insurance coverage. The Parties recognize that the allocations and responsibilities for a Claim may shift as the investigation proceeds or new developments occur, and the Named Parties' risk management leaders will meet, as requested by one of the risk management leaders, to decide whether an adjustment is appropriate. While counsel for the Named Parties or counsel retained under a Joint Defense Agreement may offer advice and suggestions regarding allocations, decisions on allocations will be made by the Named Parties' risk management leadership. If the risk management leaders are unable to reach a decision, then the matter shall be resolved through the dispute resolution process in Article XIV.
- F. Creighton Liability. The Parties acknowledge that absent liability arising due to Creighton's actions as the sponsoring institution directing the relevant conduct of a resident, Creighton will not provide funds for insurance deductibles, defense, or resolution of a professional liability Claim in excess of insurance coverage limits as provided in this Agreement.

- G. Other Claims. Litigation or threatened litigation involving matters other than professional responsibility (e.g., employment claims or premises liability claims) shall be handled by the Party named, or if more than one Party or any of its employees or affiliates are also named, as agreed by the risk management leaders of the Parties involved. If more than one Party is involved, the Parties shall use the procedures in this Article XIII (other than Section XIII.F) in handling the non-professional-responsibility Claim.

XIV. DISPUTE RESOLUTION

- A. Scope. Any dispute or controversy arising out of or relating to this Agreement (“disputes”) shall be resolved in accordance with the procedures specified in this Article XIV, which shall be the sole and exclusive procedures for the resolution of any such disputes. All negotiations pursuant to this clause are confidential and shall be treated as compromise and settlement negotiations for purposes of applicable rules of evidence.
- B. Negotiation Between Executives. The Parties shall attempt in good faith to resolve any dispute arising out of or relating to this Agreement promptly by negotiation between the Chief Executive Officers of the Parties to the dispute or their respective designees. Either Party may give the other Party written notice of any dispute not resolved in the normal course of business and such notice shall include (a) a statement of that Party’s position and a summary of arguments supporting that position, and (b) the name and title of the executive who will represent that Party and of any other person who will accompany the executive. Within thirty (30) days after delivery of the notice, the receiving Party shall submit to the other Party a written response which shall include (a) a statement of that Party’s position and a summary of arguments supporting that position, and (b) the name and title of the executive who will represent that Party and of any other person who will accompany the executive. Within ten (10) days after delivery of the response notice, the executives of both Parties shall meet at a mutually acceptable time and place, and thereafter as often as they reasonably deem necessary, to attempt to resolve the dispute. All reasonable requests for information made by one Party to the other will be honored.
- C. Mediation. If the Parties are unable to resolve their dispute pursuant to Section XIV.B above, the Parties thereafter agree to attempt to resolve such dispute via a mediation process sponsored by the American Health Law Association (“AHLA”) or other agreed upon mediation service.
- D. Arbitration. Any dispute arising out of or relating to the Agreement which has not been resolved pursuant to Section XIV.B and XIV.C above within thirty (30) days, shall be finally resolved by arbitration pursuant to Section XIV.E below; provided, however, that if one Party fails to participate in the negotiations as agreed herein, the other Party can commence arbitration prior to the expiration of the time periods set forth above.

- E. Arbitrators. If the amount in controversy is less than One Million Dollars (\$1,000,000.00), the dispute shall be resolved by a sole arbitrator. If the amount in controversy is equal to or greater than One Million Dollars (\$1,000,000.00), the Arbitration Panel shall consist of three (3) arbitrators selected as follows. Each Party shall select one arbitrator, and the two Party-selected arbitrators shall select the third arbitrator who shall serve as Chair of the Panel. Regardless of the number of arbitrators, each arbitrator shall have not less than ten (10) years' experience as a hospital administrator or as a lawyer serving the health care industry with knowledge and experience in the legal regulation of hospitals and physicians, and each arbitrator must be neutral and independent of the Parties.
- F. Law and Jurisdiction. The arbitration shall be governed by applicable provisions of A.R.S. § 12-1501 *et seq.*, the Arizona Rules of Civil Procedure, and the Maricopa County Local Rules of Practice, and judgment upon the award rendered by the arbitrator may be entered by any court having jurisdiction thereof. The arbitration shall be held in Phoenix, Arizona.

XV. SAFEGUARDING CONFIDENTIAL PATIENT INFORMATION

Notwithstanding anything to the contrary in this Agreement, all individually identifiable health information shall be treated as confidential by the Parties in accordance with all applicable federal, state or local laws and regulations governing the confidentiality and privacy of individually identifiable health information, including without limitation the Health Information Portability and Accountability Act of 1996 ("HIPAA"), as amended, and any regulations and official guidelines promulgated thereunder; and the Parties agree to take such additional steps and/or to negotiate such amendments to this Agreement as may be required to ensure that the Parties and this Agreement are and remain in compliance with the HIPAA regulations and official guidance. As needed, each Alliance Member, as a covered entity, and the Alliance, as business associate of each Alliance Member, shall develop and enter into the Business Associate Agreement to carry out the purpose of this Article XV.

XVI. INDEMNIFICATION

To the extent permitted by law, each Party agrees to indemnify, defend and hold harmless the other Parties from and against any and all claims, losses, liability, costs or expenses including but not limited to, those arising out of bodily injury to any person, including death, or property damage; however, such indemnification shall be solely to the extent that such claims are caused or arising directly from the negligence, misconduct, or other fault of the indemnitor, its agents, employees, or contractors in connection with their performance under this Agreement. This Article XVI shall survive termination of this Agreement.

XVII. INSURANCE

- A. The Parties shall maintain during the term of this Agreement insurance of the types and amounts set forth below. In addition, the Parties shall, where possible, notify

every other Party of any cancellation of the insurance or any material decrease in the amounts of coverage at least thirty (30) days before such action occurs.

In the event that any Party does not purchase commercial insurance to fulfill all or a portion of its obligations under this Article XVII, becomes self-insured for all or a portion of its obligations, or creates or enters any financial arrangement to fulfill its obligation hereunder, the Party will ensure, to the satisfaction of all other Parties, that such non-commercial insurance arrangements are financially and actuarially sound.

- B. The insurance(s) required to be maintained by each Party are:
1. Worker's compensation and employer's liability insurance with limits of not less than \$1,000,000 each accident, \$1,000,000 each disease and \$1,000,000 disease policy limits.
 2. Automobile, General Liability, and D&O Liability Insurance.
 - a. General liability insurance at least as broad as ISO's CG0001 with limits of not less than \$1,000,000 for each occurrence, \$2,000,000 Products/Completed Operations Aggregate, and \$2,000,000 General Aggregate. The insurance shall include coverage for bodily injury, broad form property damage, personal injury, products and completed operations and blanket contractual.
 - b. Automobile insurance for vehicles owned, hired and non-owned or leased by a Party with limits of not less than \$1,000,000.00 per accident.
 - c. Directors and Officers Liability coverage, with limits of not less than \$3,000,000 per claim.
 3. Professional Liability.
 - a. Except as provided in Section XIII.A regarding professional liability insurance coverage for Trainees, each Party shall be solely responsible for procuring and maintaining professional liability coverage for any and all professional activities. Such professional liability coverage shall be maintained during the term of this Agreement and for the period of five (5) years following the withdrawal, conclusion, or termination of this Agreement, and shall have annual policy period coverage limits of not less than \$2,000,000 per occurrence or claim and \$5,000,000 in the aggregate for healthcare professionals who are employees and/or independent contractors of a Party. Such professional liability insurance

coverage requirements may be met through a combination of captive insurance and commercially purchased insurance policies.

4. Privacy, Security, and Data Breach Insurance. The Alliance and each Core Member will procure and maintain during the term of this Agreement privacy, security, and data breach insurance with limits of not less than \$3,000,000 per claim or occurrence, \$3,000,000 for breach response costs, \$3,000,000 for regulatory defense and penalties, \$3,000,000 for data recovery costs, \$3,000,000 for cyber extortion, and \$3,000,000 in the aggregate. The provisions and obligations under this Section XVII.B.4 will survive the withdrawal, termination, or conclusion of the Agreement.
 5. The provisions of this Article XVII will survive a Party's withdrawal from this Agreement and the termination or conclusion of the Agreement.
- C. The insurance requirements outlined in this Article XVII shall be reviewed annually by the Alliance Board and shall be amended from time to time as agreed by the Parties to be consistent with the levels of professional and other liability coverage prevailing in the community and current insurance market conditions and availability.
- D. The Alliance itself may obtain coverage directly or as an additional insured under policies maintained by Creighton. The Parties acknowledge that the Alliance may not be carrying the amounts of coverage required under this Article XVII during the Fiscal Year of adoption of this amended and restated Agreement, and that the Alliance will add additional coverage effective the following July 1, assuming the Alliance Board approves the budget with the additional premium expense.

XVIII. INTELLECTUAL PROPERTY RIGHTS

The Parties acknowledge and agree that the activities performed under this Agreement may result in the creation of new intellectual property; therefore, unless otherwise provided, the following will apply:

- A. The Alliance shall retain exclusive title and all rights to inventions, copyrights, and other intellectual property arising from Alliance research activities and outcome studies conducted by or for the Alliance.
- B. Core Members shall retain exclusive title and all rights to inventions, copyrights, and other intellectual property arising from the conceptions or efforts of the Core Members' respective employees, agents, or consultants in performing this Agreement that are not research activities and outcome studies conducted by or for the Alliance, as determined by the Research Committee.

XIX. TERM AND TERMINATION OF AGREEMENT

- A. The Agreement became effective as of September 1, 2017, and will continue in effect for twenty (20) years, at which time it will be automatically renewed for additional periods of five (5) years, unless otherwise terminated pursuant to the terms herein. After a notice of withdrawal or termination is provided by a Party, all Parties (including the withdrawing entity) will cooperate in developing a Transition Plan, as defined herein.
- B. If the Alliance Board determines that any Member has breached a material provision of this Agreement, it shall provide written notice of such breach to the breaching Member. Provided that the Member fails to cure such breach within ninety (90) days after receipt of such notice (or if the breach cannot reasonably be cured within ninety (90) days, the Member commences the cure within such period and diligently pursues it to completion, but not in excess of one hundred eighty (180) days), the Alliance Board may, upon unanimous vote of the non-breaching Core Member Directors, terminate the participation by the breaching Member or Affiliated Entity in the Alliance.
- C. The Alliance Core Members, upon unanimous vote, may terminate this Agreement immediately if Creighton fails to maintain its institutional sponsorship in good standing with the LCME.
- D. Creighton may terminate a Hospital's participation in the Alliance immediately upon notice that (i) such Hospital has lost its state licensure or accreditation with The Joint Commission, DNV GL Healthcare, or other federally approved accrediting entity; (ii) such Hospital is excluded or debarred from participation in any federal healthcare programs, federal or state procurement or non-procurement program or is designated a Specially Designated National or Blocked Person by the Practice Site of Foreign Asset Control of the U.S. Department of Treasury; (iii) such Hospital has made an application for the appointment of a receiver, trustee or custodian for its assets; (iv) a petition under any section or chapter of the federal Bankruptcy Code or any similar law or regulation is filed by or against such Hospital; (v) such Hospital makes an assignment for the benefit of its creditors; or (vi) such Hospital becomes insolvent or fails generally to pay its debts as they become due.
- E. The termination rights in this Section XIX are not exclusive, but rather are in addition to any other rights and remedies that the Parties may have at law or in equity.
- F. If this Agreement is terminated and/or any Alliance GME program is discontinued for any reason, or if a Party withdraws from the Alliance or is otherwise terminated from participating in the Alliance, each Party (including those that may be withdrawing or terminating) will cooperate to adopt a transition plan (a "Transition Plan") that (a) ends the affected GME programs in a responsible manner that is consistent with ACGME requirements related to the closure of such programs; (b) protects the interests of the then current residents and fellows and those

residents and fellows who may have been admitted to, but not yet begun, their residency or fellowship program; and (c) resolves outstanding financial and other issues between the Parties and all Healthcare Learners.

- G. Notwithstanding the foregoing, neither the withdrawal or termination of a Party from the Alliance, nor the expiration or termination of this Agreement for any reason will cause the termination or modification of any existing master affiliation agreements or PLAs. Such master affiliation agreements and PLAs will remain valid and in effect in accordance with their terms. However, the expiration or termination of all master affiliation agreements and PLAs between the Alliance and any given Hospital will trigger an automatic withdrawal or termination of such Hospital from the Alliance and termination of its rights and obligations hereunder.
- H. The covenants of this Article XIX shall survive the expiration or termination of this Agreement.

XX. WITHDRAWAL

- A. Withdrawal for Convenience. Intent to withdraw from the Alliance shall be by notice. Core Members must provide the Alliance with at least five (5) years' notice of intent to withdraw. Affiliate and Associate Members must provide the Alliance with at least twenty-four (24) months' notice of intent to withdraw.
- B. Withdrawal for Cause. If a Member has breached a material term of this Agreement, has not cured the breach as provided in Section XIX.B, and the non-breaching Members of the Alliance Board have not unanimously approved withdrawal of the defaulting Member, a non-breaching Member to this Agreement who voted in favor of termination may withdraw from the Agreement for Cause. To withdraw for Cause, (i) Core Members must provide the Alliance with at least two (2) years' notice of intent to withdraw and (ii) Affiliate and Associate Members must provide the Alliance with at least twelve (12) months' Notice of Intent to Withdraw.
- C. Adjustment in Event of Withdrawal. In the event that a Member withdraws from this Agreement for Convenience or Cause as set forth in herein, the costs of operating the Alliance shall be allocated among the remaining Members from and after the effective date of such withdrawal. The withdrawing Member shall remain responsible for its share of costs as allocated by the Alliance up to and including the effective time of such withdrawal. Withdrawal from the Alliance does not release any Member from its obligations as a Participating Site for GME or other training programs and the Member will still be required to comply with any related agreements until they terminate or expire and any policies that are incorporated by reference into the agreements, including the insurance obligations mentioned above.
- D. Change of Law. The Parties shall comply with all applicable laws, rules and regulations as they may be amended from time to time. Notwithstanding anything

herein to the contrary, if on the written advice of legal counsel: (i) any Party determines that this Agreement may be interpreted to violate any applicable laws, regulations or court orders, as they may be amended from time to time; (ii) any Party determines that a law precludes it (as a result of this Agreement) from billing Medicare or another public or private third party payor for its healthcare items and services; (iii) any Party determines that as a result of this Agreement a law prohibits, limits, or otherwise adversely affects its reimbursement for healthcare items or services; (iv) any Party determines that this Agreement jeopardizes such Party's tax-exempt status or its tax-exempt bonds; (v) the Alliance Board determines that one or more of its Members' status would jeopardize its accreditation under ACGME, LCME, or any other Accrediting Agency; or (vi) any Core Member determines that its participation in the Alliance would jeopardize its state licensure or accreditation with The Joint Commission, DNV GL Healthcare, or other federally approved accrediting entity, then the Party making such determination may withdraw from the Alliance upon sixty (60) days' advance written notice of the intent to withdraw and the basis for the determination to the Alliance. The Alliance shall use good-faith efforts during such sixty (60) day period to avoid such withdrawal by amending this Agreement in such a manner so that it complies with applicable laws, does not preclude a Party from billing a third party payor, does not adversely affect reimbursement for a Party's services, does not jeopardize the tax-exempt status of any tax-exempt Party or their respective tax-exempt bonds, and does not jeopardize a Party's accreditation or state licensure, as applicable.

- E. Withdrawal upon Non-Renewal of Valleywise' Tax Levy. Notwithstanding any provision in this Agreement to the contrary, in the event that Valleywise's statutory tax levy pursuant to A.R.S. § 48-5565 is not renewed by the voters of Maricopa County, Valleywise may withdraw from the Alliance, without penalty, upon twelve (12) months' written notice.

XXI. MISCELLANEOUS

- A. Non-Discrimination. Discrimination against any individual involved in this Agreement, because of race, color, religion, sex, national origin, age, handicap, veteran's status, marital status, or sexual orientation or preference is prohibited by the Parties, and if practiced by any Party or Hospital may be cause for terminating the offending entity's participation in the Alliance.
- B. Amendment and Assignment. Amendments and modifications to the terms and conditions of this Agreement shall be effective only upon the mutual written agreement of the Parties, signed by a person authorized to approve such amendments and/or modifications. No Party may assign this Agreement or any rights hereunder without the prior written consent of the other Parties, which each other Party may grant or withhold in its sole discretion.

- C. Independent Contractors. The Parties are independent contractors, and nothing herein shall be deemed or construed to create an employment or agency relationship. The obligations of the Parties under this Agreement are several and not joint. This Agreement is strictly for the benefit of the Parties, and is not meant to create any rights in third parties or third-party beneficiaries.
- D. Severability. The provisions of this Agreement are severable, and if any provision of this Agreement is found to be invalid, void or unenforceable, the remaining provisions will remain in full force and effect.
- E. Entire Agreement. Except for (i) the current professional services agreement between Valleywise and DMG, (ii) the current Creighton and St. Joseph's Affiliation Agreement, (iii) any faculty lease agreements between Creighton and other Core Members, (iv) the Creighton-Dignity Health agreement for nursing education, and (v) the NDA as described in Section XXI.P below, this Agreement, including its exhibits referenced herein, represents the entire agreement and understanding among the Parties regarding the subject matter hereof, and supersedes all prior discussions, agreements and undertakings of every kind and nature between them, whether written or oral, with respect to such subject matter.
- F. Compliance with Federal Programs. Each Party hereby represents and warrants that it (i) is not currently excluded, debarred or otherwise ineligible to participate in the federal health care programs as defined in 42 U.S.C. § 1320a-7b(f) ("Federal Health Care Programs"); (ii) is not convicted of a criminal offense related to the provision of healthcare items or services and has not been excluded, debarred, or otherwise declared ineligible to participate in the Federal Health Care Programs; and (iii) is not under investigation or otherwise aware of any circumstances which may result in being excluded from participation in the Federal Health Care Programs. Each Party shall immediately notify the Alliance and each other Party of any change in the status of the representation and warranty set forth in this Section XXI.G, at which point the Alliance Board may elect to terminate such Party's participation in the Alliance.
- G. No Obligation to Make Referrals. The Parties acknowledge that there is no requirement under this Agreement, or any other agreement between the Parties, that any Party refer any patients to any healthcare provider or purchase any healthcare goods or services from any source. Additionally, no payment under this Agreement is (i) in return for the referral of patients, if any, or (ii) in return for purchasing, leasing, or ordering services from any Party. Any Party may refer, or not refer, patients to the other Parties or Hospitals and shall make such referrals, if any, based only on the professional medical judgment of the healthcare provider, and the needs and desires of the relevant patients.
- H. Counterparts. This Agreement may be executed in one or more counterparts, all of which together shall constitute only one (1) agreement, and may be executed by electronic signatures (i.e., PDFs or DocuSign).

- I. Governing Law. This Agreement has been entered into in the State of Arizona and shall be construed and interpreted in accordance with, and shall be governed by, the laws of the State of Arizona, notwithstanding that State's choice of law provisions. Venue for any action will be in Phoenix, Arizona.
- J. Authorization. Each Party represents and warrants that it is duly authorized to enter into or sign in acknowledgment, as applicable, this Agreement on behalf of itself and its affiliates, and that this Agreement shall not conflict with or cause it to be in breach of any other agreements or obligations such Party might have.
- K. Notices. All notices and other communications hereunder shall be in writing (including telecopy, electronic, or similar writing) and shall be sent, delivered or mailed, addressed or emailed:

CREIGHTON UNIVERSITY
ATTN: General Counsel
Creighton University
2500 California Plaza
Omaha, Nebraska 68178
Email: generalcounsel@creighton.edu
Fax: 402-280-5719

ST. JOSEPH'S HOSPITAL AND MEDICAL
CENTER and DIGNITY HEALTH MEDICAL
GROUP, each a d/b/a of Dignity Health
ATTN: Legal Department
3200 North Central Avenue, 23rd Floor
Phoenix, Arizona 85012
Email: joseph.mislove@dignityhealth.org
Fax: 602-798-0756

DISTRICT MEDICAL GROUP, INC.
ATTN: CEO
2929 East Thomas Road
Phoenix, Arizona 85016
Email: Kote_Chundu@dmgaz.org
Fax: 602-470-5063

MARICOPA COUNTY SPECIAL HEALTH CARE
DISTRICT d/b/a VALLEYWISE HEALTH
ATTN: CEO
2601 East Roosevelt
Phoenix, Arizona 85008
Email: Stephen.Purves@valleywisehealth.org
Fax: 602-344-5190

CREIGHTON UNIVERSITY ARIZONA HEALTH
EDUCATION ALLIANCE
ATTN: Executive Director
3100 North Central Avenue, 7th Floor
Phoenix, Arizona 85012
Email: ericabrown1@creighton.edu

Each such notice, request, or communication shall be effective (i) if delivered by hand or by nationally recognized courier service, when delivered at the address specified in this Section XXI.K (or in accordance with the latest unrevoked direction from such Party); (ii) if given by facsimile or electronic communication, when such facsimile or electronic communication is transmitted to the facsimile or electronic number or address, as the case may be, specified in this Section XXI.K (or in accordance with the latest unrevoked direction from such Party), if confirmation is received from the recipient of the notice; and (iii) three (3) days after it is deposited in the United States Mail, with first-class or airmail postage prepaid.

- L. Interpretation. The headings contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement. Whenever the words “include,” “includes” or “including” are used in this Agreement, they shall be deemed to be followed by the words “without limitation.”
- M. Severability. If any provision of this Agreement, or the application thereof to any person, entity, place or circumstances, shall be held by a court of competent jurisdiction to be invalid, unenforceable, or void, the remainder of this Agreement and such provisions as applied to other persons, places, and circumstances shall remain in full force and effect; provided however, that in the event that the terms and conditions of this Agreement are materially altered as a result of this paragraph, the Parties will renegotiate the terms and conditions of this Agreement to resolve any inequities.
- N. Compliance with Law, Regulations and Accrediting Requirements. The Parties agree to conduct the GME and other health professional education Programs in accordance with the accrediting agency standards applicable to them. The Parties acknowledge that this Agreement is subject to, and the Parties agree to comply with, applicable local, state and federal rules, and regulations. In particular, the Parties agree to comply with the requirements of HIPAA, as amended from time to time.
- O. Use of Protected Health Information. The Alliance as Business Associate of the Parties may use Protected Health Information to carry out its responsibilities pursuant to this Agreement. The Alliance shall ensure that its directors, officers, employees, contractors and agents do not use Protected Health Information received from a Covered Entity, as defined in HIPAA, in any manner that would constitute a violation of the Privacy Standards if used by a Covered Entity, except that the Alliance may use Protected Health Information (i) for a Business

Associate's proper management and administration; or (ii) to carry out the legal responsibilities of a Business Associate.

- P. Confidentiality. The Parties (including the Alliance) agree that the Confidentiality and Non-Disclosure Agreement ("NDA") executed in February 2016 is hereby reauthorized and confirmed, shall continue to govern the disclosure of any confidential information among the Parties with regard to this Agreement. Additionally, the Parties acknowledge that as a result of this Agreement, they may have access to certain confidential and proprietary information of each other. The Parties shall hold such confidential and proprietary information, including the terms and conditions of this Agreement, in confidence and shall not use or disclose such information, either by publication or otherwise, to any person without the prior written consent of the other Party, except as may be required by law and except as may be required to fulfill the rights and obligations set forth in this Agreement.
- Q. No Restriction on Other Business and Relationships. Notwithstanding any other provision of this Agreement to the contrary, each Party acknowledges and agrees that the execution of this Agreement is not intended to restrict the other Party's or any of its affiliated entities' ability to carry on its existing business, enter into a new line of business, develop new services, engage in non-GME related business arrangements, or otherwise expand its business. Each Party and its affiliated entities are free to conduct any existing business that competes with any other Party and develop any additional business that may compete with any other Party. Notwithstanding the foregoing, the Parties agree that to the extent permitted by law, the collaboration envisioned by this Agreement is considered to be an exclusive arrangement among the Parties and that they will not enter into any arrangement whose intent and focus is inconsistent with this Agreement. The exclusive arrangement described in this paragraph shall (i) not require a Party to divest of, modify or terminate any education-related arrangement entered into by such Party prior to the Effective Date; and (ii) not prohibit a Party from sending, receiving or training health education students, residents or fellows under arrangements with organizations other than the Alliance, provided all learners within the Alliance Programs continue to receive sufficient training opportunities to complete their training.
- R. State of Arizona Requirements. This Agreement is subject to termination under A.R.S. § 38-511. The Parties agree that they are not currently engaged in, and agree that for the duration of the Agreement they will not engage in, a boycott of Israel as that term is defined in A.R.S. § 35-393.

{ Signature Page Follows }

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the date last written below.

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

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

Name

Name

Title

Title

Date

Date

DISTRICT MEDICAL GROUP, INC., an Arizona nonprofit corporation

CREIGHTON UNIVERSITY, a Nebraska nonprofit corporation

Name

Name

Title

Title

Date

Date

CREIGHTON UNIVERSITY ARIZONA HEALTH EDUCATION ALLIANCE, an Arizona nonprofit corporation

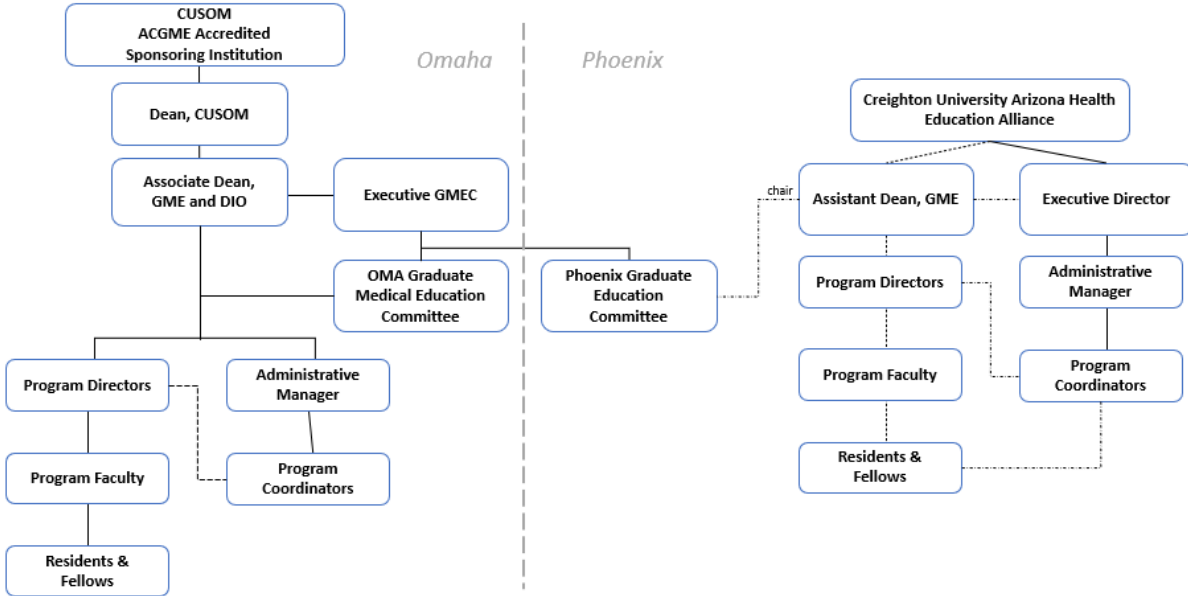
Name

Title

Date

Exhibit A Alliance Organizational Charts

ALLIANCE/CUSOM INTERRELATIONSHIP SPECIFIC TO GME ACCREDITATION AND SPONSORSHIP (current)



ALLIANCE/CUSOM INTERRELATIONSHIP SPECIFIC TO GME ACCREDITATION AND SPONSORSHIP (future)

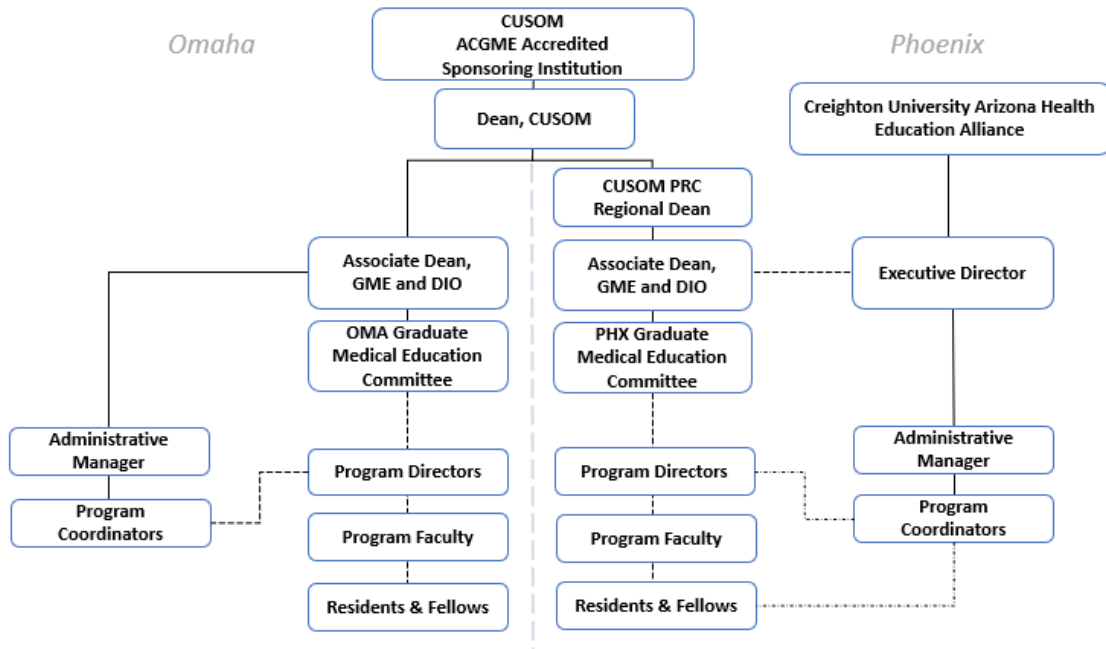


Exhibit B
Pre-Existing Core Member Programs

Schools and Colleges with students at Core Member Sites / July 1, 2022 – June 30, 2023

Medical Schools

Valleywise	SJHMC
Creighton	Creighton
Midwestern	Mayo
U of A	U of A
Mayo	Midwestern
AT Still	Cooper Med School
Des Moines	Campbell University
KC University	Rocky Vista
Rocky Vista	George Washington
Univ of New England-COM	Marian University
Medical University of the Americas	
Arkansas School of Medicine	
The University of New Mexico	
Trinity School of Medicine	
UMHS St Kitts	
Western University Col of OM	
Cal U Science and Medicine	
Indiana University	
Kirksville Coll of Osteopathic Med	
Liberty	
Michigan State	
Pacific NW Univ of Health Sci	
Philadelphia COM	
RCOS in Ireland	
Sackler School of Medicine	
The University of Louisville	
The University of Texas San Antonio	
Touro University	
University of Texas	
William Carey	

Physician Assistant Programs

Valleywise	SJHMC
Creighton	Midwestern
	Creighton
	NAU
	AT Still
	Yale

Podiatry Schools

Valleywise
Midwestern
Samuel Merritt
W. Scholl
Des Moines
Kent
Temple
New York College of Pod Med

Nursing Programs

Valleywise	SJHMC
Grand Canyon University	Grand Canyon University
Eastern Arizona College	Chamberlain - Phoenix, AZ
Creighton University	Arizona State University
Paradise Valley Community College	Phoenix College
Scottsdale Community College	Creighton University
Arizona State University	GateWay Community College
Chamberlain - Phoenix, AZ	Scottsdale Community College
Carrington College -Phoenix East, AZ	Aspen University - Phoenix
Central Arizona College - Signal Peak	Paradise Valley Community College
University of Arizona - Tucson	Mesa Community College
Mesa Community College	Chandler-Gilbert Community College
Aspen University - Phoenix	Northern Arizona University - Flagstaff
GateWay Community College	
Upper Iowa University	
National Institute of First Assisting	

Pharmacy Schools

Valleywise	SJHMC
Midwestern University - Glendale	Midwestern University - Glendale, AZ
Creighton Univ. - School of Pharmacy	Creighton Univ. - School of Pharmacy
University of Arizona - Tucson	University of Arizona - Tucson Campus

	Purdue University
--	-------------------

Occupational Therapy Programs

Valleywise	SJHMC
Creighton	NAU
Midwestern	Midwestern
St Francis University	Creighton
Northern Arizona University	AT Still

Physical Therapy Students

Valleywise	SJHMC
Creighton	AT Still University Mesa
NAU	Northern Arizona University - Phoenix
AT Still	Franklin Pierce University
Wash U.	Creighton University
	Wash U.
	University of the Pacific
	University of Mary
	The College of St Scholastica
	Regis
	MGH Institute of Health Professions
	Midwestern

Schedule 1
List of BNI Programs

ACGME accredited programs:

Neurological Surgery
Endovascular Surgical Neuroradiology
Neurology
Neuromuscular Medicine
Epilepsy
Clinical Neurophysiology
Vascular Neurology
Neuroradiology

Non-ACGME accredited programs:

2-Year Postdoctoral Residency Program in Adult Clinical Neuropsychology (recognized by the Association of Postdoctoral Programs in Clinical Neuropsychology)

Post-Residency Fellowships in the following:

Neuro-Oncology
Neuroimmunology and Multiple Sclerosis
Otoneurology and Balance Disorders
Traumatic Brain Injury and Sports Neurology

Schedule 2
Minimum Limits for Professional Liability Insurance

THIS SCHEDULE 2 IS CONFIDENTIAL AND PROPRIETARY INFORMATION

Current MICA policy (July 1, 2022, through July 1, 2023):

Liability limit each occurrence: \$ 1,000,000

Liability limit aggregate: \$10,000,000

Shared excess each occurrence: \$ 5,000,000

Shared excess aggregate: \$ 5,000,000

Deductible each occurrence: \$ 100,000

Deductible aggregate: \$ 500,000



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

September 28, 2022

Item 1.d.i.

**Medical Staff
Medical Staff Credentials for
September 2022**

Recommended by Credentials Committee: September 6, 2022
 Recommended by Medical Executive Committee: September 13, 2022
 Submitted to MSHCDB: September 28, 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
Shelley F. Abdel-Sayed, M.D.	Courtesy	Anesthesiology	10/01/2022 to 09/30/2024	
Juan Fernando Kamar Kharoufeh, M.D.	Active	Internal Medicine	10/01/2022 to 09/30/2024	
Clayton Daniel Kirk, M.D.	Courtesy	Surgery (Ophthalmology)	10/01/2022 to 09/30/2024	
Christopher Michael Knapp, M.D.	Active	Surgery (General/Trauma Surgery)	10/01/2022 to 09/30/2024	
Kuong C. Kov, D.D.S.	Active	Dentistry	10/01/2022 to 09/30/2024	
Liliya Kraynov, M.D.	Active	Emergency Medicine	10/01/2022 to 09/30/2024	
Clayton William Long, M.D.	Courtesy	Pediatrics	10/01/2022 to 09/30/2024	
David S. Majdalany, M.D.	Courtesy	Internal Medicine (Cardiology)	10/01/2022 to 09/30/2024	
Aleksandra Nicole Miucin, M.D.	Active	Radiology	10/01/2022 to 09/30/2024	
Neda Fuad Mulla, M.D.	Courtesy	Pediatrics (Cardiology)	10/01/2022 to 09/30/2024	
Regi Selvananayagam Ramanathan, M.D.	Courtesy	Pediatrics	10/01/2022 to 09/30/2024	
Brant Robert Thayer, M.D.	Active	Psychiatry	10/01/2022 to 09/30/2024	
Alexandra Marie Thompson, M.D.	Active	Pediatrics	10/01/2022 to 09/30/2024	
Rohan Vilas Vaidya, M.D.	Active	Surgery (Urology)	10/01/2022 to 09/30/2024	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	SPECIALTY/PRIVILEGES	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Frances Mariel Palermo Alvarado, M.D.	Internal Medicine	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Internal Medicine Core Privileges.
Adam Powell Smith, M.D.	Surgery	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for General Surgery Procedural Privileges, Laparoscopy (Advanced) privileges, Endoscopy and Robotic Surgery Privileges.

Recommended by Credentials Committee: September 6, 2022
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 Submitted to MSHCDB: September 28, 2022

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Meily Rosibel Arevalo Acosta, M.D.	Active	Internal Medicine	10/01/2022 to 09/30/2024	
Nyima S. Ali, M.D.	Active	Obstetrics / Gynecology	10/01/2022 to 09/30/2024	
Jamal Atalla, M.D.	Courtesy	Internal Medicine (Nephology)	10/01/2022 to 09/30/2024	
Justin D. Chandler, M.D.	Active	Surgery (Trauma)	10/01/2022 to 09/30/2024	
Alicia Lynn Cowdrey, M.D.	Active	Psychiatry	10/01/2022 to 09/30/2024	
Christopher Keith Crowe, M.D.	Courtesy	Emergency Medicine	10/01/2022 to 09/30/2024	
Harikrishna R. Dave, M.D.	Active	Pathology	10/01/2022 to 09/30/2024	
Stephen A. De Souza, M.D.	Courtesy	Surgery (Ophthalmology)	10/01/2022 to 09/30/2024	
Jaime Rafael Gaitan, M.D.	Courtesy	Surgery (Ophthalmology)	10/01/2022 to 09/30/2024	
Peter H. Maughan, M.D.	Courtesy	Surgery (Neurosurgery)	10/01/2022 to 09/30/2024	
Marc A. Merroto, M.D.	Active	Internal Medicine (Neurology)	10/01/2022 to 09/30/2024	
Douglas P. Nelson, M.D.	Active	Internal Medicine	10/01/2022 to 09/30/2023	Recommendation for one- year conditional reappointment.
Linda Robin Nelson, M.D.	Courtesy	Obstetrics / Gynecology	10/01/2022 to 09/30/2024	
Craig W. Pool, D.D.S.	Active	Dentistry	10/01/2022 to 09/30/2024	
Jacqueline Jazmine Pynn, M.D.	Active	Psychiatry	10/01/2022 to 09/30/2024	
Andrew Joseph Rivara, M.D.	Courtesy	Obstetrics / Gynecology	10/01/2022 to 09/30/2024	
Charles Edwin Runyan, M.D.	Courtesy	Radiology	10/01/2022 to 03/31/2023	Recommendation for six-months conditional reappointment.
Nedall Samad, M.D.	Active	Internal Medicine	10/01/2022 to 09/30/2024	
Tal Eli Sandler, M.D.	Courtesy	Anesthesiology	10/01/2022 to 09/30/2024	
Adam Powell Smith, M.D.	Active	Surgery	10/01/2022 to 09/30/2024	
Ned D. Stolzberg, M.D.	Courtesy	Internal Medicine (Palliative Medicine)	10/01/2022 to 09/30/2024	
Scott David Walker, D.P.M.	Active	Surgery (Podiatry)	10/01/2022 to 09/30/2024	

RECREDENTIALING BY PROXY				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	ORGANIZATION
Robert Jadali Aria, M.D.	Telemedicine	Radiology	10/01/2022 to 09/30/2024	Rapid Radiology Inc.
Bhavika Rutesh Dave, M.D.	Telemedicine	Radiology	10/01/2022 to 09/30/2024	Rapid Radiology Inc.

Recommended by Credentials Committee: September 6, 2022
 Recommended by Medical Executive Committee: September 13, 2022
 Submitted to MSHCDB: September 28, 2022

CHANGE IN PRIVILEGES			
NAME	DEPARTMENT/SPECIALTY	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Andrew Joseph Rivara, M.D.	Obstetrics / Gynecology	<u>Withdrawal</u> : Robotic Surgery privileges	Voluntary Relinquishment of Privileges due to non-utilization of privileges.
Steven H. Miller, M.D.	Surgery (Hand)	<u>Withdrawal</u> : General Surgery Procedural Privileges, Basic Trauma Surgery, Laparoscopy and Endoscopy.	Voluntary Relinquishment of Privileges due to non-utilization of privileges. <i>Dr. Miller will maintain Hand Surgery Consultation privileges ONLY.</i>

STAFF STATUS CHANGE			
NAME	DEPARTMENT	CHANGE FROM/TO	COMMENTS
Madeline Elizabeth Eells, M.D.	Obstetrics / Gynecology	Active to Courtesy	Reduction in hours
Steven H. Miller, M.D.	Surgery (Hand)	Leave of Absence to Courtesy	Recommendation made to transition physician back to active clinical practice based on Practitioner Wellness Committee's (PWC) review and issuance of a "Safe Return to Practice" clearance accepted by the MEC and CC.
Charles Edwin Runyan, M.D.	Radiology	Courtesy to Leave of Absence	Effective as of August 16, 2022
Alexander Toledo, D.O.	Emergency Medicine	Active to Courtesy	Transitioning to part-time effective 7/31/2022 in the Department of Emergency Medicine.

Recommended by Credentials Committee: September 6, 2022
 Recommended by Medical Executive Committee: September 13, 2022
 Submitted to MSHCDB: September 28, 2022

RESIGNATIONS <i>Information Only</i>			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Kelly Ann Benedict, M.D.	Pediatrics (Nephrology)	Courtesy to Inactive	Resigned effective September 30, 2022
James Menzies Bennett, M.D.	Family & Community Medicine	Courtesy to Inactive	Resigned effective July 29, 2022
James Neil Danielson, M.D.	Obstetrics / Gynecology	Courtesy to Inactive	Resigned effective August 8, 2022
Matthew Joseph K. Douglas, M.D.	Emergency Medicine	Courtesy to Inactive	Resigned effective September 30, 2022
Jean Khara Gonzales Casillan, M.D.	Family & Community Medicine	Active to Inactive	Resigned effective September 16, 2022
Collette Rochelle Harris, M.D.	Family & Community Medicine	Courtesy to Inactive	Resigned effective July 29, 2022
Alexander Reid Harrison, M.D.	Anesthesiology	Courtesy to Inactive	Resigned effective August 1, 2022
Alpana Saini, D.O.	Anesthesiology	Courtesy to Inactive	Resigned effective August 17, 2022
David E.J. Stoike, D.O.	Anesthesiology	Courtesy to Inactive	Resigned effective July 29, 2022

CORRECTION TO THE August 24, 2022 MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT BOARD MEETING			
NAME	SPECIALTY/PRIVILEGES	CATEGORY	COMMENTS
William S. James, M.D.	Psychiatry	Courtesy to Teaching Staff	Physician has transitioned from active status to teaching staff status.

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**

September 28, 2022

Item 1.d.ii.

Medical Staff

**Advanced Clinical Practice Clinician/Allied
Health Professional Staff Credentials for
September 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
Brian D. Arey, A.N.P.	Family & Community Medicine	Practice Prerogatives on file	10/01/2022 to 09/30/2024	
Bridget Bernadette Barron, P.A.-C.	Orthopedic Surgery	Practice Prerogatives on file	10/01/2022 to 09/30/2024	
Debra Anne-Marie Boucaud, A.N.P.	Internal Medicine	Practice Prerogatives on file	10/01/2022 to 09/30/2024	
JoAnne Ellen Bracewell, F.N.P.	Internal Medicine	Practice Prerogatives on file	10/01/2022 to 09/30/2024	
Misty Evagene Cox, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	10/01/2022 to 09/30/2024	
Danielle Marie Cross, P.A.-C.	Surgery	Practice Prerogatives on file	10/01/2022 to 09/30/2024	
Esperanza Hernandez, Ph.D.	Psychiatry	Practice Prerogatives on file	10/01/2022 to 09/30/2024	
Shasa L. Jackson, L.C.S.W.	Psychiatry	Practice Prerogatives on file	10/01/2022 to 09/30/2024	
Nicole Erin Oppenheimer, P.A.-C.	Surgery	Practice Prerogatives on file	10/01/2022 to 09/30/2024	
Elizabeth Yee, C.C.P.	Surgery	Practice Prerogatives on file	10/01/2022 to 09/30/2024	

ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – REAPPOINTMENTS				
NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
James Terry Ballentine, A.N.P.	Family & Community Medicine	Practice Prerogatives on file	10/01/2022 to 09/30/2024	
Tammalynn A. Bambulas, C.N.M.	Obstetrics / Gynecology	Practice Prerogatives on file	10/01/2022 to 09/30/2024	
Barbara Benincaso, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	10/01/2022 to 09/30/2024	
Scott Andrew Carr, C.R.N.A.	Anesthesiology	Practice Prerogatives on file	10/01/2022 to 09/30/2024	
Arlene Hanic Karlin, C.N.M.	Obstetrics / Gynecology	Practice Prerogatives on file	10/01/2022 to 09/30/2024	
Jill Anne Krmpotic, A.G.A.C.N.P.	Internal Medicine (Palliative Medicine)	Practice Prerogatives on file	10/01/2022 to 09/30/2024	
Melissa LaTona, P.A.-C	Surgery (Neurosurgery)	Practice Prerogatives on file	10/01/2022 to 09/30/2024	
Jo-Ann Marie MacKinnon, C.R.N.A.	Anesthesiology	Practice Prerogatives on file	10/01/2022 to 09/30/2024	
Sydney Ann Mahaffay, C.R.N.A.	Anesthesiology	Practice Prerogatives on file	10/01/2022 to 09/30/2024	
Heather Burzinski Sullivan, P.A.-C	Family & Community Medicine	Practice Prerogatives on file	10/01/2022 to 09/30/2024	
Jolyn Michele Wilda, C.R.N.A.	Anesthesiology	Practice Prerogatives on file	10/01/2022 to 09/30/2024	

Recommended by Credentials Committee: September 6, 2022
 Recommended by Medical Executive Committee: September 13, 2022
 Submitted to MSHCDB: September 28, 2022

RESIGNATION (Information Only)			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Kimberly Ann Couch, C.N.M.	Obstetrics / Gynecology	Active to Inactive	Resigned effective September 30, 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**

September 28, 2022

Item 1.e.i.

**Care Reimagined Capital
CER #19-947R**



**Maricopa County
Special Health Care District**

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

DATE: September 1, 2022

TO: Valleywise Health Board of Directors

cc: Steve Purves, President and Chief Executive Officer
Claire Agnew, EVP & Chief Financial Officer
Melanie Talbot, Chief Governance Officer

FROM: Justin Storts

SUBJECT: Capital Expenditure (CER) 19-947R, Equipment warehousing and relocation services– Acute Care Hospital; Support Service Building

This item, CER 19-947R Prop 480 expenditure, is for Sirva equipment warehousing and relocation services within the ACH as well as SSB. The purchase order is needed to provide these services within the new buildings. This request requires PO issuance to move forward with warehousing of new equipment for the new hospital and SSB activation. The IPMO team has ensured that the appropriate workgroups have reviewed this detailed requirement, to ensure the efforts are aligned to the requirements. The below list of items has been compiled, priced, and reviewed by the IPMO project team.

Equipment warehousing and relocation for the ACH activation sequence.

Equipment warehousing and relocation for the SSB activation sequence.

The total cost for this CER 19-947R: \$746,538.66

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, September 6, 2022 10:40 AM
To: Melanie Talbot
Subject: CER Approval Request: ACH & SSB - Warehousing & Moving

CAUTION: External Email. This Email originated outside of Valleywise Health. THINK BEFORE YOU CLICK. It could be a phishing email.

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 CER Approval Request: ACH & SSB - Warehousing & Moving
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	Description	Type	Current File / URL
CER 19-947R_ACH & SSB_Warehousing & Moving.xlsx		File	 CER 19-947R_ACH & SSB_Warehousing & Moving.xlsx
CER 19-947R_Valleywise Health Warehousing RFQ - ACH Warehousing - Updated 8.15.22 (1).pdf		File	 CER 19-947R_Valleywise Health Warehousing RFQ - ACH Warehousing - Updated 8.15.22 (1).pdf
CER 19-947R_Valleywise Health Warehousing RFQ - SSB Warehousing Updated 8.16.22 (1).pdf		File	 CER 19-947R_Valleywise Health Warehousing RFQ - SSB Warehousing Updated 8.16.22 (1).pdf
CER 19-947R Sirva equipment warehousing and relocation memo.pdf		File	 CER 19-947R Sirva equipment warehousing and relocation memo.pdf
ACH & SSB - Warehousing & Moving		Contract	 CER 19-947R_ACH & SSB_Warehousing & Moving.xlsx

Contract Information

Division Capital Division
Folder Capital Equipment Requests (CERs)
Status Pending Approval

Title ACH & SSB - Warehousing & Moving

Contract Identifier Budgeted

Contract Number 19-947R

Primary Responsible Party Charles, Derrick J.

Departments Integrated Program Management Office

Product/Service Description

Request Details This item, CER 19-947R Prop 480 expenditure, is for Sirva equipment warehousing and relocation services within the ACH as well as SSB. The purchase order is needed to provide these services within the new buildings. This request requires PO issuance to move forward with warehousing of new equipment for the new hospital and SSB activation. The IPMO team has ensured that the appropriate workgroups have reviewed this detailed requirement, to ensure the efforts are aligned to the requirements. The below list of items has been compiled, priced, and reviewed by the IPMO project team.
Equipment warehousing and relocation for the ACH activation sequence.
Equipment warehousing and relocation for the SSB activation sequence.
The total cost for this CER 19-947R: \$746,538.66

Notes

Funding Source Bond

Evaluation Process

Category

Annual Value \$746,538.66

Budgeted Travel Type Yes

Primary Vendor

Responses

Member Name	Status	Comments
Nelson, Mark E.	Approved	
Melton, Christopher C.	Approved	Selected vendor is a Vizient member; Section XII.C.3 of the Authority Matrix is exercised.
Pardo, Sean P.	Approved	
Madhavan, Lalitha	Approved	
Williams, Gail A.	Approved	
Meier, Matthew P.	Approved	
Christiansen, Lia K.	Approved	
Davis, Jori A.	Approved	
Schiavone, Stephen L.	Approved	
White, Michael	Approved	
Landas, Lito S.	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 28, 2022

Item 1.e.ii.

Care Reimagined Capital
CER #19-947S



**Maricopa County
Special Health Care District**

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

DATE: September 1, 2022

TO: Valleywise Health Board of Directors

cc: Steve Purves, President and Chief Executive Officer
Claire Agnew, EVP & Chief Financial Officer
Melanie Talbot, Chief Governance Officer

FROM: Justin Storts

SUBJECT: Capital Expenditure (CER) 19-947S, Bedside and central monitoring – Acute Care Hospital, Bedside monitors and gateway – SSB, Massimo technology hardware for GE physiological monitors – ACH

This item, CER 19-947S Prop 480 expenditure, is for GE Healthcare bedside patient monitors and central monitoring within the ACH. The purchase order is needed to provide these devices within the new building. This request requires PO issuance to move forward with installation and coordination into the new hospital construction and activation. The IPMO team has ensured that the appropriate workgroups have reviewed this detailed requirement and that it meets the clinical needs. The below list of items has been compiled, priced, and reviewed by the IPMO project team.

Bedside patient physiological monitoring, central stations, ACH building.

Massimo technology hardware for GE physiological monitoring, ACH building.

Bedside Monitors and gateway, SSB.

The total cost for this CER 19-947S: \$4,374,919.34

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, September 6, 2022 9:52 AM
To: Melanie Talbot
Subject: CER Approval Request: ACH - Bedside & Central Station Monitoring

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Message Information







From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject CER Approval Request: ACH - Bedside & Central Station Monitoring
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
CER 19-947S_2009306207.3_Valleywise Health Massimo PDM's_31-Aug-2022 (Final).pdf	File	 CER 19-947S_2009306207.3_Valleywise Health Massimo PDM's_31-Aug-2022 (Final).pdf
CER 19-947S_2009173938.6_Valleywise Health Sim Lab_01-Sep-2022 (Final).pdf	File	 CER 19-947S_2009173938.6_Valleywise Health Sim Lab_01-Sep-2022 (Final).pdf
CER 19-947S_ACH GE Bedside & Central Station Monitoring.xlsx	File	 CER 19-947S_ACH GE Bedside & Central Station Monitoring.xlsx
CER 19-947S_2009354296.89_Valleywise Health New ACH Monitoring_01-Sep-2022 (FINAL).pdf	File	 CER 19-947S_2009354296.89_Valleywise Health New ACH Monitoring_01-Sep-2022 (FINAL).pdf
CER 19-947S_GE Healthcare patient monitoring procurement memo.pdf	File	 CER 19-947S_GE Healthcare patient monitoring procurement memo.pdf
ACH - Bedside & Central Station Monitoring	Contract	 CER 19-947S_ACH GE Bedside & Central Station Monitoring.xlsx

Contract Information

Division Capital Division
 Folder Capital Equipment Requests (CERs)
 Status Pending Approval
 Title ACH - Bedside & Central Station Monitoring
 Contract Identifier Budgeted
 Contract Number 19-947S
 Primary Responsible Party Charles, Derrick J.
 Departments Integrated Program Management Office
 Product/Service Description
 Request Details This item, CER 19-947S Prop 480 expenditure, is for GE Healthcare bedside patient monitors and central monitoring within the ACH. The purchase order is needed to provide these devices within the new building. This request requires PO issuance to move forward with installation and coordination into the new hospital construction and activation. The IPMO team has ensured that the appropriate workgroups have reviewed this detailed requirement and that it meets the clinical needs. The below list of items has been compiled, priced, and reviewed by the IPMO project team. Bedside patient physiological monitoring, central stations, ACH building. Massimo technology hardware for GE physiological monitoring, ACH building. Bedside Monitors and gateway, SSB.
 The total cost for this CER 19-947S: \$4,374,919.34
 Notes
 Funding Source Bond
 Evaluation Process
 Category
 Annual Value \$4,374,919.34
 Budgeted Travel Type Yes
 Primary Vendor

Responses

Member Name	Status	Comments
Nelson, Mark E.	Approved	
Melton, Christopher C.	Approved	Selected vendor is a Vizient member; Section XII.C.3 of the Authority Matrix is exercised.
Pardo, Sean P.	Approved	
Madhavan, Lalitha	Approved	
Williams, Gail A.	Approved	
Meier, Matthew P.	Approved	
Christiansen, Lia K.	Approved	
Davis, Jori A.	Approved	

Detzel, Jo-EI M.	Approved
Schiavone, Stephen L.	Approved Reviewed accompanying documentation-agreed
White, Michael	Approved
Landas, Lito S.	Approved
Agnew, Claire F.	Approved
Purves, Steve A.	Approved
Talbot, Melanie L.	Current



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 28, 2022

Item 1.e.iii.

Care Reimagined Capital
CER #19-947A



**Maricopa County
Special Health Care District**

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

DATE: September 2, 2022

TO: Valleywise Health Board of Directors

cc: Steve Purves, President and Chief Executive Officer
Claire Agnew, EVP & Chief Financial Officer
Melanie Talbot, Chief Governance Officer

FROM: Justin Storts

SUBJECT: Amendment #1 Capital Expenditure (CER) 19-947A, Medical Equipment – Acute Care Hospital

This CER 19-947A is an amendment to CER 19-947. This is for Steris Booms and Lights in multiple areas throughout the acute care tower, further detailed by the owning departments and workgroups. Clarifications subsequent the original processed quote with each department leadership created adjustments from the original processed CER to include:

- ED trauma bays, 3 booms changed from supply head to column and typical accessories added - shelves, suction canister holders, rails & monitor arms
- OR suites - 3rd light added to two Ortho ORs, Trauma and IP Burn OR For a total of 4 lights. Typical accessories added to all 10 ORs – shelves, suction canister holders & rails
- Special Procedure Endoscopy rooms x 6- Typical accessories added - shelves, suction canister holders, rails, computer monitor arms & keyboard trays and video monitors

- Burn Trauma – 3 booms changed from manual supply head to powered column and typical accessories added - suction canister holders, rails & monitor arms
- LDR C-Section ORs - change 1 light in each OR to camera ready
- ICU - 44 rooms, booms changed from spring arm supply head to fixed column and typical accessories added - suction canister holders, rails & monitor arms. Addition of extension modules for nurse call

The IPMO team has ensured that the appropriate Clinical Workgroups have reviewed this equipment and that it meets the required needs. The below list of items has been compiled, priced, and reviewed by the IPMO project team previously associated to CER 19-947:

- Basement – Autopsy
- 1st Floor – ED Exam Lights
- 2nd Floor – Endo Rooms
- 2nd Floor – Surgery Procedure Rooms
- 2nd Floor – Surgery Ortho Rooms
- 2nd Floor – Surgery Non-Ortho Rooms
- Surgical Light HD Cameras
- 4th Floor – Trauma Burn
- 4th Floor – Burn ICU
- 5th Floor – C Section Rooms
- 6th Floor – Procedure Rooms
- 7th Floor – ICU Rooms
- 7th Floor – Atypical Rooms
- Installation

The total aggregate value for this amendment #1 CER 19-947A is \$3,253,610.34, an increased cost of \$370,521.74 from the previously Board approved CER 19-947 (\$2,883,088.60), item 1.e.ii from the June 2021 Formal meeting.

Due to the dollar value of this request, this amendment will need to be approved under authority of Section XII.C.3 of the Authority Matrix requiring approval from the Board.

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Friday, September 9, 2022 7:14 AM
To: Melanie Talbot
Subject: CER Approval Request: ACH - Steris Light & Booms_REVISION

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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 CER Approval Request: ACH - Steris Light & Booms_REVISION
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
STERIS-Quote---Final Revison--- JVASQUEZ1349591-Rev21-VALLEYWISE HEALTH-12-Aug-2022 13.24.06PM.pdf	File	 STERIS-Quote---Final Revison--- JVASQUEZ1349591-Rev21-VALLEYWISE HEALTH-12-Aug-2022 13.24.06PM.pdf
CER 19-947A_Lights Booms memo revised 9.2.2022.pdf	File	 CER 19-947A_Lights Booms memo revised 9.2.2022.pdf
CER 19-947A_Lights & Booms_CER REVISED.xlsm	File	 CER 19-947A_Lights & Booms_CER REVISED.xlsm
ACH - Steris Light & Booms_REVISION	Contract	 CER 19-947A_Lights & Booms_CER REVISED.xlsm

Contract Information

Division Capital Division
Folder Capital Equipment Requests (CERs)
Status Pending Approval
Title ACH - Steris Light & Booms_REVISION
Contract Identifier Budgeted

Contract Number 19-947A

Primary Responsible Party Charles, Derrick J.

Departments Integrated Program Management Office

Product/Service Description

Request Details This is an amendment request for approval to procure lights and booms from vendor, Steris. The selected vendor is a contracted vendor through our GPO (Vizient) partnership under Vizient# CE7204. This request is to issue an updated Purchase Order to Steris for a revised total cost of \$3,253,610.34.

Acute Care Hospital
WIP 10-90100-168220
CER#19-947
Cat: Medical Equipment
PO Bond179760

The total aggregate value for this Amendment#1 CER 19-947A is \$3,253,610.34, an increased cost of \$370,521.74 from the previously Board approved CER 19-947 (\$2,883,088.60), item 1.e.ii from the June 2021 Formal meeting.

Due to the dollar value of this request, this Amendment#1 will need to be approved under the authority of Section XII.C.3 of the Authority Matrix, requiring its approval from the Board.

Notes

Funding Source Bond

Evaluation Process

Category

Annual Value \$3,253,610.34

Budgeted Travel Type Yes

Primary Vendor

Responses

Member Name	Status	Comments
Nelson, Mark E.	Approved	
Schiavone, Stephen L.	Approved	
Melton, Christopher C.	Approved	
Pardo, Sean P.	Approved	
Madhavan, Lalitha	Approved	
Williams, Gail A.	Approved	
Meier, Matthew P.	Approved	
Christiansen, Lia K.	Approved	
Davis, Jori A.	Approved	
Detzel, Jo-EI M.	Approved	
Stotler, Sherry A.	Approved	
White, Michael	Approved	
Landas, Lito S.	Approved	
Agnew, Claire F.	Approved	

Purves, Steve A.
Talbot, Melanie L.

Approved
Current



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 28, 2022

Item 1.f.i.

Capital
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Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 28, 2022

Item 2.

Nursing Related Quality
Metrics



September 28, 2022

Nursing Quality Metrics

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

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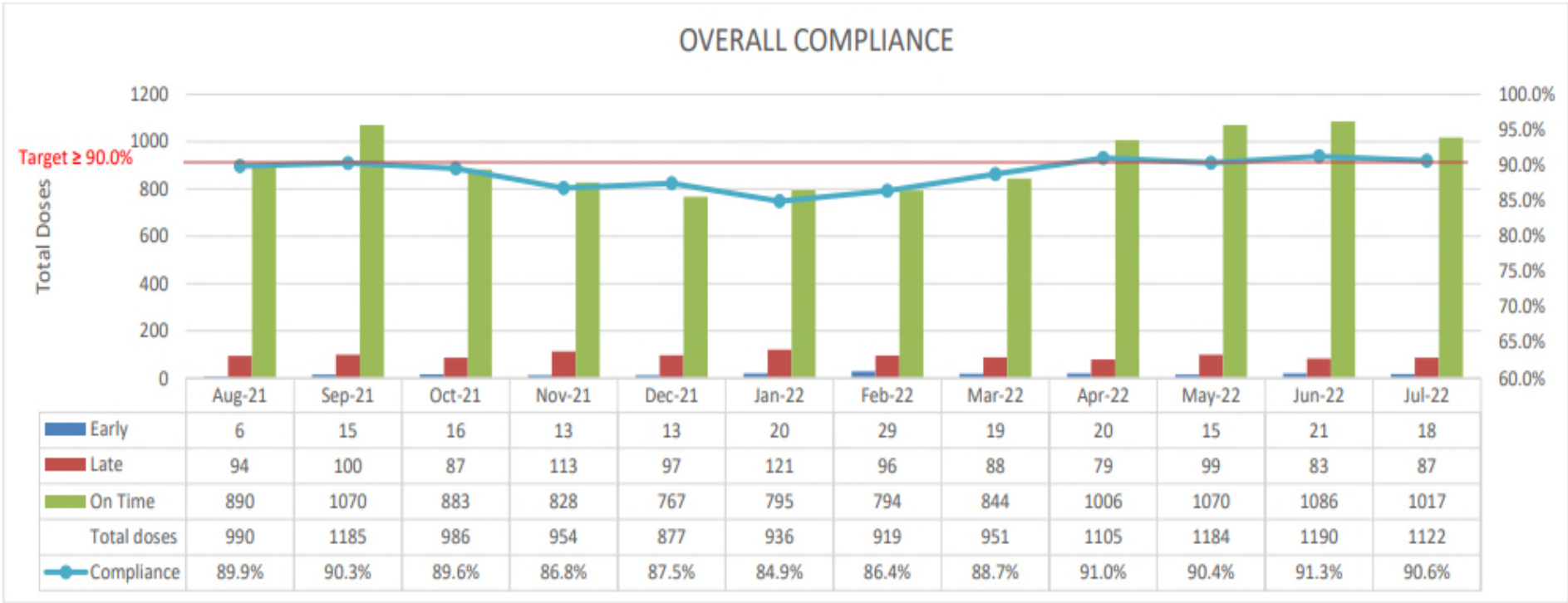
Nursing Quality Metrics

Measures Meeting Benchmark

Measure	Benchmark	Aug 2022	Jul 2022	FY22	FY23 TD
Bar Code Medication Administration (% Compliance)	> 95%	Qrtly	Qrtly	95%	-
Rapid Response Average Call to Arrival Time (minutes)	≤ 5.0	1.3	1.7	2.1	1.5
Elopement-Aggressive Patient Safety Program Patient Elopement (Absolute Number)	0	0	0	0	0
Safety-Patient Assaults on Staff Rate (per 1000 patient admission days for Surg/Trauma, Med/Onc, 4E SS, and Step Down)	≤ 1.55	Qrtly	Qrtly	1.08	-
OptiLink Compliance - Patient Acuity (%)	≥ 98%	99%	98%	96%	98%

Nursing Quality Metrics Measures Meeting Benchmark

Critically Timed Medication Compliance

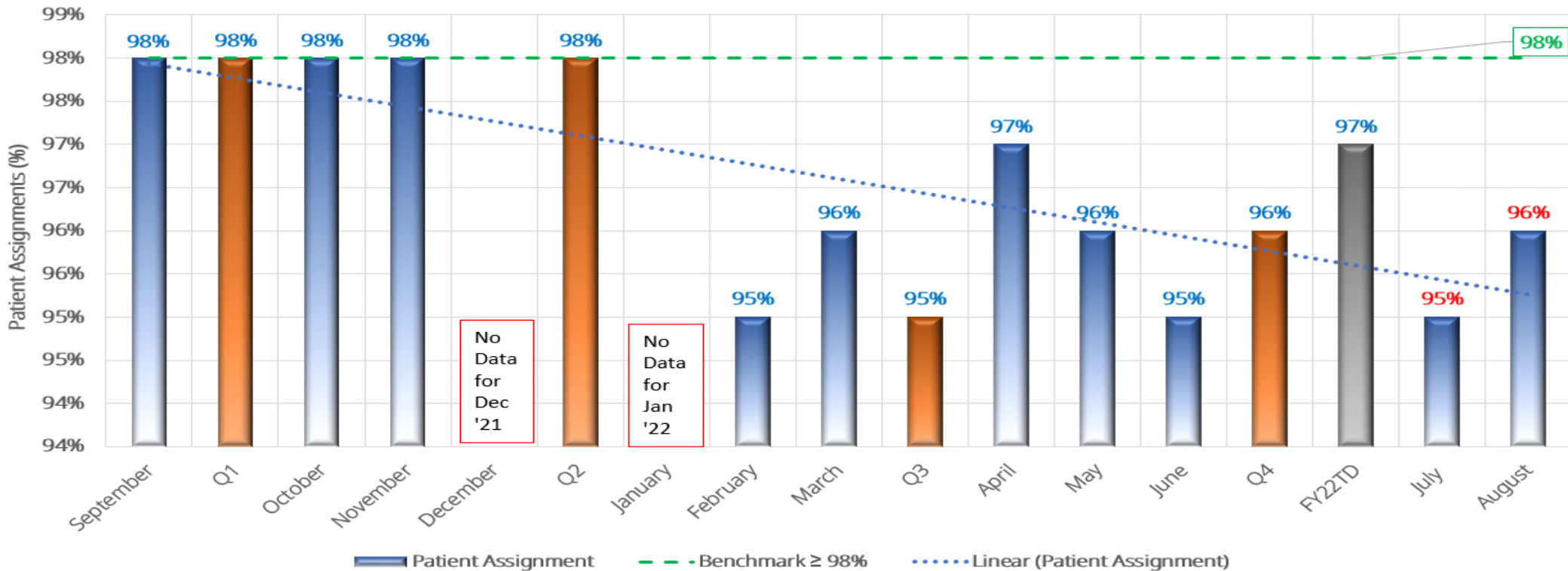


Nursing Quality Metrics

Measures *Not* Meeting Benchmark

Measure	Benchmark	Aug 2022	Jul 2022	FY22	FY23TD
OptiLink Compliance – Patient Assignment (%)	≥ 98%	96%	95%	97%	95%

Optilink Compliance - Patient Assignments(%)

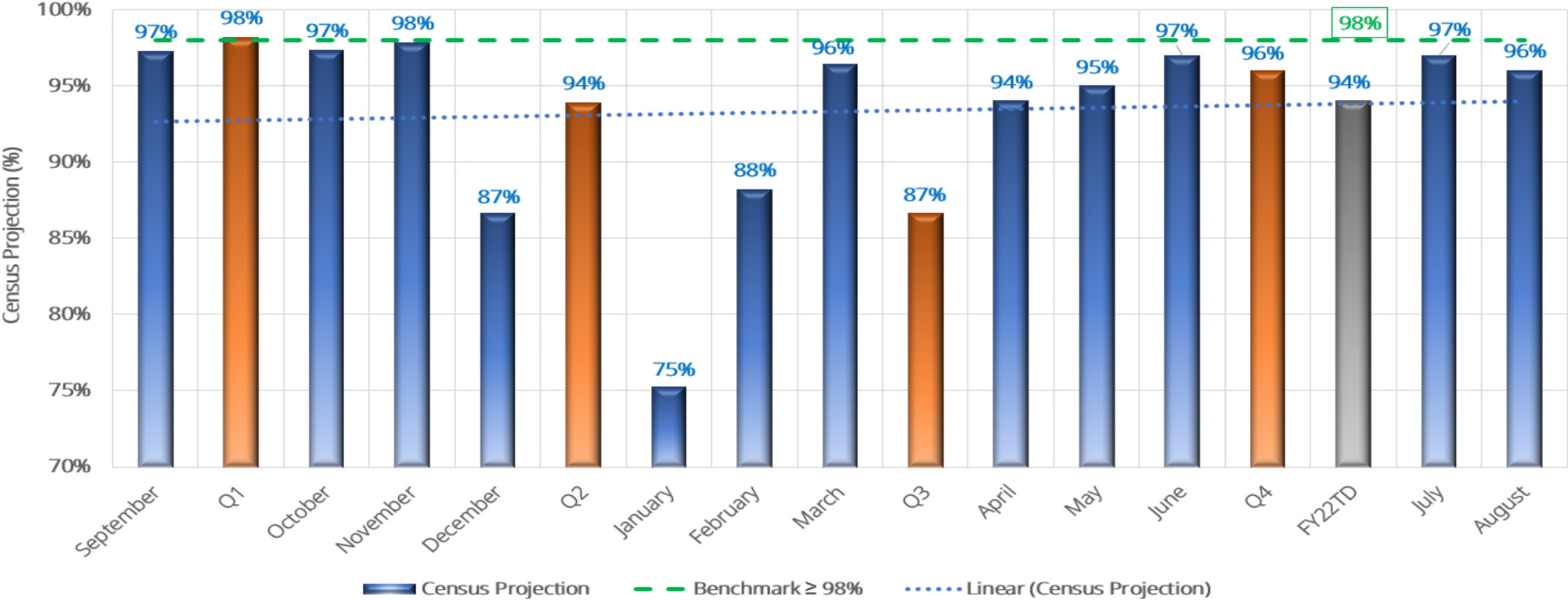


Nursing Quality Metrics

Measures *Not* Meeting Benchmark

Measure	Benchmark	Aug 2022	Jul 2022	FY22	FY23TD
OptiLink Compliance – Census Projection (%)	≥ 98%	96%	97%	94%	97%

Optilink Compliance - Census Projection (%)



Measure Analysis and Actions

Analysis:

- Data submitted is not consistently matching the floor status.
- Kronos Outage affected Year To Date measure.
- Staffing remained an issue and affected Optilink measures.

Action Items / Barriers

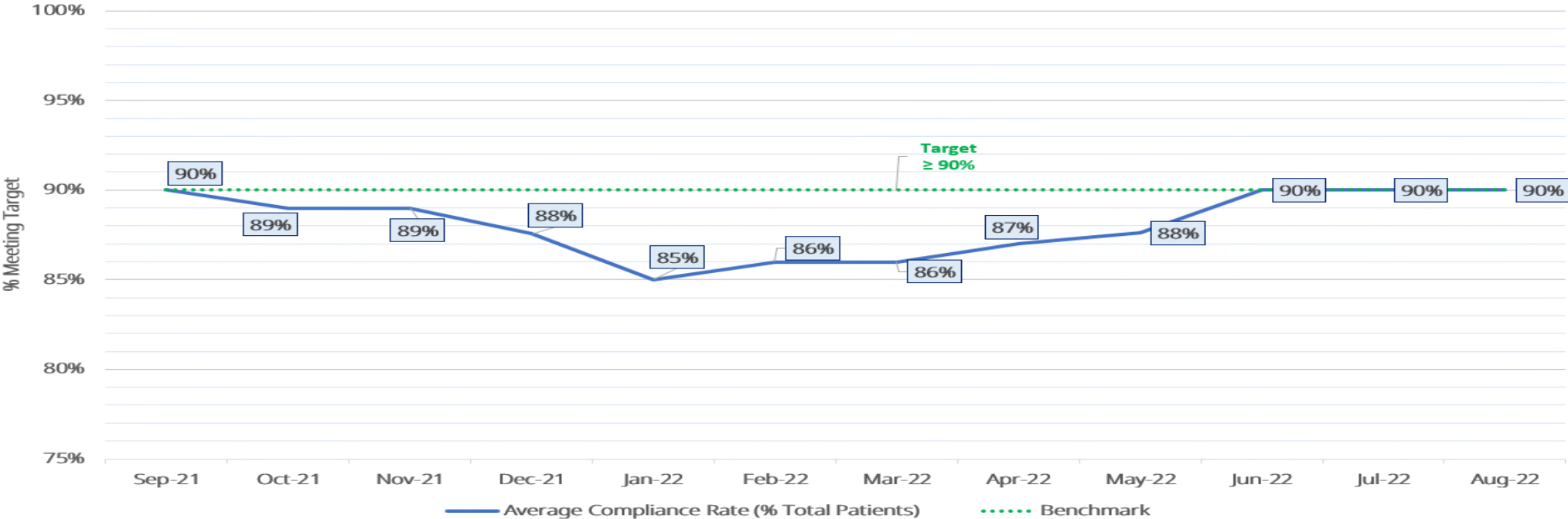
- **Actions –**
 - Medicine/Oncology and Surgery/Trauma is to have their CRL/Charge nurse review the previous 3 shifts to make sure all information is captured.
 - CRLs review their Optilink early in the shift and then one more time while they are handing off to the oncoming CRL.
- **Barriers –**
 - Staffing issues.

Nursing Quality Metrics

Measures Not Meeting Benchmark

Measure	Benchmark	Aug 2022	Jul 2022	FY22	FY23TD
Pain Reassessment (% Compliance)	≥ 90%	90%	90%	88%	90%

VHMC, MVE-ED: Timely Pain Reassessment Trending Summary
 % of Total Patients - Rolling Year
 Sep '21 to Aug '22



Measure Analysis and Actions

Analysis:

- Pain reassessment reviewed by three items:
 1. on time,
 2. exceeds time and
 3. missing documentation.
- Removed exclusions for non-pain administration, pt. asleep or pt. off-floor.
- 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 7.4% through all departments reviewed.
- The average for missing documentation was at 1.7% for all departments reviewed.

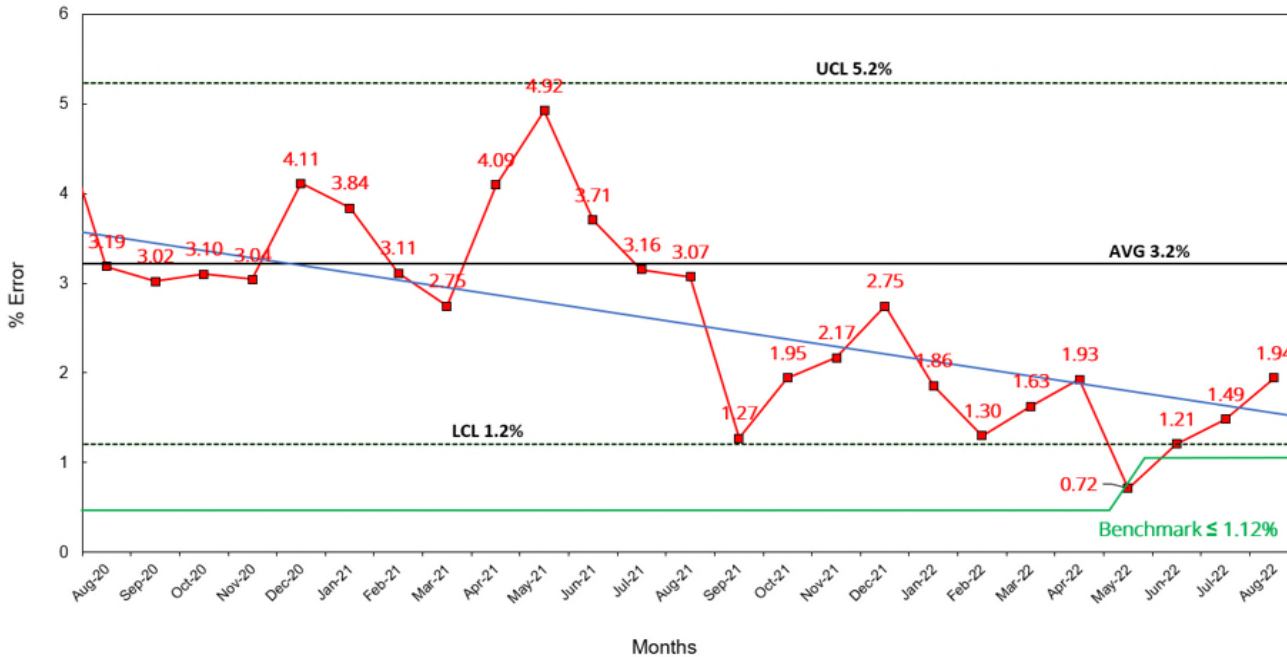
Action Items / Barriers

- **Actions –**
 - Require CRLs complete two random chart audits per shift and indicate whether pain tasks have been completed.
 - Focus on increased education at preceptor level.
 - Unit managers will select one staff member to interview, verifying their understanding of pain assessment documentation per shift.
- **Barriers –**
 - Increased staffing acuity/staff vacancies
 - New staff requiring additional education
 - New hires and travelers
 - Travel RN

Nursing Quality Metrics Measures *Not* Meeting Benchmark

Measure	Benchmark	Aug 2022	Jul 2022	FY22	FY23 TD
Blood Bank Specimen Labeling Errors, % Cancellation	≤ 1.12%	1.94%	1.49%	1.87%	1.72%

T & S Specimen Labeling Error Rate
August '20 - August '22



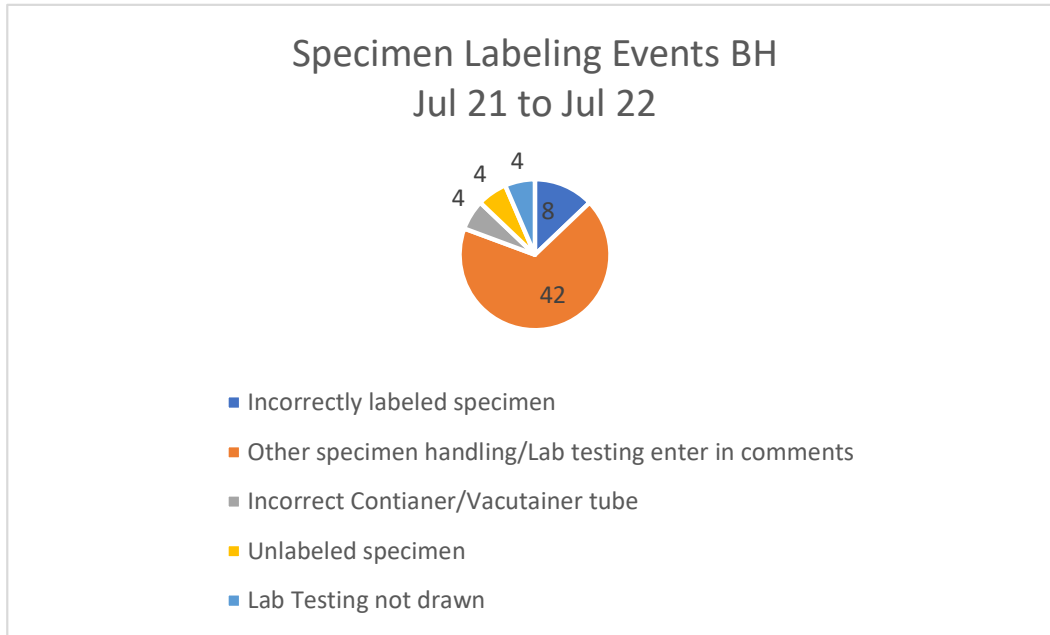
FY2021 TD was 3.6%
 FY2022 TD was 1.87%
 July 2022 = 1.49%
 17/1144
 August 2022 = 1.94%
 24/1234

Recommended Actions:

- Unit Leadership to re-examine educational needs, including:
 - Daily Huddle talking points
 - Create reminder checklist at tube station
 - Create a shift "buddy" system to remind randomly throughout shift

Nursing Quality Metrics

Specimen Handling/Lab Testing Event Data: Inpatient BH



Specimen handling/lab testing Events: Jul 2021 to Jul 2022

Breakdown of types of Specimen labeling/lab testing events

Analysis for May 22 to Jul 22:

- Total of 12 labeling events for May 2022 to July 2022
- 67% (8/12) were at the Maryvale campus
- 33% (4/12) were at Phoenix and Mesa combined (2 events each)

Analysis continued:

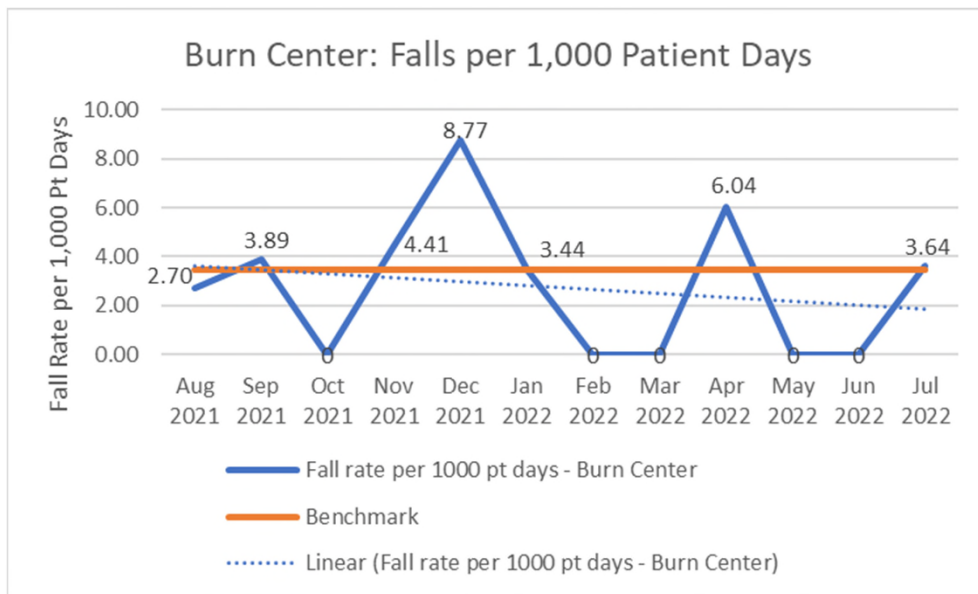
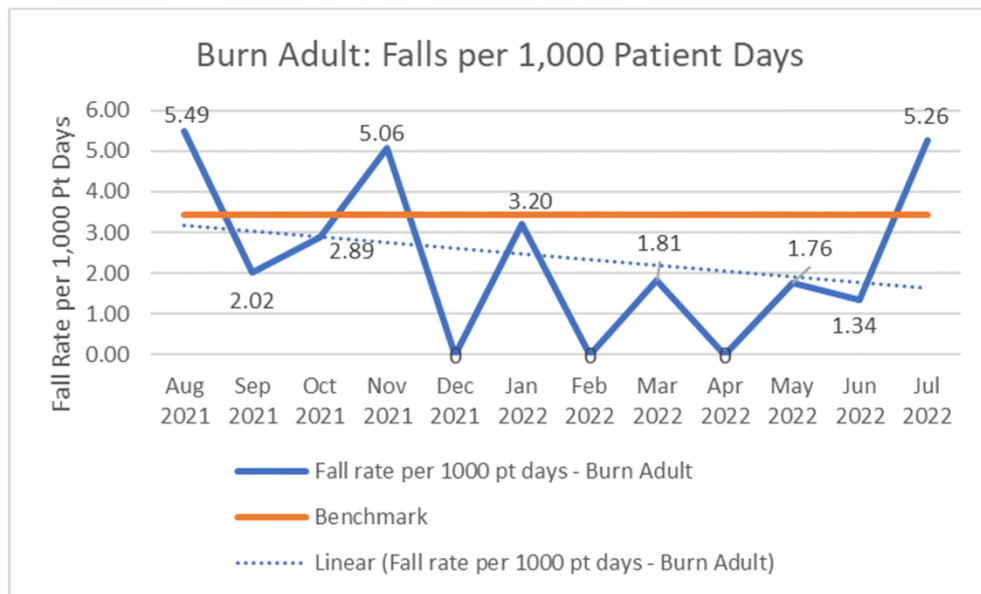
- 3 involved finding a tourniquet in the patient environment after labs
- 2 involved barcode scanning issues
- 2 involved COVID tests being sent down the tube system at Maryvale
- The remainder were PPD tests not being read, tests being sent unspun, or samples being sent without a label.

Nursing Quality Metrics

CHEQ-IT Total Number IP Falls by Location – FY2022

	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Total
CHEQ-It Total Number IP Falls by Location	9	12	11	10	15	12	15	10	10	15	15	9	143
SURGICAL/TRAUMA	2	2	5	4	1	4	2	4	3	4	3	2	36
MEDICINE/ONCOLOGY	5	2	1	1	3	6	1	2	3	4	3	2	33
STEP DOWN	1	2	1	2	4		2	2	1	4	4	2	25
BURN ADULT		3	2	2	3		2		1		1	1	15
IDU		2		1	1	1	5				1	1	12
BURN CENTER		1	1		1	1	1			2			7
MICU WEST			1				1	1		1		1	5
LABOR & DELIVERY							1	1	1		1		4
PICU	1				1						1		3
4E SHORT STAY									1		1		2
POST/ANTEPARTUM					1								1

Fall Rate per 1,000 Patient Days: Burn Adult - Burn Center



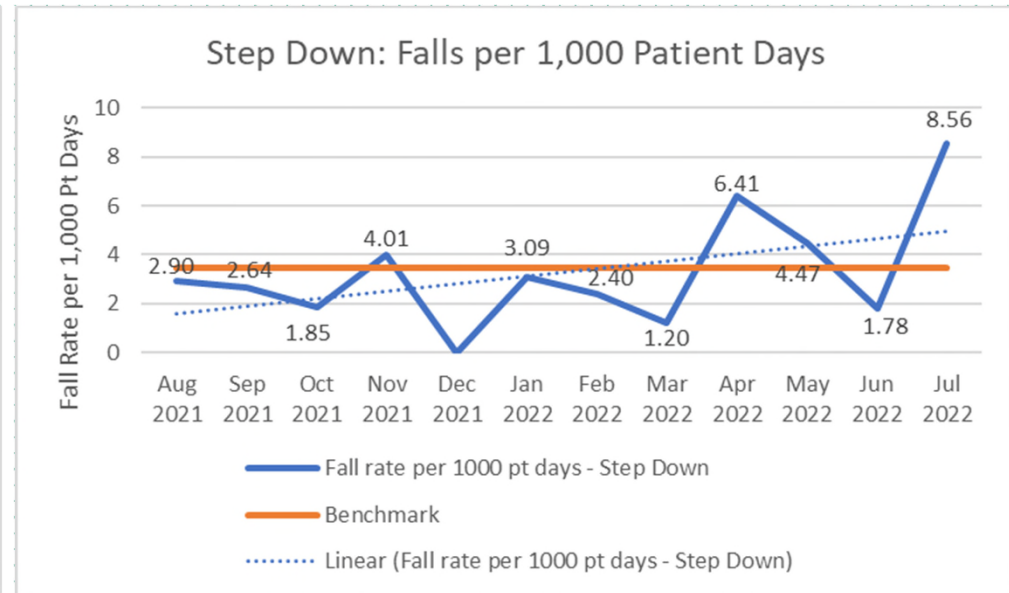
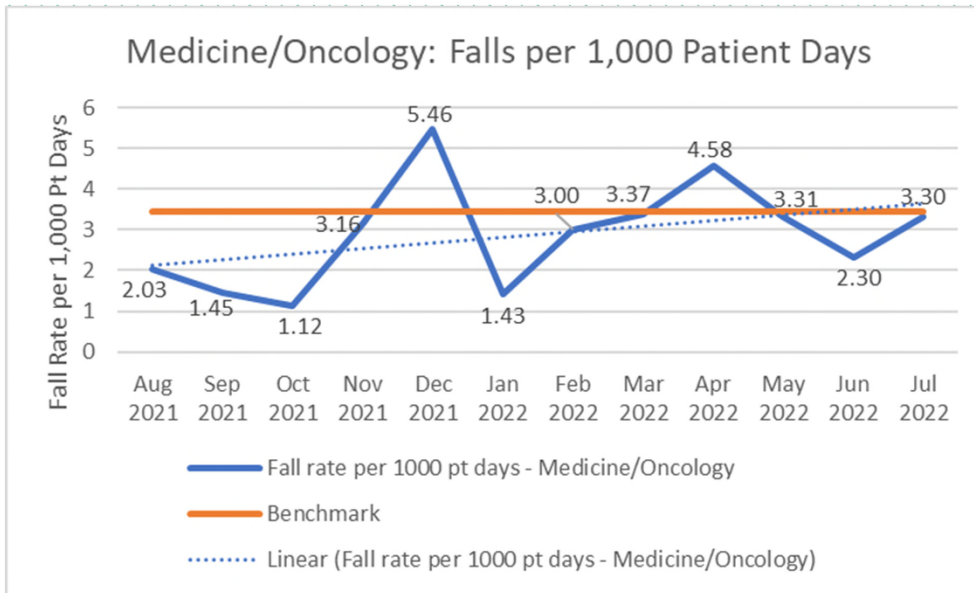
Analysis: Burn Adult and Burn Center had Fall rates of 2.40 and 2.74 for the past 12 months, respectively. The fall rates for these two units are below the benchmark of 3.44 per 1,000 patient days.

Linear trend for these two units continue to trend downwards.

Recommended Action: Recommend to continue to monitoring Falls and trend bi-monthly.

Further recommendations to be based on ongoing data trends.

Fall Rate per 1,000 Patient Days: Med/Onc - Step Down

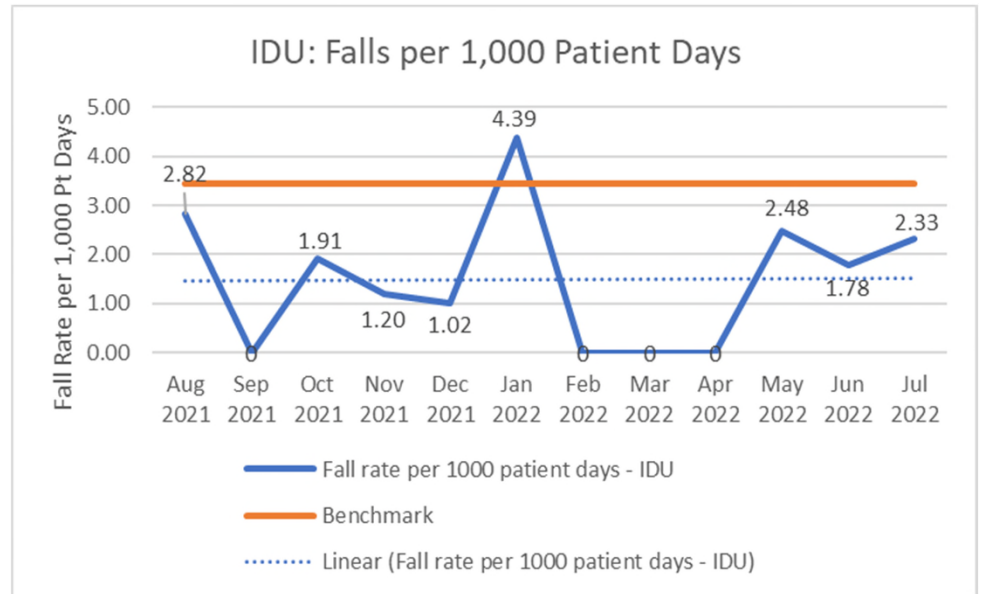
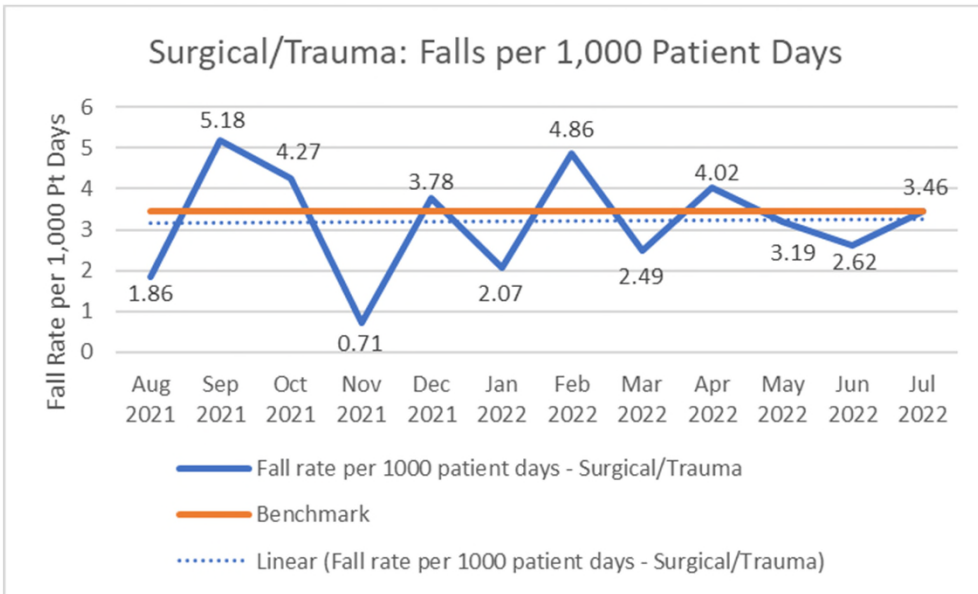


Analysis: Medicine/Oncology and Step-Down Units had fall rates of 2.88 and 3.28 for the past 12 months, respectively. The Fall rates for these two units are **below the benchmark of 3.44 per 1,000 patient days.**

Linear trend for these two units continue to trend upwards.

Action Update: Working with nursing leadership to develop strategies to reduce falls rates. Continue to track and trend.

Fall Rate per 1,000 Patient Days: Surg/Trauma - IDU



Analysis: Surgical/Trauma and IDU had Fall rates of 3.21 and 1.49 for the past 12 months, respectively. The Fall rates for these two units are **below the benchmark of 3.44 per 1,000 patient days.**

Linear trend for these two units remain relatively static.

Recommended Action: Recommend to continue to monitoring Falls and trend bi-monthly.

Further recommendations to be based on ongoing data trends.

Nursing Quality Metrics

Patient Fall Data: Inpatient BH

Patient Population: Inpatients at Behavioral Health (Annex, Desert Vista, & Maryvale)

Data Definitions:
 Numerator: Number of patient falls
 Denominator: 1,000 patient days

Time Period for this data:
 Jul 2021 to Jul 2022

Method of Collection:
 Midas indicator profile report titled CHEQ-IT Fall Drilldown 504

Benchmark: 3.62 per 1,000 patient days

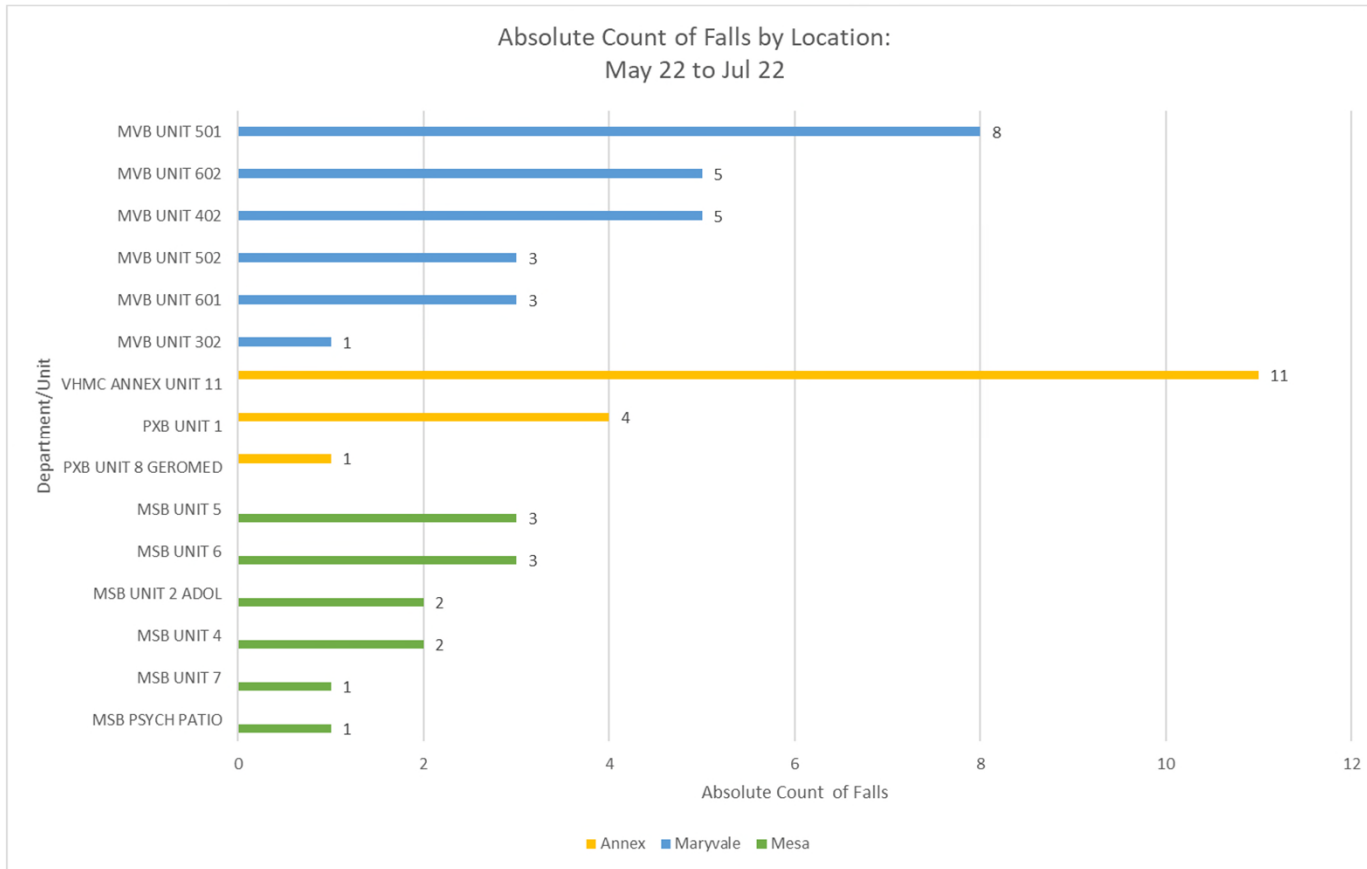
Report created by:
 Lauren Docherty

Date data pulled for report: 8/5/2022

Jul 2021 to Jul 2022



Patient Fall Data: Inpatient BH



**Inpatient Falls for May to Jul 2022:
53 falls**

Maryvale: 25
Annex: 16
Mesa: 12

This graph represents the drill down of the location of the where BH falls occurred.

If the unit is not represented, there were no falls in that unit for this time frame.

Analysis on BH Falls (May 22 to Jul 22)

Fall Types:

- 20 Events involved ambulating without assistance
- 9 Events involved changing position.
- 8 Events involved toileting
 - The balance of the categories were: transferring, showering or bathing, participating in an activity, ambulating with assistance, reaching for an item or suspected intentional fall.

Medications known to increase the risk of a fall:

- 47 were on psychotropic medication
- 24 were on laxatives
- 22 were on benzodiazepines

These three categories of medications were the three most prevalent types of medications that these patients were taking during their BH inpatient stay.

Analysis on BH Fall Prevention (May 22 to Jul 22)

Fall Preventions:

- 45 patients were identified as being at risk for fall:
 - All patients that were identified as a fall risk were placed on **at least one fall precaution**
 - The 3 most common fall risk interventions are Non-slip footwear, Yellow Fall Risk ID Band, and patient/family education

Fall Preventions:

- 8 patients were identified as being not at risk for falls:
 - 5 of these patients did not have any fall preventions in place
 - 3 of these patients had non-slip footwear as a fall prevention

Actions: Continue to monitor Falls and trend per unit.

- All Falls are discussed at daily BH Leadership huddles.
- Reassess the environmental setup of rooms to ensure no fall hazards
- Re-education on fall preventions for staff

Further recommendations to be based on ongoing data trends.





Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 28, 2022

Item 3.

Home Assist Health Report
Fiscal Year 2022

Home Assist Health FY 2022 Annual Report

Special Health Care District Board Meeting
September 28, 2022



Inflection Point

Home Assist Health, Inflection Point.

The past two years highlighted the essential value of care at home. Major shifts in our landscape opened new opportunities and introduced new challenges. As a result, we embraced the moment of inflection to strategize and align operations and reputation to deliver on our goal of advancing care at home.

Remaining steadfast in our mission and focused on prioritizing member care and employee experience, we are leveraging our inflection point. Actively and energetically, we are working to elevate and expand the role of home care to strengthen our communities one person at a time.

Our annual report outlines individual stories, our journey as a whole, and together how we delivered on key initiatives and priorities.

Sara Wilson, MBA, CEO Home Assist Health

Our roots are deep.

About us



About us

Home Assist Health is proud to run one of the earliest home and community-based programs in Arizona.

Operating for approximately 20 years under Valleywise Health (formerly known as Maricopa Integrated Health System) as *“Complete Comfort Care”* and before that, *“Attendant Care Services.”*

Over time, changes in the market made the program unsustainable under the health system. As a result, Valleywise Health leadership decided to set the program out as a separate and distinct not for profit so that our essential services could continue to meet the needs of the community.

Our deep roots anchor us as we meet today’s challenges offering support to those in need. We are agile and responsive to the changing needs of our community. And through purposeful partnerships, we pursue initiatives that improve care at home for those aging and recovering in place.



Vision

To be a home care pioneer creating stronger communities one person at a time.



Mission

To be a bridge of compassionate equality for all people in their independence, health and wellbeing.



Values

- ♥ Integrity.
- ♥ Partnering.
- ♥ Boldness.
- ♥ Innovation.
- ♥ Compassionate equality.
- ♥ Meaningful outcomes.



Slogan

Compassion in Action.



Home Care Heroes

“People will forget what you said, people will forget what you did, but people will never forget how you made them feel.” —Maya Angelou



Compassion In Action.

People may forget what you said, and what you did, but people will never forget how you made them feel. Making people feel cared for, safe, and healthy is what our home care professionals do every day. For them, it is “just another day on the job,” but to us, they are heroes.



Monique Long, Caregiver of the Month, June

2021-2022 Outstanding Person-First Approach Award Recipient

Monique started with us in February of 2019 and has enormously impacted her clients' lives. One of her most notable qualities is her ability to wear her heart on her sleeve. She personally invests in each member she serves. So much so that many of her members say she cares for them like a sister. Her patience, punctuality, and professionalism allow her to provide excellent care continuously to all her members.



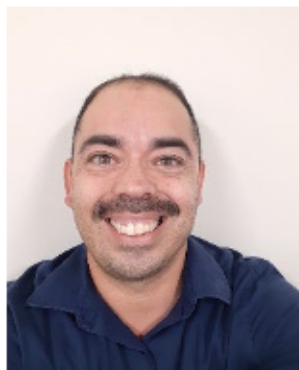
Rebecca Lewis, Caregiver of the Month, April

2021-2022 Outstanding Service Excellence Award Recipient

Rebecca's caregiving career has expanded almost two decades, and we have been fortunate to have her services since July 2014. Her members often describe how she goes above and beyond for them. For example, Rebecca works with a member who has memory issues, and he appreciates how she completes tasks without him even having to ask, as he often forgets. She is the epitome of what excellent service looks like in our industry.

Compassion In Action.

People may forget what you said, and what you did, but people will never forget how you made them feel. Making people feel cared for, safe, and healthy is what our home care professionals do every day. For them, it is “just another day on the job,” but to us, they are heroes.



Marcelo Ramirez, Associate Director of Finance

2021-2022 Outstanding Team Partnership Award Recipient

Marcelo has been a Home Assist Health employee since April of 2015. During that time, he has continuously proven his versatility as a team player while he carries out his duties. His coworkers recognize that they can go to him whenever they need assistance, whether its skills, billing information, translating in Spanish or general kindness, he is always there for anyone in our organization. He is a man of great character, and his peers are proud to work alongside him.



Elizabeth Robin Peterson, Caregiver of the Month, November

2021-2022 Outstanding Leadership Award Recipient

Elizabeth started in 2019 and has been a dedicated staff member at Home Assist Health ever since. During her time, Elizabeth developed a reputation for being reliable and providing exceptional quality care. One of Elizabeth’s most endearing skills is her strong communication. Her supervisor says she is a member’s best advocate and is constantly working to improve members’ health by following up with medical providers and updating family members with everything going on. She is a model caregiver.

FY22 Strategic Plan Update

Accelerating through our inflection point.



Strategic Plan Update

STRATEGIC WORKING VISION

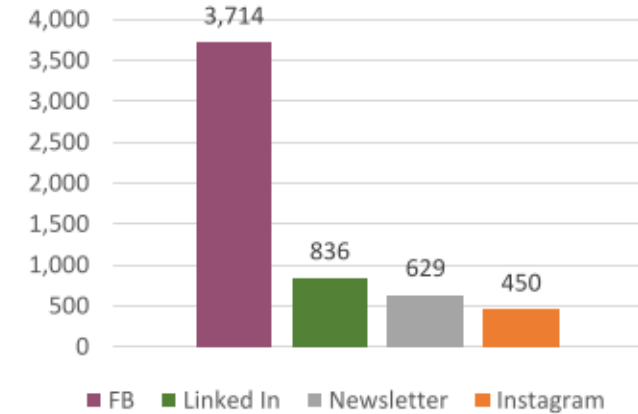
To be the industry **leader** accelerating change with **compassionate equality** through **innovation** and **partnerships** resulting in **stronger communities** and **meaningful outcomes**.

VISION COMPONENTS

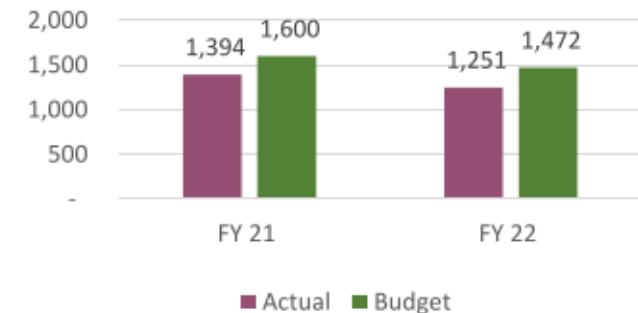
Post Pandemic Leadership Home Care Innovation Partnership Growth Stronger Communities Prove Meaningful Outcomes Compassionate Equality

STRATEGIC INITIATIVES	KPI	Update
➤ Reposition brand to build meaningful post-pandemic relationships with stakeholders and customers.	<ul style="list-style-type: none"> ✓ Social media engagement ✓ Earned/Media Placement ✓ Referrals and conversion rates ✓ Brand perception rating 	<p>See Chart</p> <p>6 Print, 2 Broadcast, 1 Pod-C, 1 TV-Web</p> <p>409/16%CR (Q1-Q4)</p> <p>In process</p>
➤ Rebuild and strengthen scalable infrastructure.	<ul style="list-style-type: none"> ✓ Revenue per employee ✓ Productive time ✓ Customer Satisfaction ✓ Fiscal performance against budget 	<p>-4% Below Budget/+6% Better than FY21</p> <p>Below budget and FY21 (see chart)</p> <p>93% Satisfaction</p> <p>\$3.6M above budget</p>
➤ Review, revise and refine human capital management systems.	<ul style="list-style-type: none"> ✓ Retention rate ✓ Turnover rate ✓ HCM ROI ✓ Satisfaction rate 	<p>86% annual avg</p> <p>38% annual avg</p> <p>02-06 FY22 +31k savings</p> <p>92%</p>
➤ Grow partnerships to increase the reach and value of home care services.	<ul style="list-style-type: none"> ✓ Audience reach & publicity value ✓ New community partners ✓ Person-centered plans 	<p>3,181,557 / \$37,829</p> <p>3</p> <p>21+</p>

Social Media Statistics



Daily Productivity (Avg Daily Service Hours)



Strategic Plan Update



Medium & Authority Magazine, October 2021: 5 Things to Know with Sara Wilson
<https://medium.com/authority-magazine/sara-wilson-of-home-assist-health-on-the-5-things-you-need-to-create-a-highly-successful-career-in-791602f25358>

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Home Assist Health, Super Star Car Wash Pay It Forward
Phoenix teen's nonprofit that helps kids

Published: Jun. 8, 2022 at 9:44 AM MST
f t i y



Strategic Plan Update

We continued our strategic brand repositioning and refreshed our logo.

Our parent logo continues to represent our deep roots in Arizona Long Term Care-Home and Community Based Services.



Before



After



We also created a new sub-logo, MyCare, which replaces what was formerly known as Health Promotion.

Our Health Promotion department is where our transformative partnership with Valleywise began. By breaking the traditional boundaries of the care continuum, this collaboration improves patient health and quality outcomes.

Person-centeredness is at the heart of our work. MyCare more accurately reflects and emphasizes our person-centered approach to home-based interventions for the whole person.

Strategic Plan Update

Through cross-sector partnerships we're recruiting and preparing a workforce to meet the needs of our community.

Skyline High School - Direct Care Worker (DCW) employer partner providing certification testing, internships and employment.

Maricopa Community Colleges District, in partnership with Chicanos Por La Casa – Community Health Worker (CHW) cohort employer partner offering externships and internships.

Edge Factor, in partnership with Mesa Public Schools, AZ Business and Education Coalition, and the Center for the future of AZ, features Home Assist Health as an industry, career, and place of employment for young job seekers. <https://edgefactor.com/zone/Arizona>



Community Health Work

Valleywise Health and Home Assist Health, a transformative partnership strengthening our community one person at a time.



A Community Health Worker Program

MyCare is a team of Community Health Workers providing home and community-based interventions to eligible patients. Interventions are driven by person-centered care plans that address social determinants of health and skill building, improving health, recovery, and well-being.

Community Health Workers are frontline public health professionals who are trusted members of the community. This trusting relationship enables the worker to work with patients to improve healthy habits and serve as a link for the patient between health, social services, and community resources.

Scope of Services include:

- Health system navigation resource coordination
- Health promotion, coaching, and skill building
- Direct care and social support
- Assessments and advocacy

A Community Health Worker Program

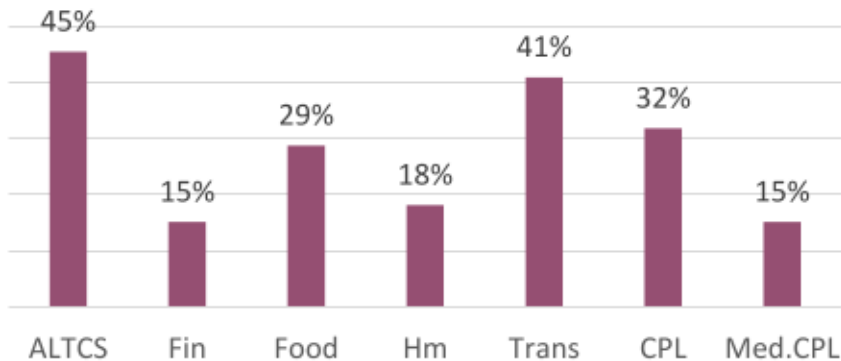


VALLEYWISE HEALTH CENTER

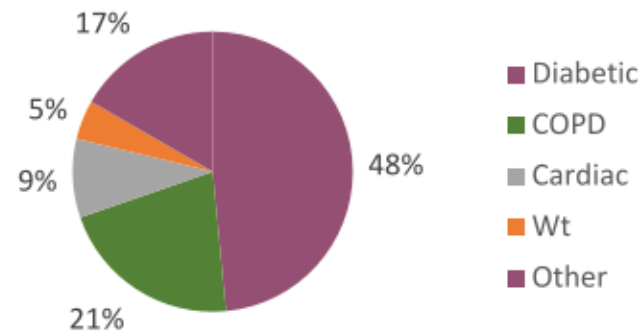
Target Demographic: High Risk Patients with Multiple Chronic Conditions.

	FY 21 Statistics	FY 22 Statistics
Patients Served	50	66
Admission: Measured by 6mo Before to After Start of Care (SOC)	18% BSOC / 8% ASOC 55% decrease	32% BSOC / 11% ASOC 66% decrease
ED Encounters: Measured by 6mo Before to After Start of Care (SOC)	40% BSOC / 18% ASOC 55% decrease	86% BSOC / 17% ASOC 80% decrease

SDOH - Intervention Targets



Major Disease Type



A Community Health Worker Program

VALLEYWISE HEALTH CENTERS – PROMOTORA (APRIL-22 LAUNCH)

Target Demographic: Spanish Speaking Mod-High Risk Patients with Diabetes

Patients Served: 21

	6mos Before Start of Care	6mos After Start of Care
Average A1c	8.4	7.8
Admission:	100% (21 Admit)	0% (0 Admit)
ED Encounters:	171% (36 ED)	10% (2 ED)

*Statistics include ten patients with start of care dates occurring in July and Aug Q1-FY23.



A Community Health Worker Program



VALLEYWISE HEALTH MEDICAL CENTER

Target Demographic: COVID-19 Surge Support: Recovered Patients D/C Home (5 consecutive day telephonic check-ins)

	FY 21 Statistics	FY 22 Statistics
Patients served count:	699, 88% Engagement	236, 87% Engagement
7 day readmission rate:	2%	0.5%
30 day readmission rate:	5%	2%
Patients referred, not served, count:	84	31
7 day readmission rate:	5%	6%
30 day readmission rate:	10%	10%

* COVID related readmissions and ER visits only.

A Community Health Worker Program

NEW RELEASE: FOOD INSECURITY PROJECT (AWB/CVS – GRANT) AT VALLEYWISE



A Community Health Worker Program

Collaborating and pursuing opportunities to expand community health work through AZ Medicaid.



ARIZONA CHW SHADOWING SUMMARY – HOME ASSIST HEALTH

June 2022

Drafted By: Ben Tiensvold, Community Outreach Coordinator, Community Health Worker Collaborative of South Dakota



Centered on an Authentic Purpose

Prioritizing People and Performance





Prioritizing People and Performance

It is our Authentic Purpose.

“Who Will Care For Us?” Paul Osterman, Professor at MIT, said it best in his 2017 book.

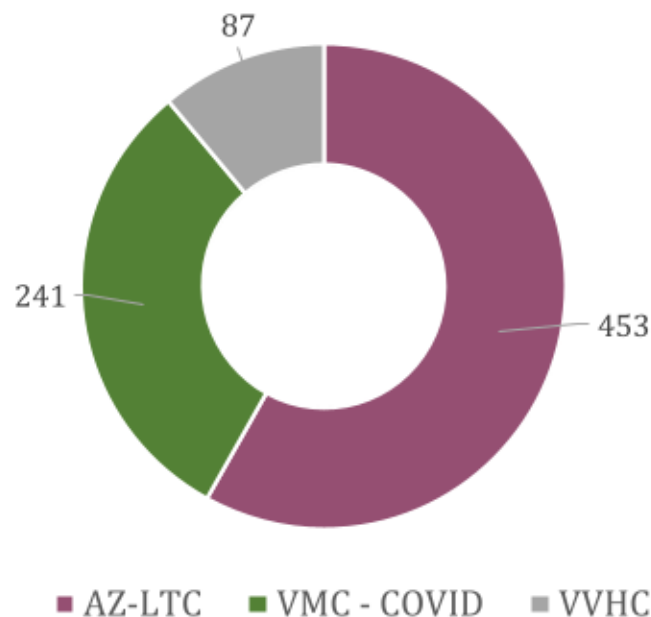
- ❖ By 2034, our country, for the first time, will have more seniors (65 plus) than children (18 and younger).
- ❖ In Arizona, our older population is among the fastest growing at 48%, compared to 34% nationally.
- ❖ Factors like COVID-19, inflation and low government funding have led to high turnover and tightening competition for workforce.
- ❖ More than ever before, we are competing for employees in industries with lower entry barriers, such as fast food and retail.
- ❖ When counting new jobs and job openings created as workers leave the field, Arizona will need to fill nearly 130,000 paid caregiver jobs from 2016 – 2026.



Prioritizing People and Performance

It is our Authentic Purpose.

FY-22 Total People Served - 781



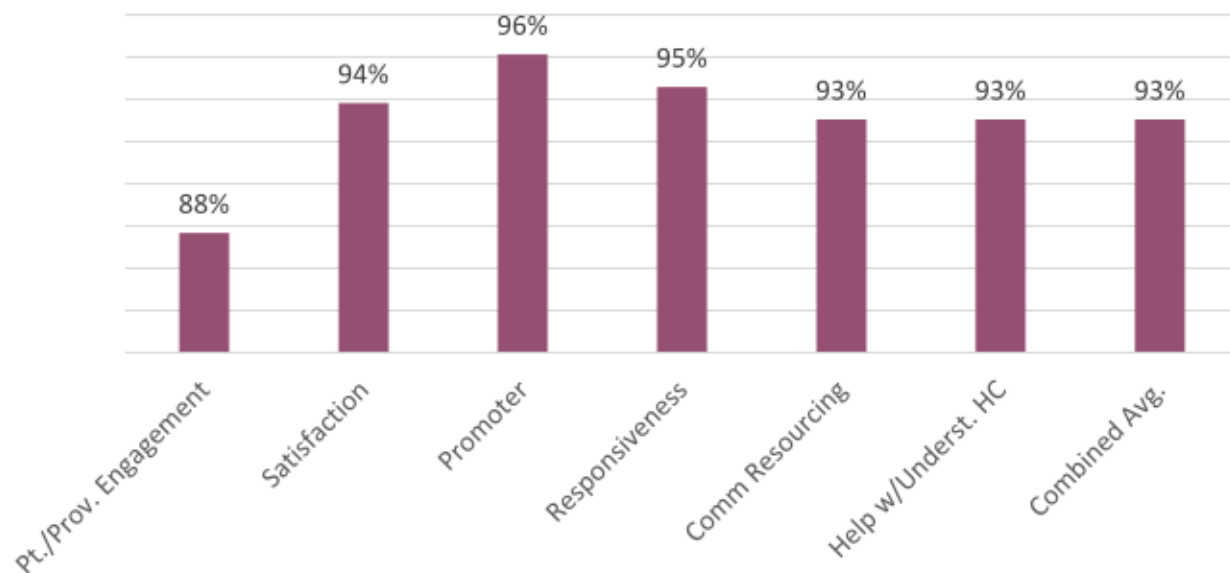
FYE22 EMPLOYEE CENSUS	
Direct Care Workers	374
Program Employees	12
Administrative Employees	16

RECRUITING AND RETENTION STATISTICS			
	FY21-HAH	FY22-HAH	Industry
New Hires	207	79	123
Turnover	58%	38%	65%
Net Hire Ratio	-41	-26	

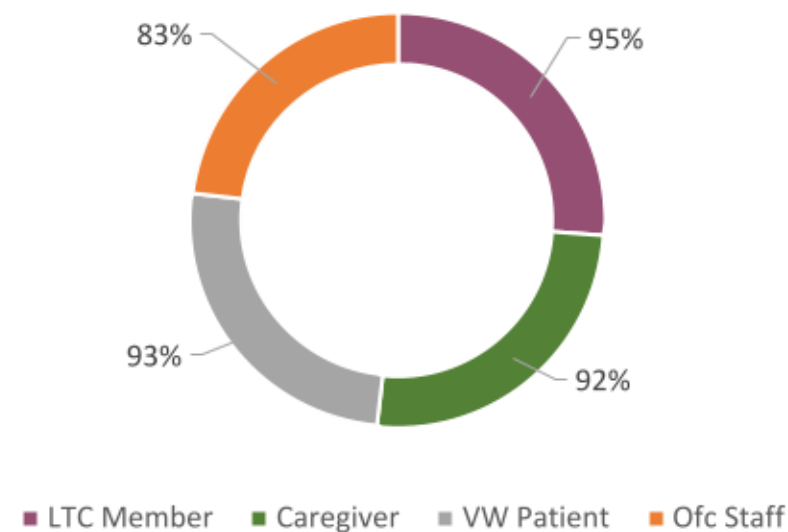
Prioritizing People and Performance

Satisfaction Survey Results

VW Patient Satisfaction Scores



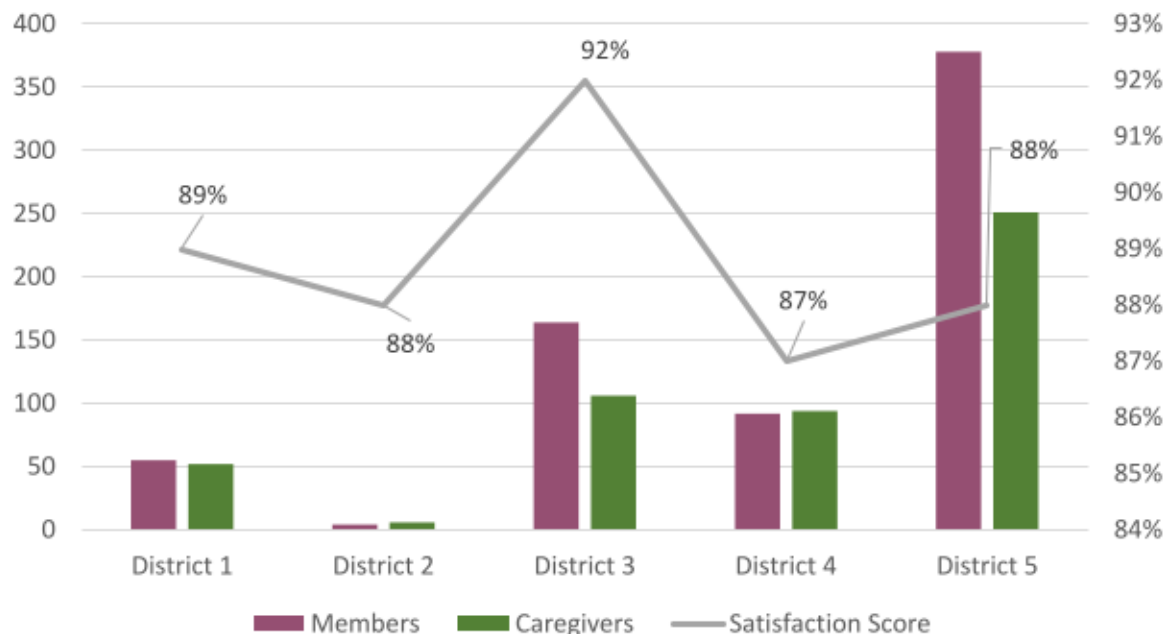
Satisfaction By Stakeholder Group



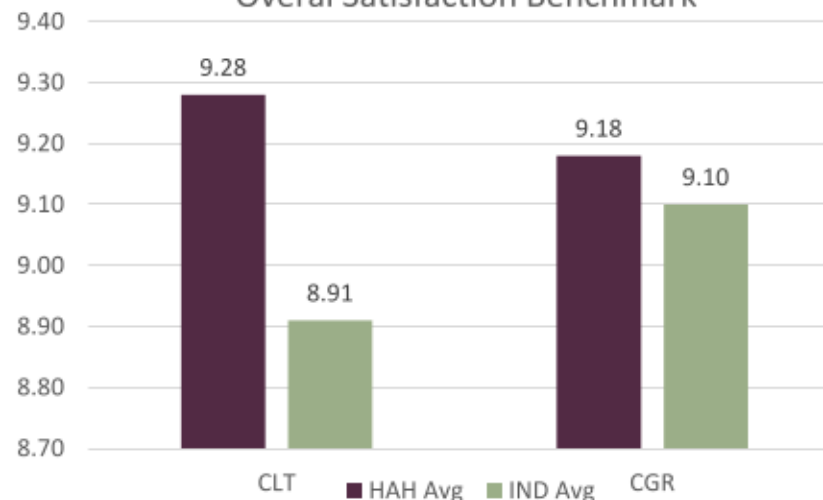
Prioritizing People and Performance

Satisfaction Survey Results

Census & Satisfaction Score By Healthcare District



Overall Satisfaction Benchmark



Financial Review

“Someone’s sitting in the shade today because someone planted a tree a long time ago.” Warren Buffett





Financial Review

Summary

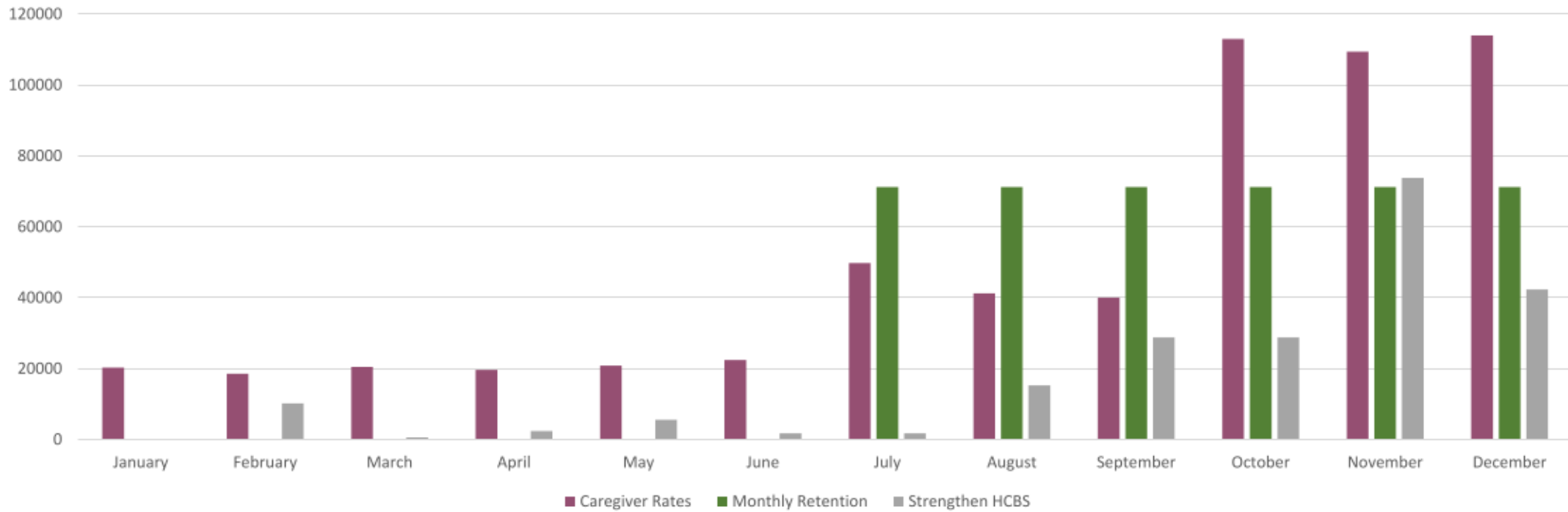
- ❖ Home Assist Health finished the year with a Net Income of \$3.657M, outperforming budget by \$3.606M.
- ❖ Without COVID relief funds, net income would have been -\$40K.
 - PPP loan forgiveness of \$1.81M,
 - CARES Act Phase 4 funds of \$313K,
 - ARPA funds received for \$1.572M.
- ❖ Service Volumes ended at 80k hours (15%) below budget.
- ❖ Operating Expenses were below budget by \$56k .
- ❖ ARPA funds will go to caregivers as hourly incentives and monthly retention bonuses.
- ❖ 80% of our revenue was dedicated to member-care related expenses.

Financial Review

ARPA Fund Distribution Schedule



ARPA Spending Plan





Financial Review

❖ INCOME STATEMENT

	FYE 21 HAH - Actual	FYE 22 HAH - Actual	FY 22 HAH - Budget	FY22 Variance Actual - Budget
Total Revenue	9,693,598	9,267,728	10,672,977	(1,405,249)
Valleywise Loan Interest	27,000	24,000	24,000	-
Operating Expense	10,696,870	9,285,577	10,600,682	(1,315,105)
Total Expense	10,723,870	9,309,577	10,624,682	(1,315,105)
Other Income	850,574	3,699,066	2,590	3,696,476
Net Revenue	(179,698)	3,657,217	50,885	3,606,332

❖ STATISTICS

	FYE 21 HAH - Actual	FYE 22 HAH - Actual	FY 22 HAH - Budget	FY22 Variance Actual - Budget
Billable hours	512,547	458,996	539,720	(80,724)
Value per hour	\$18.86	\$20.13	\$19.78	\$0.35
Expense per hour	\$20.89	\$20.28	\$19.69	\$0.59
Net Value	\$(0.35)	\$7.97	\$0.09	\$7.88



Financial Review

❖ STATEMENT OF FINANCIAL POSITION

Assets	<u>6,424,412</u>
Liabilities	837,902
Shareholder Loan	<u>700,000</u>
Equity	<u>4,886,511</u>
Liabilities and Equity	<u>6,424,412</u>

❖ VALLEYWISE CAPITOL LOAN PAYMENTS

<u>Principal Payment Due</u>	<u>Principal Payment Made</u>
June 30, 2022	\$100,000 - PAID
June 30, 2023	\$100,000
June 30, 2024	\$600,000

❖ STATEMENT OF CASH FLOWS

Net Income	3,657,216
Adjustments	<u>(35,199)</u>
Cash from Operations	3,622,018
Cash from Investments	(5,591)
Cash from Financing	<u>(1,911,860)</u>
Increase in Cash for Period	1,704,566
Cash at Beginning of Period	<u>4,034,424</u>
Cash at End of Period	<u>5,738,990</u>

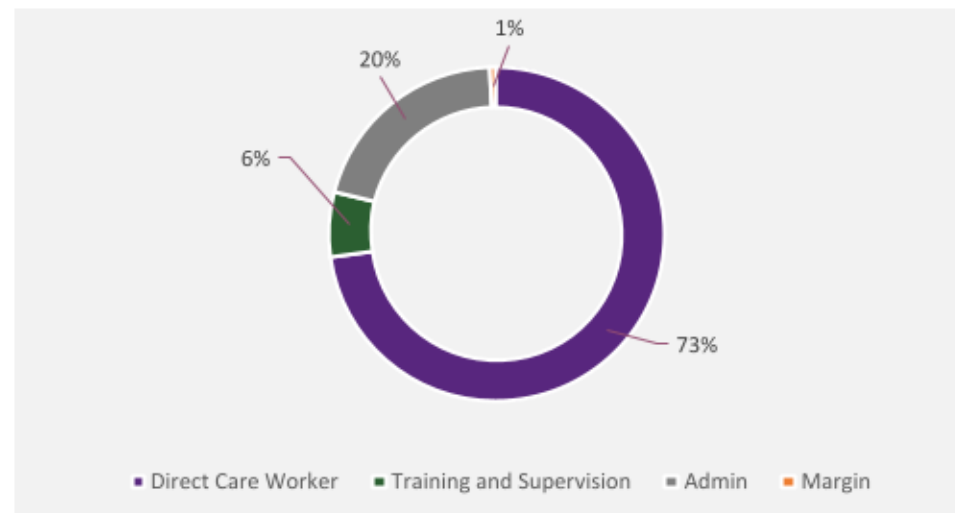
Financial Review

FY2023 BUDGET

❖ BUDGET

	FY 21 Budget	FY 22 Budget	FY 23 Budget	FY22-FY23 Amt	Variance %
Total Revenue	10,847,444	10,672,977	9,940,994	(731,983)	-7%
VW Loan Interest	27,000	24,000	21,000	(3,000)	-13%
Operating Expense	10,793,120	10,598,092	9,864,326	(736,356)	-7%
Total Expenses	10,820,120	10,622,092	9,885,326	(739,356)	-7%
Other Income	3,600	2,590	1,920	(670)	-26%
Net Income	27,324	50,885	57,588	6,703	13%

❖ FY23 EXPENSE PERCENT TO REVENUE



Appendix A: Satisfaction Testimonials

Mary Harden, RN, Director, Maricopa County Special Health Care District Board – District 1

89% Member Satisfaction

55 People Served / 52 Caregivers

“Home Assist Health was highly recommended to us. They are prepared and give great care.” Member Rep., J.O.M., 03.02.22

Mark Dewane, Chairman, Maricopa County Special Health Care District Board – District 2

88% Member Satisfaction

4 People Served / 6 Caregivers

“They always call to check in on my mother and me and if we need anything.” Member Rep., B.A., 03.08.22

Susan Gerard, Director, Maricopa County Special Health Care District Board – District 3

92% Member Satisfaction

164 People Served / 106 Caregivers

“They act like they care about what happens to their clients. I can’t function without them.” Member C.K., 02.01.22

J. Woodfin Thomas, Vice Chairman, Maricopa County Special Health Care District Board – District 4

87% Member Satisfaction

92 People Served / 94 Caregivers

“I cannot even express how much help they are to me. They clean the kitchen and my whole house. They help me with things that cut down on my stress.” Member D.G., 05.21.22

Mary Rose Wilcox, Chairman, Maricopa County Special Health Care District Board – District 5

88% Satisfaction

378 People Served / 251 Caregivers

“The service has been great I’d recommend them, and they help me with bathing and using my walker. The impact has been great.” Member A.F.P., 05.10.22

Thank you.



**Home Assist
Health**

COMPASSION IN ACTION



ANNUAL REPORT

2022



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PRESIDENT'S NOTE

President's Note

Dear Friends,

The past two years highlighted the essential value of care at home. Major shifts in our landscape opened new opportunities and introduced new challenges. As a result, we embraced the moment of inflection to strategize and align operations and reputation to deliver on our goal of advancing care at home.

Fueled by our mission and the compassion of our workforce, we delivered on key initiatives and priorities.

Highlights from 2022:

- ❖ We cared for nearly 800 people and provided 460k hours of direct care service.
- ❖ Recipient of 2022 Best of Home Care Leader in Experience Award.
- ❖ Influenced the AZ legislature to increase AHCCCS LTC-HCBS budget by 11% for EPD and 9.7% for DDD.
- ❖ Influenced AHCCCS ARP spending plan to direct incentives to our workforce.
- ❖ Refreshed our brand to differentiate and increase exposure to our programs.
- ❖ Secured workforce partnerships with Mesa Public Schools and Maricopa County Community Colleges.
- ❖ Launched a home care first, Community Health Worker program providing 1:1 home-based interventions powered by person-centered care plans.
- ❖ April 2022, in partnership with Valleywise Health, launched first of its kind Promotora Project. Early results already show reduced A1c's, hospitalizations and emergency department visits.

Remaining steadfast in our mission and focused on prioritizing member care and employee experience, we are leveraging our inflection point. Actively and energetically, we are working to elevate and expand the role of home care to strengthen our communities one person at a time. With the support from our Board of Directors and talented staff, we put compassion in action.

With sincere gratitude,

Sara Wilson
President and CEO
September 28, 2022

"Our members are our passion, our companions, and our family. Within their lives and the lives of their loved ones we aim to represent consistency, comfort and peace of mind."

ABOUT HOME ASSIST HEALTH

About Home Assist Health

OVERVIEW

Home Assist Health is proud to run one of the earliest home and community-based programs in Arizona.

Operating for approximately 20 years under Valleywise Health (formerly known as Maricopa Integrated Health System) as *“Complete Comfort Care”* and before that, *“Attendant Care Services.”*

Over time, changes in the market made the program unsustainable under the health system. As a result, Valleywise Health leadership decided to set the program out as a separate and distinct not for profit so that our essential services could continue to meet the needs of the community.

Our deep roots anchor us as we meet today’s challenges offering support to those in need. We are agile and responsive to the changing needs of our community. And through purposeful partnerships, we pursue initiatives that improve care at home for those aging and recovering in place.



To be a home care pioneer creating stronger communities one person at a time.



To be a bridge of compassionate equality for all people in their independence, health and wellbeing.



- ♥ Integrity.
- ♥ Partnering.
- ♥ Boldness.
- ♥ Innovation.
- ♥ Compassionate equality.
- ♥ Meaningful outcomes.



Compassion in Action.

HOME CARE HEROES

Home Care Heroes

"People may forget what you said, and what you did, but people will never forget how you made them feel,"
Maya Angelou. Making people feel cared for, safe, and healthy is what our home care professionals do every day. For them, it is "just another day on the job," but to us, they are heroes.

Monique Long, Caregiver of the Month, June

2021-2022 Outstanding Person-First Approach Award Recipient

Monique started with us in February of 2019 and has enormously impacted her clients' lives. One of her most notable qualities is her ability to wear her heart on her sleeve. She personally invests in each member she serves. So much so that many of her members say she cares for them like a sister. Her patience, punctuality, and professionalism allow her to provide excellent care continuously to all her members.



Rebecca Lewis, Caregiver of the Month, April

2021-2022 Outstanding Service Excellence Award Recipient

Rebecca's caregiving career has expanded almost two decades, and we have been fortunate to have her services since July 2014. Her members often describe how she goes above and beyond for them. For example, Rebecca works with a member who has memory issues, and he appreciates how she completes tasks without him even having to ask, as he often forgets. She is the epitome of what excellent service looks like in our industry.



Marcelo Ramirez, Associate Director of Finance

2021-2022 Outstanding Team Partnership Award Recipient

Marcelo has been a Home Assist Health employee since April of 2015. During that time, he has continuously proven his versatility as a team player while he carries out his duties. His coworkers recognize that they can go to him whenever they need assistance, whether its skills, billing information, translating in Spanish or general kindness, he is always there for anyone in our organization. He is a man of great character, and his peers are proud to work alongside him.



Elizabeth Robin Peterson, Caregiver of the Month, November

2021-2022 Outstanding Leadership Award Recipient

Elizabeth started in 2019 and has been a dedicated staff member at Home Assist Health ever since. During her time, Elizabeth developed a reputation for being reliable and providing exceptional quality care. One of Elizabeth's most endearing skills is her strong communication. Her supervisor says she is a member's best advocate and is constantly working to improve members' health by following up with medical providers and updating family members with everything going on. She is a model caregiver.



STRATEGIC PLAN UPDATE

Strategic Plan Update

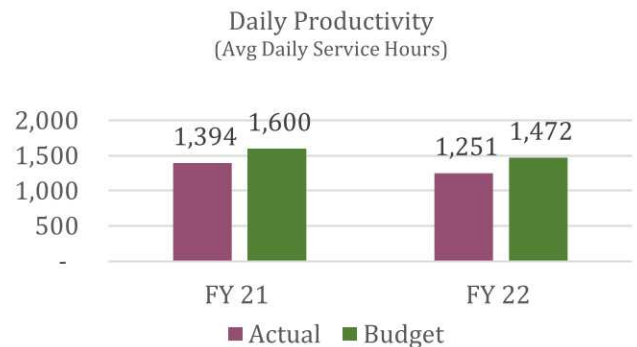
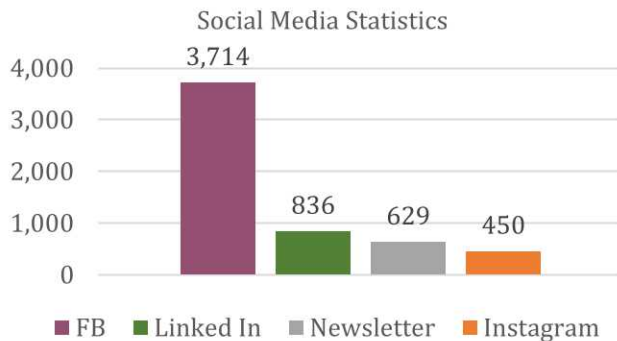
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To be the industry **leader** accelerating change with **compassionate equality** through **innovation** and **partnerships** resulting in **stronger communities** and **meaningful outcomes**.

VISION COMPONENTS

Post Pandemic Leadership Home Care Innovation Partnership Growth Stronger Communities Prove Meaningful Outcomes Compassionate Equality

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➤ Review, revise and refine human capital management systems.	<ul style="list-style-type: none"> ✓ Retention rate ✓ Turnover rate ✓ HCM ROI ✓ Satisfaction rate 	86% annual avg 38% annual avg 02-06 FY22 +31k savings 92%
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STRATEGIC PLAN UPDATE

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Home Assist Health, Super Star Car Wash Pay It Forward to Phoenix teen's nonprofit that helps kids

Published: Jun. 8, 2022 at 9:44 AM MST



STRATEGIC PLAN UPDATE

BRAND REFRESH

We continued our strategic brand repositioning and refreshed our logo. We also created a new sub-logo to differentiate and increase our program offerings and brand exposure.

Our parent logo continues to represent our deep roots in Arizona Long Term Care-Home and Community Based Services.



Before



After

Our new sub-logo, MyCare, replaces what was formerly known as Health Promotion. Our Health Promotion department is where our transformative partnership with Valleywise began. By breaking the traditional boundaries of the care continuum, this collaboration integrates healthcare and home care deflecting avoidable admissions, emergency department visits, and improves patient health and quality outcomes.

Person-centeredness is at the heart of our work. MyCare more accurately reflects and emphasizes our person-centered approach to home-based interventions for the whole person.



MYCARE - A COMMUNITY HEALTH WORK PROGRAM

MyCare - A Community Health Work Program



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Home Assist Health is

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INTEGRATED HEALTH AND SOCIAL SERVICES AT VALLEYWISE HEALTH

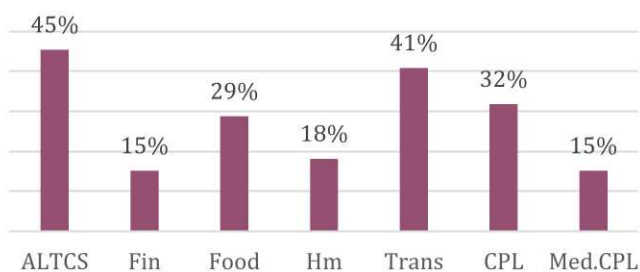
VALLEYWISE HEALTH CENTER

Target Demographic

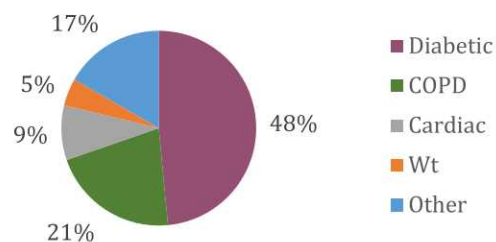
High Risk Patients with Multiple Chronic Conditions.

	FY 21 Statistics	FY 22 Statistics
Patients Served	50	66
Admission: <i>Measured by 6mo Before to After Start of Care (SOC)</i>	18% BSOC / 8% ASOC 55% decrease	32% BSOC / 11% ASOC 66% decrease
ED Encounters: <i>Measured by 6mo Before to After Start of Care (SOC)</i>	40% BSOC / 18% ASOC 55% decrease	86% BSOC / 17% ASOC 80% decrease

SDOH - Intervention Targets



Major Disease Type



MYCARE - A COMMUNITY HEALTH WORK PROGRAM

PROMOTORA PROJECT AT VALLEYWISE HEALTH

VALLEYWISE HEALTH CENTERS – PROMOTORA (APRIL-22 LAUNCH)

Target Demographic: Spanish Speaking Mod-High Risk Patients with Diabetes

Patients Served: 21

	6mos Before Start of Care	6mos After Start of Care
Average A1c	8.4	7.8
Admission:	100% (21 Admit)	0% (0 Admit)
ED Encounters:	171% (36 ED)	10% (2 ED)

**Statistics include ten patients with start of care dates occurring in July and Aug Q1-FY23.*

COVID-RECOVERED PATIENTS AT VALLEYWISE HEALTH

VALLEYWISE HEALTH MEDICAL CENTER

Target Demographic

COVID-19 Surge Support: Recovered Patients D/C Home (5 consecutive day telephonic check-ins)

	FY 21 Statistics	FY 22 Statistics
Patients served count:	699, 88% Engagement	236, 87% Engagement
7 day readmission rate:	2%	0.5%
30 day readmission rate:	5%	2%
Patients referred, not served, count:	84	31
7 day readmission rate:	5%	6%
30 day readmission rate:	10%	10%

** COVID related readmissions and ER visits only.*

NEW RELEASE: FOOD INSECURITY PROJECT (AWB/CVS - GRANT) AT VALLEYWISE HEALTH



OUR PEOPLE AND OUR PERFORMANCE

Our People and Our Performance

OVERVIEW

Paul Osterman, Human Resources and Management Professor at MIT Sloan School of Management, said it best in his 2017 book, “Who Will Care For Us?” By 2034, our country, for the first time, will have more seniors (65 plus) than children (18 and younger). Here, in Arizona, our older population is among the fastest growing at 48%, compared to 34% nationally. While our aging population is increasing demand, factors like COVID-19, inflation and low government funding have led to high turnover. When counting new jobs and job openings created as workers leave the field, Arizona will need to fill nearly 130,000 paid caregiver jobs from 2016 – 2026. More than ever before, we are competing for employees in industries with lower entry barriers, such as fast food and retail. As we work to answer the question, “Who Will Care For Us,” we have engaged in strategic partnerships and honed our human capital management systems. Below are some highlights of our efforts.

WORKFORCE HIGHLIGHTS

- ❖ **Skyline High School** - Direct Care Worker (DCW) employer partner providing certification testing, internships and employment.
- ❖ **Maricopa Community Colleges District**, in partnership with Chicanos Por La Casa – Community Health Worker (CHW) cohort employer partner offering externships and internships.
- ❖ **Edge Factor**, in partnership with Mesa Public Schools, AZ Business and Education Coalition, and the Center for the future of AZ, features Home Assist Health as an industry, career, and place of employment for young job seekers.

<https://edgefactor.com/zone/Arizona>

FYE22 EMPLOYEE CENSUS

Direct Care Workers	374
Program Employees	12
Administrative Employees	16

RECRUITING AND RETENTION STATISTICS

	FY21-HAH	FY22-HAH	Industry
New Hires	207	79	123
Turnover	58%	38%	65%
Net Hire Ratio	-41	-26	

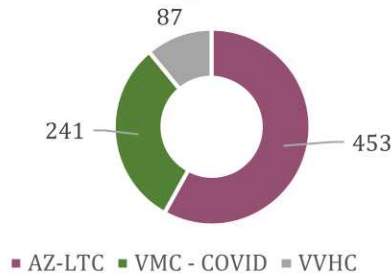


OUR PEOPLE AND OUR PERFORMANCE

THE PEOPLE WE SERVE

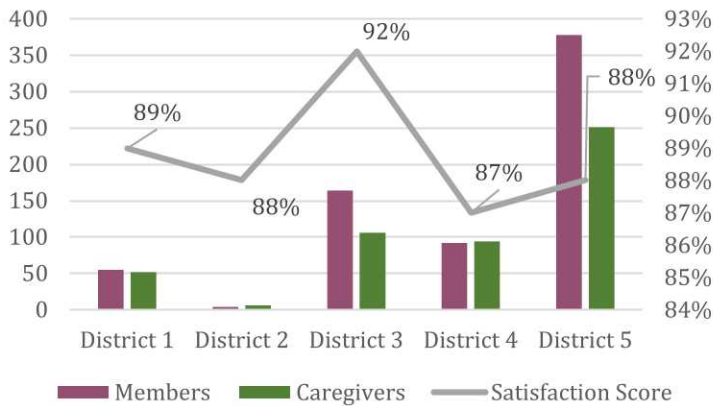
Throughout the Fiscal Year we cared for more 781 Arizonans in the comfort of their home.

FY-22 Total People Served - 781

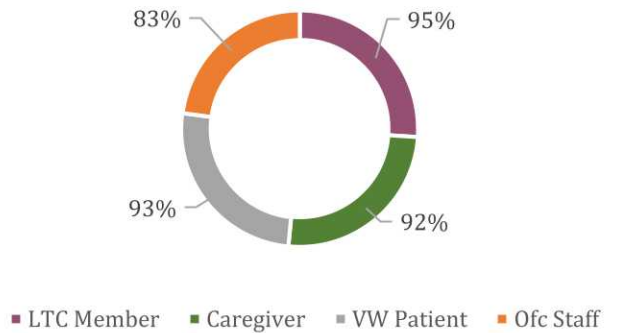


SATISFACTION MANAGEMENT

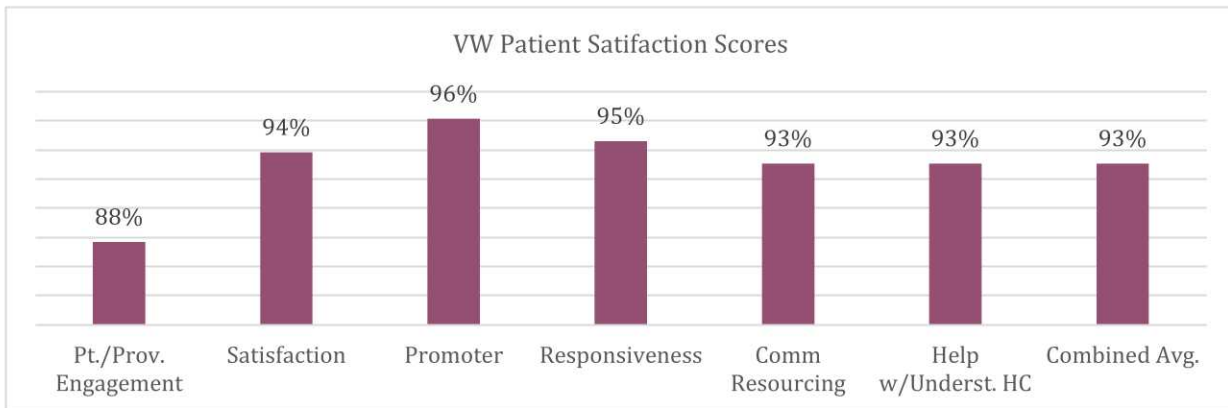
Census & Satisfaction Score By Healthcare District



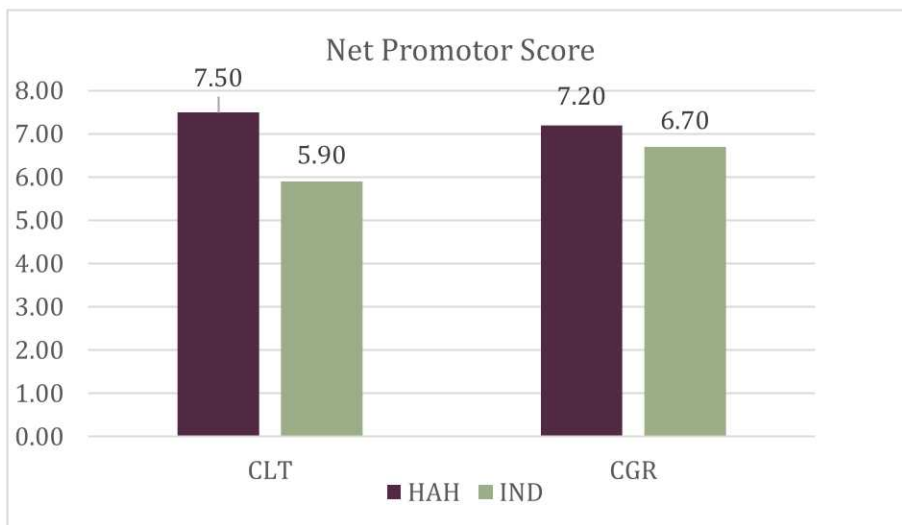
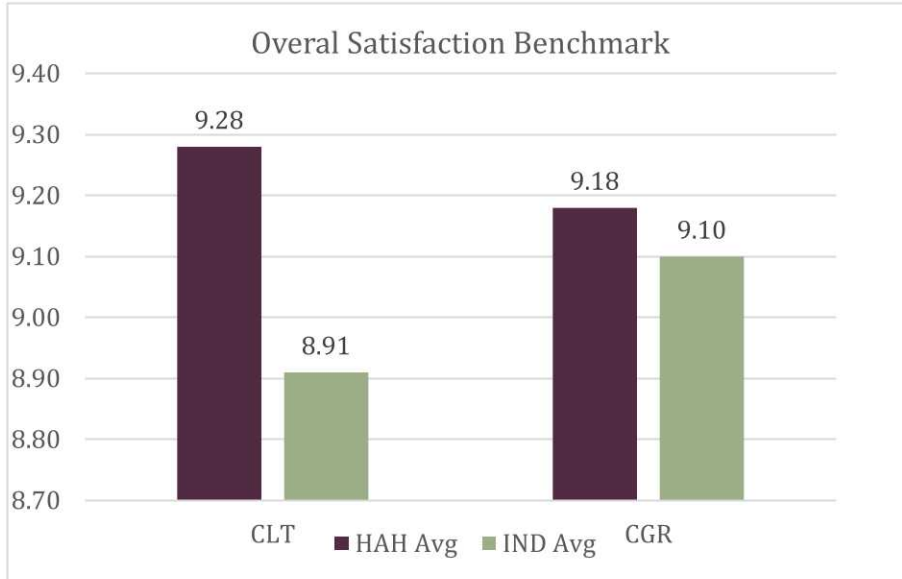
Satisfaction By Stakeholder Group



VW Patient Satisfaction Scores



OUR PEOPLE AND OUR PERFORMANCE

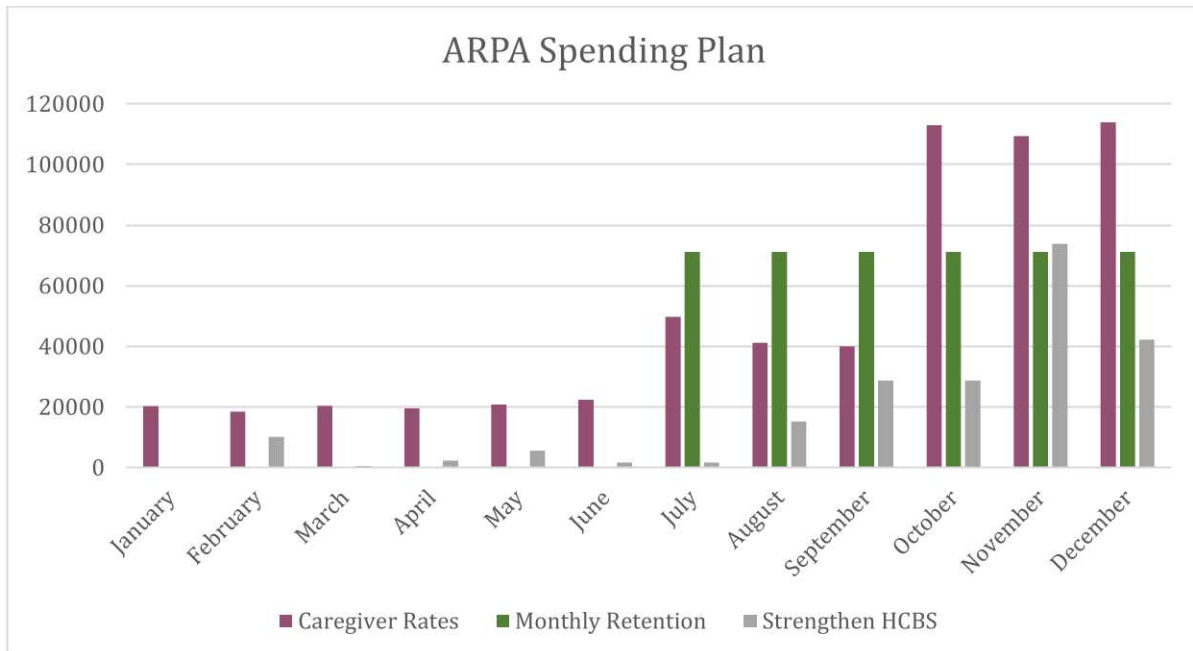


FINANCIAL REVIEW

Financial Review

Home Assist Health finished the year with a Net Income of \$3.657M, outperforming budget by \$3.606M.

- ❖ We would have finished with a Net Income of -\$40K but recognized PPP loan forgiveness of \$1.81M, CARES Act Phase 4 funds of \$313K and ARPA funds received for \$1.572M resulted in the higher Net Income.
- ❖ Service Volumes ended below budget by 80k hours (15%) due to a continued reduction in referral hours because of the pandemic.
- ❖ Operating Expenses were below budget by \$56k due to financial management practices of lower cost purchasing and working with current contracts on maximizing services with cost reduction.
- ❖ Home Assist Health will be utilizing ARPA funds in FY23 by providing an increased rate above base for Caregivers that work with members directly in the field. Additionally, monthly retention incentives will be provided to Caregivers from July to December.
- ❖ Member Care remains our primary focus. As a result, 80% of our revenue was dedicated to member-care related expenses.



2022 FISCAL YEAR FINANCIAL STATEMENTS

2022 Fiscal Year Financial Statements

STATEMENT OF FINANCIAL POSITION

Assets	<u>6,424,412</u>
Liabilities	837,902
Shareholder Loan	<u>700,000</u>
Equity	<u>4,886,511</u>
Liabilities and Equity	<u>6,424,412</u>

STATEMENT OF INCOME

	FYE 21 HAH - Actual	FYE 22 HAH - Actual	FY 22 HAH - Budget	FY22 Variance Actual - Budget
Total Revenue	9,693,598	9,267,728	10,672,977	(1,405,249)
Valleywise Loan Interest	27,000	24,000	24,000	-
Operating Expense	10,696,870	9,285,577	10,600,682	(1,315,105)
Total Expense	<u>10,723,870</u>	<u>9,309,577</u>	<u>10,624,682</u>	<u>(1,315,105)</u>
Other Income	850,574	3,699,066	2,590	3,696,476
Net Revenue	<u>(179,698)</u>	<u>3,657,217</u>	<u>50,885</u>	<u>3,606,332</u>

STATEMENT OF INCOME: PRIMARY STATISTICS

	FYE 21 HAH - Actual	FYE 22 HAH - Actual	FY 22 HAH - Budget	FY22 Variance Actual - Budget
Billable hours	512,547	458,996	539,720	(80,724)
Value per hour	\$18.86	\$20.13	\$19.78	\$0.35
Expense per hour	\$20.89	\$20.28	\$19.69	\$0.59
Net Value	\$(0.35)	\$7.97	\$0.09	\$7.88

STATEMENT OF CASH FLOWS

Days Cash on Hand: 225

Net Income	3,657,216
Adjustments	<u>(35,199)</u>
Cash from Operations	3,622,018
Cash from Investments	(5,591)
Cash from Financing	<u>(1,911,860)</u>
Increase in Cash for Period	1,704,566
Cash at Beginning of Period	4,034,424
Cash at End of Period	<u>5,738,990</u>

VALLEYWISE CAPITOL LOAN PAYMENT SCHEDULE

Principal Payment Due	Principal Payment Made
June 30, 2022	\$100,000 - PAID
June 30, 2023	\$100,000
June 30, 2024	\$600,000

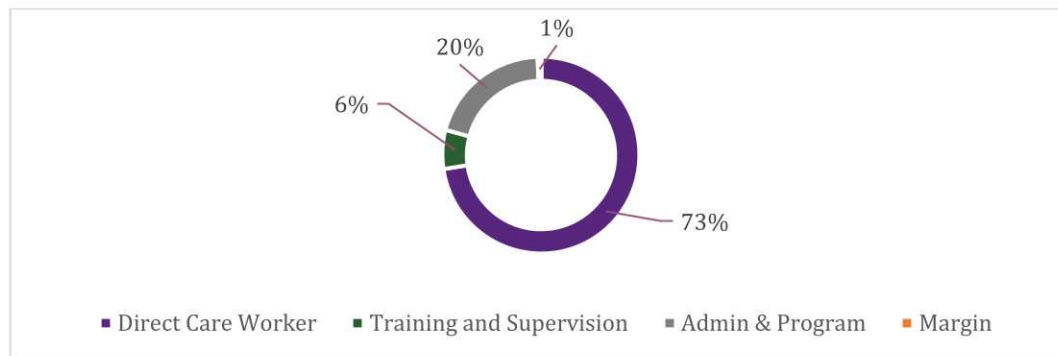
2023 FISCAL YEAR BUDGET

2023 Fiscal Year Budget

BUDGET

	FY 21 Budget	FY 22 Budget	FY 23 Budget	FY22-FY23 Variance	
				Amt	%
Total Revenue	10,847,444	10,672,977	9,940,994	(731,983)	-7%
Valleywise Loan Interest	27,000	24,000	21,000	(3,000)	-13%
Operating Expense	10,793,120	10,598,092	9,864,326	(736,356)	-7%
Total Expenses	10,820,120	10,622,092	9,885,326	(739,356)	-7%
Other Income	3,600	2,590	1,920	(670)	-26%
Net Income	27,324	50,885	57,588	6,703	13%

BUDGET: PERCENT EXPENSE TO REVENUE



BUDGET GENERAL ASSUMPTIONS

- ❖ Home Assist Health’s financial records are maintained using the accrual method of accounting in accordance with Generally Accepted Accounting Principles. The revenue and expense projections are prepared using the accrual method of accounting.
- ❖ Historical and current year (FY 2022) financial data was used to prepare the budget for fiscal year 2023.
- ❖ Service revenue is budgeted by identifying the current trend of billable hours and kept flat for the fiscal year. There is an increase built in for our MyCare program due to new Community Health Worker services that started in late FY2022.
- ❖ Our DCW wage rate increased to \$14.00/hr effective July 1st. With minimum wage predicted to increase sharply on January 1, 2023, we did not budget for an increase since the current \$14.00/hr would be above the prediction, however, we do realize that we may need to increase our DCW wage rate once the official minimum wage rate is released in order to retain our workforce. The 11% rate increase approved by the State (not included in the budget) would assist in offsetting any wage rate increase.

APPENDIX A – SATISFACTION TESTIMONIALS

Appendix A – Satisfaction Testimonials

MEMBER SATISFACTION AND TESTIMONIALS - BY DISTRICT

Mary Harden, RN, Director, Maricopa County Special Health Care District Board – District 1

89% Member Satisfaction

55 People Served / 52 Caregivers

“Home Assist Health was highly recommended to us. They are prepared and give great care.” Member Rep., J.O.M., 03.02.22

Mark Dewane, Chairman, Maricopa County Special Health Care District Board – District 2

88% Member Satisfaction

4 People Served / 6 Caregivers

“They always call to check in on my mother and me and if we need anything.” Member Rep., B.A., 03.08.22

Susan Gerard, Director, Maricopa County Special Health Care District Board – District 3

92% Member Satisfaction

164 People Served / 106 Caregivers

“They act like they care about what happens to their clients. I can’t function without them.” Member C.K., 02.01.22

J. Woodfin Thomas, Vice Chairman, Maricopa County Special Health Care District Board – District 4

87% Member Satisfaction

92 People Served / 94 Caregivers

“I cannot even express how much help they are to me. They clean the kitchen and my whole house. They help me with things that cut down on my stress.” Member D.G., 05.21.22

Mary Rose Wilcox, Chairman, Maricopa County Special Health Care District Board – District 5

88% Satisfaction

378 People Served / 251 Caregivers

“The service has been great I’d recommend them, and they help me with bathing and using my walker. The impact has been great.” Member A.F.P., 05.10.22

APPENDIX B – AZ CHW SHADOWING SUMMARY

Appendix B – AZ CHW Shadowing Summary



ARIZONA CHW SHADOWING SUMMARY – HOME ASSIST HEALTH

June 2022

Drafted By: Ben Tiensvold, Community Outreach Coordinator, Community Health Worker Collaborative of South Dakota

ORGANIZATION BACKGROUND AND PROGRAM

ORGANIZATIONAL OVERVIEW

Home Assist Health (HAH) is a non-profit organization located in Phoenix, Arizona, that provides home health care services to patients in the Phoenix, Arizona area. HAH became a non-profit organization to better provide services to the Valleywise Health System, previously known as Maricopa Integrated Health System, which is a county-run health facility in Maricopa County, Arizona. By becoming an independent non-profit separate from Maricopa County, HAH can apply for grant funding and provide contracted services with Valleywise Health System. HAH serves patients in Maricopa County, Arizona, specifically in the immediate Phoenix, Arizona metropolitan area.

COMMUNITY HEALTH WORKER PROGRAM OVERVIEW

HAH employs CHWs to serve the patients identified through provider referrals from Valleywise Health System. These CHWs provide direct services to the patients in their homes, as well as provide CHW resource coordination and patient navigation care remotely through telephonic supports. HAH also employs a nurse who is a member of the care team and provides additional services as part of the team.

Further, HAH explains that the CHW is instrumental in providing support to MyCare clients by engaging them in healthier living patterns with proven 1:1 teaching and behavior modification strategies. The CHW builds individual and community capacity by increasing health knowledge and self-sufficiency through development of a person-centered care plan and monitoring progress of interventions. The CHW serves as a liaison between health/social services and the client to facilitate access to services, improve cultural competence of service delivery, and to promote sustained health improvement and independence.

CHW SHADOWING AND SUCCESSES

SHADOWING SUMMARY

Prior to the shadowing visit, the HAH CHW program connected with the patient to ensure having an individual shadow would not be of concern. This patient had been receiving CHW services from HAH and agreed to an individual shadowing the HAH CHW as a home visit and CHW services were provided.

PATIENT SUMMARY, OBSERVATIONS, AND SUCCESSES

REFERRAL SUMMARY

In February of 2022, a referral was sent to HAH from Valleywise Health System for HAH to provide CHW services to a woman in her 60s. Prior to hospital admission, the woman had arrived by ambulance to the emergency room due to congestive heart failure and trouble breathing. During her hospital stay, the patient had a recorded blood pressure of 169 over 71, a blood glucose level of 372, and an A1C of 12.9%. In addition to trouble breathing and congestive heart failure, lab results also indicated stage 4 kidney disease, likely due to prolonged uncontrolled diabetes.

APPENDIX B – AZ CHW SHADOWING SUMMARY

The patient was referred to HAH CHW services as part of her discharge planning as she returned home to her apartment where she lives with and cares for her three grandchildren (ages 12, 8, and 5) as well as her small dog. The patient is an Arizona Medicaid patient.

HOME VISIT OBSERVATIONS

The HAH CHW had previously called the patient to confirm having an individual shadow her visit would be okay with the patient. The CHW then called the patient when arriving at the gated apartment complex to gain access and to have the patient's grandchildren open the side door to the apartment building. The two younger grandchildren (age 8 and 5) opened the door and let the CHW into the complex.

The patient and her family lived in a small third-floor apartment. The patient indicated throughout conversations that she was fortunate to live in an apartment that was only \$1,000 per month and that her rent hadn't gone up like so many others in the Phoenix area. Inside the apartment, the kitchen was somewhat messy and dirty, with missing cabinet doors and dirty dishes strewn about. Additionally, a large overflowing garbage can was in the kitchen and dining room area. The apartment likely had two or three bedrooms. The air conditioning was turned on low, and the apartment was a bit warm but still very livable. The patient sat at the table with the CHW next to the couch, where the younger grandchildren sat and visited with the CHW and the patient. The small dog was energetic as it jumped around, barked, and urinated on the living room floor during the visit.

The CHW had a very warm and professional attitude toward the patient and was able to connect and communicate with her so that she could be honest about her medical struggles as well as share her successes. During the approximately 30-minute visit, the CHW and patient discussed and worked on the following:

- *Arranging for Medical Transportation:* The CHW assisted the patient in entering the transportation organization's phone number into her cell phone so that she could start to arrange for her own transportation and easily find the number. The patient had written down the number for medical transportation in her notebook, but it was not easily accessible.
- *Healthy Eating:* The CHW and the patient discussed the patients' recent meals and the foods the patient was eating to align with a strict renal diet (kidney disease diet) that was also diabetic friendly. The patient's 5-year-old granddaughter also shared how she had learned from the CHW and the HAH nurse how to make her grandmother a healthy and diet-friendly salad. The granddaughter was very proud to share how she had helped her grandmother prepare meals that aligned with her diet.
- *Exercise:* The CHW and the patient discussed the patient's need for continued exercise, even if it is just short walks down the hall of the apartment complex. The granddaughter was excited to share that she would often walk with her grandmother down the hall and agreed that she should walk more with her grandmother.
- *Testing Blood Sugars:* The CHW asked the patient if she had tested her blood sugars yet today. The patient shared that although it was approximately 11 AM, she had not yet tested her blood sugars. The patient then checked her blood sugars while the CHW observed. The CHW confirmed that the patient was testing her blood sugars correctly and discussed how her blood sugar results were in alignment with her goals.
- *Medication Adherence:* The CHW and patient briefly discussed the patient remembering to take her blood pressure medications. The patient shared the times of day and frequency that she was supposed to take her medication and that she had been taking her medications at the correct times throughout the last few days.
- *Counseling Services:* The CHW reminded the patient that she had a scheduled telehealth counseling session coming up soon and confirmed that telehealth visits were working for the patient.
- *Achieving Goals:* The CHW and patient wrapped up the visit discussing the successes of the patient's health improvements and recent lab results, including her weight loss and significant reduction in her A1C. The patient was very appreciative of the CHW's attention and support and was excited that she was losing weight and improving her health.

The visit lasted approximately 30 minutes before the CHW reminded the patient that she needed to get ready to be on time for her transportation to a medical appointment. The patient remembered that she now had the transportation organization's phone number in her cell phone and was enthusiastic about scheduling her own transportation.

The two younger grandchildren were also excited that the CHW had visited and that they were able to help with their grandmother's care. Although not stated, the children's attitude toward the CHW seemed to indicate that they were very appreciative of the CHW's services as they were assisting their grandmother in staying healthy and out of the hospital. Although young, the grandchildren likely knew from past experiences that if their grandmother can avoid hospital stays and emergency room visits, they are able to experience more stability in their lives as well.

APPENDIX B – AZ CHW SHADOWING SUMMARY

The patient shared multiple times how thankful she was that she was receiving services from HAH and the CHW and stated that she wished she had taken better care of herself in her younger years so that she was in better health now. The CHW reminded the patient that she was doing a great job improving her health and to keep up her work.

PATIENT SUCCESSES

CLINICAL SUCCESSES

The following clinical successes were recorded after the first three (3) months of CHW services provided by HAH:

Measurement	February 2022	May 2022
Blood Pressure	169/71	119/68
Blood Glucose	372	116
A1C	12.9%	6.9%
Hospitalizations	1	0
Emergency Room Visits	1	0

HAH shared the above three-month clinical improvements.

SOCIAL DETERMINANTS OF HEALTH IMPROVEMENTS

The CHW and HAH assisted the patient in her clinical improvements by providing CHW services in the home setting and also addressing the following social determinants of health needs:

1. *Depression:* The CHW and HAH team connected the patient with a counselor to provide services via telehealth.
2. *Financial:* The CHW and HAH team connected the patient with services to offset her high electrical bills that were causing a strain on her finances. This allows her to keep the air conditioning on in her apartment.
3. *Food Insecurities:* The CHW and HAH team connected the patient and her family with food giveaway programs and also helped them enroll in a food stamp program.
4. *Transportation:* The CHW and HAH team connected the patient with transportation services and helped the patient arrange for her own transportation.
5. *Medication Accessibility:* The CHW and HAH team arranged for medication delivery so that the patient could access her medications without worrying about transportation barriers.

CHW PROGRAM OBSERVATIONS AND SUCCESSES

Overall, the CHW program at HAH is very successful and continues to grow with additional CHW team members. The nurse and CHWs work hand-in-hand to address patient needs and to provide services within their scopes of work. In the specific situation of providing services to this patient, the CHW was very outgoing, energetic, supportive, and empathetic. Despite working with this patient in the large community of Phoenix, the CHW and HAH team connected the patient with multiple resources specific to her needs and continued to provide in-home services to the patient.

The HAH nurse does not see CHWs as a threat to her role, but rather as an addition to the patient's care team. The HAH nurse supports the CHW's work and has an established relationship with the patient directly as well. This is rather unique to the HAH program and is a valuable add for the care team and the patient.



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 28, 2022

Item 4.

Valleywise Community Health
Centers Governing Council
Annual Report



Office of the Sr Vice President & CEO FQHC Clinics

2525 East Roosevelt Street • Phoenix • AZ • 85008

DATE: September 28, 2022

TO: Maricopa County Special Health Care District

FROM: Michelle Barker, Chair
Valleywise Community Health Centers Governing Council
Barbara Harding, BAN, RN, MPA, PAHM, CCM
Sr VP Amb Services & CEO FQHC Clinics

SUBJECT: Valleywise Community Health Centers Governing Council
Annual FQHC Performance Report FY2022

The Co-applicant Operational Arrangement between the Maricopa County Special Health Care District Board and the Valleywise Community Health Centers Governing Council (VCHCGC) requires a review of Federally Qualified Health Centers (FQHC) Clinic's performance with respect to achievement of performance outcomes and goals.

On behalf of the Valleywise Community Health Centers Governing Council, this report is the summation of FQHC Clinic performance for July 1, 2021 – June 30, 2022, reflecting the VCHCGC's oversight and management of Operations, Quality and Finances for **H80CS33644: MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT FQHC Clinics**.

The VCHCGC has worked closely with staff throughout FY22 focusing on three top priorities; clinic visit volume, quality health outcomes, and improvement of the patient experience. Of interest, health equity and ensuring access to care of the most vulnerable populations remain a priority of the VCHCGC.

During the FY, the FQHC Clinics have worked to ensure access to care despite the impact of challenges presented by the COVID-19 pandemic. Preventative screenings that were delayed during quarantine are now a priority.

Disruptions in care were prevented during the transition to the new West Maryvale and Mesa clinics. However, ongoing staffing challenges, due to the public health crisis remain, as indicated by the rates of attrition and availability of candidates to fill open positions.

Despite the challenges, the VCHCGC continued its work with staff to ensure that exceptional care and safety is a constant. We are proud to lead the efforts that have been implement in FY22.

A Demographic Comparison of Valleywise Health FQHCs with Arizona FQHCs UDS Health Center Comparison Report - 2021

To tell the story about the population we serve, data provides the subject and chapters. In April 2022 the Valleywise Community Health Center Governing Council requested a demographic comparison of Valleywise Health’s FQHC clinics to others in the state. HRSA released calendar year 2021 UDS data in early August 2022. Below is comparison data of FQHCs in Arizona.

Patients by Age

Health Center Name	City	State	Total Patients	Children (< 18 years old)	Adult (18 - 64)	Older Adults (age 65 and over)
ADELANTE HEALTHCARE, INC.	PHOENIX	AZ	82,403	28.68%	62.05%	9.28%
AJO COMMUNITY HEALTH CENTER	AJO	AZ	2,902	12.82%	41.28%	45.90%
CANYONLANDS COMMUNITY HEALTH CARE	PAGE	AZ	20,087	23.35%	59.46%	17.19%
CHIRICAHUA COMMUNITY HEALTH CENTERS	DOUGLAS	AZ	29,895	46.11%	38.82%	15.07%
CIRCLE THE CITY	PHOENIX	AZ	8,267	1.95%	88.53%	9.52%
CREEK VALLEY HEALTH CLINIC	COLORADO CITY	AZ	3,365	41.04%	52.30%	6.66%
EL RIO SANTA CRUZ NEIGHBORHOOD HEALTH CENTER	TUCSON	AZ	125,449	30.02%	57.44%	12.55%
HORIZON HEALTH AND WELLNESS, INC.	APACHE JCT	AZ	10,275	24.06%	66.68%	9.27%
MARANA HEALTH CENTER	MARANA	AZ	56,371	21.49%	62.30%	16.22%
MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	PHOENIX	AZ	83,659	24.02%	67.85%	8.14%
MARIPOSA COMMUNITY HEALTH CENTER, INC	NOGALES	AZ	28,201	32.91%	47.70%	19.39%
MOUNTAIN PARK HEALTH CENTER	PHOENIX	AZ	92,067	47.81%	45.93%	6.26%
NATIVE AMERICAN COMMUNITY HEALTH CENTER, INC.	PHOENIX	AZ	9,626	21.15%	71.99%	6.86%
NEIGHBORHOOD OUTREACH ACCESS TO HEALTH	SCOTTSDALE	AZ	45,440	16.02%	73.14%	10.84%
NORTH COUNTRY HEALTHCARE, INC.	FLAGSTAFF	AZ	50,990	24.67%	57.47%	17.86%
SUN LIFE FAMILY HEALTH CENTER	CASA GRANDE	AZ	47,233	26.38%	54.69%	18.94%
SUNSET COMMUNITY HEALTH CENTER	SOMERTON	AZ	28,249	33.03%	48.40%	18.57%
TERROS INC	PHOENIX	AZ	25,125	11.67%	84.14%	4.19%
TUBA CITY REGIONAL HEALTH CARE CORPORATION	TUBA CITY	AZ	1,230	66.34%	30.16%	3.50%
UNITED COMMUNITY HEALTH CENTER, INC.	GREEN VALLEY	AZ	20,150	35.65%	39.54%	24.80%
VALLE DEL SOL, INC.	PHOENIX	AZ	9,863	37.05%	57.74%	5.21%
WESLEY COMMUNITY CENTER INC	PHOENIX	AZ	6,636	8.74%	84.84%	6.42%
YAVAPAI COUNTY COMMUNITY HEALTH SERVICES	PRESCOTT	AZ	12,541	13.34%	68.78%	17.88%

Valleywise Health served a total of 83,659 patients in CY2021. The predominate group served were adults 18 – 64. In comparison to other FQHCs serving the Phoenix area, Valleywise Health ranked second to Mountain Park in the unique unduplicated number of patients served.

Unique Unduplicated Patients Year Over Year – Phoenix FQHCs

Health Center Name	City	State	2021	2020	2019	2018	2017
ADELANTE HEALTHCARE, INC.	PHOENIX	AZ	82,403	75,499	75,218	67,059	62,113
CIRCLE THE CITY	PHOENIX	AZ	8,267	7,699	6,502	6,121	4,033
MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	PHOENIX	AZ	83,659	78,554	87,378	89,727	90,661
MOUNTAIN PARK HEALTH CENTER	PHOENIX	AZ	92,067	85,476	87,258	85,945	86,678
NATIVE AMERICAN COMMUNITY HEALTH CENTER, INC.	PHOENIX	AZ	9,626	9,885	10,276	8,767	7,621
NEIGHBORHOOD OUTREACH ACCESS TO HEALTH (NOAH)	SCOTTSDALE	AZ	45,440	37,921	36,948	30,400	23,486
TERROS INC	PHOENIX	AZ	25,125	24,719	3,881	LAL	LAL
VALLE DEL SOL, INC.	PHOENIX	AZ	9,863	6,777	4,518	2,568	1,289
WESLEY COMMUNITY CENTER INC	PHOENIX	AZ	6,636	6,381	7,019	6,696	6,889

A year over year comparison of unique unduplicated patients served by FQHCs in Maricopa County shows that Valleywise Health's numbers are rebounding from a decrease observed in 2020, like many of the other metropolitan FQHC clinics. Valleywise Health is focusing on performance improvement efforts targeted to improving the patient experience and marketing to the underserved populations. This is vital to sustain market growth and financial stability of the health system.

Patients by Race & Ethnicity

Health Center Name	Racial and/or Ethnic Minority	Hispanic/Latino Ethnicity	Black/African American	Asian	American Indian/Alaska Native	Native Hawaiian / Other Pacific	More than one race	Best Served in another language
ADELANTE HEALTHCARE, INC.	68.11%	53.95%	11.21%	3.14%	1.66%	1.17%	3.21%	23.12%
AJO COMMUNITY HEALTH CENTER	39.74%	33.47%	1.10%	1.06%	5.29%	-	1.65%	6.51%
CANYONLANDS COMMUNITY HEALTH CARE	53.00%	17.81%	0.79%	1.10%	31.93%	0.29%	3.46%	3.38%
CHIRICAHUA COMMUNITY HEALTH CENTERS	59.99%	51.16%	3.23%	1.23%	1.00%	0.39%	6.18%	15.62%
CIRCLE THE CITY	53.85%	23.79%	24.05%	0.60%	14.55%	0.38%	-	4.31%
CREEK VALLEY HEALTH CLINIC	4.31%	1.84%	-	-	-	-	0.63%	-
EL RIO SANTA CRUZ NEIGHBORHOOD HEALTH CENTER	62.19%	49.63%	5.37%	2.18%	7.84%	0.26%	0.67%	24.52%
HORIZON HEALTH AND WELLNESS, INC.	36.09%	23.03%	5.50%	0.74%	2.59%	0.26%	3.03%	1.58%
MARANA HEALTH CENTER	45.37%	37.83%	4.24%	2.39%	1.01%	0.61%	0.64%	12.37%
MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	80.52%	62.35%	13.06%	2.81%	1.30%	0.94%	0.47%	41.76%
MARIPOSA COMMUNITY HEALTH CENTER, INC	86.24%	85.03%	0.27%	0.39%	0.12%	0.11%	5.69%	39.88%
MOUNTAIN PARK HEALTH CENTER	90.26%	73.52%	17.72%	1.51%	0.97%	0.52%	1.20%	35.99%
NATIVE AMERICAN COMMUNITY HEALTH CENTER, INC.	75.36%	10.38%	7.73%	1.14%	57.16%	0.62%	3.91%	16.80%
NEIGHBORHOOD OUTREACH ACCESS TO HEALTH	52.68%	40.08%	8.02%	2.17%	1.78%	0.62%	1.25%	18.55%
NORTH COUNTRY HEALTHCARE, INC.	32.55%	17.04%	1.47%	0.80%	10.12%	0.68%	4.61%	5.88%
SUN LIFE FAMILY HEALTH CENTER	58.71%	49.09%	5.77%	1.00%	0.85%	0.26%	3.09%	11.96%
SUNSET COMMUNITY HEALTH CENTER	59.70%	58.08%	1.10%	0.44%	0.22%	-	0.00%	50.90%
TERROS INC	49.83%	32.73%	11.54%	0.98%	3.01%	0.62%	2.82%	4.84%
TUBA CITY REGIONAL HEALTH CARE CORPORATION	99.09%	-	-	-	98.59%	0.00%	-	-
UNITED COMMUNITY HEALTH CENTER, INC.	42.39%	36.56%	2.55%	1.63%	1.48%	0.67%	2.07%	4.85%
VALLE DEL SOL, INC.	61.92%	52.87%	6.84%	0.52%	1.31%	0.62%	1.47%	27.69%
WESLEY COMMUNITY CENTER INC	94.27%	88.06%	11.84%	1.98%	2.11%	-	3.97%	65.04%
YAVAPAI COUNTY COMMUNITY HEALTH SERVICES	45.37%	40.64%	1.26%	1.83%	2.17%	0.33%	-	14.64%

Valleywise Health follows Wesley Community Center and Mountain Park Health Center, respectively, serving a racial and/or ethnic minority at 80.52%. Of those, 62.35% are Hispanic/Latino American.

Patients by Income

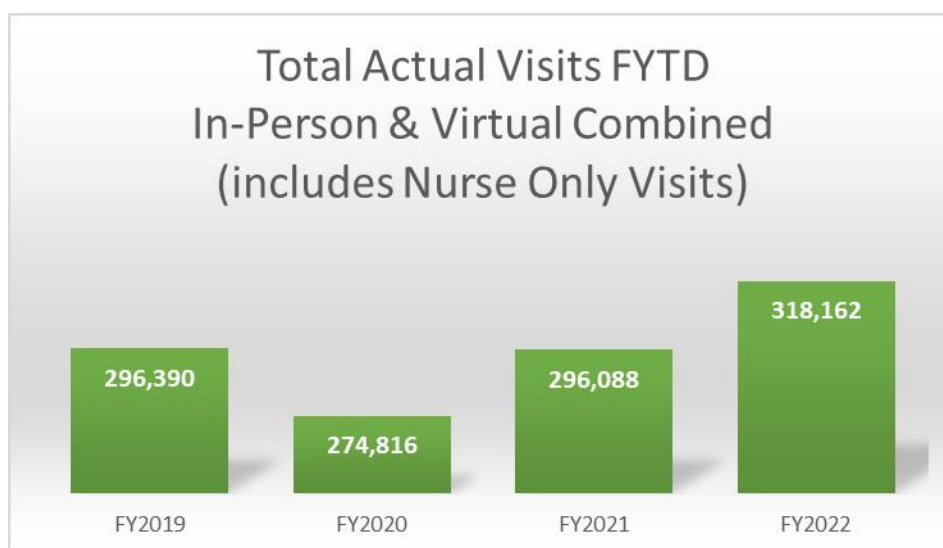
Health Center Name	Patients at or below 200% of poverty	Patients at or below 100% of poverty	Uninsured	Medicaid/CHIP	Medicare	Other Third Party
ADELANTE HEALTHCARE, INC.	86.01%	62.53%	14.47%	41.96%	10.27%	33.30%
AJO COMMUNITY HEALTH CENTER	76.98%	42.98%	8.48%	24.91%	48.73%	17.88%
CANYONLANDS COMMUNITY HEALTH CARE	83.88%	56.73%	16.89%	35.76%	10.76%	36.59%
CHIRICAHUA COMMUNITY HEALTH CENTERS	83.06%	50.18%	19.85%	41.28%	10.86%	28.00%
CIRCLE THE CITY	98.84%	91.45%	17.85%	68.65%	12.50%	1.00%
CREEK VALLEY HEALTH CLINIC	82.10%	41.05%	24.87%	40.86%	6.00%	28.26%
EL RIO SANTA CRUZ NEIGHBORHOOD HEALTH CENTER	87.70%	67.14%	17.44%	48.96%	12.40%	21.19%
HORIZON HEALTH AND WELLNESS, INC.	90.28%	72.89%	0.46%	71.68%	9.76%	18.10%
MARANA HEALTH CENTER	81.54%	60.25%	14.13%	34.76%	17.72%	33.39%
MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	90.28%	65.63%	27.69%	48.87%	7.45%	16.00%
MARIPOSA COMMUNITY HEALTH CENTER, INC	85.72%	69.41%	21.33%	38.70%	16.44%	23.53%
MOUNTAIN PARK HEALTH CENTER	95.33%	60.31%	14.35%	64.43%	6.47%	14.75%
NATIVE AMERICAN COMMUNITY HEALTH CENTER, INC.	91.67%	71.45%	14.78%	57.27%	6.44%	21.50%
NEIGHBORHOOD OUTREACH ACCESS TO HEALTH	85.17%	64.34%	11.40%	41.67%	11.81%	35.13%
NORTH COUNTRY HEALTHCARE, INC.	89.98%	56.65%	19.55%	33.13%	9.56%	37.75%
SUN LIFE FAMILY HEALTH CENTER	100.00%	59.81%	7.74%	41.40%	20.83%	30.03%
SUNSET COMMUNITY HEALTH CENTER	99.73%	97.99%	10.26%	58.83%	18.71%	12.20%
TERROS INC	89.56%	66.48%	1.42%	78.18%	8.43%	11.97%
TUBA CITY REGIONAL HEALTH CARE CORPORATION	70.48%	44.05%	57.64%	24.39%	3.66%	14.31%
UNITED COMMUNITY HEALTH CENTER, INC.	55.37%	27.20%	1.76%	25.45%	25.54%	47.25%
VALLE DEL SOL, INC.	90.09%	62.77%	10.05%	73.31%	7.17%	9.47%
WESLEY COMMUNITY CENTER INC	98.51%	66.54%	64.75%	19.45%	3.38%	12.42%
YAVAPAI COUNTY COMMUNITY HEALTH SERVICES	86.38%	56.06%	37.48%	28.16%	18.50%	15.87%

In Maricopa County, FQHC services at Circle the City are focused primarily on the Homeless population. Slightly over 91% of Circle the City's population are at or below 100% of poverty, followed by Wesley Community Center at 66.5% and Valleywise at 65.63%.

Clinic Volume

The Valleywise Community Health Centers Governing Council's Finance Committee has worked closely with staff to ensure business continuity and revenue stability. Focus has been placed on the evaluation of people, processes, and outcomes making sure that there are adequate and appropriate resources in place to attain goals.

A review of the data from the Ambulatory Pillars Dashboard , illustrates the operational impact of the COVID-19 pandemic. The pandemic began in early 2020. As the population responded to the pandemic by quarantining at home, in-person visits decreased. However, physicians, nurses and staff quickly pivoted to the implementation of virtual visits minimizing decreased access to care.



It is important to recognize that throughout the pandemic, Care Reimagined was ongoing, requiring closing, moving, and opening new clinics at new sites.

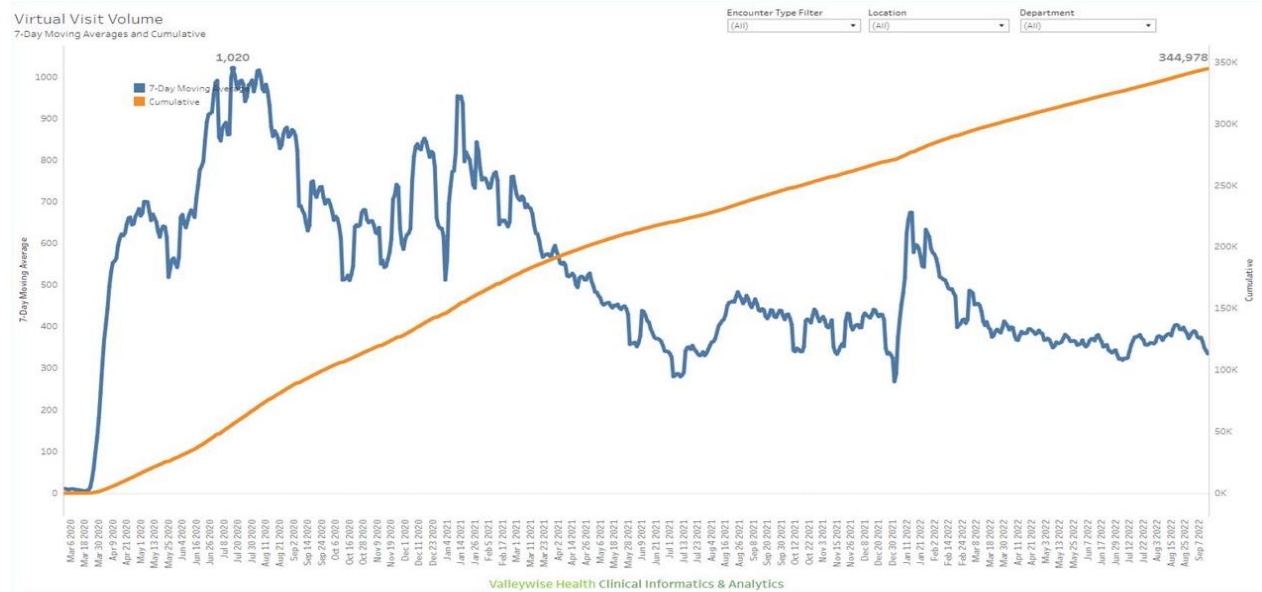
Clinic	Date Opened
Valleywise Community Health Center - South Phoenix Laveen	August 17, 2020
Valleywise Community Health Center - North Phoenix	November 2, 2020
Valleywise Comprehensive Health Center - Peoria	January 25, 2021
Valleywise Community Health Center - West Maryvale	November 21, 2021
Valleywise Community Health Center - Mesa	January 24, 2022

An examination of the data further illustrated the implementation of virtual visits with high patient satisfaction. Patients enjoyed the benefits of saving time as money when engaged in a virtual visit. Transportation costs were eliminated which has been a

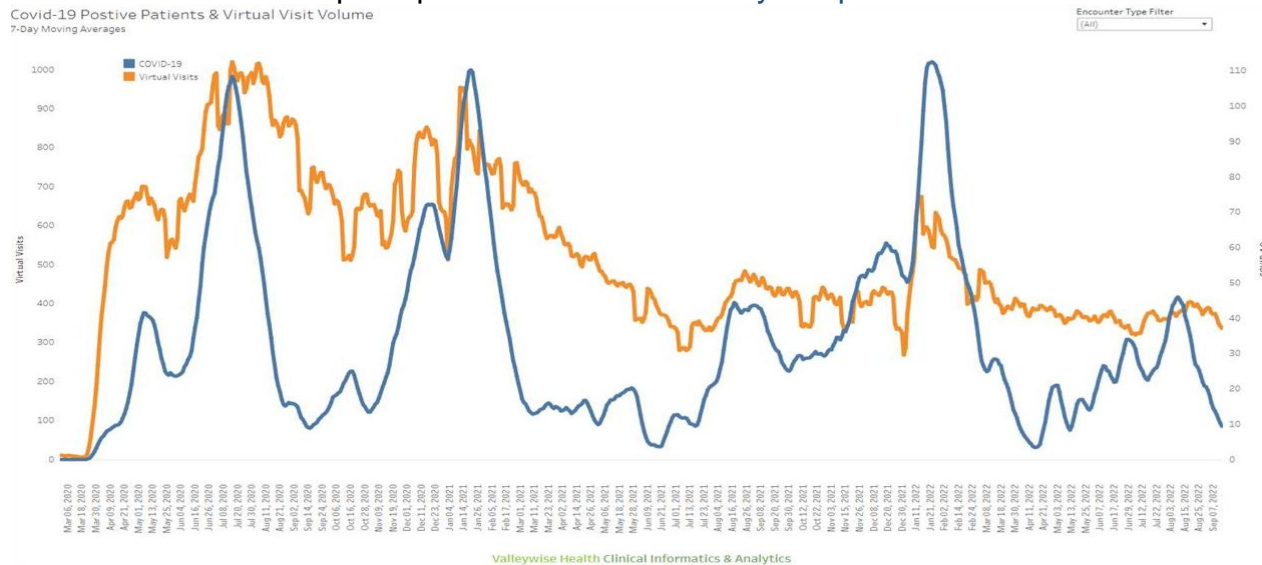
¹ Valleywise Health Ambulatory Pillars Dashboard: June 2019 -2022.

cost saving benefit given the rise in fuel costs. Providers have also found virtual visits to be a satisfier as it allowed for closer observation of the patient's home environment. Viewing patients' living conditions aid in the identification of Social Determinants of Health (SDoH). Virtual visits will continue given consumer satisfaction. It remains unclear how payers will cover services once the public health emergency ends.

Cumulative Virtual Visits since Inception - March 2020 (Includes FQHC Clinics)

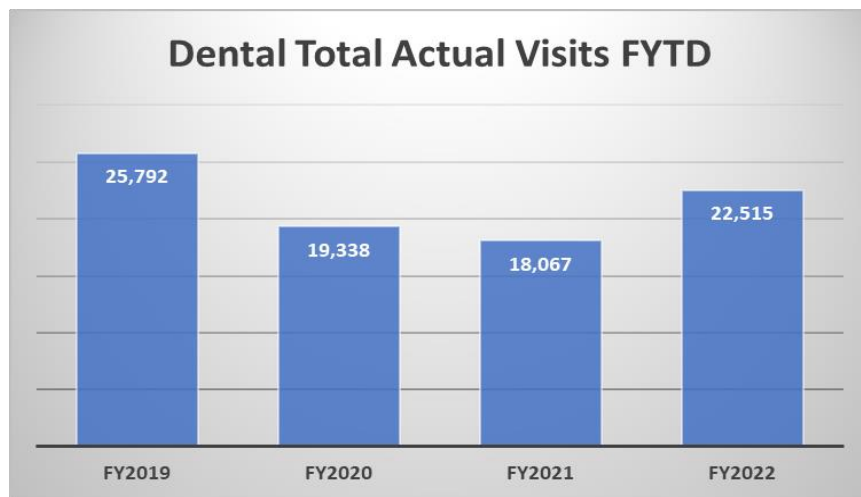


Virtual Visit Volume Superimposed on the Covid Daily Hospital Census

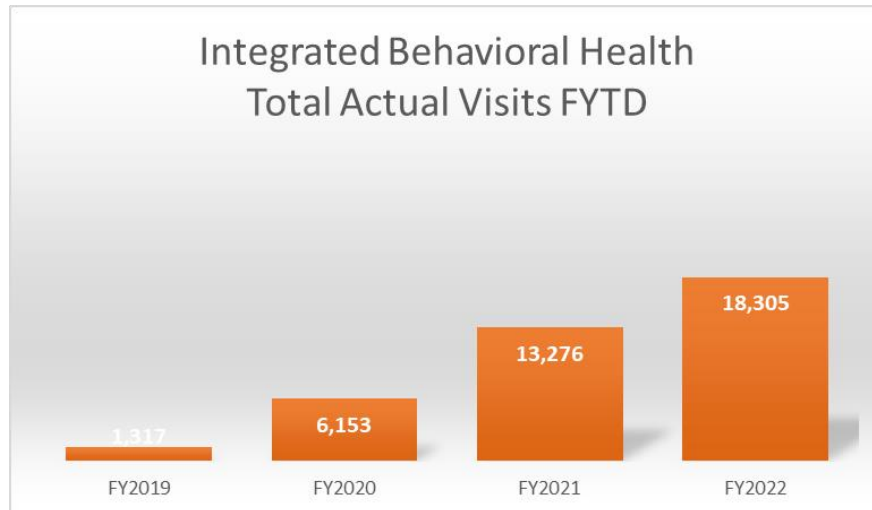


Dental Services performance during the COVID-19 pandemic was exigent. Valleywise Health has experienced challenges when working to ensure the sustainability of dental services, both before and during the pandemic. The greatest challenge presented by COVID-19 was the provider proximity to the patient’s nasopharynx, increasing the risk of virus transmission. Consequently, all dental clinics except the Comprehensive Health Center – PHX Dental clinic were closed. This clinic remained open for urgent/emergent services provided. in a safe environment for both patients and staff.

An additional challenge has been to secure and fill positions, Dentist, Dental Hygienist, and Dental Technician to maintain services.



Finally, it is important to highlight the implementation of Integrated Behavioral Health. Integrated Behavioral Health was an identified need of the population. As a result of obtaining FQHC full status through the New Access Point (NAP) application, 330 Funding was made available to fund this important service. The funding allowed for services to ramp up during a critical time and has served as an important resource for the patients throughout the pandemic. Services provided by Integrated Behavioral Health is a billable service and is sustainable into the future.



Refugee Health Services

Operation Allies Welcome: Afghan Arrivals (Humanitarian Parolees) to AZ

In October 2021, Arizona was informed of the anticipate arrival of ~ 1,000 – 3,000 Afghanistan refugees. Staff worked closely with the State and refugee resettlement agencies to provide services to new arrivals. This included establishing both preventative and chronic disease management. Cultural Health Navigators assisted in the guiding and resettlement of the refugees.

In addition to Afghan new arrivals, Refugee Health services provided care to refugees arriving from international refugee camps which was prompted by the change in the administration’s rules allowing travelers to enter the country.

Public Health: Infectious Disease Response

Continuing the Response to the Pandemic

Although the incidence of COVID-19 is waning, the clinics are still responding to the public health needs of the community. COVID-19 support is demonstrated through:

- Virtual Visits
- COVID Testing
- COVID Vaccinations
- Respiratory Triage Center Readiness

Monkey Pox: Valleywise Health Public Health Response

Valleywise Community Health Centers are working in collaboration with Maricopa County Public Health in a joint effort to respond to the prevention and infection of patients diagnose with Monkey Pox. Maricopa County requested Valleywise Health's collaboration given the high-risk population that is served at the McDowell Clinic. Maricopa County took the following steps to assist Valleywise Health patients:

- Access to medication to treat monkeypox
- Access to the vaccine

Work is continuing with Maricopa County in mitigating the incidence of the outbreak.

Up to date information and education is available at:

AZ: [Monkeypox | Maricopa County, AZ](#)

CDC: [Monkeypox | Poxvirus | CDC](#)

Compliance & Quality

The Valleywise Community Health Centers Governing Council's Compliance and Quality Committee worked with staff to promote improved health outcomes for the patient population, resulting in steady improvements in quality outcomes.

The table below is produced by HRSA, providing a state and national performance comparison. In review, the adjusted quartile rankings identify where we are in the 1st and 2nd quartile in comparison.

The impact of COVID-19 on early detection of preventable diseases is emerging. During the quarantine, preventative screenings slowed and nearly came to a halt, delaying disease detection. As the population moves into post pandemic recovery, preventive screening will now be reinstated with a focus on early disease intervention.

Valleywise Health FQHC Awardee Program Data - UDS Comparison - Calendar Year 2021

Quality Measures/Objectives	Healthy People 2030 Objective Target Goal	Valleywise Health FQHC Awardee	Adjusted Quartile Ranking 2021**	FQHC State Awardee	FQHC National Awardee
Breast Cancer Screening	80.5%	58.56%	1	52.61%	46.29%
Cervical Cancer Screening	84.3%	49.77%	3	47.67%	52.95%
Childhood Immunization Status	N/A (Objective not equivalent to UDS Quality of Care Measure)	47.72%	2	43.99%	38.06%
Colorectal Cancer Screening	74.4%	50.85%	1	39.86%	41.93%
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	11.6%	31.85%	2	33.98%	32.29%
Controlling High Blood Pressure	60.8%	47.76%	4	58.07%	60.15%
Dental Sealants for Children between 6-9 Years	42.5%	50.93%	3	65.94%	55.91%
Depression Remission at Twelve Months	N/A (Objective not equivalent to UDS Quality of Care Measure)	0.00%	4	5.90%	13.84%
Early Entry into Prenatal Care (first visit in first trimester)	80.5%	65.15%	3	74.83%	74.08%
HIV Linkage to Care	95.0%	91.67%	not reported	81.82%	82.70%
HIV Screening	N/A (Objective not equivalent to UDS Quality of Care Measure)	58.18%	1	36.31%	38.09%
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	N/A (Objective not equivalent to UDS Quality of Care Measure)	78.51%	3	74.27%	78.25%
Low Birth Weight	N/A (Objective not equivalent to UDS Quality of Care Measure)	8.66%	3	7.40%	8.57%
Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	N/A (Objective not equivalent to UDS Quality of Care Measure)	87.78%	2	85.81%	82.34%
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	N/A (Objective not equivalent to UDS Quality of Care Measure)	34.26%	4	52.18%	61.32%
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	13.5%	48.75%	4	74.72%	67.42%
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	N/A (Objective not equivalent to UDS Quality of Care Measure)	68.40%	4	68.78%	73.10%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	N/A (Objective not equivalent to UDS Quality of Care Measure)	78.09%	2	73.11%	68.72%

References:

- [1.https://data.hrsa.gov/tools/data-reporting/program-data#field](https://data.hrsa.gov/tools/data-reporting/program-data#field)
- [2.https://data.hrsa.gov/tools/data-reporting/program-data/state/AZ](https://data.hrsa.gov/tools/data-reporting/program-data/state/AZ)
- [3.https://data.hrsa.gov/tools/data-reporting/program-data/national#fn10](https://data.hrsa.gov/tools/data-reporting/program-data/national#fn10)
- [4.https://health.gov/healthypeople/objectives-and-data/browse-objectives](https://health.gov/healthypeople/objectives-and-data/browse-objectives)
- [5.https://bphc.hrsa.gov/sites/default/files/bphc/datareporting/pdf/2021-uds-manual.pdf](https://bphc.hrsa.gov/sites/default/files/bphc/datareporting/pdf/2021-uds-manual.pdf)

**The adjusted quartile is an ordering of health centers' clinical performance compared to other health centers on the clinical quality measures (CQMs) that are reported to the Uniform Data System (UDS) annually. The ranking is adjusted to account for factors that may influence performance outcomes, such as:

Percent of patients who are uninsured, Percent of minority patients, Percent of patients experiencing homelessness, Percent of patients who are migrant and seasonal farmworkers, Electronic Health Record (EHR) status

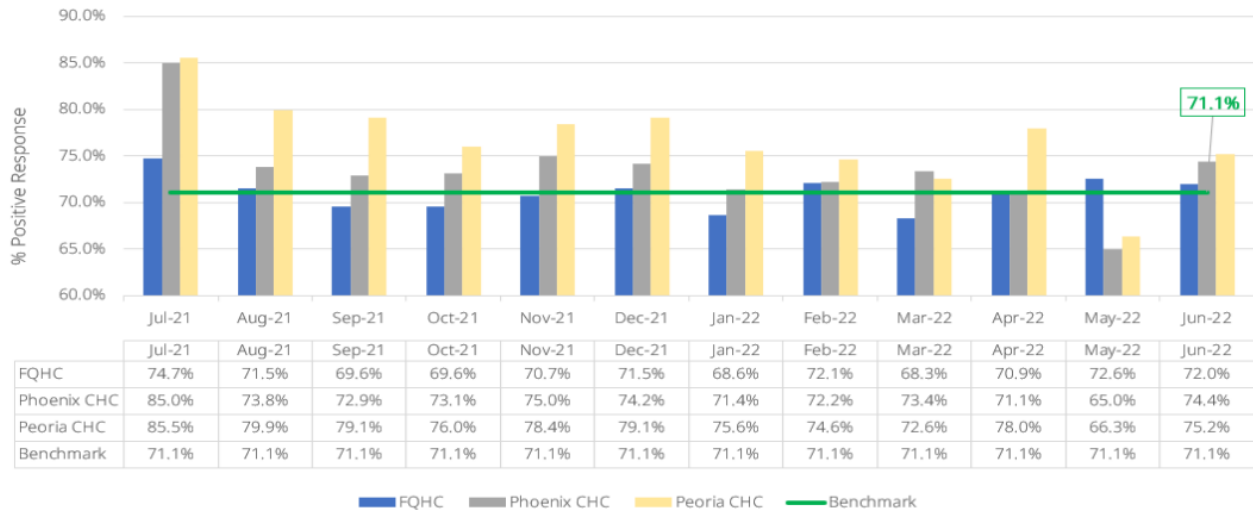
Clinical performance for each measure is ranked from quartile 1 (highest 25% of reporting health centers) to quartile 4 (lowest 25% of reporting health centers).

Patient Experience

NRC Real Time has provided Ambulatory Care with information about the patient's experience in "real time". Below are the most recent NRC Real Time results. Each clinic reviews the information with staff and providers daily, engaging the teams in implementing improved customer services interventions. Comments received during the survey interview (below), present an opportunity to explore the disconnect between the numerical rating and the comments as well as rewarding staff with compliments for jobs done well.

Overview of Phoenix CHC, Peoria CHC, and FQHC

NPS: Facility Would Recommend
Rolling 12 Months
July 2021 - June 2022



2

“Provide exceptional care, without exception, every patient, every time.”

² Patient Experience: NRC Real Time Person Reporting: Crystal Garcia, MBA/HCM, RN Vice President of Quality Management and Patient Safety Reporting period: Fiscal Year 2022, Quarter 4. August 8, 2022.

FQHC: Comments

10 Extremely likely

RESP DATE: 30 JUNE 2022 ENC DATE: 29 JUNE 2022 COMMENT ADDED DATE: 5 JULY 2022 FACILITY: SPL LAB PROVIDER: ROOM SOUTH (34971) SURVEY MODE: IVR
QUESTION POD: OUTPATIENT TESTING MOST RECENT ACTIVITY: - NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

I was incredibly impressed with the facility. I felt like I had gone to a doctor's office in heaven. Every single thing that I thought could happen in the past of progression. You guys all had nail down. It was seamless from when I entered and got my appointment going to the nurse coming out and getting me to come in to go and see the doctor. The nurse was incredibly, warm, friendly and informative, I say the same about the doctor. I went and got my labs done and just walk from one area to another Labs were done instantly, and then the same goes for my prescriptions. They were done in about 6 minutes. I was very impressed with the cleanliness and I do come from a health care cleaning background. So I believe that my opinion counts a lot because I didn't see dust balls high, dusting dirty glass or anything. I was very very.*

8

RESP DATE: 25 JUNE 2022 ENC DATE: 24 JUNE 2022 COMMENT ADDED DATE: 29 JUNE 2022 FACILITY: MESA LAB PROVIDER: LAB MESA (38704) SURVEY MODE: IVR
QUESTION POD: OUTPATIENT TESTING MOST RECENT ACTIVITY: - NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

I don't like how the doctor treated me during my appointment. I went for a pain in my rib and she didn't do anything about it. She just told me about my blood pressure and she told me she was going to have me do some blood work, but she never cared about why I went in that day. Thank you.

8

RESP DATE: 21 JUNE 2022 ENC DATE: 20 JUNE 2022 COMMENT ADDED DATE: 23 JUNE 2022 FACILITY: CHD LAB PROVIDER: ROOM CHANDLER (1008) SURVEY MODE: IVR
QUESTION POD: OUTPATIENT TESTING MOST RECENT ACTIVITY: - NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

Hi just don't really care for the receptionist and some of them on the phone. was not helpful, especially the people that take an appointment and people that check in.

2

RESP DATE: 17 JUNE 2022 ENC DATE: 10 JUNE 2022 COMMENT ADDED DATE: 23 JUNE 2022 FACILITY: PXC PDS PROVIDER: ANDERSON MARIEL (1801476783) SURVEY MODE: EMAIL
QUESTION POD: MEDICAL PRACTICE MOST RECENT ACTIVITY: - NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

I didn't get a response in regards to my daughter's medical condition. It was confusing. They didn't tell me anything on her discharge papers in regards to the medication she was suppose to be taking or other treatments to help my daughter. I wish they were kinder and helped me with the information that I needed for my daughter.

Management reviews comments patients have submitted during the survey.
Nothing speaks greater than a comment where our actions carry out the mission!
Thank you, Alex!

10 Extremely likely

RESP DATE: 22 FEBRUARY 2022 ENC DATE: 17 FEBRUARY 2022
COMMENT ADDED DATE: 22 FEBRUARY 2022 FACILITY: NPX FAMILY PRACTICE
PROVIDER: I SURVEY MODE: EMAIL
QUESTION POD: MEDICAL PRACTICE MOST RECENT ACTIVITY: -
NUMBER OF FOLLOW-UP ACTIONS: -

What Else Re: Experience:

Nurse Alex was very helpful kind and efficient there's not enough stars to rate her properly

- Nurse/Nurse Aide - Courtesy/Respect
- Nurse/Nurse Aide - Recognition
- Nurse/Nurse Aide - Responsiveness



Awards & Recognition



The Arizona Partnership for Pediatric Immunizations (TAPI) is a non-profit statewide coalition of over 400 members. TAPI was formed in response to the alarming fact that in 1993, only 43% of Arizona's two-year-olds were fully immunized against preventable childhood diseases like measles, mumps, polio, and whooping cough. Through the efforts of TAPI's partners from both the public and private sectors, immunization coverage rates in Arizona have improved dramatically, with nearly three in four children fully immunized by age two. ³

TAPI recognized the following Valleywise Health awardees on April 27, 2022, at the Best Practices and Brightest Stars Awards Reception at the Phoenix Country Club:

Avondale

Daniel T. Cloud Outstanding Practice Toddler and Teen Award

Chandler

Daniel T. Cloud Catch-up Teen Award

South Central Phoenix

Daniel T. Cloud Outstanding Practice Teen Award
Big Shots Award Winner

West Maryvale

Daniel T. Cloud Outstanding Practice Toddler and Teen Award
Big Shots Award Winner

Valleywise Health Quality Management Department

Big Shots Award Winner

³ <https://whyimmunize.org/> Retrieved 04/24/2022.

HRSA Quality Improvement Awards

The Community Health Quality Recognition (CHQR) badges recognize Health Center Program awardees and look-alikes (LALs) that have made notable quality improvement achievements in the areas of access, quality, health equity, health information technology, and COVID-19 public health emergency response for the most recent UDS reporting period.

MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT, Phoenix, Arizona

3-year project period; end date 03/31/2025 [Service Area Map](#) Total Patients Served: 83,659

Community Health Center Quality Recognition (CHQR) Badges



Advancing Health Information Technology (HIT) for Quality

Health centers that optimized HIT services, for advancing telehealth, patient engagement, interoperability, and collection of social determinants of health, to increase access to care and advance quality of care.

Patient Centered Medical Home (PCMH) Recognition

Health centers with [PCMH](#) in one or more delivery sites. This badge is updated quarterly.

4

⁴ [Health Center Program Uniform Data System \(UDS\) Data Overview \(hrsa.gov\)](#) Retrieved 09/15/2022.

HRSA Operational Site Visit (OSV)

Organization Name, City, State: MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT, PHOENIX, AZ

Entity Number:H80CS33644 (Initiating)

Site Visit Tracking #:SV-008768

Site Visit Date(s):8/17/2021 - 8/19/2021

The preliminary findings report had 11 elements that were found not in compliance. A workgroup was established immediately after the visit to proactively develop responses to the findings. The team was successful in closing out and clearing all findings. As a result, ***the final: no findings and no corrective actions required! Full compliance! It is rare to have a final report with no findings.***

HRSA Service Area Competition (SAC)

SAC funding provides operational support for service delivery sites for continued provision of comprehensive primary health care service and is the successful renewal of HRSA award for full-status FQHC Health Center Programs. Clinical and financial performance measures record the project's outcomes through the Uniform Data System (UDS) reporting system. Funding for Ending the HIV Epidemic – Primary Care HIV Prevention will be included as part of our SAC and will no longer be considered supplemental.

The HRSA SAC Notice of Award No. 2 H80CS33644-04-00 was received on July 27, 2022, for the FY 2022 SAC Application approved by the Governing Council on March 2, 2022. The funding opportunity maintains full FQHC status and supports personnel at Valleywise Health Family Resource Centers.

Overview of HRSA Service Area Competition Notice of Award No. 2 H80CS33644-04-00

- Notice of Award received: 07/27/2022
- Project Period: 09/01/2022 – 03/31/2025
- Retention of full FQHC status
 - Continue to receive 330 grants funds - \$650,000/year
 - Funding will support personnel at Family Resource Centers
- Ending the HIV Epidemic-Primary Care HIV Prevention (PCHP) supplemental funding will become part of SAC
 - Funding to be determined and continue to fund personnel to support HIV prevention services
- Meet SAC Patient Commitment:
 - 85,683 patients for 279,306 visits

Grant Funding Overview

HRSA FQHC Funding Summary

Grant Name	Grant Number	Funded Amount	Current Budgeted Period	Project End Date
Health Center Program – New Access Points (NAP)	H80CS33644	\$3,099,153	09/01/19 – 08/31/22	08/31/22
Health Center Program – Service Area Competition (SAC)	H80CS33644	\$1,710,192	9/01/22 – 03/31/25	03/31/25
Health Center Coronavirus Aid, Relief, and Economic Security Act Funding (CARES)	H8DCS35433	\$2,389,132	04/01/20 – 03/31/23	03/31/23
FY 2020 Expanding Capacity for Coronavirus Testing (ECT)	H8ECS38222	\$1,408,999	05/01/20 – 04/30/23	04/30/23
FY 2021 American Rescue Plan Act Funding for Health Centers (ARP)	H8FCS41092	\$16,965,000	04/01/21 – 03/31/23	03/31/23
FY 2021 American Rescue Plan Act Health Center Infrastructure Support (ARP-Capital)	C8ECS43739	\$1,461,158	09/15/21 – 09/14/24	09/14/24
FY 2021 American Rescue Plan Act Teaching Health Center Planning and Development Program (Dental Residency)	T9BHP45361	\$499,947	12/01/21 – 11/30/23	11/30/23

Health Center/FQHC Capital Assistance Program Arizona Alliance for Community Health Centers (AACHC) in Collaboration with Maricopa County

Facility Alteration/Renovation	Funded Amount	Current Budget Period	Project End Date
Valleywise Community Health Center - Avondale	\$656,250	4/1/2022 – 9/30/2026	9/30/2026
Valleywise Community Health Center - Guadalupe	\$1,266,433	6/1/2022 – 9/30/2026	9/30/2026
Valleywise Community Health Center - Chandler	\$3,727,551	6/1/2022 – 9/30/2026	9/30/2026

Valleywise Community Health Centers Governing Council

The Governing Council is focused on three primary goals for the remainder of FY 2023, which include council membership, CHC CEO recruitment and hiring, and aligning the CHC strategic plan with council and committee activities.

1. Council member recruitment and retention
 - a. Council membership is at nine members, with one upcoming resignation and one conflict of interest dismissal, leaving membership at a critically low number.
 - b. HRSA requires a minimum of nine members, and a majority (51%) of members must be recipients of clinic services.
 - c. Client recruitment efforts include outreach to patient populations through clinic staff and providers, the refugee program, and a pending email questionnaire and invitation.
 - d. Community member recruitment is focused on attracting members with knowledge and expertise in areas currently underserved in the existing membership, such as finance, health equity, and community outreach.
 - e. The GC membership goal is 15 people by the end of CY 2022, with three prospective candidates in the early interview application process.

2. Recruitment and hiring of a new CEO is a high priority for the Governing Council. The council will focus on confirming a candidate has the skills and experience to drive the GC's strategic plan and meet the HRSA-defined operation objectives of an FQHC while supporting VWH's overall success. GC Executive Committee members will actively participate in the candidate review and selection process, along with the Board and VWH senior leadership, to ensure a suitable candidate is retained.

3. Align council and committee activities to complete the 2020-2023 strategic plan and create a plan for the following three years that will lead the clinics toward innovative, high-quality, and patient-focused health care.

- a. Assign committee activities guided by the strategic plan, including culturally competent care, patient retention and growth, clinic financial sustainability, and quality outcomes.
- b. Monitor data related to established objectives and outcomes.
- c. Increase knowledge of health care trends and best practices in preparation for the 2024-2027 strategic plan.

In cooperation with the VWH Board, CEO, and other senior leaders, the VWH Governing Council is committed to serving our community with excellent, comprehensive health and wellness in a culturally respectful manner.



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 28, 2022

Item 5.

Financial and Statistical
Information
August 2022



Financial and Statistical Information

for the month ending
August 31, 2022



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Health plan sale proceeds (net)	35



Financial Highlights – August 2022

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

Patient Activity

Total admissions in August were 4.1% over budget, and 3.3% higher than the same period last year. Inpatient acute admissions for the month were 7.2% over budget and 12.3% higher than last August 2021. Behavioral health admissions were 4.5% below budget for the month and 17.6% lower than last August 2021. Emergency department visits were 19.0% over budget and 16.5% higher than last August 2021. Ambulatory visits were 13.0% over budget for the month and 9.6% higher than last August 2021.

Operating Revenue

Net patient service revenues were 6.2% below budget for the month and were 4.9% lower than last August 2021. Other revenues were 2.8% over budget for the month, primarily in revenues related to our retail pharmacies. Overall total operating revenues were 4.5% below budget primarily in patient revenues.

Operating Expense

Total operating expenses were 2.0% over budget for August. Labor expense, which includes salaries, benefits, and contract labor, were 5.0% over budget for the month, primarily in contract labor. Majority of negative variances in contract labor were in nursing, especially the acute care units and emergency depts, ancillary services, behavioral health units and information technology. Net medical service fees were 5.2% over budget for the month primarily in net staffing costs and decrease collections. Supplies were 0.5% below budget primarily in laboratory supplies and pharmaceuticals. Purchased services were almost right on budget, with positive variances in consulting/other services, while negative variances in collection fees. Lastly, all other expenses excluding depreciation were 8.5% below budget for the month primarily in repair & maintenance and other expenses.

Non-Operating Revenue (Expense) – In total, net non-operating revenues and expenses were 0.4% over budget for the month of August.



Cash and Cash Equivalents (including investments)

	<u>August 2022</u>	<u>June 2022</u>
Operating / General Fund	\$225.9M	\$232.6M
Bond related – Restricted	<u>228.2M</u>	<u>306.9M</u>
Total cash and cash equivalents (including investments)	\$454.1M	\$539.5M

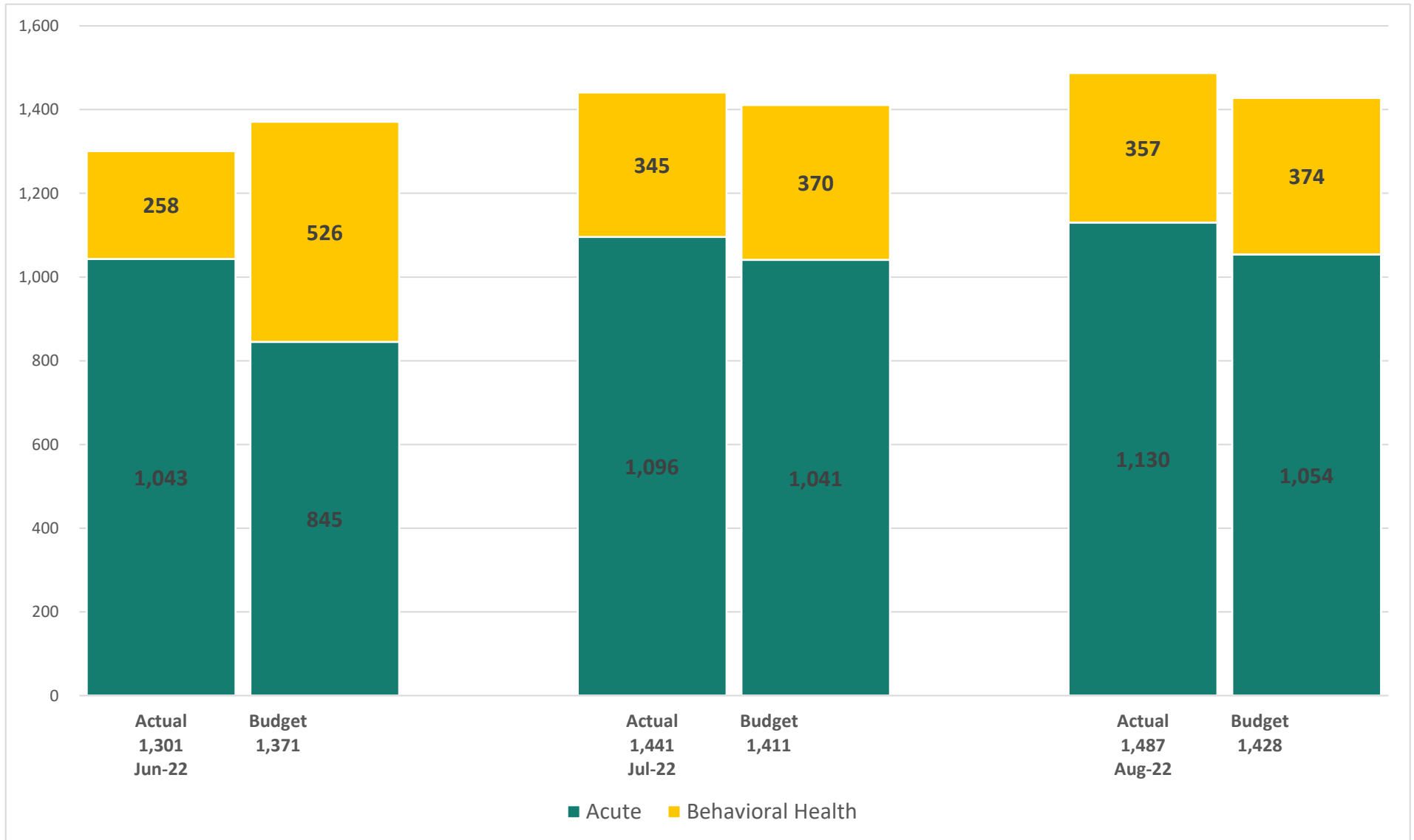
Select Ratios

	FY2023 YTD as of August	Moody’s “A3” Medians
Liquidity		
Days cash on hand (unrestricted)	106.1	183.5
Days in Accounts Receivable	72.9	47.0
Current Ratio (excludes Bond funds)	2.2	1.8

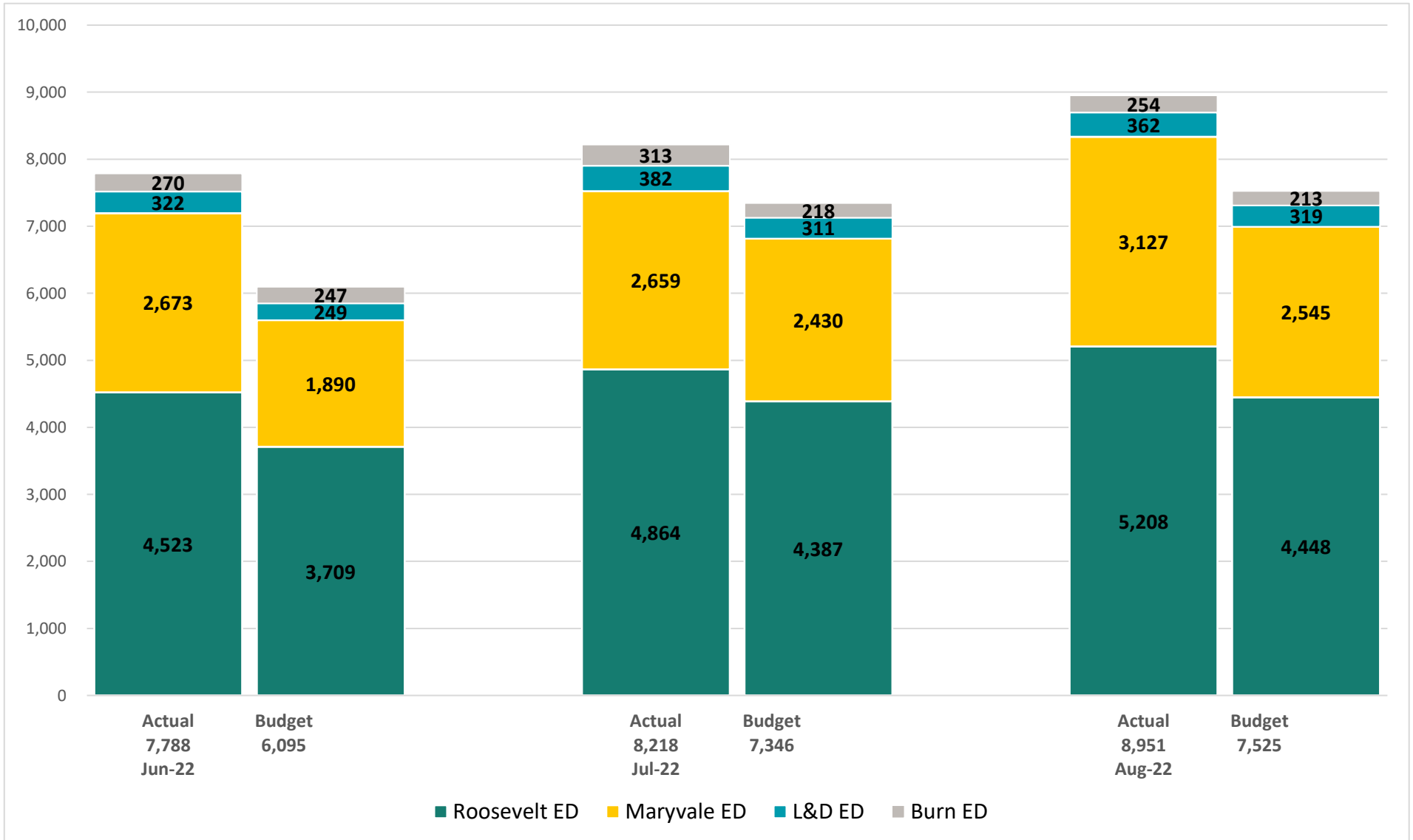
	FY2023	
	YTD Actual	YTD Budget
Profitability		
Operating Margin (%)	(27.6)	(23.0)
Excess Margin – normalized (%)	(14.0)	(11.1)
Productivity		
FTE/AOB w/o Residents	4.37	4.75

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

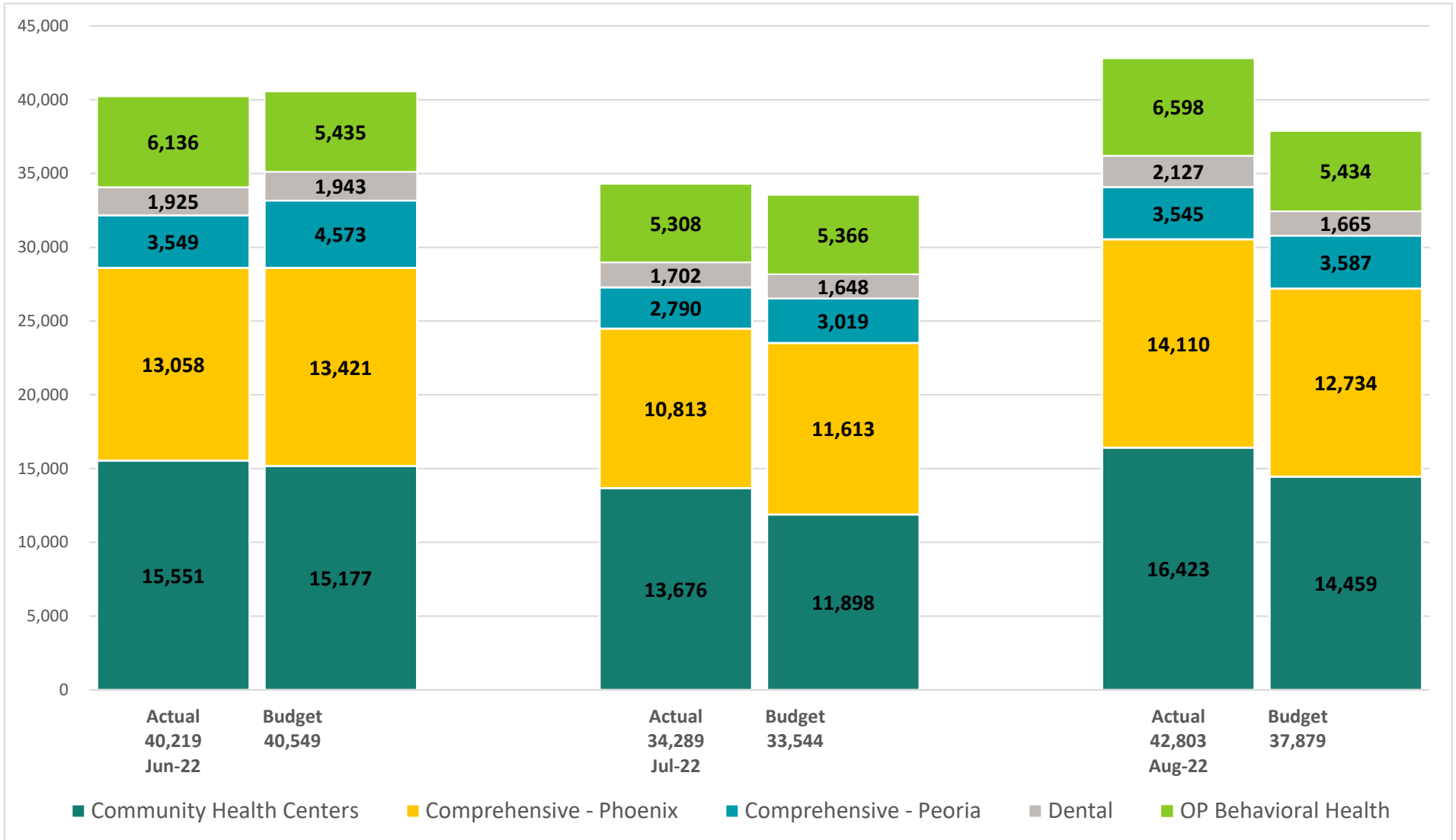
FY 2022 - FY 2023 Admissions



FY 2022 - FY 2023 Emergency Department Visits

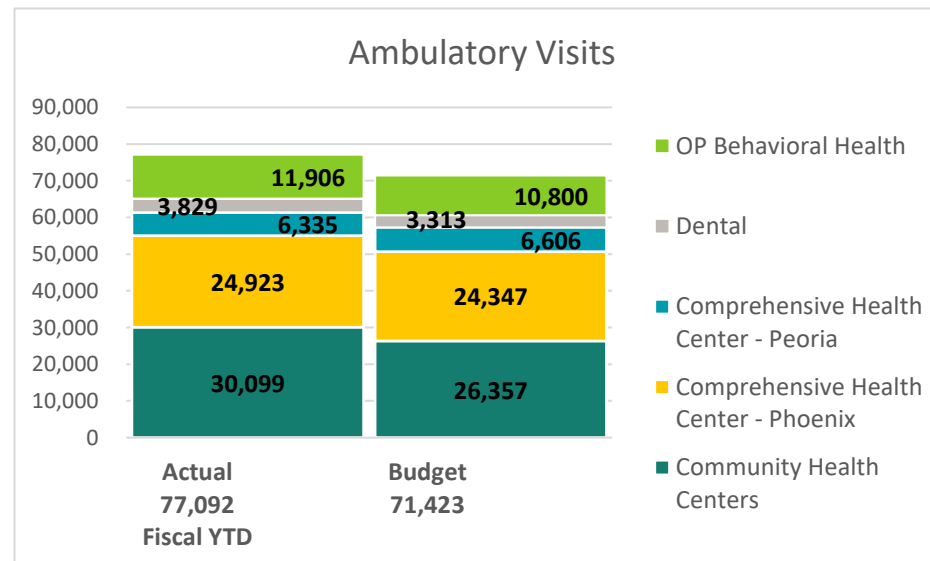
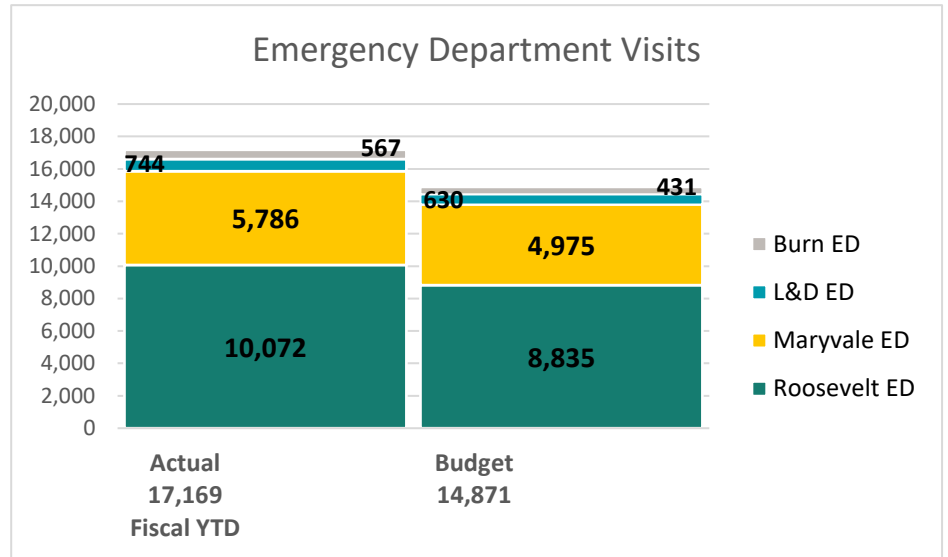
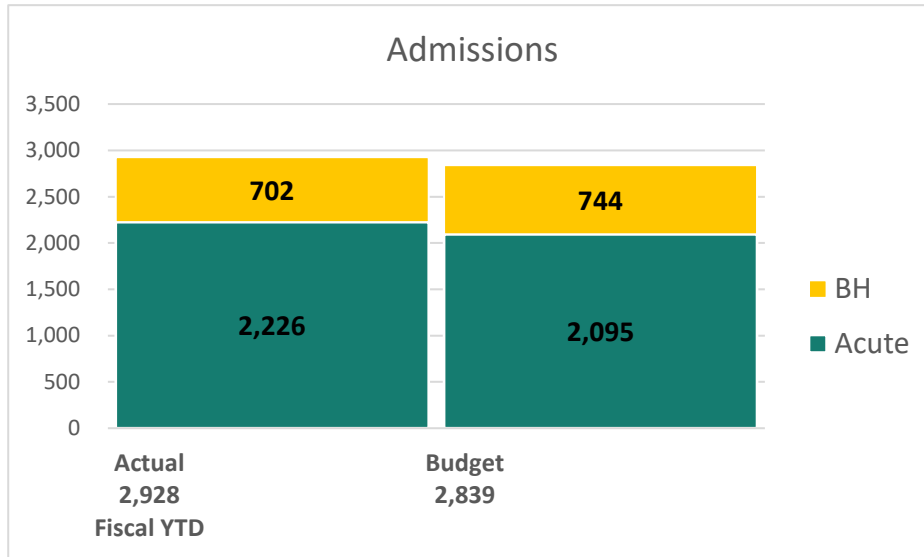


FY 2022 - FY 2023 Ambulatory Visits



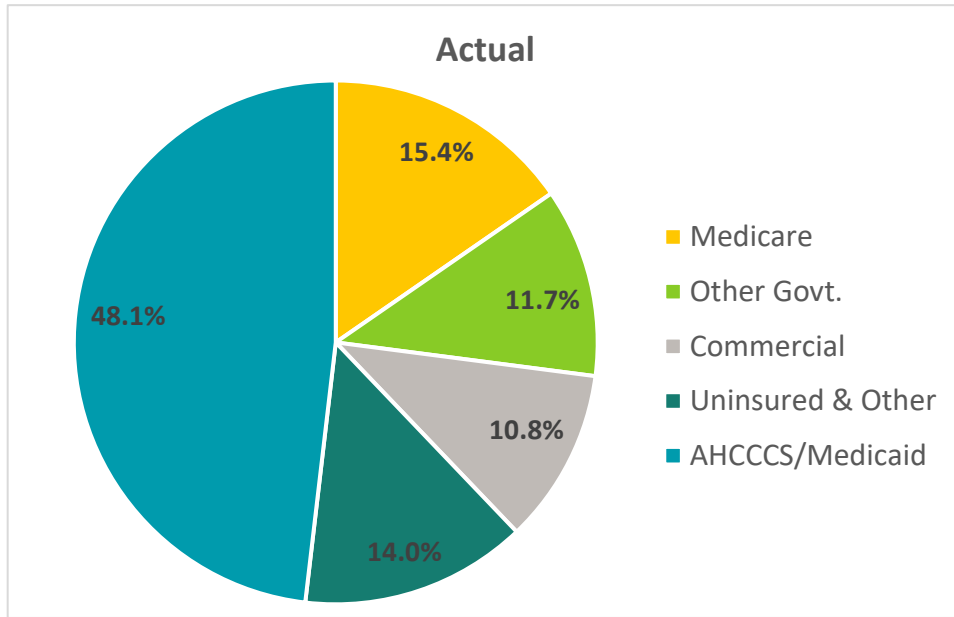
* Includes Telehealth visits -- 6,820 (June 2022) || 6,098 (July 2022) || 7,705 (August 2022)

Fiscal Year 2023 Year-to-Date Volume Summary

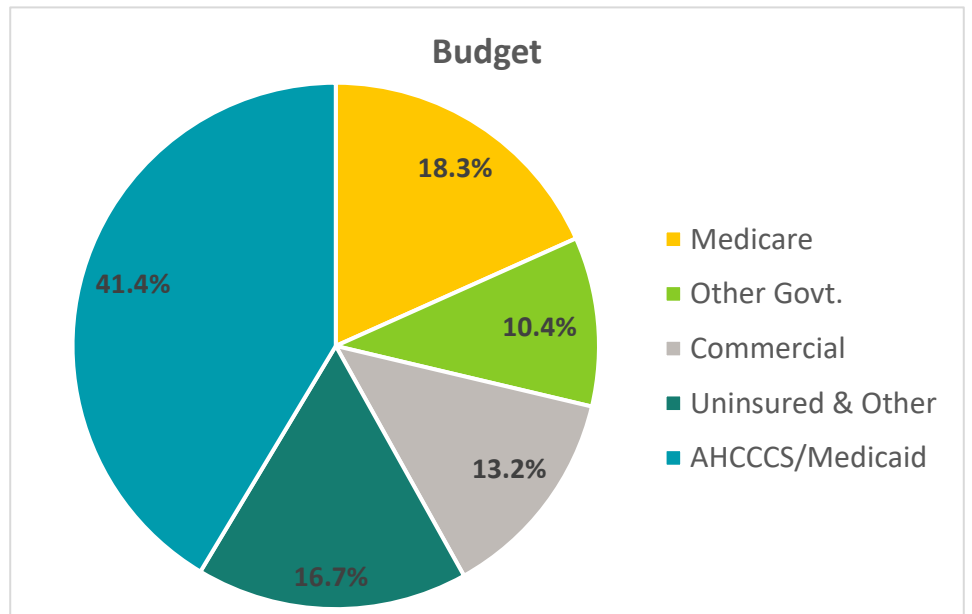


* Includes 13,803 Telehealth visits in FY 2023

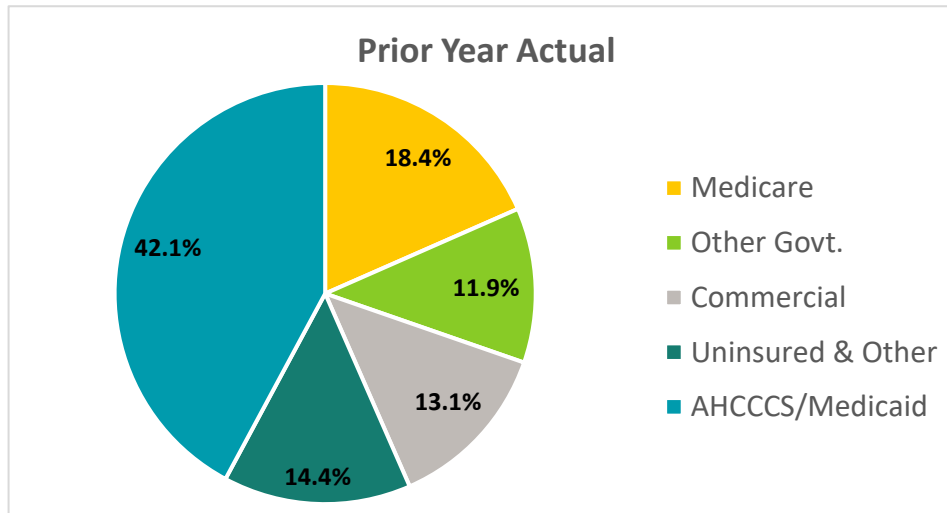
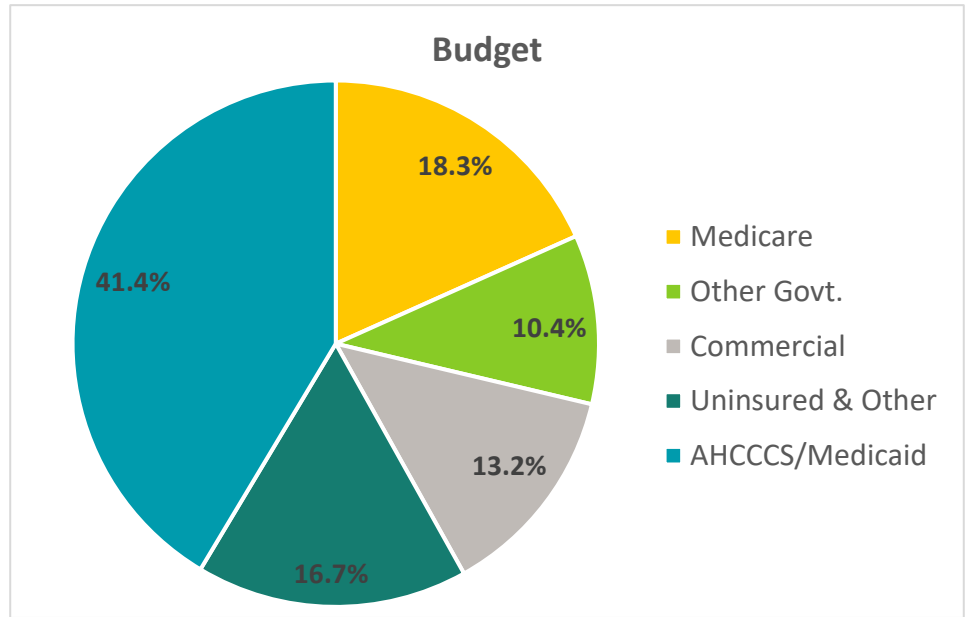
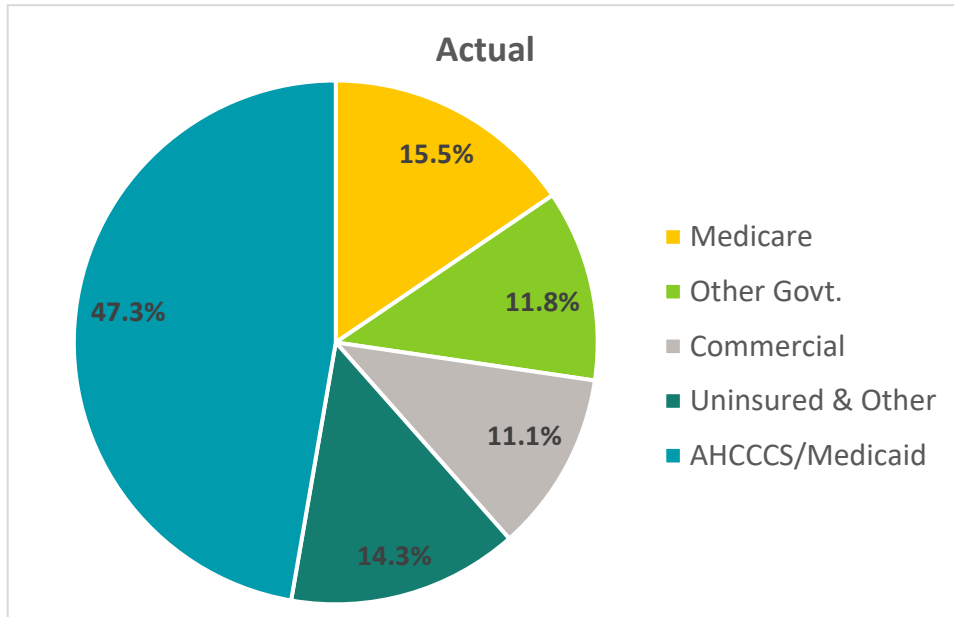
Fiscal Year 2023 Patient Revenue Source by Gross Revenue



Actual Gross Revenue is month of August 31, 2022



Fiscal Year 2023 Patient Revenue Source by Gross Revenue



Actual Gross Revenue is
YTD as of August 31, 2022

Prior Year Gross Revenue is
all of fiscal year 2022



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

Unusual Item Report

For the month ending August 31, 2022

	MTD Actual
Increase (decrease) in net assets as reported	\$ (9,955,345)
<i>Unusual items:</i>	
	\$ -
	-
Normalized increase (decrease) in net assets	\$ (9,955,345)



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF REVENUES AND EXPENSES

For the Period Ending August 31, 2022

	Aug-22 Actual	Aug-22 Budget	Aug-22 Variance	Aug-22 % Change	Prior Year Same Month Aug-21	Prior Year Same Month Variance	Prior Year Same Month % Change
Net Patient Service Revenue	\$ 42,482,991	\$ 45,290,139	\$ (2,807,148)	(6.2 %)	\$ 44,662,426	\$ (2,179,435)	(4.9 %)
Other Revenue	10,704,976	10,412,476	292,500	2.8 %	9,246,040	1,458,936	15.8 %
Total Operating Revenue	53,187,968	55,702,616	(2,514,648)	(4.5 %)	53,908,466	(720,499)	(1.3 %)
OPERATING EXPENSES							
Salaries and Wages	24,407,619	24,310,984	(96,635)	(0.4 %)	25,180,271	772,652	3.1 %
Contract Labor	6,900,412	5,309,214	(1,591,198)	(30.0 %)	3,362,162	(3,538,250)	(105.2 %)
Employee Benefits	7,413,519	7,266,013	(147,506)	(2.0 %)	7,691,221	277,702	3.6 %
Medical Service Fees	8,696,838	8,264,930	(431,908)	(5.2 %)	8,000,367	(696,471)	(8.7 %)
Supplies	7,608,328	7,649,273	40,946	0.5 %	8,868,335	1,260,008	14.2 %
Purchased Services	4,555,653	4,551,773	(3,880)	(0.1 %)	2,747,425	(1,808,228)	(65.8 %)
Repair and Maintenance	1,719,359	1,926,961	207,602	10.8 %	1,603,200	(116,158)	(7.2 %)
Utilities	847,962	855,718	7,756	0.9 %	658,232	(189,731)	(28.8 %)
Rent	497,223	488,760	(8,462)	(1.7 %)	491,758	(5,464)	(1.1 %)
Other Expenses	1,598,861	2,008,120	409,260	20.4 %	1,907,806	308,946	16.2 %
Provider Assessment	1,963,959	1,963,959	0	0.0 %	1,923,932	(40,027)	(2.1 %)
Depreciation	3,546,278	3,775,170	228,892	6.1 %	3,617,027	70,749	2.0 %
Total Operating Expense	69,756,009	68,370,876	(1,385,133)	(2.0 %)	66,051,737	(3,704,273)	(5.6 %)
Operating Income (Loss)	(16,568,042)	(12,668,261)	(3,899,781)	(30.8 %)	(12,143,270)	(4,424,772)	(36.4 %)
NONOPERATING REVENUES (EXPENSES)							
NonCapital Grants	468,347	443,237	25,110	5.7 %	629,991	(161,644)	(25.7 %)
NonCapital Transfers from County/State	295,658	295,658	0	0.0 %	295,658	0	0.0 %
Investment Income	450,004	223,910	226,093	101.0 %	64,250	385,754	600.4 %
Other NonOperating Revenues (Expenses)	(1,984,439)	(1,762,379)	(222,060)	(12.6 %)	(800,580)	(1,183,859)	(147.9 %)
Interest Expense	(2,444,883)	(2,444,238)	(645)	(0.0 %)	(1,376,359)	(1,068,525)	(77.6 %)
Tax Levy	10,767,838	10,767,838	(0)	(0.0 %)	12,085,171	(1,317,333)	(10.9 %)
Total NonOperating Revenues (Expenses)	7,552,525	7,524,027	28,498	0.4 %	10,898,130	(3,345,606)	(30.7 %)
Excess of Revenues over Expenses	\$ (9,015,517)	\$ (5,144,234)	\$ (3,871,283)	(75.3 %)	\$ (1,245,140)	\$ (7,770,377)	(624.1 %)



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF REVENUES AND EXPENSES

For the Period Ending August 31, 2022

	Aug-22 Actual	Aug-22 Budget	Aug-22 Variance	Aug-22 % Change	Prior Year Same Month Aug-21	Prior Year Same Month Variance	Prior Year Same Month % Change
Bond-Related Revenues and Expenses	(939,828)	(789,899)	(149,929)	(19.0 %)	(3,391,936)	2,452,107	72.3 %
Increase (Decrease) in Net Assets (normalized)	\$ (9,955,345)	\$ (5,934,133)	\$ (4,021,212)	(67.8 %)	\$ (4,637,076)	\$ (5,318,270)	(114.7 %)



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
STATEMENT OF REVENUES AND EXPENSES
For the Two Periods Ending August 31, 2022

	Aug-22 YTD Actual	Aug-22 YTD Budget	Aug-22 YTD Variance	YTD Aug-22 % Change	YTD Prior Year Aug-21	YTD Prior Year Variance	YTD Prior Year % Change
Net Patient Service Revenue	\$ 88,133,904	\$ 90,420,541	\$ (2,286,636)	(2.5 %)	\$ 84,013,768	\$ 4,120,136	4.9 %
Other Revenue	20,940,204	20,503,120	437,084	2.1 %	17,782,515	3,157,690	17.8 %
Total Operating Revenue	109,074,109	110,923,661	(1,849,552)	(1.7 %)	101,796,283	7,277,826	7.1 %
OPERATING EXPENSES							
Salaries and Wages	49,242,627	48,238,308	(1,004,319)	(2.1 %)	48,093,976	(1,148,650)	(2.4 %)
Contract Labor	13,511,633	10,637,487	(2,874,147)	(27.0 %)	6,579,954	(6,931,679)	(105.3 %)
Employee Benefits	14,785,686	14,417,805	(367,881)	(2.6 %)	14,682,173	(103,513)	(0.7 %)
Medical Service Fees	17,048,864	16,529,860	(519,004)	(3.1 %)	16,058,420	(990,444)	(6.2 %)
Supplies	15,373,131	15,497,141	124,010	0.8 %	16,797,115	1,423,984	8.5 %
Purchased Services	8,739,965	9,012,375	272,410	3.0 %	5,302,844	(3,437,121)	(64.8 %)
Repair and Maintenance	3,473,427	3,880,881	407,454	10.5 %	3,364,787	(108,640)	(3.2 %)
Utilities	1,629,783	1,661,773	31,990	1.9 %	1,275,117	(354,666)	(27.8 %)
Rent	1,009,687	977,519	(32,169)	(3.3 %)	960,488	(49,200)	(5.1 %)
Other Expenses	3,373,642	4,136,059	762,418	18.4 %	3,847,780	474,139	12.3 %
Provider Assessment	3,927,917	3,927,917	0	0.0 %	3,847,864	(80,054)	(2.1 %)
Depreciation	7,097,820	7,558,010	460,190	6.1 %	7,031,954	(65,866)	(0.9 %)
Total Operating Expense	139,214,182	136,475,136	(2,739,047)	(2.0 %)	127,842,473	(11,371,709)	(8.9 %)
Operating Income (Loss)	(30,140,073)	(25,551,475)	(4,588,599)	(18.0 %)	(26,046,191)	(4,093,883)	(15.7 %)
NONOPERATING REVENUES (EXPENSES)							
NonCapital Grants	888,808	871,917	16,890	1.9 %	1,002,287	(113,479)	(11.3 %)
NonCapital Transfers from County/State	591,316	591,316	0	0.0 %	591,316	0	0.0 %
Investment Income	893,621	447,821	445,800	99.5 %	139,333	754,288	541.4 %
Other NonOperating Revenues (Expenses)	(2,316,180)	(3,516,157)	1,199,977	34.1 %	(2,494,557)	178,377	7.2 %
Interest Expense	(4,889,100)	(4,888,476)	(623)	(0.0 %)	(2,752,597)	(2,136,503)	(77.6 %)
Tax Levy	21,535,676	21,535,676	(0)	(0.0 %)	24,170,341	(2,634,665)	(10.9 %)
Total NonOperating Revenues (Expenses)	16,704,141	15,042,096	1,662,044	11.0 %	20,656,122	(3,951,981)	(19.1 %)
Excess of Revenues over Expenses	\$ (13,435,933)	\$ (10,509,379)	\$ (2,926,554)	(27.8 %)	\$ (5,390,069)	\$ (8,045,864)	(149.3 %)



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF REVENUES AND EXPENSES

For the Two Periods Ending August 31, 2022

	Aug-22 YTD Actual	Aug-22 YTD Budget	Aug-22 YTD Variance	YTD Aug-22 % Change	YTD Prior Year Aug-21	YTD Prior Year Variance	YTD Prior Year % Change
Bond-Related Revenues and Expenses	(1,879,420)	(1,579,799)	(299,621)	(19.0 %)	(6,794,461)	4,915,041	72.3 %
Increase (Decrease) in Net Assets (normalized)	\$ (15,315,353)	\$ (12,089,177)	\$ (3,226,176)	(26.7 %)	\$ (12,184,530)	\$ (3,130,823)	(25.7 %)



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

	8/31/2022	6/30/2022
ASSETS		
Current Assets		
Cash and Cash Equivalents		
Cash - Care System	\$ 225,943,283	\$ 232,598,973
Cash and Short-Term Investment	225,943,283	232,598,973
Cash - Bond	228,156,758	306,922,949
Cash and Short-Term Investment - Bond	228,156,758	306,922,949
Total Cash and Cash Equivalents	454,100,041	539,521,922
Patient A/R, Net of Allowances	94,312,941	95,591,699
Other Receivables and Prepaid Items	46,854,759	36,610,519
Estimated Amounts Due from Third-Party Payors	56,099,033	48,057,006
Due from Related Parties	13,884,903	1,721,769
Total Current Assets	665,251,677	721,502,915
Capital Assets, Net	730,627,442	711,833,271
Total Assets	1,395,879,119	1,433,336,186
Deferred Outflows	89,357,989	89,357,989
Total Assets and Deferred Outflows	\$ 1,485,237,108	\$ 1,522,694,175



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

	8/31/2022	6/30/2022
LIABILITIES AND NET POSITION		
Current Liabilities		
Current Maturities of Long-Term Debt	\$ 30,977,774	\$ 55,930,307
Accounts Payable	56,950,715	43,809,089
Accrued Payroll and Expenses	36,746,167	37,716,652
Medical Claims Payable	14,890,971	15,016,683
Due to Related Parties	0	8,627,104
Other Current Liabilities	86,079,107	62,436,035
Total Current Liabilities	225,644,734	223,535,870
Long-Term Debt		
Bonds Payable	649,230,335	675,360,335
Total Long-Term Debt	649,230,335	675,360,335
Long-Term Liabilities	394,175,117	394,175,117
Total Liabilities	1,269,050,186	1,293,071,322
Deferred Inflows	3,972,294	3,972,294



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

	<u>8/31/2022</u>	<u>6/30/2022</u>
Net Position		
Invested in Capital Assets, Net of Related Debt	699,649,668	655,902,964
Temporarily Restricted	65,995,176	36,137,777
Unrestricted	<u>(553,430,217)</u>	<u>(466,390,181)</u>
Total Net Position	212,214,627	225,650,560
Total Liabilities, Deferred Inflows, and Net Position	<u><u>\$ 1,485,237,108</u></u>	<u><u>\$ 1,522,694,175</u></u>



Comprehensive Health Center – Peoria (pictured)

Supplemental Information

Valleywise Health
 Financial and Statistical Information
 31-Aug-22

Legend	
Greater than or equal to 100% of Budget	
Within 95% to 100% of Budget	
Less than 95% of Budget	




	Current Month				Fiscal Year to Date				Prior Fiscal Year to Date					
	Actual	Budget	Variance	Var %	Actual	Budget	Variance	Var %	Actual	Variance	Var %			
Acute														
Admissions	1,130	1,054	76	7.2%		2,226	2,095	131	6.3%		1,955	271	13.9%	
Length of Stay (LOS)	5.4	5.2	(0.2)	(3.6%)		5.5	5.2	(0.2)	(4.7%)		5.7	0.2	3.6%	
Patient Days	6,109	5,499	610	11.1%		12,156	10,930	1,226	11.2%		11,070	1,086	9.8%	
Acute - Observation Days and Admits														
Observation Days	548	443	106	23.9%		1,124	883	241	27.3%		1,147	(23)	(2.0%)	
Observation Admission - Transfer to Inpatient	213	177	36	20.3%		439	354	85	24.0%		406	33	8.1%	
Observation Admission Only	367	293	74	25.3%		683	586	97	16.6%		730	(47)	(6.4%)	
Total Admissions - Acute plus Observation Only	1,497	1,347	150	11.1%		2,909	2,681	228	8.5%		2,685	224	8.3%	
Behavioral Health														
Admissions	357	374	(17)	(4.5%)		702	744	(42)	(5.6%)		860	(158)	(18.4%)	
Length of Stay (LOS)	22.4	21.2	(1.2)	(5.8%)		22.6	21.2	(1.4)	(6.4%)		21.3	(1.3)	(6.1%)	
Patient Days	8,009	7,927	82	1.0%		15,867	15,807	60	0.4%		18,326	(2,459)	(13.4%)	
Valleywise Behavioral Health Center-Phoenix	1,706	1,609	97	6.0%		3,312	3,218	94	2.9%		4,245	(933)	(22.0%)	
Valleywise Behavioral Health Center-Mesa	3,165	2,968	197	6.6%		6,257	5,889	368	6.2%		5,789	468	8.1%	
Valleywise Behavioral Health Center-Maryvale	3,138	3,350	(212)	(6.3%)		6,298	6,700	(402)	(6.0%)		8,292	(1,994)	(24.0%)	
Combined (Acute + Behavioral Health)														
Adjusted Admissions	2,840	2,579	262	10.1%		5,478	5,090	388	7.6%		4,980	498	10.0%	
Adjusted Patient Days	26,964	24,243	2,721	11.2%		52,425	47,932	4,493	9.4%		52,002	423	0.8%	
Case Mix Index														
Total Hospital	1.63	1.60	0.03	2.1%		1.62	1.60	0.02	1.4%		1.61	0.01	0.8%	
Acute (Excluding Newborns)	1.86	1.78	0.08	4.5%		1.86	1.78	0.08	4.3%		1.89	(0.03)	(1.8%)	
Behavioral Health	1.22	1.21	0.01	0.4%		1.22	1.21	0.01	0.7%		1.21	0.01	0.7%	
Medicare	2.11	2.01	0.10	4.8%		2.06	2.01	0.05	2.4%		2.65	(0.59)	(22.3%)	
AHCCCS	1.91	1.77	0.14	7.8%		1.92	1.77	0.15	8.4%		1.88	0.04	2.0%	
Ambulatory														
Valleywise Community Health Centers Visits	16,423	14,459	1,964	13.6%		30,099	26,357	3,742	14.2%		28,376	1,723	6.1%	
Valleywise Comprehensive Health Center-Phoenix Visits	14,110	12,734	1,376	10.8%		24,923	24,347	576	2.4%		25,929	(1,006)	(3.9%)	
Valleywise Comprehensive Health Center-Peoria Visits	3,545	3,587	(42)	(1.2%)		6,335	6,606	(271)	(4.1%)		5,719	616	10.8%	
Dental Clinics Visits	2,127	1,665	462	27.7%		3,829	3,313	516	15.6%		4,089	(260)	(6.4%)	
OP Behavioral Health Visits	6,598	5,434	1,164	21.4%		11,906	10,800	1,106	10.2%		9,404	2,502	26.6%	
Total Ambulatory Visits :	42,803	37,879	4,924	13.0%		77,092	71,423	5,669	7.9%		73,517	3,575	4.9%	

Valleywise Health
 Financial and Statistical Information
 31-Aug-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	74%	70%	3.8%	5.5%		73%	70%	3.0%	4.3%		69%	4.0%	5.8%	
Total Main OR Surgical Minutes - Roosevelt	81,105	74,362	6,743	9.1%		153,255	150,551	2,704	1.8%		149,325	3,930	2.6%	
Main OR Minutes per Case - Roosevelt	112	114	1.7	1.5%		110	116	6.2	5.4%		114	4.3	3.8%	
Total Main OR Surgeries - Roosevelt	722	652	70	10.7%		1,393	1,295	98	7.6%		1,306	87	6.7%	
OP Surgeries - Peoria	37	33	4	12.1%		74	61	13	21.3%		77	(3)	(3.9%)	
Total Surgeries - Roosevelt (Main OR) and Peoria	759	685	74	10.8%		1,467	1,356	111	8.2%		1,383	84	6.1%	
Endoscopy Procedures - Roosevelt	368	355	13	3.7%		632	719	(87)	(12.1%)		683	(51)	(7.5%)	
Endoscopy Procedures - Peoria	144	91	53	58.2%		256	172	84	48.5%		153	103	67.3%	
Total Endoscopy Procedures - Roosevelt and Peoria	512	446	66	14.8%		888	892	(4)	(0.4%)		836	52	6.2%	
Deliveries	222	178	44	24.7%		425	361	64	17.7%		361	64	17.7%	
Trauma Visits (subset of ED Visits)	195	168	27	16.1%		379	334	45	13.5%		348	31	8.9%	
Emergency Department (ED)	8,951	7,525	1,426	19.0%		17,169	14,871	2,298	15.5%		14,597	2,572	17.6%	
Roosevelt ED	5,208	4,448	760	17.1%		10,072	8,835	1,237	14.0%		8,841	1,231	13.9%	
Maryvale ED	3,127	2,545	582	22.9%		5,786	4,975	811	16.3%		4,699	1,087	23.1%	
L&D ED	362	319	43	13.5%		744	630	114	18.1%		619	125	20.2%	
Burn ED	254	213	41	19.2%		567	431	136	31.6%		438	129	29.5%	
% of Total ED Visits Resulting in Admission Roosevelt	12.1%	13.2%	(1.1%)	(8.4%)		12.3%	13.3%	(1.0%)	(7.3%)		12.6%	(0.3%)	(2.5%)	
% of Total ED Visits Resulting in Admission Maryvale	5.3%	6.2%	(1.0%)	(15.5%)		5.0%	6.3%	(1.3%)	(20.3%)		6.0%	(1.0%)	(16.8%)	
% of Acute Patients Admitted Through the ED	87.4%	86.1%	1.4%	1.6%		86.3%	86.1%	0.2%	0.3%		89.0%	(2.7%)	(3.0%)	
Left Without Treatment (LWOT) ROOSEVELT	1.9%	<3%	1.1%	37.3%		1.8%	<3%	1.2%	40.3%		0.0%	(1.8%)	-	-
Left Without Treatment (LWOT) MARYVALE	2.0%	<3%	1.0%	32.8%		2.1%	<3%	0.9%	29.0%		16.1%	13.9%	(86.8%)	
Overall ED Median Length of Stay (minutes) ROOSEVELT	155	<240	85	35.4%		238	<240	2	0.8%		0	(238)	-	-
Overall ED Median Length of Stay (minutes) MARYVALE	97	<220	123	55.9%		184	<220	36	16.4%		0	(184)	(100.0%)	
PSYCH ED Median LOS (minutes) ROOSEVELT	649	<0	(649)	(100.0%)		669	<0	(669)	(100.0%)		0	(669)	0.0%	
PSYCH ED Median LOS (minutes) MARYVALE	543	<0	(543)	(100.0%)		543	<0	(543)	(100.0%)		0	(543)	100.0%	
Median Time to Treatment (MTT) (minutes) ROOSEVELT	30	<30	-	0.0%		32	<30	(2)	(6.7%)		0	(32)	-	-
Median Time to Treatment (MTT) (minutes) MARYVALE	33	<30	(3)	(10.0%)		28	<30	2	6.7%		0	(28)	(100.0%)	
Cath Lab Utilization - Room 1	15%	45%	(30.4%)	(67.5%)		19%	45%	(25.8%)	(57.3%)		16%	3.1%	19.5%	
Cath Lab Utilization - Room 2	20%	45%	(25.0%)	(55.6%)		24%	45%	(21.2%)	(47.0%)		21%	2.4%	11.1%	
Cath Lab Utilization - IR	93%	65%	28.5%	43.8%		93%	65%	28.1%	43.2%		89%	4.4%	4.9%	
CCTA/Calcium Score	10	15	(5)	(33.3%)		25	30	(5)	(16.7%)		30	(5)	(16.7%)	
Pediatric ED Visits at Maryvale (under age 18)	432					820					721	99	13.7%	
Adult ED Visits at Maryvale (age 18 and over)	2,695					4,966					3,978	988	24.8%	
Maryvale ED to Inpatient OR (under age 18)	0					2					2	-	0.0%	
Maryvale ED to Inpatient OR (Total)	34					60					52	8	15.4%	
Pediatric ED Visits at Roosevelt (under age 18)	667					1,195					1,397	(202)	(14.5%)	
Adult ED Visits at Roosevelt (age 18 and over)	4,541					8,877					7,444	1,433	19.3%	

Valleywise Health
Financial and Statistical Information
31-Aug-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						
Actual	Budget	Variance	Var %	Actual	Budget	Variance	Var %	Actual	Variance	Var %




Operating Income / (Loss) in 000s

Valleywise Health	\$	(16,568)	\$	(12,668)	\$	(3,900)	(30.8%)		\$	(30,140)	\$	(25,551)	\$	(4,589)	(18.0%)		\$	(26,046)	\$	(4,094)	(15.7%)	
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Net Income / (Loss) in 000s


Valleywise Health	\$	(9,016)	\$	(5,144)	\$	(3,871)	(75.3%)		\$	(13,436)	\$	(10,509)	\$	(2,927)	(27.8%)		\$	(5,390)	\$	(8,046)	(149.3%)	
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**Net Income / (Loss) in 000s
Normalized**

Valleywise Health	\$	(9,955)	\$	(5,934)	\$	(4,021)	(67.8%)		\$	(15,315)	\$	(12,089)	\$	(3,226)	(26.7%)		\$	(12,185)	\$	(3,131)	(25.7%)	
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RATIOS:

Liquidity

Total Cash and Investments (000s)					\$	225.9				\$	232.5	\$	(6.6)	(2.8%)	
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Total Days Cash on Hand						106.1					110.6		(4.5)	(4.1%)	
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Current Ratio						2.9					3.3		(0.4)	(12.1%)	
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Current Ratio without Bond-related & Liabilities	Assets					2.2					2.5		(0.3)	(12.0%)	
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Days in Accounts Receivable (Hospital only)						72.9					76.4		3.5	4.6%	
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Capital Structure

EBIDA Debt Service Coverage						(0.1)					0.4		(0.5)	(125.0%)	
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Profitability

Operating Margin	(31.1%)	(22.7%)	(8.4%)	(37.0%)		(27.6%)	(23.0%)	(4.6%)	(20%)		(28.6%)	1.0%	3.5%	
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Labor

FTE/AOB WO Residents	4.26	4.74	0.48	10.1%		4.37	4.75	0.38	8.1%		4.64	0.27	5.8%	
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	Current Month			
	Actual	Prior Year	Variance	Var %
Turnover Rate - Voluntary	1.37%	2.34%	0.97%	41.45%
Turnover Rate - Involuntary	0.22%	0.25%	0.03%	12.00%
Turnover Rate - Uncontrollable	0.31%	0.34%	0.03%	8.82%
Turnover Rate - Total	1.90%	2.93%	1.03%	35.15%

	Rolling Last Twelve Months			
	Actual	Prior Year	Variance	Var %
Turnover Rate - Voluntary	24.59%	20.39%	(4.20%)	(20.60%)
Turnover Rate - Involuntary	3.83%	2.99%	(0.84%)	(28.09%)
Turnover Rate - Uncontrollable	4.46%	4.81%	0.35%	7.28%
Turnover Rate - Total	32.88%	28.18%	(4.70%)	(16.68%)

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 Two Periods Ending August 31, 2022

	Aug-22 Actual	Aug-22 Budget	Aug-22 Variance	Aug-22 % Change	Prior Year Same Month Aug-21	Prior Year Same Month % Change	Aug-22 YTD Actual	Aug-22 YTD Budget	Aug-22 YTD Variance	YTD Aug-22 % Change	YTD Prior Year Aug-21	YTD Prior Year % Change
ADMISSIONS												
Acute	1,130	1,054	76	7.2 %	1,006	12.3 %	2,226	2,095	131	6.3 %	1,955	13.9 %
Behavioral Health	357	374	(17)	(4.5 %)	433	(17.6 %)	702	744	(42)	(5.6 %)	860	(18.4 %)
Valleywise Behavioral Health Center-Phoenix	52	59	(7)	(11.9 %)	57	(8.8 %)	107	118	(11)	(9.3 %)	133	(19.5 %)
Valleywise Behavioral Health Center-Mesa	155	150	5	3.3 %	156	(0.6 %)	300	297	3	1.0 %	298	0.7 %
Valleywise Behavioral Health Center-Maryvale	150	165	(15)	(9.1 %)	220	(31.8 %)	295	329	(34)	(10.3 %)	429	(31.2 %)
Total	1,487	1,428	59	4.1 %	1,439	3.3 %	2,928	2,839	89	3.1 %	2,815	4.0 %
OBSERVATION ADMISSIONS												
Transferred to Inpatient *	213	177	36	20.3 %	198	7.6 %	439	354	85	24.0 %	406	8.1 %
Observation Admission Only	367	293	74	25.3 %	340	7.9 %	683	586	97	16.6 %	730	(6.4 %)
Total Observation Admissions	580	470	110	23.4 %	538	7.8 %	1,122	940	182	19.4 %	1,136	(1.2 %)
TOTAL ADMISSIONS AND OBSERVATION ONLY												
Total	1,854	1,721	133	7.7 %	1,779	4.2 %	3,611	3,425	186	5.4 %	3,545	1.9 %
ADJUSTED ADMISSIONS												
Total	2,840	2,579	262	10.1 %	2,500	13.6 %	5,478	5,090	388	7.6 %	4,980	10.0 %
PATIENT DAYS												
Acute	6,109	5,499	610	11.1 %	5,596	9.2 %	12,156	10,930	1,226	11.2 %	11,070	9.8 %
Behavioral Health	8,009	7,927	82	1.0 %	9,182	(12.8 %)	15,867	15,807	60	0.4 %	18,326	(13.4 %)
Valleywise Behavioral Health Center-Phoenix	1,706	1,609	97	6.0 %	2,173	(21.5 %)	3,312	3,218	94	2.9 %	4,245	(22.0 %)
Valleywise Behavioral Health Center-Mesa	3,165	2,968	197	6.6 %	2,842	11.4 %	6,257	5,889	368	6.2 %	5,789	8.1 %
Valleywise Behavioral Health Center-Maryvale	3,138	3,350	(212)	(6.3 %)	4,167	(24.7 %)	6,298	6,700	(402)	(6.0 %)	8,292	(24.0 %)
Total	14,118	13,426	692	5.2 %	14,778	(4.5 %)	28,023	26,737	1,286	4.8 %	29,396	(4.7 %)
AVERAGE DAILY CENSUS												
Acute	197	177	20	11.1 %	181	9.2 %	196	176	20	11.2 %	179	9.8 %
Behavioral Health	258	256	3	1.0 %	296	(12.8 %)	256	255	1	0.4 %	296	(13.4 %)
Valleywise Behavioral Health Center-Phoenix	55	52	3	6.0 %	70	(21.5 %)	53	52	2	2.9 %	68	(22.0 %)
Valleywise Behavioral Health Center-Mesa	102	96	6	6.6 %	92	11.4 %	101	95	6	6.2 %	93	8.1 %
Valleywise Behavioral Health Center-Maryvale	101	108	(7)	(6.3 %)	134	(24.7 %)	102	108	(6)	(6.0 %)	134	(24.0 %)
Total	455	433	22	5.2 %	477	(4.5 %)	452	431	21	4.8 %	474	(4.7 %)
ADJUSTED PATIENT DAYS												
Total	26,964	24,243	2,721	11.2 %	25,675	5.0 %	52,425	47,932	4,493	9.4 %	52,002	0.8 %

* Already included in 'Acute Admissions'.



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

VOLUMES

For the Two Periods Ending August 31, 2022

	Aug-22 Actual	Aug-22 Budget	Aug-22 Variance	Aug-22 % Change	Prior Year Same Month Aug-21	Prior Year Same Month % Change	Aug-22 YTD Actual	Aug-22 YTD Budget	Aug-22 YTD Variance	Aug-22 YTD % Change	YTD Prior Year Aug-21	YTD Prior Year % Change
OPERATING ROOM SURGERIES - ROOSEVELT												
Inpatient	431	386	45	11.7 %	368	17.1 %	855	767	88	11.5 %	757	12.9 %
Outpatient	291	266	25	9.4 %	273	6.6 %	538	528	10	1.9 %	549	(2.0 %)
Total	722	652	70	10.7 %	641	12.6 %	1,393	1,295	98	7.6 %	1,306	6.7 %
Inpatient Minutes	49,770	46,608	3,162	6.8 %	44,760	11.2 %	96,990	94,195	2,795	3.0 %	90,825	6.8 %
Outpatient Minutes	31,335	27,754	3,581	12.9 %	28,800	8.8 %	56,265	56,356	(91)	(0.2 %)	58,500	(3.8 %)
Total	81,105	74,362	6,743	9.1 %	73,560	10.3 %	153,255	150,551	2,704	1.8 %	149,325	2.6 %
OPERATING ROOM SURGERIES - PEORIA												
Outpatient	37	33	4	12.1 %	43	(14.0 %)	74	61	13	21.3 %	77	(3.9 %)
Outpatient Minutes	3,285	3,183	102	3.2 %	4,410	(25.5 %)	7,005	5,809	1,196	20.6 %	7,815	(10.4 %)
ENDOSCOPY PROCEDURES - ROOSEVELT												
Inpatient	131	115	16	14.3 %	106	23.6 %	197	220	(23)	(10.5 %)	204	(3.4 %)
Outpatient	237	240	(3)	(1.3 %)	220	7.7 %	435	499	(64)	(12.8 %)	479	(9.2 %)
Total	368	355	13	3.7 %	326	12.9 %	632	719	(87)	(12.1 %)	683	(7.5 %)
ENDOSCOPY PROCEDURES - PEORIA												
Outpatient	144	91	53	58.2 %	90	60.0 %	256	172	84	48.5 %	153	67.3 %
DELIVERIES												
Total	222	178	44	24.7 %	178	24.7 %	425	361	64	17.7 %	361	17.7 %
ED VISITS												
Adult	5,208	4,448	760	17.1 %	4,592	13.4 %	10,072	8,835	1,237	14.0 %	8,841	13.9 %
Maryvale	3,127	2,545	582	22.9 %	2,563	22.0 %	5,786	4,975	811	16.3 %	4,699	23.1 %
Labor & Delivery	362	319	43	13.5 %	314	15.3 %	744	630	114	18.1 %	619	20.2 %
Burn	254	213	41	19.2 %	213	19.2 %	567	431	136	31.6 %	438	29.5 %
Total	8,951	7,525	1,426	19.0 %	7,682	16.5 %	17,169	14,871	2,298	15.5 %	14,597	17.6 %
AMBULATORY VISITS												
Valleywise Community Health Centers	16,423	14,459	1,964	13.6 %	14,981	9.6 %	30,099	26,357	3,742	14.2 %	28,376	6.1 %
Valleywise Comprehensive Health Center-Phoenix	14,110	12,734	1,376	10.8 %	13,834	2.0 %	24,923	24,347	576	2.4 %	25,929	(3.9 %)
Valleywise Comprehensive Health Center-Peoria	3,545	3,587	(42)	(1.2 %)	3,209	10.5 %	6,335	6,606	(271)	(4.1 %)	5,719	10.8 %
Outpatient Behavioral Health	6,598	5,434	1,164	21.4 %	4,939	33.6 %	11,906	10,800	1,106	10.2 %	9,404	26.6 %
Dental	2,127	1,665	462	27.7 %	2,099	1.3 %	3,829	3,313	516	15.6 %	4,089	(6.4 %)
Total	42,803	37,879	4,924	13.0 %	39,062	9.6 %	77,092	71,423	5,669	7.9 %	73,517	4.9 %



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Period Ending August 31, 2022

	Aug-22 Actual	Aug-22 Budget	Aug-22 Variance	Aug-22 % Change	Prior Year Same Month Aug-21	Prior Year Same Month Variance	Prior Year Same Month % Change
Net Patient Service Revenue per APD	\$ 1,576	\$ 1,868	(\$ 293)	(15.7 %)	\$ 1,740	(\$ 164)	(9.4 %)
Salaries	\$ 24,407,619	\$ 24,310,984	(\$ 96,635)	(0.4 %)	\$ 25,180,271	\$ 772,652	3.1 %
Benefits	7,413,519	7,266,013	(147,506)	(2.0 %)	7,691,221	277,702	3.6 %
Contract Labor	6,900,412	5,309,214	(1,591,198)	(30.0 %)	3,362,162	(3,538,250)	(105.2 %)
Total Labor Costs	\$ 38,721,550	\$ 36,886,211	(\$ 1,835,338)	(5.0 %)	\$ 36,233,654	(\$ 2,487,896)	(6.9 %)
Supplies	\$ 7,608,328	\$ 7,649,273	\$ 40,946	0.5 %	\$ 8,868,335	\$ 1,260,008	14.2 %
Medical Service Fees	8,696,838	8,264,930	(431,908)	(5.2 %)	8,000,367	(696,471)	(8.7 %)
All Other *	15,612,338	16,001,908	389,571	2.4 %	11,509,292	(4,103,046)	(35.6 %)
Total	\$ 31,917,504	\$ 31,916,112	(\$ 1,392)	(0.0 %)	\$ 28,377,994	(\$ 3,539,510)	(12.5 %)
Total Operating and Non-Operating Expenses *	\$ 70,639,053	\$ 68,802,323	(\$ 1,836,730)	(2.7 %)	\$ 64,611,648	(\$ 6,027,405)	(9.3 %)
* Excludes Depreciation							
Tax Levy							
Property Tax	\$ 7,673,441	\$ 7,673,441	\$ 0	0.0 %	\$ 7,335,985	\$ 337,455	4.6 %
Bonds	3,094,397	3,094,397	(0)	(0.0 %)	4,749,185	(1,654,788)	(34.8 %)
Total Tax Levy	\$ 10,767,838	\$ 10,767,838	(\$ 0)	(0.0 %)	\$ 12,085,171	(\$ 1,317,333)	(10.9 %)
Patient Days - Acute	6,109	5,499	610	11.1 %	5,596	513	9.2 %
Patient Days - Behavioral Health	8,009	7,927	82	1.0 %	9,182	(1,173)	(12.8 %)
Patient Days - Total	14,118	13,426	692	5.2 %	14,778	(660)	(4.5 %)
Adjusted Patient Days	26,964	24,243	2,721	11.2 %	25,675	1,289	5.0 %
APD Ratio	1.91	1.81	0.10	5.8 %	1.74	0.17	9.9 %
Admissions - Acute	1,130	1,054	76	7.2 %	1,006	124	12.3 %
Admissions - Behavioral Health	357	374	(17)	(4.5 %)	433	(76)	(17.6 %)
Admissions - Total	1,487	1,428	59	4.1 %	1,439	48	3.3 %
Adjusted Admissions	2,840	2,579	262	10.1 %	2,500	340	13.6 %
Average Daily Census - Acute	197	177	20	11.1 %	181	17	9.2 %
Average Daily Census - Behavioral Health	258	256	3	1.0 %	296	(38)	(12.8 %)
Average Daily Census - Total	455	433	22	5.2 %	477	(21)	(4.5 %)
Adjusted Occupied Beds - Acute	376	320	56	17.5 %	314	63	20.0 %



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Period Ending August 31, 2022

	Aug-22 Actual	Aug-22 Budget	Aug-22 Variance	Aug-22 % Change	Prior Year Same Month Aug-21	Prior Year Same Month Variance	Prior Year Same Month % Change
Adjusted Occupied Beds - Behavioral Health	493	462	32	6.9 %	515	(21)	(4.1 %)
Adjusted Occupied Beds - Total	870	782	88	11.2 %	828	42	5.0 %
Paid FTEs - Payroll	3,405	3,494	88	2.5 %	3,539	133	3.8 %
Paid FTEs - Contract Labor	483	397	(86)	(21.6 %)	539	56	10.3 %
Paid FTEs - Total	3,889	3,891	2	0.1 %	4,078	189	4.6 %
FTEs per AOB	4.47	4.98	0.50	10.1 %	4.92	0.45	9.2 %
FTEs per AOB (w/o Residents)	4.26	4.74	0.48	10.1 %	4.70	0.44	9.4 %
Benefits as a % of Salaries	30.4 %	29.9 %	(0.5 %)	(1.6 %)	30.5 %	0.2 %	0.6 %
Labor Costs as a % of Net Patient Revenue	91.1 %	81.4 %	(9.7 %)	(11.9 %)	81.1 %	(10.0 %)	(12.3 %)
Salaries and Contract Labor per APD	\$ 1,161	\$ 1,222	\$ 61	5.0 %	\$ 1,112	(\$ 49)	(4.4 %)
Benefits per APD	275	300	25	8.3 %	300	25	8.2 %
Supplies per APD	282	316	33	10.6 %	345	63	18.3 %
Medical Service Fees per APD	323	341	18	5.4 %	312	(11)	(3.5 %)
All Other Expenses per APD *	579	660	81	12.3 %	448	(131)	(29.2 %)
Total Expenses per APD *	\$ 2,620	\$ 2,838	\$ 218	7.7 %	\$ 2,516	(\$ 103)	(4.1 %)
Salaries and Contract Labor per Adj. Admission	\$ 11,024	\$ 11,487	\$ 463	4.0 %	\$ 11,416	\$ 393	3.4 %
Benefits per Adj. Admission	2,610	2,818	208	7.4 %	3,076	466	15.1 %
Supplies per Adj. Admission	2,679	2,967	288	9.7 %	3,547	868	24.5 %
Medical Service Fees per Adj. Admission	3,062	3,205	143	4.5 %	3,200	138	4.3 %
All Other Expenses per Adj. Admission *	5,497	6,206	709	11.4 %	4,603	(894)	(19.4 %)
Total Expenses per Adj. Admission *	\$ 24,873	\$ 26,683	\$ 1,810	6.8 %	\$ 25,843	\$ 971	3.8 %

* Excludes Depreciation



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Two Periods Ending August 31, 2022

	Aug-22 YTD Actual	Aug-22 YTD Budget	Aug-22 YTD Variance	YTD Aug-22 % Change	YTD Prior Year Aug-21	YTD Prior Year Variance	YTD Prior Year % Change
Net Patient Service Revenue per APD	\$ 1,681	\$ 1,886	(\$ 205)	(10.9 %)	\$ 1,616	\$ 66	4.1 %
Salaries	\$ 49,242,627	\$ 48,238,308	(\$ 1,004,319)	(2.1 %)	\$ 48,093,976	(\$ 1,148,650)	(2.4 %)
Benefits	14,785,686	14,417,805	(367,881)	(2.6 %)	14,682,173	(103,513)	(0.7 %)
Contract Labor	13,511,633	10,637,487	(2,874,147)	(27.0 %)	6,579,954	(6,931,679)	(105.3 %)
Total Labor Costs	\$ 77,539,946	\$ 73,293,600	(\$ 4,246,346)	(5.8 %)	\$ 69,356,104	(\$ 8,183,842)	(11.8 %)
Supplies	\$ 15,373,131	\$ 15,497,141	\$ 124,010	0.8 %	\$ 16,797,115	\$ 1,423,984	8.5 %
Medical Service Fees	17,048,864	16,529,860	(519,004)	(3.1 %)	16,058,420	(990,444)	(6.2 %)
All Other *	29,359,702	32,001,158	2,641,456	8.3 %	23,846,035	(5,513,667)	(23.1 %)
Total	\$ 61,781,697	\$ 64,028,159	\$ 2,246,463	3.5 %	\$ 56,701,570	(\$ 5,080,127)	(9.0 %)
Total Operating and Non-Operating Expenses *	\$ 139,321,643	\$ 137,321,759	(\$ 1,999,884)	(1.5 %)	\$ 126,057,674	(\$ 13,263,969)	(10.5 %)
* Excludes Depreciation							
Tax Levy							
Property Tax	\$ 15,346,881	\$ 15,346,881	\$ 0	0.0 %	\$ 14,671,971	\$ 674,911	4.6 %
Bonds	6,188,795	6,188,795	(0)	(0.0 %)	9,498,371	(3,309,576)	(34.8 %)
Total Tax Levy	\$ 21,535,676	\$ 21,535,676	(\$ 0)	(0.0 %)	\$ 24,170,341	(\$ 2,634,665)	(10.9 %)
Patient Days - Acute	12,156	10,930	1,226	11.2 %	11,070	1,086	9.8 %
Patient Days - Behavioral Health	15,867	15,807	60	0.4 %	18,326	(2,459)	(13.4 %)
Patient Days - Total	28,023	26,737	1,286	4.8 %	29,396	(1,373)	(4.7 %)
Adjusted Patient Days	52,425	47,932	4,493	9.4 %	52,002	423	0.8 %
APD Ratio	1.87	1.79	0.08	4.4 %	1.77	0.10	5.8 %
Admissions - Acute	2,226	2,095	131	6.3 %	1,955	271	13.9 %
Admissions - Behavioral Health	702	744	(42)	(5.6 %)	860	(158)	(18.4 %)
Admissions - Total	2,928	2,839	89	3.1 %	2,815	113	4.0 %
Adjusted Admissions	5,478	5,090	388	7.6 %	4,980	498	10.0 %
Average Daily Census - Acute	196	176	20	11.2 %	179	18	9.8 %
Average Daily Census - Behavioral Health	256	255	1	0.4 %	296	(40)	(13.4 %)
Average Daily Census - Total	452	431	21	4.8 %	474	(22)	(4.7 %)
Adjusted Occupied Beds - Acute	367	316	51	16.1 %	316	51	16.1 %



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Two Periods Ending August 31, 2022

	Aug-22 YTD Actual	Aug-22 YTD Budget	Aug-22 YTD Variance	YTD Aug-22 % Change	YTD Prior Year Aug-21	YTD Prior Year Variance	YTD Prior Year % Change
Adjusted Occupied Beds - Behavioral Health	479	457	22	4.8 %	523	(44)	(8.4 %)
Adjusted Occupied Beds - Total	846	773	72	9.4 %	839	7	0.8 %
Paid FTEs - Payroll	3,419	3,462	43	1.2 %	3,550	131	3.7 %
Paid FTEs - Contract Labor	462	398	(64)	(16.1 %)	534	72	13.4 %
Paid FTEs - Total	3,881	3,860	(21)	(0.5 %)	4,084	203	5.0 %
FTEs per AOB	4.59	4.99	0.40	8.1 %	4.87	0.28	5.7 %
FTEs per AOB (w/o Residents)	4.37	4.75	0.38	8.1 %	4.64	0.27	5.8 %
Benefits as a % of Salaries	30.0 %	29.9 %	(0.1 %)	(0.5 %)	30.5 %	0.5 %	1.6 %
Labor Costs as a % of Net Patient Revenue	88.0 %	81.1 %	(6.9 %)	(8.5 %)	82.6 %	(5.4 %)	(6.6 %)
Salaries and Contract Labor per APD	\$ 1,197	\$ 1,228	\$ 31	2.5 %	\$ 1,051	(\$ 146)	(13.9 %)
Benefits per APD	282	301	19	6.2 %	282	0	0.1 %
Supplies per APD	293	323	30	9.3 %	323	30	9.2 %
Medical Service Fees per APD	325	345	20	5.7 %	309	(16)	(5.3 %)
All Other Expenses per APD *	560	668	108	16.1 %	459	(101)	(22.1 %)
Total Expenses per APD *	\$ 2,658	\$ 2,865	\$ 207	7.2 %	\$ 2,424	(\$ 233)	(9.6 %)
Salaries and Contract Labor per Adj. Admission	\$ 11,456	\$ 11,568	\$ 112	1.0 %	\$ 10,979	(\$ 477)	(4.3 %)
Benefits per Adj. Admission	2,699	2,833	134	4.7 %	2,948	249	8.4 %
Supplies per Adj. Admission	2,807	3,045	238	7.8 %	3,373	567	16.8 %
Medical Service Fees per Adj. Admission	3,112	3,248	135	4.2 %	3,225	112	3.5 %
All Other Expenses per Adj. Admission *	5,360	6,288	928	14.8 %	4,789	(571)	(11.9 %)
Total Expenses per Adj. Admission *	\$ 25,434	\$ 26,981	\$ 1,547	5.7 %	\$ 25,314	(\$ 120)	(0.5 %)

* Excludes Depreciation

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

OPERATING REVENUE

Patient Days, Admissions and Adjusted Patient Days

<i>Acute Care</i>	Actual	Budget	Variance	%Variance
MTD - Patient Days	6,109	5,499	610	11.1%
YTD - Patient Days	12,156	10,930	1,226	11.2%
MTD - Admissions	1,130	1,054	76	7.2%
YTD - Admissions	2,226	2,095	131	6.3%
MTD - Average Length of Stay (ALOS)	5.4	5.2	(0.2)	-3.6%
YTD - Average Length of Stay (ALOS)	5.5	5.2	(0.2)	-4.7%
MTD - Average Daily Census (ADC)	197	177	20	11.1%
YTD - Average Daily Census (ADC)	196	176	20	11.2%
<i>Behavioral Health</i>	Actual	Budget	Variance	%Variance
MTD - Patient Days	8,009	7,927	82	1.0%
YTD - Patient Days	15,867	15,807	60	0.4%
MTD - Admissions	357	374	(17)	-4.5%
YTD - Admissions	702	744	(42)	-5.6%
MTD - Average Length of Stay (ALOS)	22.4	21.2	(1.2)	-5.8%
YTD - Average Length of Stay (ALOS)	22.6	21.2	(1.4)	-6.4%
MTD - Average Daily Census (ADC)	258	256	3	1.0%
YTD - Average Daily Census (ADC)	256	255	1	0.5%
<i>Adjusted Patient Days (APD)</i>	Actual	Budget	Variance	%Variance
Month-to-Date	26,964	24,243	2,721	11.2%
Year-to-Date	52,425	47,932	4,493	9.4%

Net patient service revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 42,482,991	\$ 45,290,139	\$ (2,807,148)	-6.2%
Year-to-Date	\$ 88,133,904	\$ 90,420,541	\$ (2,286,636)	-2.5%
Month-to-Date Per APD	\$ 1,576	\$ 1,868	\$ (293)	-15.7%
Year-to-Date Per APD	\$ 1,681	\$ 1,886	\$ (205)	-10.9%

Other operating revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 10,704,976	\$ 10,412,476	\$ 292,500	2.8%
Year-to-Date	\$ 20,940,204	\$ 20,503,120	\$ 437,084	2.1%

The majority of the positive variances for the month are in the retail pharmacy sales, other miscellaneous operating revenue and cafeteria sales; while the majority of the negative variance for the month are in offsetting revenue grants/research (ARPA grant), and interns & residents program revenue.

Total operating revenues

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 53,187,968	\$ 55,702,616	\$ (2,514,648)	-4.5%
Year-to-Date	\$ 109,074,109	\$ 110,923,661	\$ (1,849,552)	-1.7%

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

OPERATING EXPENSES

Salaries and wages

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 24,407,619	\$ 24,310,984	\$ (96,635)	-0.4%
Year-to-Date	\$ 49,242,627	\$ 48,238,308	\$ (1,004,319)	-2.1%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's - Payroll</i>	3,405	3,494	88	2.5%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's - Payroll (w/o Residents)</i>	3,401	3,490	88	2.5%

	Actual	Budget	Variance	%Variance
<i>Salaries per FTE's - Payroll</i>	\$ 7,167	\$ 6,959	\$ (209)	-3.0%

Contract labor

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 6,900,412	\$ 5,309,214	\$ (1,591,198)	-30.0%
Year-to-Date	\$ 13,511,633	\$ 10,637,487	\$ (2,874,147)	-27.0%

	Actual	Budget	Variance	%Variance
<i>FTE's - Contract Labor incl Outsource</i>	483	397	(86)	-21.6%

	Actual	Budget	Variance	%Variance
<i>FTE's - Contract Labor</i>				
Nursing operations - Acute	219	169	(50)	-29.6%
Revenue Cycle	-	0	-	-100.0%
Behavioral Health	13	6	(6)	-98.5%
Information Technology	5	1	(5)	-500.0%
Support Services	29	15	(15)	-102.4%
Interns & Residents	187	187	-	0.0%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's - Payroll & Contract Labor</i>	3,889	3,891	2	0.1%

	Actual	Budget	Variance	%Variance
<i>Adjusted Occupied Beds (AOB)</i>	870	782	87	11.2%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's per AOB</i>	4.47	4.98	0.50	10.1%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's per AOB (w/o Residents)</i>	4.47	4.97	0.50	10.1%

Employee benefits

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 7,413,519	\$ 7,266,013	\$ (147,506)	-2.0%

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

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

Benefits as a % of salaries

	Actual	Budget	Variance	%Variance
Month-to-Date	30.4%	29.9%	-0.5%	-1.6%
Year-to-Date	30.0%	29.9%	-0.1%	-0.5%

Medical service fees

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 8,696,838	\$ 8,264,930	\$ (431,908)	-5.2%
Year-to-Date	\$ 17,048,864	\$ 16,529,860	\$ (519,004)	-3.1%

The negative variance for the month are primarily related to collections, and staffing.

Supplies

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 7,608,328	\$ 7,649,273	\$ 40,946	0.5%
Year-to-Date	\$ 15,373,131	\$ 15,497,141	\$ 124,010	0.8%

The positive variances for the month are primarily in laboratory supplies, dietary & food costs, and pharmaceuticals; while majority of the negative variance for the month are primarily in OR related supply, and blood & plasma supplies.

Purchased services

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 4,555,653	\$ 4,551,773	\$ (3,880)	-0.1%
Year-to-Date	\$ 8,739,965	\$ 9,012,375	\$ 272,410	3.0%

The negative variances for the month is in collection fees; while the major positive variances for the month are in advertising services, and accounting & auditing services.

Other expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 4,663,404	\$ 5,279,560	\$ 616,155	11.7%
Year-to-Date	\$ 9,486,539	\$ 10,656,232	\$ 1,169,693	11.0%

The major positive variances for the month are in risk management related expense, repairs & maintenance expenses, and other miscellaneous expenses. The major negative variance for the month is in records management.

Provider Assessment

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 1,963,959	\$ 1,963,959	-	0.0%
Year-to-Date	\$ 3,927,917	\$ 3,927,917	-	0.0%

Depreciation

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 3,546,278	\$ 3,775,170	\$ 228,892	6.1%
Year-to-Date	\$ 7,097,820	\$ 7,558,010	\$ 460,190	6.1%

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

Total operating expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 69,756,009	\$ 68,370,876	\$ (1,385,133)	-2.0%
Year-to-Date	\$ 139,214,182	\$ 136,475,136	\$ (2,739,047)	-2.0%

Operating income (loss)

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ (16,568,042)	\$ (12,668,261)	\$ (3,899,781)	-30.8%
Year-to-Date	\$ (30,140,073)	\$ (25,551,475)	\$ (4,588,599)	-18.0%

Non-operating revenues (expenses)

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 7,552,525	\$ 7,524,027	\$ 28,498	0.4%
Year-to-Date	\$ 16,704,141	\$ 15,042,096	\$ 1,662,044	11.0%

Excess of revenues over expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ (9,015,517)	\$ (5,144,234)	\$ (3,871,283)	75.3%
Year-to-Date	\$ (13,435,933)	\$ (10,509,379)	\$ (2,926,554)	27.8%

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

ASSETS

Cash and cash equivalents - Delivery system

Aug-22	Jun-22	Change	% change
\$ 225,943,283	\$ 232,598,973	\$ (6,655,690)	-2.9%

Cash and cash equivalents - Bond (restricted)

Aug-22	Jun-22	Change	% change
\$ 228,156,758	\$ 306,922,949	\$ (78,766,191)	-25.7%

Paid \$55.9M in principal and interest in July 2022 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

Aug-22	Jun-22	Change	% change
\$ 94,312,941	\$ 95,591,699	\$ (1,278,758)	-1.3%

Other receivables and prepaid items

Aug-22	Jun-22	Change	% change
\$ 46,854,759	\$ 36,610,519	\$ 10,244,240	28.0%

FY23 other receivables / prepaids includes:

\$21.2M in prepaids/deposits	\$1.9M in retail pharmacy receivable
\$11.1M in inventories	\$790K due from other hospital - resident rotation
\$6.9M due from other receivables	\$704K due from Home Assist Health
\$544K due from other receivables (grant related)	\$343K due from Wellpartner/340B program
\$2.9M receivables from grants & research sponsors	\$591K in Psych subsidy

Estimated amounts due from third party payors

Aug-22	Jun-22	Change	% change
\$ 56,099,033	\$ 48,057,006	\$ 8,042,026	16.7%

FY23 due from third party payors includes:

\$55.1M due from AHCCCS for GME - FY22/FY23	\$700K due from AHCCCS for DSH - FY23
\$333K due from First Things First	

Due from related parties

Aug-22	Jun-22	Change	% change
\$ 13,884,903	\$ 1,721,769	\$ 12,163,134	706.4%

FY23 due from related parties includes:

\$2.2M due from Public Health Ryan White	\$11.7M due from Maricopa County for tax levy collection
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**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending August 31, 2022**

Capital Assets, net

Aug-22	Jun-22	Change	% change
\$ 730,627,442	\$ 711,833,271	\$ 18,794,171	2.6%

Deferred outflows

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

LIABILITIES AND NET POSITION

Current maturities of long-term debt

Aug-22	Jun-22	Change	% change
\$ 30,977,774	\$ 55,930,307	\$ (24,952,533)	-44.6%

FY23 current maturities includes:
\$31.0M in Bond current portion and interest payable

Accounts payable

Aug-22	Jun-22	Change	% change
\$ 56,950,715	\$ 43,809,089	\$ 13,141,627	30.0%

FY23 accounts payable includes:
\$30.2M in vendor related expense accruals/estimates
\$18.8M in vendor approved payments

\$8.0M due to DMG for staffing, annual recon and pass thru payments

Accrued payroll and expenses

Aug-22	Jun-22	Change	% change
\$ 36,746,167	\$ 37,716,652	\$ (970,485)	-2.6%

Medical claims payable

Aug-22	Jun-22	Change	% change
\$ 14,890,971	\$ 15,016,683	\$ (125,712)	-0.8%

Due to related parties

Aug-22	Jun-22	Change	% change
-	\$ 8,627,104	\$ (8,627,104)	-100.0%

Timing of tax levy revenue accrual and actual collection received.

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

Other current liabilities

Aug-22	Jun-22	Change	% change
\$ 86,079,107	\$ 62,436,035	\$ 23,643,072	37.9%

FY23 other current liabilities includes:

\$10.7M in deferred income (Health Foundation)	\$4.0M in settlement reserved for Medicare
\$47.0M in other deferred income (MC ARPA/Court & Provider Relief)	\$3.5M in deferred income for grants, research, & study residuals
\$8.2M in 3rd party settlement - FQHC & APSI	\$674K in capitation payments
\$6.7M in patient credit balances	\$432K in unclaimed/stale dated checks
\$4.8M in other deferred income (TIP, Optum, APSI)	

Bonds payable

Aug-22	Jun-22	Change	% change
\$ 649,230,335	\$ 675,360,335	\$ (26,130,000)	-3.9%

Reclassified current maturities portion of Bond payable

Long-term liabilities

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

Pension liability per ASRS report - GASB68

Deferred inflows

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

Net position

Aug-22	Jun-22	Change	% change
\$ 212,214,627	\$ 225,650,560	\$ (13,435,933)	-6.0%



**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	191,471.51	
Bank interest income received - YTD	<u>81,794.95</u>	
		35,236,060.49
LESS: Consulting services expense	(547,601.00)	
Valleywise Health Foundation Funding	(4,250,000.00)	
Bank charges - transfer fees	<u>(50.00)</u>	
		(4,797,651.00)
Ending balance as of August 31, 2022		<u><u>\$ 30,438,409.49</u></u>



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 28, 2022

Item 6.

Care Reimagined Project
Update

September 26, 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



2,469 Design & Construction Professionals Engaged



7 Decommission sites



Expanding High Quality Care



Over **18,407** total views on The Vine

Completion to Date:

Valleywise Health Medical Center Campus	67%
Valleywise Behavioral Health Center Maryvale	100%
Ambulatory (CHCs)	
Peoria	100%
South Phoenix/Laveen	100%
North Phoenix	100%
Mesa	100%
West Maryvale	100%

Approximately 10,928,398 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 (S.S.B.)	●	●	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 September and October. Some IT and AV equipment still forthcoming for these sites, without operational impacts.

Completed Projects:

- Valleywise Behavior Health Center - Maryvale
- Valleywise Community Health Center- North Phoenix
- Valleywise Community Health Center- South Phoenix/ Laveen
- Valleywise Comprehensive Health Center- Peoria
- Valleywise Health Central Utility Plant
- Valleywise Health Maryvale Tenant Improvement
- Valleywise Health Enabling Projects:
 - Valleywise Health Employee Health
 - Valleywise Health Security, Linens/Hazardous, and Physicians Group
 - Valleywise Health Facilities Storage, Trash Compactor, Cart Charging Stations
 - Valleywise Health Human Resources
- Valleywise Community Health Center - West Maryvale
- Valleywise Community Health Center - Mesa

September 26, 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 Startz
 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.

CONSTRUCTION UPDATE:

- The exterior man lifts have been removed.
- All levels are now receiving cool air from the supply side of the permanent air handler units.
- The metal panels are being installed on the west side

EQUIPMENT & ACTIVATION UPDATE:

- Planning ongoing, and relocation planning is underway
- **NEXT 30 DAYS:**
- Exterior sheathing on the building will be complete
- Ceiling tile installation in the basement will be completed and HVAC balancing activities will begin
- Phase 1 site work to be complete on 9/12/2022
- Phase 2 site work to begin 9/12/2022

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

Estimate at Completion	Paid to Date	Billed to Date	Percent Spent
\$601.8M	\$385.5M	\$397.2M	64%
	Days w/o Incident	Manhours	Percent Complete
	610*	87,518	69%*
	*without loss of time		67%**
			* Construction Complete ₈
			**Overall Complete

Valleywise Health Medical Center Campus

2601 E. Roosevelt St. Phoenix, AZ 85008



Valleywise Health Medical Center

2601 E. Roosevelt St. Phoenix, AZ 85008

Acute Care Hospital

- All cross-corridor doors have been installed on level 1
- Installation of the six bed lifts in the basement is complete
- MRI shielding installation is underway
- Basement restrooms are near completion. Level 1-5 restroom finish installation is underway

Level 1, Trauma Room



Level 1 MRI Shielding Progress



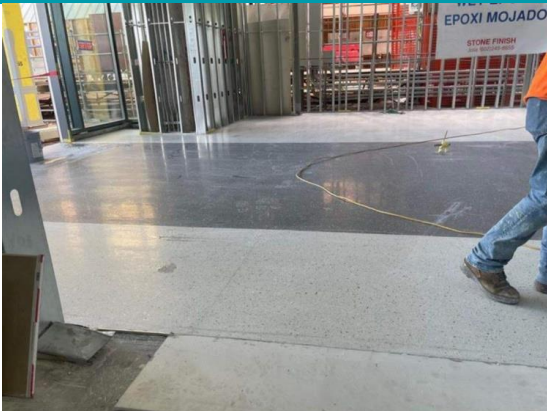
Basement Restroom Progress



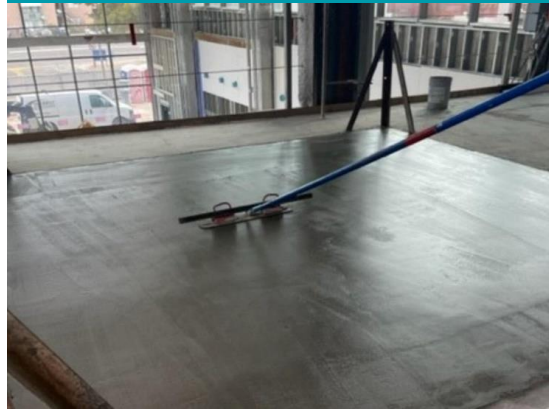
Valleywise Health Medical Center

2601 E. Roosevelt St. Phoenix, AZ 85008

Lobby Terrazzo Flooring



Level 2 Slab on Deck



West Exterior Elevation



Valleywise Health Medical Center

2601 E. Roosevelt St. Phoenix, AZ 85008

East Exterior Elevation



South Exterior Elevation



Northeast Exterior Elevation



Valleywise Health Medical Center

2601 E. Roosevelt St. Phoenix, AZ 85008

Level 3, Pneumatic Tube Install



Level 4, Burn Patient Care Area



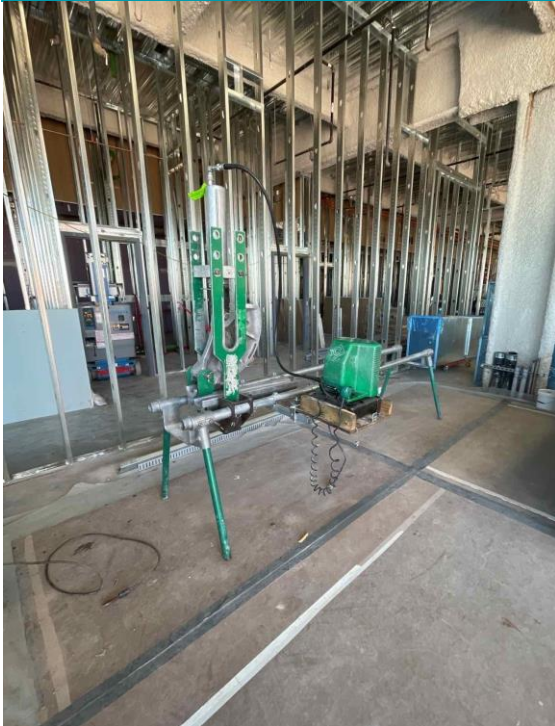
Burn - South Entrance



Valleywise Health Medical Center

2601 E. Roosevelt St. Phoenix, AZ 85008

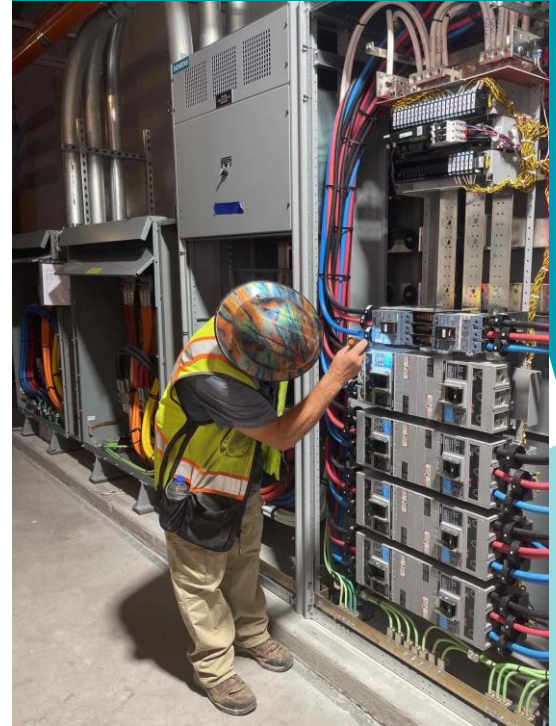
North Main Lobby



Basement Essential Elec. Room



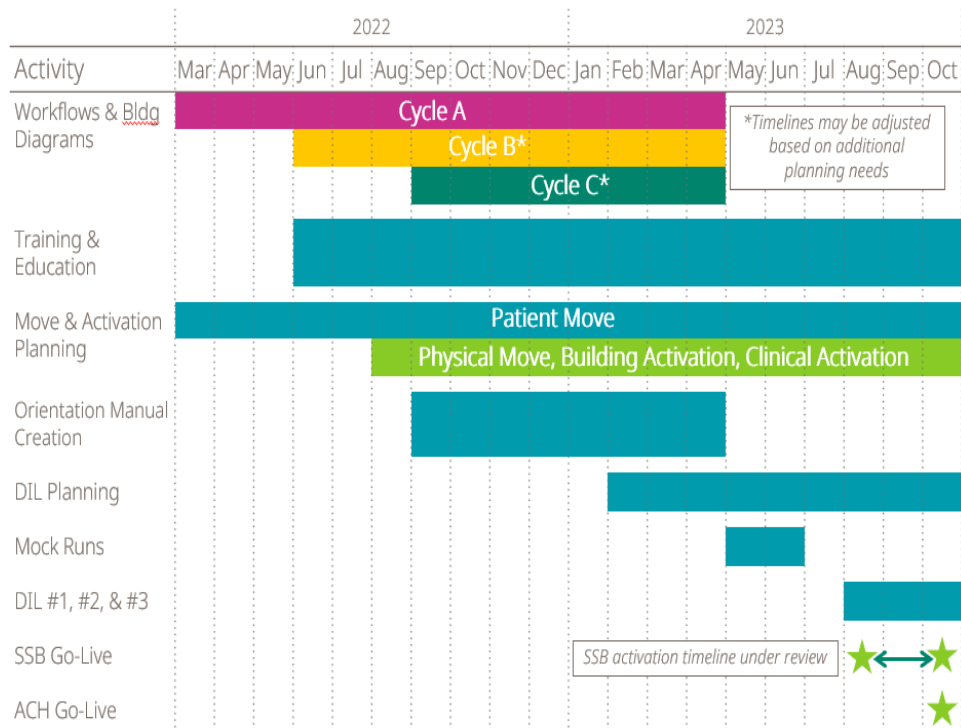
Level 3, Main Electrical Room



Roosevelt Campus Activation Planning

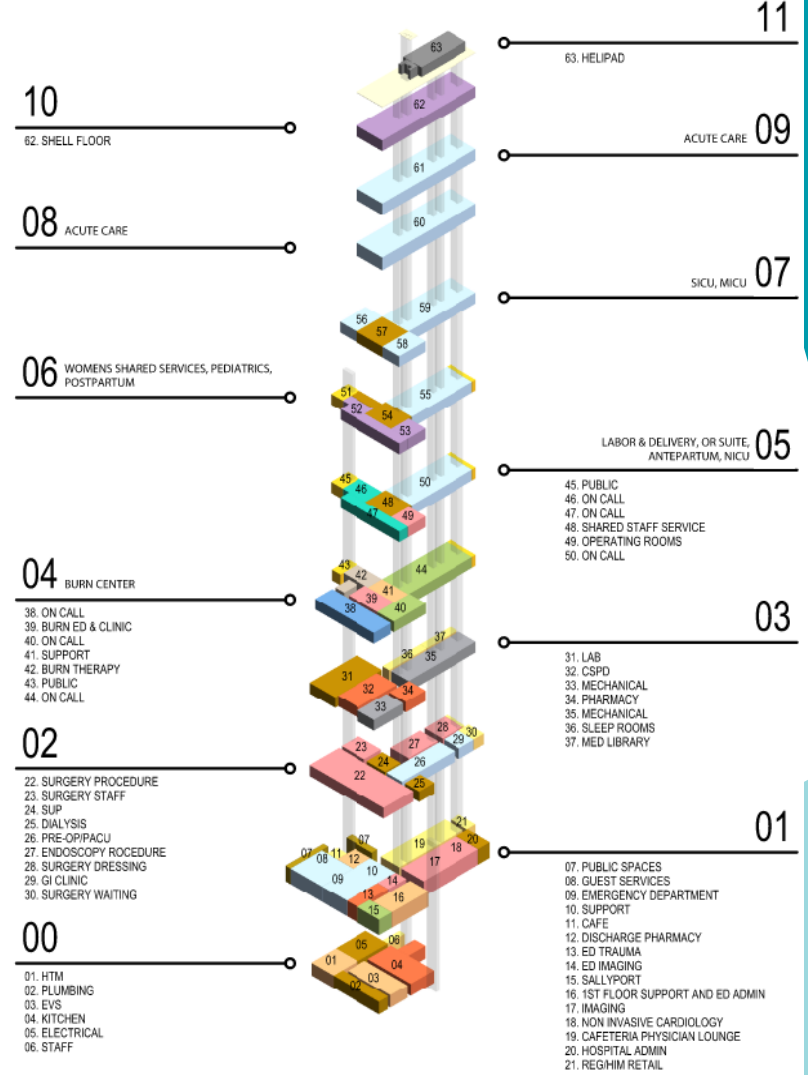
- Relocation and transition efforts have begun with the kickoff held on 3.10.2022
- Focused department efforts via user groups will take place the second full week of each month
- Medical equipment user reviews and verification commenced in April 2022, complete in August 2022
- In-person planning meetings commenced in July 2022

Roosevelt Campus Timeline 2022 – 2023 Blue Cottage Transition Roadmap



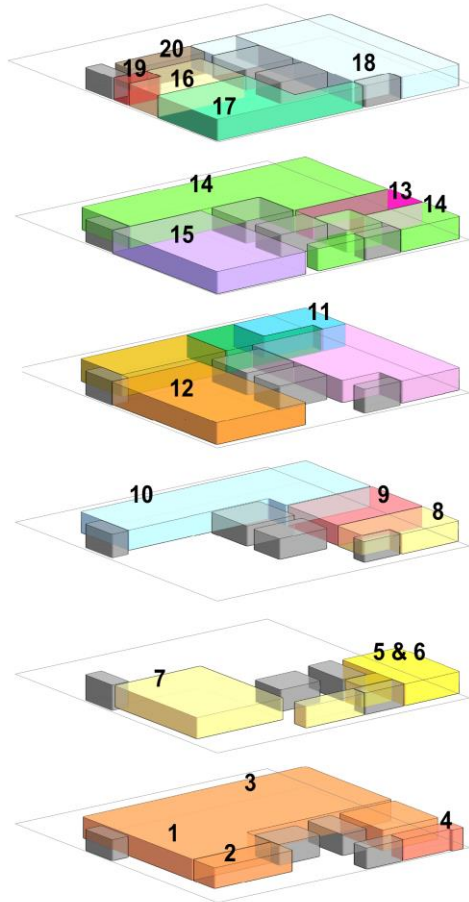
Valleywise Health Medical Center

Departmental stacking diagram



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.	5,339
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	6,682
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

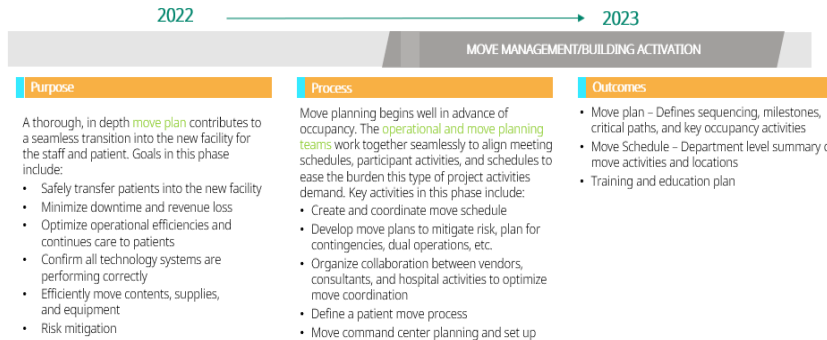
Total BGSF 104,327

Roosevelt Campus Activation Planning

Move management/building activation

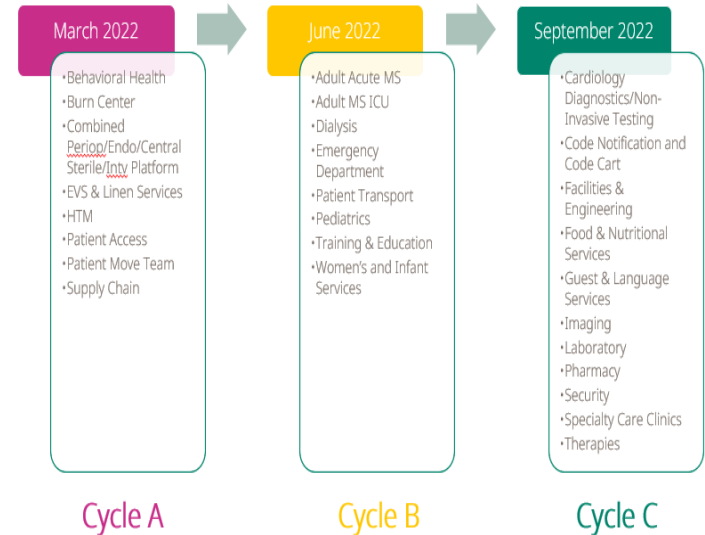


How will equipment, staff, and patients move to the new building?



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 – 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: Cunningham 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

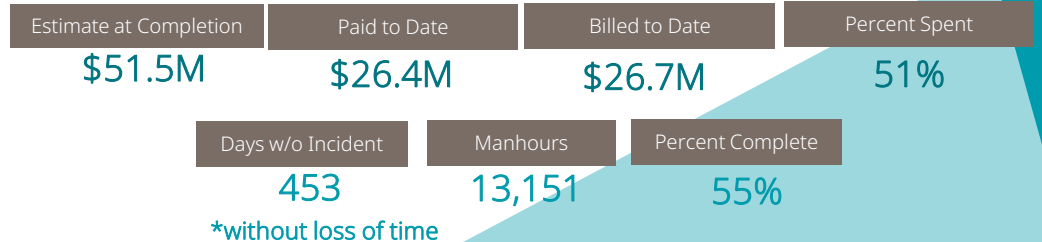
- Installation of exterior metal panels began
- Exterior wall build-out continues
- Build out of electrical/IDF/fire pump and mechanical rooms continues
- Installation of roofing on high roof complete

EQUIPMENT & ACTIVATION UPDATE:

- Relocation planning has begun with a focus to enable Supply Chain activation prior to ACH

NEXT 30 DAYS:

- Begin framing interior non-priority walls
- Elevator work will continue
- Begin loading dock buildout



Valleywise Health – Support Services Building

2601 E. Roosevelt St. Phoenix, AZ 85008



Valleywise Health – Support Services Building

2601 E. Roosevelt St. Phoenix, AZ 85008

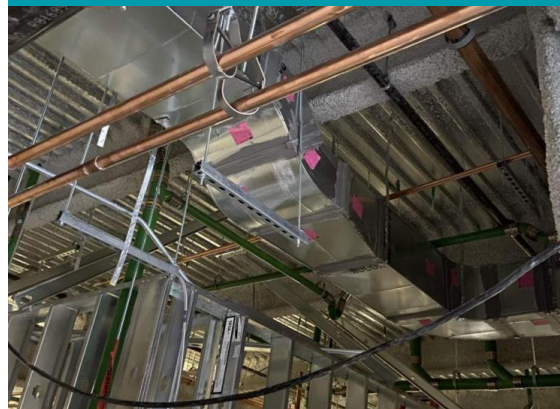
EIFS Brown Coat- South Elevation



Drone Photo- South Elevation



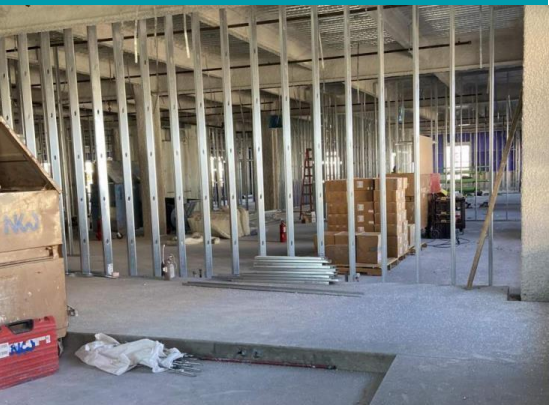
Level 1 Overhead MEP Continues



Valleywise Health – Support Services Building

2601 E. Roosevelt St. Phoenix, AZ 85008

Board Room Concrete Pad



Level 4 Sim Lab Partitions



Elevator Cabs Build Out Underway



Conclusion – Discussion – Q&A – Next Steps





Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 28, 2022

Item 7.

Chief Executive Officer
Performance Goals
Fiscal Year 2023

**Valleywise Health
CEO FY23 Performance Goals**

		9/30/2022	12/31/2022	3/31/23	6/30/23
1 – Best Quality and Safety (Weighted Distribution: 20%)					
Objective: Improve Valleywise Health Leapfrog rating to a B.*					
FY22 results: C					
	Minimum	C			
	Midpoint	B			
	Maximum	A			
<i>*New objective for FY23</i>					
2 -Best Patient Experience (Weighted Distribution 20%. 2A: 10%, 2B: 10%)					
2A Objective: Increase the percentage of patients responding favorably to HCAHPS hospital satisfaction question regarding overall rating.					
FY22 results: 69.4%/34th percentile rank					
	Minimum	38 th percentile			
	Midpoint	50 th percentile			
	Maximum	52 nd percentile			
2B Objective: Increase the net promoter score for primary care in Federally Qualified Health Centers.					
FY22 results: 71.2%					
	Minimum	72%			
	Midpoint	72.72%			
	Maximum	73.45%			

**Valleywise Health
CEO FY 23 Performance Goals**

		9/30/2022	12/31/202	3/31/2022	6/30/2022
3 – Best People Engagement (Weighted Distribution 20%)					
Objective: Reduce Employee Turnover to 22.5%.*					
FY22 results: 23%					
	Minimum	23%	23%	22.8%	22.6%
	Midpoint	22.5%			
	Maximum	21%			
<i>*New objective for FY23</i>					
4 – Best Financial Performance (Weighted Distribution: 20%)					
Objective: Achieve FY23 budgeted earnings before interest, depreciation, and amortization(EBIDA).					
FY22 results: \$-25,241,336 (preliminary until audit completed)					
	Minimum	\$10,543,878	\$457,857	\$3,234,097	\$97,217
	Midpoint	\$11,043,878			
	Maximum	\$11,543,878			

**Valleywise Health
CEO FY23 Performance Goals**

		09/30/2022	12/31/2022	03/31/2022	06/30/2022
5 – Best Learning Environment (Weighted Distribution 10%)					
Objective: Improve Learner Retention: Increase the number of physicians, trained at Valleywise Health, that established clinical practice in Arizona.*					
FY22 results: N/A					
	Minimum	5			
	Midpoint	6			
	Maximum	7			
<i>*New objective for FY23</i>					
6 – Discretionary (Weighted Distribution 10%)					
Objective: The President & CEO’s effectiveness in providing leadership, developing positive relationships, responsiveness to the Board of Directors, and reflecting the Valleywise Health Mission, Vision and Values.*					
FY22 results: N/A					
	Minimum	Meets Expectations			
	Midpoint	Above Expectations			
	Maximum	Exceeds Expectations			
<i>*New objective for FY23</i>					



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 28, 2022

Item 8.

Reports to the Board



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 28, 2022

Item 8.a.

Reports to the Board
Marketing and Communications Report

Valleywise Marketing Communications Snapshot

August 2022

FY22 Marketing Communication Budget \$1.2M

REQUESTS FOR APPOINTMENTS

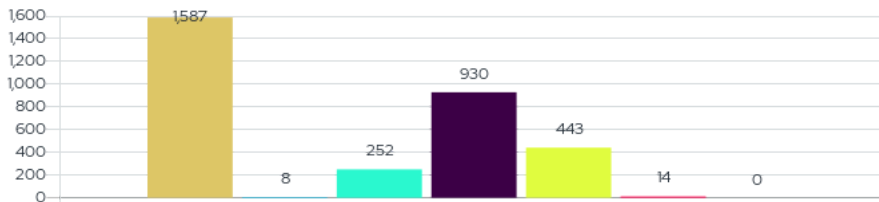
Total Requests
5,010

Click to Call From Google Ads	1,113
Click to Call Form Website	2,121
Website Appointment Request Form Fills	1,776

REQUEST FOR APPOINTMENT BREAKDOWN

All Calls

By Source



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

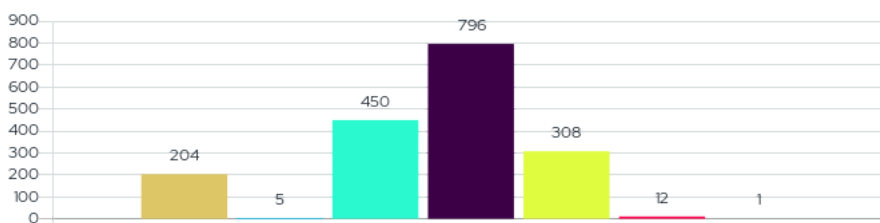
By Campaign



Core CHC Mesa Peoria

Web Form Fills

By Source



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

By Campaign



Core CHC Mesa Peoria

EMAIL INSIGHTS

74,488
TOTAL EMAILS SENT

One Month Previous 91,968

28,224
TOTAL OPENED

One Month Previous 6,299

37.89%
OPEN RATE

One Month Previous 7.05%

3.14%
CTO

One Month Previous 9.06%

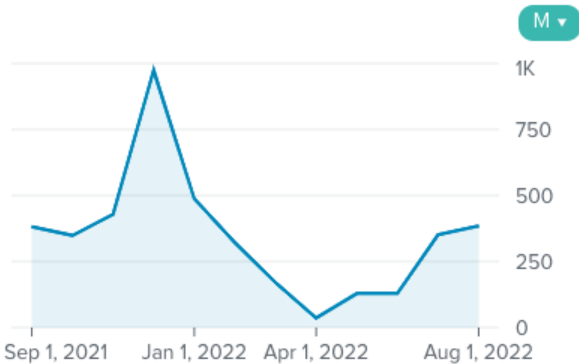
EARNED MEDIA

Total Monthly Mentions

385

Month Over Month Mentions

Month Over Month Share of Voice



SEARCH NAME TOTAL MENTIONS

Banner Health	4.9K (29%)
Valleywise Health	4.1K (24%)
Dignity Health	4K (23%)
Abrazo Health	3.2K (18%)
Honor Health	1K (6%)

VALLEYWISE IN THE NEWS

APR National News

Homelessness is aggravating harm caused by the Phoenix heat, medical personnel say

npr By Barbara Steinhauser
Published August 10, 2023 at 3:04 AM EDT



APR National News: Homelessness is aggravating harm caused by the Phoenix heat, medical personnel say. Photo: npr.com

PHOENIX — It's a hot morning in Phoenix and Paul Yager is getting the vital signs checked at a mobile clinic providing care to homeless patients. He's 64, has 100+ pounds and on most nights he sleeps in a park nearby. He credits this team with keeping him alive.

"I've got a lot of life to live, and with God's help, maybe I can live another 10 years," Yager said.

But scorching summers in Phoenix without shelter is hard. In July, when temperatures here stayed above 110 for over a week, Yager said he collapsed and couldn't get up for hours.



A Phoenix doctor helped burn victims recover. Then he helped them summit Mount Kilimanjaro

They emerged from a Phoenix burn center with scars and a conviction to live full lives. But was their path to recovery on the slopes of Kilimanjaro?

Lane Safety Arizona Republic
Published 01:48 PM EDT Aug. 4, 2023 | Updated 10:38 AM EDT Aug. 26, 2023

On the first day of his long ascent to the top of Mount Kilimanjaro, Dr. Kevin Foster was surrounded by a tangle of green.

Valleywise Health CEO appointed to American Hospital Association board

The American Hospital Association (AHA) has elected Steve Purves, President and CEO of Valleywise Health, to its Board of Trustees for a three-year term beginning Jan. 1, 2023.



Steve Purves

The Board of Trustees is the highest policymaking body of the AHA and has ultimate authority for the governance and management of its directions and finances.

"My election to the AHA Board of Trustees is a tremendous honor. I am very grateful for the support of the Valleywise Health Board of Directors and that of our senior leadership team in accepting this important appointment. I look forward to working with my fellow AHA members to address the many serious issues facing hospitals today," Purves said.

Purves was one of six new Board members announced by the AHA today.



Show caption

FOX 10 LOCAL DOCTORS NOT OVERLY CONCERNED ABOUT MONKEYPOX SPREAD PHOENIX



COMMUNITY OUTREACH

COMMUNITY PARTNER ENGAGEMENT

14
MEETINGS (VIRTUAL)
206

PARTICIPANTS

- Arizona Faith Council
- Maricopa County Family Support Alliance
- Glendale Strong Families Network
- Maricopa County Public Health – Building Bridges to Health Committee
- Guadalupe Partnership Council

EVENTS

- **Ventanilla de Salud @ Consulate of Mexico**- outreach tabling event, reached approximately 60 Individuals
- **Ventanilla de Salud @ Consulate of Mexico** – outreach tabling event, reached approximately 50 individuals

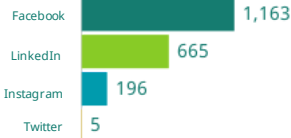
COMMUNITY BUSINESS DEVELOPMENT

3
MEETINGS (VIRTUAL)
50
PARTICIPANTS

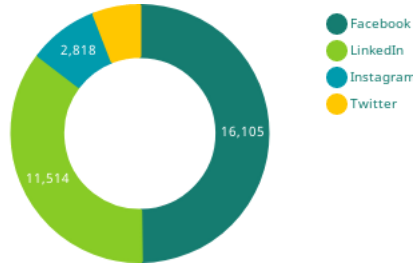
- Greater Phoenix Equity Chamber
- Peoria Chamber of Commerce
- Southwest Valley Chamber of Commerce

SOCIAL

ENGAGED USERS



TOTAL FANS BY PLATFORM



WEBSITE (MoM)

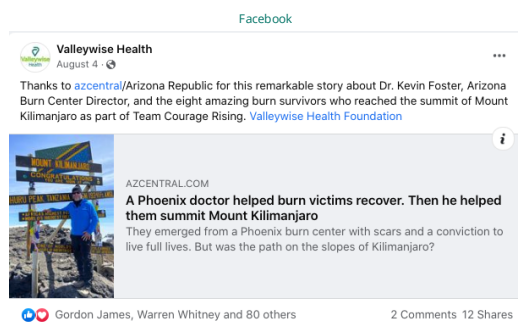
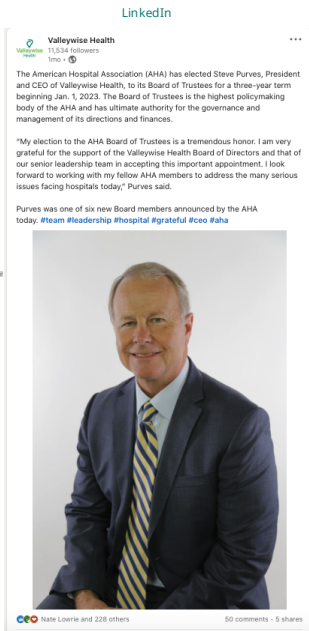
58,213
TOTAL WEB VISITS
One Month Previous 52,480

120,108
TOTAL PAGE VIEWS
One Month Previous 109,349

41,331
UNIQUE VISITORS
One Month Previous 36,918

90,693
One Month Previous 87,793

POSTS WITH HIGHEST ENGAGEMENT RATES





INTERNAL MEDIA

OPEN RATE
51.4%

One Month Previous 56%

TOTAL EMPLOYEE EMAILS

8

One Month Previous 11

AREA OF FOCUS

- Steve Purves Elected to American Hospital Association Board
- Valleywise Health Earns Top Health Care Heroes Awards
- Behind the Scenes Tour of the New Valleywise Health Medical Center
- Valleywise Health Cybersecurity Bulletin
- DAISY Nurse Leader Award Winner - Nicole Jones



Employee E-News | August 4, 2022

Steve Purves Elected to American Hospital Association Board

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"My election to the AHA Board of Trustees is a tremendous honor. I am very grateful for the support of the Valleywise Health Board of Directors and that of our senior leadership team in accepting this important appointment. I look forward to working with my fellow AHA members to address the many serious issues facing hospitals today," Purves said.

[Read more](#)

Valleywise Health at the Emmys!

A New York Times short documentary filmed at Valleywise Health Medical Center, *Inside a Covid ICU: Through a Surge's Eyes*, has been nominated for a [News and Documentary Emmy Award](#) by the National Academy of Television Arts and Sciences.

The documentary was filmed in early 2021 at the height of the pandemic and features several Valleywise Health ICU nurses, including Sara Reynolds, Regina Villa, Deborah Wang, and Morgan Prescott. It has been viewed millions of times since its release.

Winners will be announced September 28, 2022.



Available Now! Breast Cancer Awareness t-shirt

We're excited to celebrate Breast Cancer Awareness Month in October. Join Valleywise Health in showing your support with a new t-shirt from the [Swap Store!](#)

Beginning today, you can pre-order special, limited edition Valleywise Health Breast Cancer Awareness t-shirts. Place your order by 5 pm (Arizona time), Friday, September 2 to guarantee delivery the week of September 26-30. Don't miss out as this offer will not be available again until 2023.

Pre-Order *Swap Store*
August 4th - September 2nd

DATE'S TO REMEMBER:

- Accepting pre-orders August 4 through September 2
- Pre-order sales 5:00pm PT/4pm AZ, September 2, 2022
- Credit Card/Debit Card will not be charged until after all sales are closed 9/20/22
- Shirts will be delivered the week of September 26 through September 30



Employee E-News | August 18, 2022

Valleywise Health Earns Top Health Care Heroes Awards

We're pleased to announce that Valleywise Health today received three Health Care Heroes Awards in the Phoenix Business Journal's annual awards program.

This year's winners:

* Lifetime Achievement – Director Susan Gerard of the Maricopa County Special Health Care District Board of Directors. Gerard's career in health policy spans over 30 years. She is a former state health director, health policy adviser to the governor and chairman of the Arizona House and Senate health committees.

* Nurse of the Year – Martha Steiner, MSN, RN, Vice President of Behavioral Health Nursing and Clinical Care

* Team Health Award – Valleywise Health First Episode Center

Finalists also included Valleywise Health emergency medicine physician Frank LeVecchio in health education.

The Valleywise Health Foundation's "Swim for the Light" project also was a finalist in the philanthropic champion category.

"We're extremely proud of our PBJ Health Care Heroes honorees who are dedicated to supporting our health system's mission, vision and values," said Steve Purves, President and CEO. "These awards represent our ongoing commitment to improving individual and community health with a special concern for those who are underserved. Congratulations to all for these well-deserved recognitions!"

(Photo: Marthe Steiner, Shasha Jackson, Susan Gerard, Steve Purves)



A Message from our Chief Administrative Officer
Lia Christiansen



Behind the Scenes Tour of the New Valleywise Health Medical Center

Good morning,

We have come a long way in the last few years since breaking ground on the brand new Valleywise Health Medical Center, and while we can see the massive progress from the outside, I am sure you are all wondering how the interior is shaping up! I had a chance to tour portions of the new facility with Phil Glenn of Kitchell, and see for myself just how amazing this new hospital will be for our patients, visitors and staff. The bulk of the structural construction is nearly complete, and the team is now focusing on the interior finishes and installation of key systems throughout the facility.

The countdown is on, with just over one-year from completion of construction before final preparations are made to open our doors to the community. Hope you enjoy the inside look and stay tuned for our next tour of the new Diane and Bruce Halle Arizona Burn Center!

WATCH FULL TOUR BELOW



Lia Christiansen



Employee E-News | August 25, 2022

Valleywise Health Cybersecurity Bulletin

Colleagues,

You may have seen on the national news stories related to a security vulnerability with all Apple iOS devices. Further, CISA (Cybersecurity and Infrastructure Security Agency) has issued the following advisory [Apple Releases Security Updates for Multiple Products | CISA](#)

The Valleywise Health Information Technology Security team is providing this **CYBERSECURITY BULLETIN** related to Apple iOS products. If you are an Apple user, you are encouraged to update all your Apple devices, including iPhone, iPad, MacBook, etc., to remediate a series of software vulnerabilities.

On your Apple device, look for these icons and perform the critical update on each device.



Respectfully and in partnership,

Kelly Summers, CHIO, CDH-E
Senior Vice President | Chief Information Officer

DAISY Nurse Leader Award Winner - Nicole Jones

Please help us in congratulating our most recent DAISY Nurse Leader Award Winner, Nicole Jones! Recognized for her team first mentality, in her short time at Valleywise Health, Nicole has been able to bring the peroperative team together as a whole, take time to mentor CRL's and help the team reach their goals. Said best by her nominator, "During Nicole's tenure with Valleywise we have witnessed her compassion for the patients we serve and the teams she manages. She is visible, accessible, and a strong resource for her team and the medical staff she collaborates with daily." Great work Nicole and congratulations!





Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 28, 2022

Item 8.b.

Reports to the Board
Care Reimagined Capital Purchases
Report



Care Reimagined – Spend report (August 2022)

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		MAY'22	JUN'22	JUL'22	AUG'22	Cumulative Total
Functional Area - Outpatient Health Facilities						
ABBOTT RAPID DIAGNOSTICS	19-930					\$ 1,870
ADVANCED STERILIZATION	19-930					\$ 140,587
Advanced Testing	19-930					\$ 10,605
Airpark Signs	19-930					\$ 184,498
ALLEGIANCE CORP	19-930	\$ 19				\$ 40,467
ALTURA	19-930					\$ 204,410
AMICO	19-930	\$ 550				\$ 5,648
ARC Products LLC	19-930					\$ 3,699
Arizona Department of Health	19-930					\$ 300
ARIZONA PUBLIC SERVICE	19-930					\$ (32,545)
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					\$ 174,467
BPG Technologies	19-930					\$ 16,080
CAPSULE TECH	19-930					\$ 166,454
CARDINAL HEALTH	19-930					\$ 2,070
CAREFUSION	19-930	\$ 2,542	\$ 1,144		\$ 145	\$ 271,620
CDW Government	19-930	\$ 60				\$ 300,833
CENTURYLINK	19-930					\$ 12,532
CHEMDAQ	19-930					\$ 21,874
City of Peoria						\$ 80,987
CME	19-930	\$ 12,224				\$ 1,754,031
COOPER ATKINS	19-930					\$ 33,054
COOPER SURGICAL	19-930					\$ 11,851
COVIDIEN	19-930					\$ 83,550
CROSSPOINT COMMUNICATIONS	19-930					\$ 18,657
Cushman and Wakefield of Arizona						\$ 4,000
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
DATA INNOVATIONS LLC						\$ 14,285

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		MAY'22	JUN'22	JUL'22	AUG'22	Cumulative Total
DATEX OHMEDA						\$ 387,508
DEPUY SYNTHES	19-930					\$ 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					\$ 1,690
E3 DIAGNOSTICS	19-930					\$ 7,319
GE	19-930					\$ 4,263,996
GE PRECISION HEALTHCARE LLC	19-930	\$ (13,530)				\$ 42,646
GLOBAL SURGICAL	16-930	\$ 792				\$ 14,442
Goodmans	19-930					\$ 898,159
GRAINGER						\$ 19,076
GRAYBAR ELECTRIC						\$ 630
HELMER						\$ 137,145
Henry Schein	19-930					\$ 404,003
HILL ROM	19-930	\$ 194				\$ 53,905
Hobbs and Black Associates Inc						\$ 3,224,039
Hobbs and Black Associates Inc	19-930	\$ 35,773				\$ 35,773
Hologic	19-907					\$ 673,682
HP INC	19-930					\$ 513,646
Hye Tech Network						\$ 1,015,724
INTELLIGENT HEARING	19-930					\$ 4,185
INTERMETRO INDUSTRIES						\$ 147,669
J AND J HEALTHCARE SYSTEMS	19-930	\$ 7,619	\$ 9,322			\$ 32,013
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	\$ 726				\$ 571,710
MDM COMMERCIAL	19-930					\$ 43,692
MEDIVATORS						\$ 8,992
MEDTRONIC	19-930					\$ 12,909
MIZUHO ORTHOPEDICS	19-930					\$ 2,413
MONOPRICE INC	19-930					\$ 757
NATUS MEDICAL	19-930					\$ 35,088
NCI INC						\$ 9,262

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		MAY'22	JUN'22	JUL'22	AUG'22	Cumulative Total
Ninyo and Moore Geotechnical and Environment						\$ 133,234
NUAIER	19-930					\$ 13,123
OIEC MEDICAL SYSTEMS	19-930					\$ 250,893
Okland Construction Company	19-930					\$ 43,264,329
Olympus	19-930	\$ 19				\$ 592,882
OWENS AND MINOR	19-930	\$ 11				\$ 1,683
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					\$ 17,536
SIGNOSTICS INC	19-930					\$ 22,020
SCRIPTPRO						\$ 199,244
SOFT COMPUTER	19-930					\$ 65,675
SMITH & NEPHEW	19-930	\$ 16,170				\$ 66,029
SMITHS MEDICAL	19-930					\$ 12,973
Speedie and Associates						\$ 2,637
SPHERE COMMERCE						\$ 1,577
START-UP COST PEORIA	19-930					\$ 131,855
Steris	19-930					\$ 391,599
Stryker Communications	19-921					\$ 683,239
Stryker Communications	19-930	\$ 8,397				\$ 8,397
STRYKER SALES CORPORATION	19-930	\$ 70				\$ 300,593
TBCX						\$ 156,758
THUNDERBIRD GRANT	19-930	\$ (187,982)				\$ (187,982)
THE BAKER CO.	19-930					\$ 14,485
THE CBORD GROUP	19-930					\$ 21,623
THE CLOROX SALES	19-930					\$ 44,800
THE GRAPHICS MEDICAL	19-930					\$ 6,550
Thomas Printworks	19-930					\$ 5,204
TRANSONIC SYSTEMS						\$ 24,389
UTECH PRODUCTS						\$ 47,600
VERATHON	19-930					\$ 14,620
Vizient Inc						\$ 379,135
WAXIE SANITARY SUPPLY	19-930	\$ 84				\$ 84
West Valley Fidelity National Title - Land Purchase (Grand Ave/Cotton)						\$ 5,595,598

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		MAY'22	JUN'22	JUL'22	AUG'22	Cumulative Total
West Valley Fidelity National Title (escrow)						\$ 75,000
AS SOFTWARE INC						\$ 9,500
GF HEALTH PRODUCTS INC						\$ 5,519
INVIVO CORPORATION						\$ 53,865
TOTAL West Valley Specialty Center (WVSC)		\$ (116,261)	\$ 10,466	\$ -	\$ 145	\$ 69,500,099
Alliance Land Surveying LLC	19-942					\$ 1,825
Great American Title (escrow/property tax) - Chandler	19-942					\$ 1,194,705
SPEEDIE AND ASSOC	19-942					\$ 3,600
Ninyo and Moore Geotechnical and Environment	19-942					\$ 70,599
TOTAL Chandler FHC (CHAN)		\$ -	\$ -	\$ -	\$ -	\$ 1,270,729
Fidelity National Title (escrow) - Miller&Main	19-944					\$ 1,989,756
AMAZON	19-944	\$ 129				\$ 129
Allstare Rent A Fence	19-944					\$ 2,847
ALLEGIANCE CORPORATION	19-944					\$ 8,996
ALTURA COMMUNICATIONS	19-944					\$ 16,489
ABBOTT RAPID DIAGNOSTICS INFORMATICS INC	19-944					\$ 67
BPG TECHNOLOGIES LLC	19-944					\$ 1,075
BONNY PIONTKOWSKI	19-944					\$ 1,120
CDW G	19-944	\$ (80)	\$ (661)			\$ 50,496
ALTURA COMMUNICATIONS	19-944					\$ 18,826
CENTURYLINK	19-944					\$ 19,853
CITY OF MESA	19-944	\$ 5,156				\$ 91,977
GE PRECISION HEALTHCARE	19-944					\$ 34,138
GE HEALTHCARE IITS USA CORP	19-944	\$ 134,394				\$ 134,394
CME	19-944	\$ 34,029	\$ 6,925			\$ 173,717
COOPER ATKINS CORPORATION	19-944	\$ 29				\$ 6,560
CAPSULE TECH INC	19-944					\$ 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					\$ 1,022,587
DANIELS MOVING & STORAGE	19-944					\$ 15,825
HELMER INC	19-944					\$ 18,323
HP INC	19-944		\$ 797		\$ 22,261	\$ 55,073
HOLOGIC INC	19-944					\$ 349,945
HYE TECH NETWORK AND SECURITY SOLUTIONS	19-944		\$ 116			\$ 116
FILLMASTER	19-944					\$ 1,494
INTERMETRO INDUSTRIES	19-944	\$ 5,649				\$ 13,859

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		MAY'22	JUN'22	JUL'22	AUG'22	Cumulative Total
JENSEN HUGHES	19-944				\$ 2,118	\$ 7,031
Maricopa County - Environmental Services Dept	19-944	\$ 1,485				\$ 1,485
Maricopa County Planning	19-944	\$ 1,375				\$ 66,615
MDM COMMERCIAL	19-944					\$ 6,997
MONOPRICE	19-944					\$ 335
OKLAND CONSTRUCTION	19-944	\$ 786,865	\$ 87,309		\$ 14,116	\$ 9,999,776
THE CBORD GROUP INC	19-944					\$ 2,826
TEMP ARMOUR	19-944					\$ 9,947
THE GRAPHIS MEDICAL PHYSICS	19-944	\$ 700				\$ 2,450
SCRIPTPRO USA	19-944					\$ 104,544
SPEEDIE AND ASSOC	19-944					\$ 20,116
STRYKER SALES	19-944					\$ 6,665
SPRAY SYSTEMS	19-944					\$ 29,640
TRANSACT COMMERCIAL	19-944					\$ 332,754
Ninyo and Moore Geotechnical and Environment	19-944					\$ 34,055
SMITHCRAFT SIGNS	19-944				\$ 105,416	\$ 105,416
CROSSPOINT COMMUNICATIONS						\$ 8,161
FIDELITY NATIONAL TITLE AGENCY INC						\$ 557
VANIR CONSTRUCTION MANAGEMENT INC						\$ 1,289,675
TOTAL Mesa FHC (MESA)		\$ 977,891	\$ 94,486	\$ -	\$ 143,911	\$ 16,197,467
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					\$ 681,890
JENSEN HUGHES	19-945					\$ 398
MARICOPA COUNTY PLANNING	19-945	\$ (7,749)				\$ 62,251
Ninyo and Moore Geotechnical and Environment	19-945					\$ 53,438
OKLAND CONSTRUCTION	19-945					\$ 346,215
SPEEDIE AND ASSOC	19-945					\$ 3,600
Spray Systems	19-945					\$ 119,430
ALLIANCE LAND SURVEYING LLC						\$ 2,400
STRYKER SALES CORPORATION						\$ 247
VANIR CONSTRUCTION MANAGEMENT INC						\$ 539,523
TOTAL Central Phoenix FHC (PHXM)		\$ (7,749)	\$ -	\$ -	\$ -	\$ 4,740,149
DIBBLE ENGINEERING	19-929					\$ 6,904
ABBOTT RAPID DIAG	19-929					\$ 190
ALLEGIANCE CORP	19-929					\$ 1,591

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		MAY'22	JUN'22	JUL'22	AUG'22	Cumulative Total
ALTURA COMMUNICATION	19-929					\$ 52,314
BONNY PIONTKOWSKI	19-929					\$ 1,645
BPG TECHNOLOGIES	19-929					\$ 28,099
CAPSULE TECH	19-929					\$ 57,185
CITY OF PHOENIX	19-929	\$ (1,274)				\$ 1,262
COOPER ATKINS	19-929	\$ 17				\$ 9,754
CROSSPOINT COMMUNICATION	19-929					\$ 8,138
DANIELS MOVING	19-929					\$ 11,266
DWL ARCHITECTS + PLANNERS INC	19-929					\$ 942,593
CDW G	19-929					\$ 21,797
CME	19-929	\$ 6,534				\$ 162,064
Fidelity National Title (escrow) - North Metro	19-929					\$ 2,307,776
FILLMASTER	19-929					\$ 1,494
GE HEALTHCARE	19-929					\$ 331,885
GRAINGER	19-929					\$ 3,225
HP INC	19-929					\$ 79,129
Hye Tech Network	19-929					\$ 152,867
INTERMETRO INDUSTRIES	19-929					\$ 11,756
Jensen Hughes	19-929					\$ 8,788
LOVITT & TOUCHE	19-929					\$ 8,196
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-929					\$ 51,093
MDM COMMERCIAL	19-929	\$ 130				\$ 4,339
OFFSITE OFFICE EQUIPMENT STORAGE	19-929					\$ 250
OLYMPUS	19-929					\$ 1,232
SCRIPTPRO	19-929					\$ 104,544
SMITHCRAFT SIGNS	19-929					\$ 99,956
SPEEDIE AND ASSOC	19-929					\$ 11,910
SALT RIVER PROJECT	19-929					\$ 4,265
SPHERE COMMERCE	19-929					\$ 797
STAPLES ADVANTAGE	19-929					\$ 1,680
Stryker Communications	19-929					\$ 12,626
Sundt Construction Inv	19-929					\$ 9,195,087
THE GRAPHS MEDICAL PHYSICS, INC.	19-929	\$ (700)				\$ 700
TEMP ARMOUR	19-929					\$ 9,897
TRANSACT COMMERCIAL	19-929					\$ 279,878
THE CBORD GROUP	19-929					\$ 2,794
AMAZON						\$ 136
EXTENDATA SOLUTIONS						\$ 11,706
MONOPRICE INC						\$ 513

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		MAY'22	JUN'22	JUL'22	AUG'22	Cumulative Total
PAL-WW NORTHERN STORAGE JV LLC						\$ 106,121
RICOH AMERICAS CORPORATION						\$ 140
THOMAS PRINTWORKS						\$ 71
VANIR CONSTRUCTION MANAGEMENT INC						\$ 1,561,667
TOTAL North Phoenix FHC (19AV)		\$ 4,707	\$ -	\$ -	\$ -	\$ 15,671,319
Cox Communications	19-928					\$ 4,489
Cox Communications		\$ (1,699)				\$ (1,699)
ABBOTT RAPID DIAG	19-928					\$ 238
ALTURA	19-928					\$ 50,192
ALLEGIANCE CORP	19-928					\$ 10,318
AZ Dept of Env Quality	19-928	\$ 100				\$ 100
BONNY PIONTKOWSKI	19-928					\$ 1,645
BPG Technologies	19-928					\$ 28,048
CAPSULE TECH	19-928					\$ 56,193
CDW GOVERNMENT INC	19-928	\$ 613				\$ 23,529
Centurylink	19-928					\$ 24,539
CITY OF PHOENIX	19-928					\$ 218,063
CME	19-928	\$ 31				\$ 184,684
COOPER ATKINS	19-928					\$ 6,576
CROSSPOINT COMMUNICATION	19-928	\$ (750)				\$ 8,008
Daniels Moving	19-928					\$ 11,441
DIBBLE ENGINEERING	19-928					\$ 7,168
DWL ARCHITECTS + PLANNERS INC	19-928					\$ 1,152,163
EXTENDATA	19-928					\$ 11,102
Fidelity National Title (escrow) - South Mountain	19-928					\$ 721,482
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					\$ 152,445
INTERMETRO INDUSTRIES	19-928					\$ 19,581
JENSEN HUGHES	19-928					\$ 11,464
LOVITT & TOUCHE	19-928					\$ 3,144
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-928					\$ 51,046
MDM COMMERCIAL	19-928	\$ 548				\$ 5,429
MONOPRICE	19-928					\$ 526
NATUS	19-928					\$ 2,130

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		MAY'22	JUN'22	JUL'22	AUG'22	Cumulative Total
OFFSITE OFFICE	19-928					\$ 395
OLYMPUS AMERICA	19-928					\$ 1,229
Ricoh	19-928					\$ 132
SCRIPTPRO USA INC	19-928					\$ 104,544
SMITHCRAFT SIGNS	19-928					\$ 100,570
Speedie and Associates	19-928					\$ 15,670
SPHERE COMMERCE	19-928					\$ 795
SRP	19-928	\$ (12,687)				\$ 13,775
Sundt Construction Inc	19-928					\$ 9,083,290
Stryker Communications	19-928					\$ 12,626
TEMP ARMOUR	19-928					\$ 6,448
THE CBORD GROUP	19-928					\$ 2,794
THE GRAPHICS MEDICAL	19-928					\$ 700
TRANSACT	19-928					\$ 280,739
THOMAS PRINTWORKS	19-928					\$ 326
VANIR CONSTRUCTION MANAGEMENT INC						\$ 1,295,734
TOTAL South Phoenix FHC (SPHX)		\$ (13,843)	\$ -	\$ -	\$ -	\$ 14,297,592
CDW GOVERNMENT INC	19-946	\$ 6,025				\$ 54,109
ADVANCE INNOVATIVE SOLUTIONS	19-946					\$ 6,435
ALLEGIANCE CORP	19-946					\$ 920
ALTURA COMMUNICATIONS	19-946					\$ 33,123
ABBOTT RAPID DIAGNOSTICS INFORMATICS INC	19-946					\$ 96
BPG TEChNOLOGIES	19-946					\$ 757
BONNY POINTKOWSKI	19-946					\$ 1,645
CAPSULE Tech	19-946					\$ 56,272
CITY OF PHOENIX	19-946	\$ (28,794)				\$ 40,670
CME	19-946	\$ 7,569				\$ 160,773
COOPER ATKINS	19-946					\$ 8,233
DIBBLE ENGINEERING	19-946					\$ 6,534
DWL ARchITECTS + PLANNERS INC	19-946					\$ 811,095
DANIELS MOVING	19-946					\$ 20,892
Fidelity National Title (escrow) - 79thAve&Thomas	19-946					\$ 1,878,902
FILLMASTER SYSTEMS	19-946					\$ 1,494
GE PRECISION	19-946		\$ 110			\$ 168,542
HYE Tech	19-946				\$ 14,337	\$ 153,091
HP INC	19-946	\$ 5,973				\$ 25,573
INTERMETRO INDUSTRIES	19-946					\$ 15,951
JENSEN HUGHES	19-946					\$ 9,999
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-946	\$ 30				\$ 70,000

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		MAY'22	JUN'22	JUL'22	AUG'22	Cumulative Total
MARICOPA COUNTY ENVIRONMENTAL SERVICES	19-946	\$ 1,490				\$ 1,490
MARICOPA COUNTY RECORDER	19-946	\$ (30)				\$ 30
MDM COMMERCIAL	19-946					\$ 5,546
MONOPRICE	19-946					\$ 522
NATUS MEDICAL	19-946					\$ 1,141
Ninyo and Moore Geotechnical and Environment	19-946					\$ 11,400
Okland Construction Company	19-946	\$ 20,417	\$ 1,230			\$ 9,446,943
OLYMPUS	19-946					\$ 1,211
SALT RIVER PROJECT	19-946					\$ 25,648
SMITHCRAFT SIGNS	19-946					\$ 106,985
SPEEDIE AND ASSOC	19-946	\$ 1,745				\$ 24,143
SCRIPT PRO	19-946					\$ 104,544
THE CBORD GROUP	19-946					\$ 2,883
TEMP ARMOUR	19-946					\$ 9,947
TRANSACT COMMERCIAL	19-946					\$ 291,462
THE GRAPHICS MEDICAL	19-946					\$ 950
SPHERECOMMERCE LLC	19-946					\$ 895
AMAZON						\$ 135
KITCHELL CONTRACTORS INC OF ARIZONA						\$ 3,280
STRYKER SALES CORPORATION						\$ 247
VANIR CONSTRUCTION MANAGEMENT INC						\$ 1,034,425
TOTAL West Maryvale FHC (WM79)		\$ 14,426	\$ 1,340	\$ -	\$ 14,337	\$ 14,598,933
		\$ 859,170	\$ 106,292	\$ -	\$ 158,393	\$ 136,276,288

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
Allscripts Healthcare	18-913	\$ 5,760				\$ 125,985
Allscripts Healthcare	19-909					\$ 225,345
Altura Communications	19-909					\$ 477,526
Altura Communications	19-939					\$ 91,807
Altura Communications	18-913	\$ 1,340				\$ 1,340
Amazon	19-909					\$ 1,080
AMT Datasouth	19-912	\$ 84				\$ 4,124
ARC Products LLC	19-912	\$ 1,230				\$ 23,790
ARIZONA DEPT OF HEALTH	19-939					\$ 150

VALLEYWISE HEALTH

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Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		MAY'22	JUN'22	JUL'22	AUG'22	Cumulative Total
Arizona Lock and Safe						\$ 1,025
Armstrong Medical	19-912	\$ 987				\$ 36,470
Arrington Watkins Architects						\$ 301,274
Arrow International	19-912	\$ 12				\$ 610
Baxter Healthcare Corp	19-912					\$ 5,368
Bayer Healthcare	18-920					\$ 74,376
BEL-Aire Mechanical						\$ 40,215
Burlington Medical	19-912	\$ 122				\$ 3,028
CAPSA SOLUTIONS	19-909					\$ 5,936
CAPSA SOLUTIONS	19-912	\$ 30				\$ 30
Capsule Tech	19-912					\$ 143,422
Cardinal Health	19-912	\$ (16,368)				\$ 85,931
CDW Government	19-909	\$ 4,092				\$ 275,954
CDW Government	19-938					\$ 48,448
CDW Government	19-939	\$ 2,028				\$ 161,925
CME	19-912	\$ 7,202				\$ 185,907
Comprehensive Risk Services						\$ 547,333
Coviden	19-912	\$ 81				\$ 11,817
Crosspoint Communications						\$ 25,724
Datcard Systems	19-909	\$ 321				\$ 18,821
EXTENDATA SOLUTIONS	19-909	\$ 500				\$ 500
KRONOS INC	19-909	\$ 196				\$ 196
MDM COMMERCIAL ENTERPRISES INC	19-909	\$ 1,400				\$ 1,400
RETAIL MANAGEMENT SOLLUTIONS	19-909	\$ (5,961)				\$ (5,961)
THE CBORD GROUP INC	19-909	\$ (1,234)				\$ (1,234)
CME	18-918	\$ 68				\$ 68
MEDTRONIC USA INC	18-918	\$ 59				\$ 59
THE CBORD GROUP INC	18-918	\$ 14				\$ 14
GE MEDICAL SYSTEMS ULTRASOUND PRIMARY	18-922	\$ 219,671				\$ 747,407
Delynn Consultant	19-940					\$ 114,187
DLR Group Inc						\$ 4,222,015
EMD Millpore	19-912					\$ 7,175
ENDOSCOPE SERVICES	19-912	\$ 5,685				\$ 32,270
Epstexas Storage	19-912	\$ 210				\$ 633
EQ2 LLC	19-912					\$ 67,500
Ethos Evacuation	19-912					\$ 10,130
ETL REPNSE	19-912					\$ 29,482
EXTENDATA SOLUTIONS						\$ 66,659
Felix Storch Inc						\$ 5,796

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Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		MAY'22	JUN'22	JUL'22	AUG'22	Cumulative Total
FERGUSON ENTERPRISES	19-912					\$ 3,571
First American Title - Maryvale Hospital						\$ 7,582,335
Follett	19-912	\$ 1,466				\$ 40,303
GE Healthcare	18-915					\$ 773,012
GE Healthcare	19-901					\$ 14,880
GE Healthcare	18-917					\$ 766,491
GE Healthcare	18-918					\$ (787,011)
GE Healthcare	19-938					\$ 13,999
GE Medical Systems	19-912					\$ 13,999
GE Medical Ultrasound	18-917					\$ 138,680
General Devices	19-912					\$ 47,400
Gentherm	19-912					\$ 16,692
Gilbane Building CO.	18-913					\$ 55,180,150
FED EX FREIGHT	18-913	\$ 3,481				\$ 3,481
Global Equipment	19-912	\$ 85				\$ 2,128
Goodmans	19-916					\$ 96,476
Goodmans	19-917					\$ 104,809
Goodmans	19-923					\$ 551,725
Goodmans	19-926					\$ 154,049
Goodmans	19-939					\$ 1,570
Goodmans	18-913	\$ (930)				\$ 3,900
JENSEN HUGHES INC	18-913	\$ 11,538				\$ 11,538
VALLEY SYSTEMS	18-913	\$ 9,952				\$ 9,952
Grainger	19-912	\$ (1,000)				\$ 63,690
Graybar Electric						\$ 5,586
GUEST COMMUNICATIONS	19-912					\$ 17,130
Haemonetics	19-912					\$ 83,854
HD Supply Facilities Maintenance Ltd	19-912					\$ 39,937
Helmer Inc	19-912					\$ 151,587
Hill Rom						\$ 20,409
HP INC	19-909					\$ 363,091
HP INC	19-939					\$ 168,146
HUMANE RESTRAINT	19-909					\$ 40,160
HUMANE RESTRAINT	19-912	\$ 480				\$ 480
Hye Tech Network	19-909					\$ 368,641
IMEG Corp						\$ 91,590
Interior Solutions	19-923					\$ 242,017
Interior Solutions	19-926					\$ 100,132
Intermetro Industries	19-912					\$ 42,332

VALLEYWISE HEALTH

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Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		MAY'22	JUN'22	JUL'22	AUG'22	Cumulative Total
Intersan Manufacturing	19-912					\$ 3,603
Jensen Hughes						\$ 2,750
Kronos Inc						\$ 72,000
Lanmor Services Inc						\$ 1,953
LOGIQUIP	19-912					\$ 1,059
MARICOPA COUNTY PLANNING AND DEVELOPMENT			\$ 8,104			\$ 299,669
MARKETLAB	19-912					\$ 10,839
Mcg HEALTH LLC		\$ (0)				\$ 37,017
MDM Commercial	19-909					\$ 40,622
Medline	19-912					\$ 3,628
Medtronic	19-912					\$ 7,931
Mindray	19-912					\$ 98,014
Monoprice	19-909					\$ 968
Monoprice	19-939					\$ 842
MOPEC	19-912	\$ 3,259				\$ 20,479
NORIX GROUP INC	19-926					\$ 11,918
NANOSONICS INC	19-912					\$ 22,944
Ninyo and Moore Geotechnical and Environment	19-923					\$ 11,700
NORIX GROUP INC						\$ 400,689
Olympus America						\$ 32,231
Olympus America	19-912	\$ 135				\$ 135
OEC Medical Systems	19-904					\$ 80,529
OMC INVESTERS LLC						\$ 11,518
OMC INVESTERS LLC	19-912	\$ 117				\$ 117
Owens and Minor	19-912	\$ 2,595				\$ 56,788
PAC VAN						\$ (790)
PAC VAN		\$ 1,295				\$ 1,295
Parks Medical	19-912	\$ 37				\$ 2,167
Philips Healthcare	18-921					\$ 38,523
Physio Control	19-912					\$ 19,458
Progressive Roofing	19-931					\$ 84,628
PRONK TECHNOLOGIES INC						\$ 3,040
PRONK TECHNOLOGIES INC	19-912	\$ 16				\$ 16
QRS Calibrations	19-912	\$ 95				\$ 7,151
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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		MAY'22	JUN'22	JUL'22	AUG'22	Cumulative Total
RICOH AMERICAS CORPORATION						\$ 29,892
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						\$ 89,550
Smithcraft Signs	18-913					\$ 10,266
Speedie and Associates						\$ 17,823
SALT RIVER PROJECT	18-913					\$ (23,852)
Standard Textile	19-912	\$ 84				\$ 4,464
Stryker Communications	19-910					\$ (14,174)
Stryker Communications	19-910	\$ 5,103				\$ 5,103
Stryker Communications	19-920	\$ 9,072				\$ 9,072
Steris Corp						\$ 13,950
Stryker						\$ 175,192
TBJ Inc	19-912					\$ 5,654
TD INDUSTRIES	19-924					\$ 460,415
The Cbord Group	19-909					\$ 26,590
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	\$ 252				\$ 11,788
Verathon	19-912					\$ 14,020
VERIZON	19-909					\$ 16,853
WAXIE	19-912					\$ 3,002
World Wide Technology						\$ 701,128
Zoll Medical	19-912	\$ 633				\$ 46,732
AFFILIATED ENGINEERS INC						\$ 203,070
CUSHMAN AND WAKEFIELD OF ARIZONA INC						\$ 12,500
MARICOPA COUNTY TREASURER						\$ 10,000
PHOENIX FENCE						\$ 2,283
RELAYHEALTH INC						\$ 11,250
THOMAS PRINTWORKS						\$ 4,863
TOTAL Maryvale Campus (MV)		\$ 275,120	\$ 8,104	\$ -	\$ -	\$ 79,203,231
Adams and Wendt	19-936	\$ 18,341				\$ 114,236
APS	19-936	\$ (14,700)				\$ (14,700)
AIRPARK SIGNS						\$ 1,305

VALLEYWISE HEALTH

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Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		MAY'22	JUN'22	JUL'22	AUG'22	Cumulative Total
Arizona Department of Health	19-936					\$ 1,050
AFFILIATED ENGINEERS	19-936					\$ 390,767
BUREAU VERITAS	19-936					\$ 28,125
Engineering Economics	19-936	\$ 7,969		\$ 20,986		\$ 68,185
GOODMANS	19-936					\$ 109,589
Grainger	19-936					\$ 5,504
JENSEN HUGHES	19-936					\$ 15,462
KITCHELL	19-936	\$ 473,491				\$ 8,386,706
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-936					\$ 230
Speedie and Assoc	19-936					\$ 2,040
Valley Systems	19-936					\$ 14,320
INNERFACE ARCHITECTURAL SIGNAGE						\$ 862
MARICOPA COUNTY TREASURER						\$ 8,212
THE CBORD GROUP INC						\$ 13,022
VANIR CONSTRUCTION MANAGEMENT INC						\$ 631,930
TOTAL Annex HVAC Replacement (RSVT)		\$ 485,102	\$ -	\$ 20,986	\$ -	\$ 9,776,843
		\$ 760,222	\$ 8,104	\$ 20,986	\$ -	\$ 88,980,074
Note: Prior months amount paid are hidden						
Functional Area - Acute Care Facilities						
eSTF - Enterprise Strengthening the Foundation (see attached for detail)	17-900					\$ 6,237,142
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
Perimeter, Internal security	16-900					\$ 67,213
Perimeter, Internal security	18-907					\$ 151,310
Perimeter, Internal security	18-910					\$ 44,235
Perimeter, Internal security	18-912					\$ 51,561
Epic 2014 Monitors (Phase 1)	16-933					\$ 341,470
Epic 2014 Monitors (Phase 2)	17-905					\$ 474,480
LCM	16-937					\$ 199,936
SEIMS	17-912					\$ 235,134
SEIMS	18-911					\$ 14,468
ESB Framework Enablement	18-914					\$ 1,111,233

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Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		MAY'22	JUN'22	JUL'22	AUG'22	Cumulative Total
Clinical Image Repository	18-915					\$ 1,271,214
Imprivata Identity	18-916					\$ 576,880
chartmaxx Infrastructure Upgrade	19-906					\$ 859,682
Imprivata ConfirmID	19-911					\$ 137,295
ESB (Tibco) - Infrastructure	19-918					\$ 34,861
PWIM Global Monitor Software - additional funding required to support implementation of CER15-075, Cloverleaf Availability	16-924					\$ 35,400
Patient monitors - High Acuity	16-908					\$ 6,240,243
Stretcher replacement	16-912					\$ 395,538
IVUS - intravascular ultrasound for placement of stents	16-922					\$ 128,371
Vigileo Monitors (8)	16-928					\$ 96,132
VANIR CONSTRUCTION	16-928					\$ 463,755
Balloon Pumps	16-920					\$ 149,197
Zeiss - Cirrus HD ophthal camera	16-919					\$ 60,654
Vivid Q BT12 Ultrasound	16-931					\$ 55,019
Zoll Thermoguard XP (formerly Alsius)	16-906					\$ 33,230
3:1 Mesher	16-927					\$ 12,870
1:1 Mesher	16-927					\$ 26,190
2:1 Mesher	16-927					\$ 26,190
Urodynamics machine (for surgery clinic)	16-929					\$ 17,935
UltraMist System	16-925					\$ 20,195
Doppler	16-935					\$ 3,950
Ultrasound (for breast clinic)	16-931					\$ 22,685
Biom 5	16-930					\$ 8,103
Wilson Frame	18-902					\$ 4,852
Medical Beds for Psych Units	16-932					\$ 211,197
SIZEWISE RENTALS	16-932	\$ (1,738)				\$ (1,738)
King Tong Pelvic fx reducer	16-926					\$ 9,500
Stryker Core Power Equipment --Contract	16-904					\$ 369,113
Patient Monitoring (Low Acuity) - Formerly named Alarm Management	16-907					\$ 347,029
AIMS Upgrade	16-901					\$ 51,232
AIMS Upgrade	16-902					\$ 12,000
AIMS Upgrade	16-903					\$ 112,850
Temperature Monitoring - Non FQHC Depts	17-908					\$ 133,615
2 Pillcams for Endo	17-911					\$ 13,826
Replace 11 ultrasounds	16-931					\$ 1,884,099
POC Ultrasounds (10)	16-931					\$ 634,702
Ice Machine Replacement	16-911					\$ 23,881

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Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		MAY'22	JUN'22	JUL'22	AUG'22	Cumulative Total
Steam Condensate Return Piping Replacement	16-914					\$ 62,529
Laundry/Finance/Payroll/Facilities Roof Repairs	17-917					\$ 82,955
MMC 7th Floor Roof	16-905					\$ 274,582
Facility upkeep	17-910					\$ 4,205
Facility upkeep	18-905					\$ 69,218
Colposcopes	18-909					\$ 24,607
OWENS AND MINOR	18-909	\$ 279				\$ 279
chandler ADA Doors	18-042					\$ 5,867
Upgrade Digital X-Ray unit and Sensors (Panoramic Digital AND Nonpano digital)	16-917					\$ 63,217
chandler Dental Digital Radiology - Panoramic x-ray	16-915					\$ 63,564
chC - Digital Panoramic x-ray	16-916					\$ 60,419
chC Dental Replace chairs Lights, Compressor and Deliverey Units	18-905					\$ 127,642
chC Cost for new equipment and cost of moving existing to Avondale X-Ray	16-921					\$ 83,327
Avondale- Replace all flooring.	17-904					\$ 72,635
Temperature Monitoring - FQHC Depts	17-909					\$ 82,219
McDowell Dental	16-918					\$ 15,990
chC Internal Medicine Clinic Renovation - increase the number of exam rooms to accommodate 1st, 2nd & 3rd residents as of July 1, 2017 plus the	18-900					\$ 221,124
chC Dental Autoclave Replacement including printer & Cassette rack	18-908					\$ 19,122
chandler Dental Autoclave Replacement including printer & Cassette rack	18-908					\$ 6,374
Avondale Dental Autoclave Replacement including printer & Cassette rack	18-908					\$ 6,374
FHC Helmer Medical Refrigerators	17-714					\$ 11,110
FHC Helmer Medical Refrigerators	17-901					\$ 169,399
Cabinet and Countertop Replacement South Central FHC	18-904					\$ 8,419
chC Dental Refresh	18-905					\$ 96,361
POC Molecular (26 units)	19-914					\$ 1,049,613
CEPHEID	19-914	\$ 1,098				\$ 1,098
Bili Meter - Draegar (10 units)	19-927					\$ 71,875
Colposcope - Guadalupe	19-925					\$ 9,927
EKG machines (3 units)	19-922					\$ 37,278
Bond related expenses (legal fees, etc.)	N/A					\$ 325,646
Audiology - Astera Audiometer	16-913					\$ 11,326
ALTURA COMMUNICATIONS	16-909	\$ 84,619				\$ 137,011
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					\$ 431,149

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Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		MAY'22	JUN'22	JUL'22	AUG'22	Cumulative Total
HP INC	16-923	\$ (38)				\$ (38)
Epic Willow - Ambulatory & Inventory	18-906					\$ 428,269
Navigant - Proposition 480 planning	16-923					\$ 910,000
Kaufmann Hall - Prop 480 planning	16-923					\$ 370,019
IPv4Xchange (ARIN Based Transfer Escrow Payment)	16-923					\$ 7,040
Vanir Construction Management (Planning Phase)	17-915					\$ 749,971
Vanir Construction Management (\$48M) (\$48,300,501 - Entire Project)	17-916	\$ 592,716				\$ 4,580,656
Vanir Construction Management (Planning Phase)	16-923		\$ 547,575		\$ 345,537	\$ 1,631,727
IPMO Modular Building	17-902					\$ 329,631
Dickenson Wright PLLC	16-923					\$ 181,495
GE HEALTHCARE	19-918	\$ (250,893)				\$ (32,261)
Sims Murrery LD	16-923					\$ 24,128
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	\$ 452,384			\$ 404,838	\$ 1,196,881
EPIC replatform and upgrade to 2016 (see attached for detail)	17-900					\$ 7,675,491
Reimbursement for Capital Expenditures	N/A					\$ 36,000,000
Other exp/recon items						\$ 677
TOTAL Tranch 1		\$ 888,213	\$ 562,575	\$ -	\$ 750,375	\$ 93,024,878
Bond issuance costs						\$ 817,684
BPG Technologies LLC						\$ 288,397
Dickinson Wright PLLC						\$ 323,597
Hye Tech Neywork and Security Solutions						\$ 3,795,099
Goodmans						\$ 4,790
GOODMANS	16-923					\$ (2,921.18)
JRC DESIGN	19-955					\$ 282,995
Lovitt & Touche Inc	16-923					\$ 75,000
Lovitt & Touche Inc	19-934	\$ 31,382			\$ 23,191	\$ 3,871,105
PAC VAN INC	19-934	\$ (3,280)				\$ 80,395
MARSH & MCLENNAN AGENCY LLC	19-934		\$ 8,191			\$ 38,191
LOVITT & TOUCHE INC	19-951					\$ 505
PAC-VAN	19-955					\$ 71,160
Payroll/Supplies/Misc Expenses						\$ 6,049,159
Sims Murrery LD						\$ 30,441
Sims Murrery LD	19-955	\$ (662)				\$ 9,433
Vanir Construction Management (\$48M) (\$48,300,501 - Entire Project)						\$ 16,601,532
World Wide Technology Co Inc						\$ 452,252
Zurich North America	16-923					\$ 47,500

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Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		MAY'22	JUN'22	JUL'22	AUG'22	Cumulative Total
AFFILIATED ENGINEERS INC						\$ 38,348
BALLARD SPAHR						\$ 288,544
BLUETREE NETWORK INC						\$ 178,563
CARAHSOFT TECHNOLOGY CORPORATION						\$ 143,344
CDW GOVERNMENT INC						\$ 555,016
CENTURYLINK						\$ 170,013
CORPORATE TECHNOLOGY SOLUTIONS LLC						\$ 178,552
DEVENNEY GROUP LTD						\$ 530,623
DWL ARCHITECTS + PLANNERS INC						\$ 272,318
EPIC SYSTEMS CORPORATION						\$ 554,536
FITCH RATINGS						\$ 120,000
GRAYBAR ELECTRIC						\$ 17,357
GREENBERG TRAUIG, LLP						\$ 240,000
GUIDESOFT INC						\$ 503,715
HP INC						\$ 19,960
INTEGRATED CONTROL SYSTEMS INC						\$ 2,160
LANMOR SERVICES INC						\$ 209,036
MISCELLANEOUS						\$ 228,750
MOODY'S						\$ 120,000
MOSS ADAMS LLP						\$ 42,500
ORRICK						\$ 35,000
PRESIDIO NETWORKED SOLUTIONS INC						\$ 310,797
RICOH AMERICAS CORPORATION						\$ 180
RMJ ELECTRICAL CONTRACTORS INC						\$ 43,305
SAVVIS COMMUNICATIONS LLC						\$ 116,363
SHI INTERNATIONAL CORP						\$ 122,929
SPRAY SYSTEMS ENVIRONMENTAL INC						\$ 13,780
STIFEL						\$ 268,910
THOMAS PRINTWORKS						\$ 1,291
US BANK						\$ 600
US BANK - CORPORATE TRUST SERVICES						\$ 600
Valleywise						\$ 1,509
VANIR CONSTRUCTION MANAGMENT INC						\$ (1,204,011)
WALMART.COM						\$ 549
WOODRUFF CONSTRUCTION						\$ 17,015
TOTAL Enterprise		\$ (26,159)	\$ 8,191	\$ -	\$ 23,191	\$ 36,978,464
Adams and Wendt	19-935		\$ 7,781			\$ 32,697
APS	19-935					\$ (335,303)
Affiliated Engineers Inc	19-935					\$ 1,587,215

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Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		MAY'22	JUN'22	JUL'22	AUG'22	Cumulative Total
Affiliated Engineers Inc	19-935					\$ 2,059,120
Arnold Machinery	19-935					\$ 34,209
ARIZONA DEPARTMENT OF HEALTH	19-935					\$ 150
BPG TECHNOLOGIES LLC	19-935		\$ 2,774			\$ 2,774
CABLE SOLUTIONS LLC	19-935					\$ 80,880
CDW GOVERNMENT INC	19-935					\$ 337
CENTERLINE MECHANICAL	19-935		\$ 19,796			\$ 24,522
CITY OF PHOENIX	19-935					\$ 2,296
ENGINEERING ECONOMICS	19-935					\$ 134,008
GOODMANS	19-935					\$ 12,143
HYE TECH	19-935	\$ 7,125				\$ 1,960,213
JENSEN HUGHES	19-935					\$ 12,263
KITCHELL	19-935					\$ 54,628,414
KM FACILITY SERVICES	19-935					\$ 71,885
LANMOR	19-935					\$ 23,708
Maricopa County	19-935					\$ 1,500
MDM COMMERCIAL	19-935					\$ 1,760
RICOH	19-935					\$ -
Soft Computer Consultants	19-935				\$ 2,625	\$ 2,625
SMITHCRAFT SIGNS	19-935					\$ 5,782
Speedie snd Assoc	19-935					\$ 29,245
SOUTHWEST GAS	19-935					\$ 121,938
Thomas Printworks	19-935					\$ 41
VALLEY SYSTEMS	19-935					\$ 960
WESTERN STATES FIRE	19-935					\$ 705
ARIZONA PUBLIC SERVICE COMPANY						\$ 1,773,158
HYE TECH NETWORK AND SECURITY SOLUTIONS						\$ 7,125
MARICOPA COUNTY PLANNING AND DEVELOPMENT						\$ 239,965
MARICOPA COUNTY TREASURER						\$ 135,146
VANIR CONSTRUCTION MANAGEMENT INC						\$ 719,110
TOTAL Central Utility Plant (RSVT)		\$ 7,125	\$ 30,351	\$ -	\$ 2,625	\$ 63,370,589
ADAMS AND WENDT	19-949				\$ 2,009	\$ 65,543
ADAMS AND WENDT	19-948					\$ 31,430
ADAMS AND WENDT	19-947	\$ 35,320	\$ 16,452			\$ 69,552
ADAMS AND WENDT	19-951	\$ 11,395				\$ 90,538
ADAMS AND WENDT						\$ 6,600
HYE TECH NETWORK	19-947					\$ 133,901
HYE TECH NETWORK	19-951					\$ 14,702

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Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		MAY'22	JUN'22	JUL'22	AUG'22	Cumulative Total
ADAMS AND WENDT	19-953		\$ 1,065			\$ 5,460
ADAMS AND WENDT	19-948					\$ 2,596
AFFILIATED ENGINEERS	19-948					\$ 306,206
AFFILIATED ENGINEERS	19-954					\$ 1,050
ANCO SANITATION	19-948					\$ 1,450
ATLANTIC RELOCATIONS	19-948					\$ 49,125
ABBOTT LABORATORIES INC	19-947	\$ 172,615				\$ 173,405
BPG Tech	19-948					\$ 180,054
BPG Tech	19-947					\$ 7,339
BPG Tech	19-951					\$ 23,013
CABLE SOLUTIONS	19-947	\$ 993,062	\$ 435,729	\$ 154,745	\$ 358,574	\$ 2,525,329
CABLE SOLUTIONS	19-951	\$ 9,388				\$ 9,388
C-SCAN TECHNOLOGIES	19-947					\$ 6,090
CAPSULE Tech	19-951					\$ 8,708
CDW G	19-947	\$ 12,755	\$ 4,396			\$ 206,736
CENTURY LINK	19-951					\$ 6,706
CITY OF PHOENIX	19-947	\$ 1,230				\$ 80,932
CITY OF PHOENIX	19-948	\$ 9,525				\$ 9,525
CME	19-948	\$ 2,406				\$ 13,660
CME	19-951	\$ 1,494				\$ 4,259
CME	19-947	\$ 12,089	\$ 21,513		\$ 35,637	\$ 87,854
Cunningham Architect	19-947	\$ 538,787	\$ 431,191		\$ 75,000	\$ 30,958,012
Cunningham Architect	19-951					\$ 2,466
Cunningham Architect	19-937					\$ 73,619
CLIMATEC LLC	19-947	\$ (14,592)				\$ 14,592
DANIELS MOVING	19-948	\$ 17,660				\$ 18,756
DYNAMIC INSTALLATION	19-948					\$ 23,932
DYNAMIC INSTALLATION	19-951					\$ 501
DISTRICT MEDICAL GROUP	19-948					\$ 89,356
ECD SYSTEMS	19-947	\$ 179,710	\$ 170,300	\$ 241,885	\$ 188,000	\$ 912,932
ENGINEERING ECONOMICS	19-951					\$ 87,198
EXCESSIVE CARTS	19-948	\$ 400				\$ 23,182
FISHER HEALTHCARE	19-947	\$ 28,250				\$ 64,788
FC HOSPITALITY	19-948					\$ 216,732
Follett	16-923	\$ 361				\$ 5,610
GOODMANS	19-951					\$ 101,011
GOODMANS	19-951			\$ 10,175		\$ 40,420
GRAINGER	19-947					\$ 5,669

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		MAY'22	JUN'22	JUL'22	AUG'22	Cumulative Total
HILL ROM	19-951					\$ 7,795
HILL ROM	19-947	\$ 6,104				\$ 42,846
HOME DEPOT - Buyers Log	19-948	\$ 587				\$ 587
HYE TECH NETWORK	19-947			\$ 2,819,593		\$ 2,819,593
Innerface Architectural Signage	19-948					\$ 13,927
Innerface Architectural Signage	19-951					\$ 833
JENSEN HUGHES	19-947	\$ 14,753		\$ 5,392	\$ 1,170	\$ 42,106
JENSEN HUGHES	19-951	\$ 3,414				\$ 24,233
KITCHELL	19-947	\$ 18,520,677	\$ 6,807,936	\$ 9,034,331	\$ 6,796,750	\$ 224,969,862
KITCHELL	19-937					\$ 667,452
KITCHELL	19-948	\$ 10,164	\$ 3,388			\$ 11,893,259
KITCHELL	19-951	\$ 2,612,088	\$ 3,396,315		\$ 1,624,162	\$ 17,847,622
KITCHELL	19-954					\$ 8,373
LANMOR	19-947				\$ 17,211	\$ 484,583
LANMOR	19-948	\$ 2,570				\$ 4,547
LANMOR	19-951		\$ 2,378			\$ 63,782
LEVEL 3 AUDIO VISUAL	19-947		\$ 90,000			\$ 90,000
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-951					\$ 289,918
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-947	\$ 12,947	\$ 8,104	\$ 62,525		\$ 2,028,159
MARICOPA COUNTY PLANNING AND DEVELOPMENT						\$ 6,021
MARICOPA COUNTY ENVIRONMENTAL SERVICES	19-947	\$ 2,320				\$ 2,320
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-948					\$ 3,308
MDM COMMERCIAL	19-951					\$ 1,225
MDM COMMERCIAL	19-947	\$ 13,479				\$ 37,558
NATUS MEDICAL INC	19-947			\$ 39,020		\$ 39,020
NINYO AND MOORE	19-947					\$ 11,200
NINYO AND MOORE	19-947					\$ 6,824
NINYO AND MOORE	19-951	\$ 6,978				\$ 16,293
NCI INC	19-947					\$ 19,725
OFFSITE EQUIPMENT STORAGE	19-948					\$ 650
PAC-VAN	19-947	\$ 3,610				\$ 7,220
POHLE NV CENTER INC	19-948					\$ 11,904
PERRY BAROMEDICAL CORPORATION	19-947			\$ 82,506		\$ 82,506
RECLASS UTILITIES ALLOCATION TO CONSTRUCTION PROJECTS	19-951					\$ (34,000)
RECLASS UTILITIES ALLOCATION TO CONSTRUCTION PROJECTS	19-947					\$ 34,000
RMJ Electrical Contractors						\$ 551
SKYTRON	19-947	\$ 1,633				\$ 1,633
Smithcraft Signs	19-947					\$ 960
Smithcraft Signs	19-951					\$ 4,650

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		MAY'22	JUN'22	JUL'22	AUG'22	Cumulative Total
SPEEDIE AND ASSOC	19-947	\$ 12,745		\$ 4,921		\$ 255,839
SPEEDIE AND ASSOC	19-951	\$ 11,467		\$ 3,420	\$ 2,840	\$ 40,053
STERIS	19-947	\$ 494,525	\$ 93,567	\$ 86,605	\$ 656,801	\$ 1,458,526
SWISSLOG	19-947					\$ 2,500
TEMP ARMOUR	19-951					\$ 6,649
Valley Systems	19-948					\$ 756
Valley Systems	19-951					\$ 1,018
Speedie and Assoc	19-947	\$ 5,465	\$ 4,560			\$ 75,960
Speedie and Assoc	19-951		\$ 9,991			\$ 12,318
SRP	19-947					\$ 500
UTILITY ALLOCATION	19-947	\$ 226,500				\$ 385,000
THOMAS PRINTWORKS			\$ 25		\$ 34	\$ 3,957
THOMAS PRINTWORKS	19-947	\$ 27				\$ 75
Trademark Visual	19-948					\$ 2,576
ZORO TOOLS	19-948					\$ 14,481
ALTURA COMMUNICATIONS SOLUTIONS LLC						\$ 11,827
DH PACE COMPANY INC						\$ 1,468
ENTERPRISE SECURITY INC						\$ 13,715
HD SUPPLY FACILITIES MAINTENANCE LTD						\$ 3,780
INTERMETRO INDUSTRIES CORPORATION						\$ 833
LOVITT & TOUCHE INC						\$ 505
MARICOPA COUNTY TREASURER						\$ 7,310
SKYLINE BUILDERS AND RESTORATION INC						\$ 122,769
STRYKER SALES CORPORATION						\$ 384,697
TEMPE DIABLO LLC						\$ 33,132
TUCSON BUSINESS INTERIORS INC						\$ 447,192
VANIR CONSTRUCTION MANAGEMENT INC						\$ 9,162,466
WORLD WIDE TECHNOLOGY HOLDINGS CO LLC						\$ 35,500
TOTAL Roosevelt Campus Site Development Plan (RSVT)		\$ 23,973,908	\$ 11,496,911	\$ 12,545,118	\$ 9,758,187	\$ 310,798,376

\$ 24,843,087 \$ 12,098,027 \$ 12,545,118 \$ 10,534,378 \$ 504,172,307

Bond Proceeds received to date:

\$935,805,959

TOTAL MONTHLY SPENT AMOUNT

\$ 26,462,479 \$ 12,212,423 \$ 12,566,104 \$ 10,692,771 \$ 729,428,669

REMAINING Cash for disbursement

\$ 241,848,587 \$ 229,636,165 \$ 217,070,061 \$ 206,377,289 \$ 206,377,289



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 28, 2022

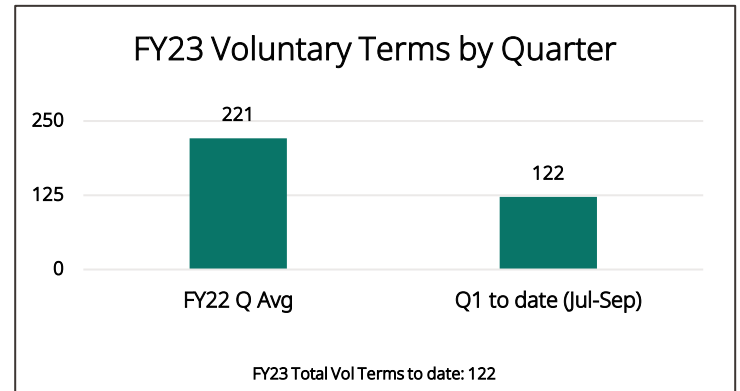
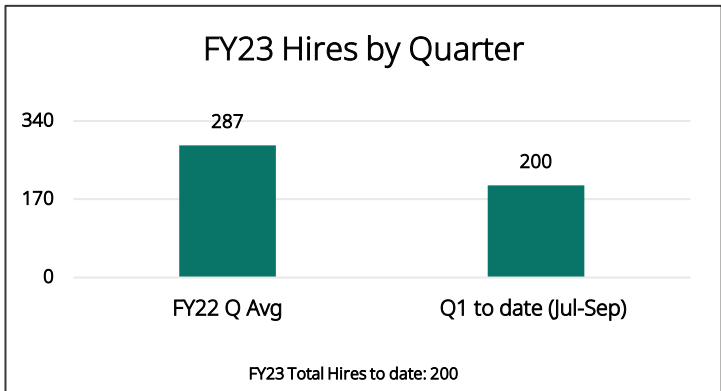
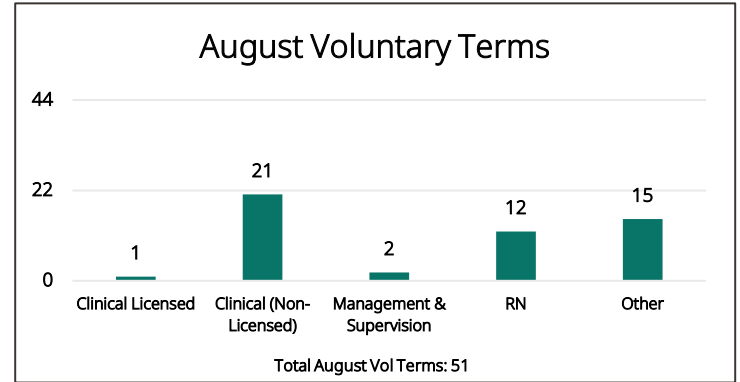
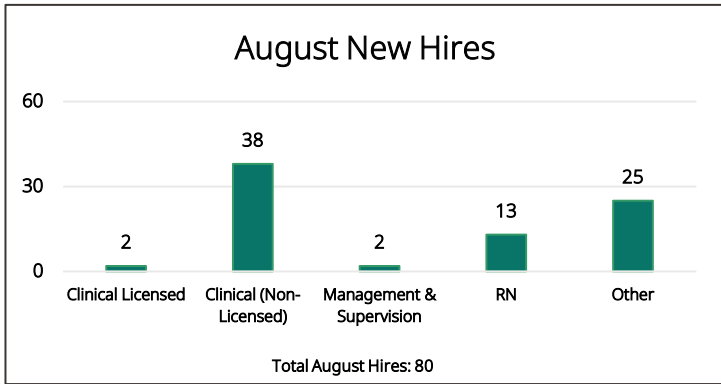
Item 8.c.

Reports to the Board
Valleywise Health Employee Turnover
Report

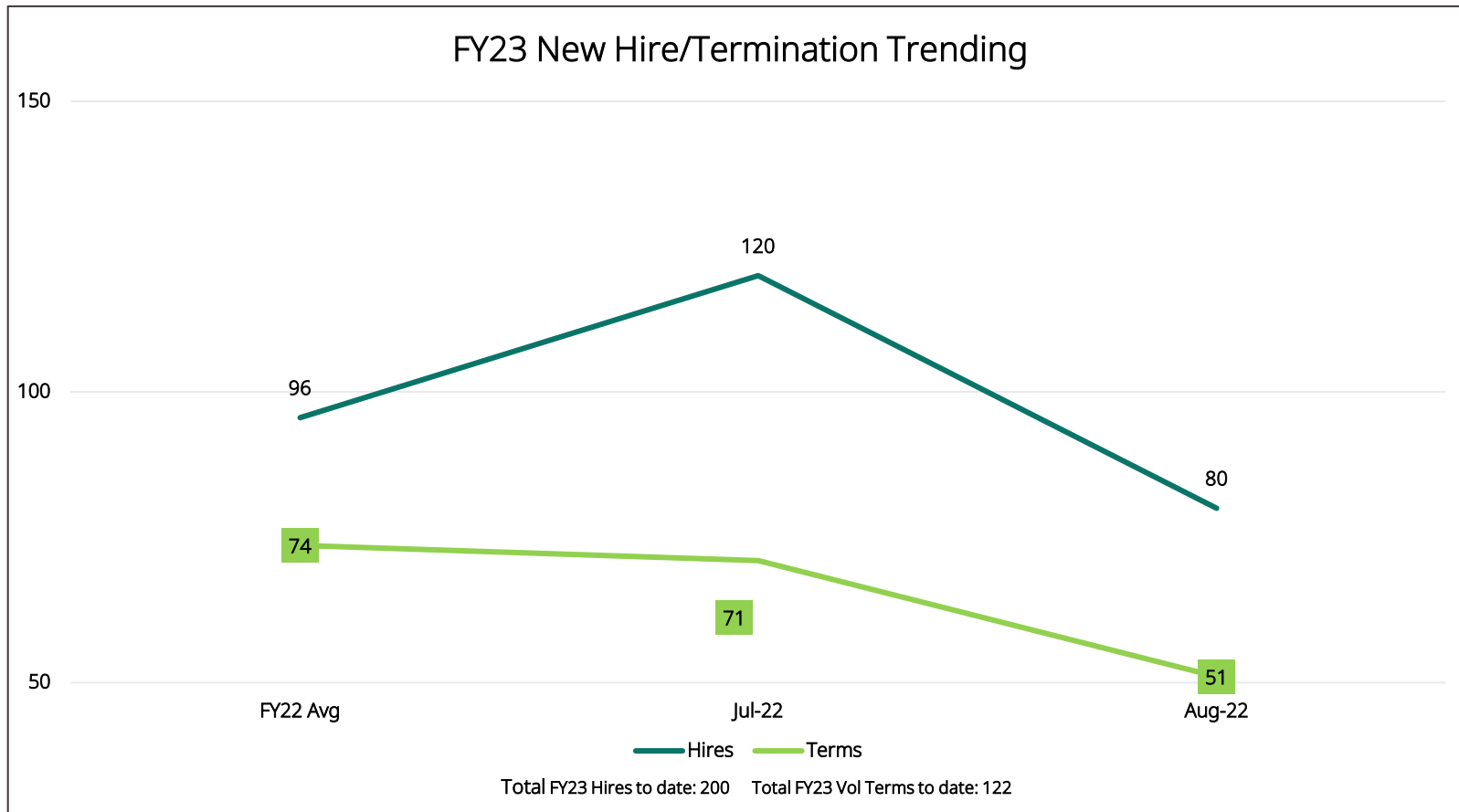
Human Resources Board Turnover Analysis & Employee Demographic Information

August 2022

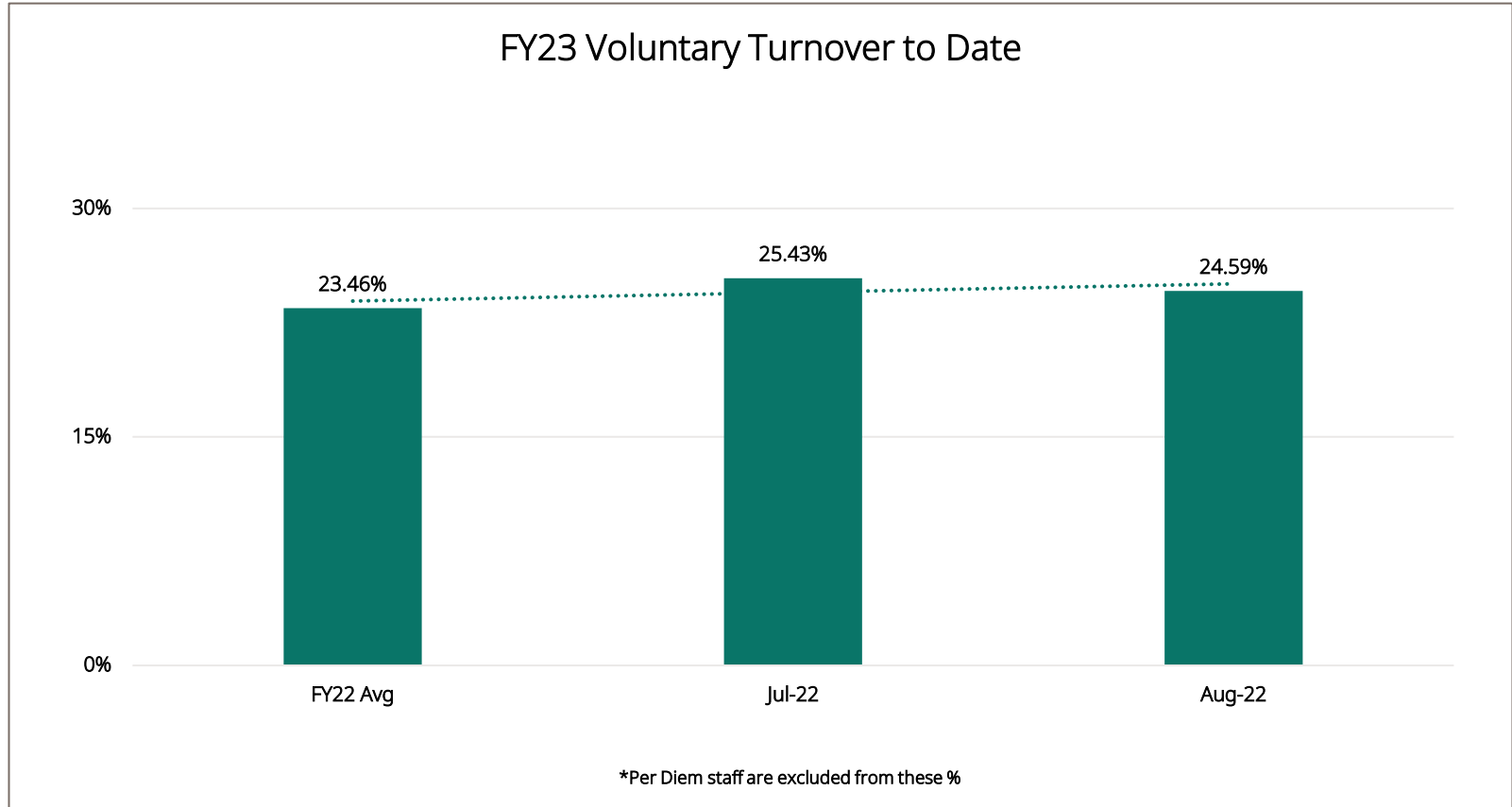
Valleywise Health New Hires and Voluntary Terminations



Valleywise Health FY23 New Hires and Voluntary Terminations

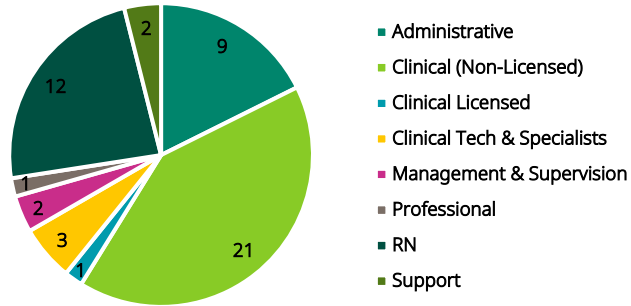


Valleywise Health FY22 Turnover %

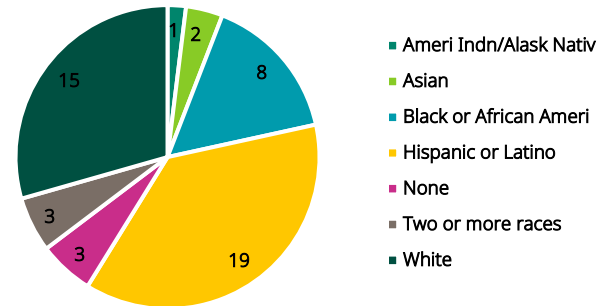


Valleywise Health Voluntary Turnover Demographic Info

Turnover by Labor Group

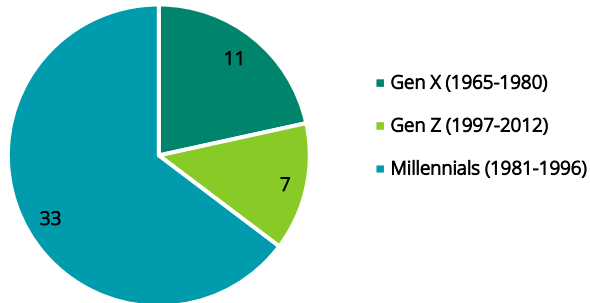


Turnover by Ethnicity

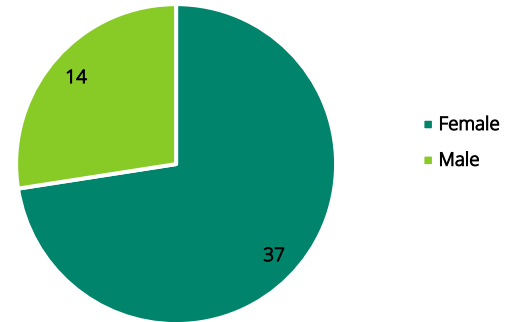


August Voluntary Terms: 51

Turnover by Generation

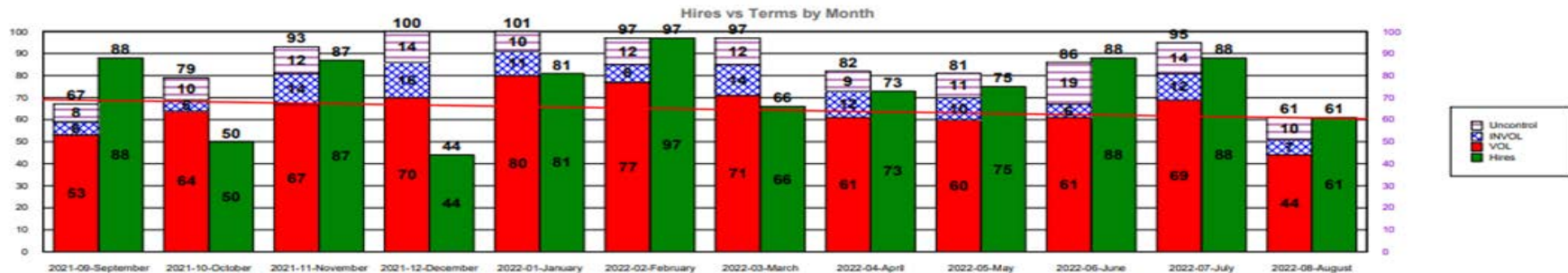


Turnover by Gender



August - 2022	Avg Emps	Avg Emps 1Yr	Hires	VOL	VOL 1 Yr	VOL 1st Yr %	INVOL	Uncontrol	Retire	VOL%	INVOL%	Uncon %	Total%
Administrative	47.33	14.42	13	9	6	3.47 %	3	1	0	1.58 %	0.53 %	0.18 %	2.29 %
Clinical (Non-Licensed)	73.42	27.83	25	15	11	3.29 %	1	3	0	1.70 %	0.11 %	0.34 %	2.16 %
Clinical Licensed	20.75	4.50	2	0	0	0.00 %	0	0	0	0.00 %	0.00 %	0.00 %	0.00 %
Clinical Tech & Specialists	11.42	3.33	3	2	1	2.50 %	2	0	0	1.46 %	1.46 %	0.00 %	2.92 %
Management & Supervision	18.92	2.75	3	2	1	3.03 %	0	0	0	0.88 %	0.00 %	0.00 %	0.88 %
Professional	23.08	4.83	2	1	1	1.72 %	0	0	0	0.36 %	0.00 %	0.00 %	0.36 %
Provider Non-Physician	1.17	0.08	0	0	0	0.00 %	0	0	0	0.00 %	0.00 %	0.00 %	0.00 %
RN	58.58	14.58	10	12	8	4.57 %	1	4	0	1.71 %	0.14 %	0.57 %	2.42 %
Support	13.00	3.75	3	3	1	2.22 %	0	2	0	1.92 %	0.00 %	1.28 %	3.21 %
Total	267.67	76.08	61	44	29	3.18 %	7	10	0	1.37 %	0.22 %	0.31 %	1.90 %

Total (Last 12 Months)	Avg Emps	Avg Emps 1Yr	Hires	VOL	VOL 1 Yr	VOL 1st Yr %	INVOL	Uncontrol	Retire	VOL%	INVOL%	Uncon %	Total%
Administrative	539.58	150.42	168	118	66	43.88 %	21	18	0	21.87 %	3.89 %	3.34 %	29.10 %
Clinical (Non-Licensed)	846.25	275.00	369	240	139	50.55 %	53	55	0	28.36 %	6.26 %	6.50 %	41.12 %
Clinical Licensed	243.83	43.33	44	45	15	34.62 %	2	16	0	18.46 %	0.82 %	6.56 %	25.84 %
Clinical Tech & Specialists	137.17	33.92	37	34	14	41.28 %	5	6	0	24.79 %	3.65 %	4.37 %	32.81 %
Management & Supervision	228.25	35.67	34	33	9	25.23 %	8	7	0	14.46 %	3.50 %	3.07 %	21.03 %
Professional	262.42	47.83	41	26	9	18.82 %	6	9	0	9.91 %	2.29 %	3.43 %	15.62 %
Provider Non-Physician	15.08	1.25	1	2	0	0.00 %	0	2	0	13.26 %	0.00 %	13.26 %	26.52 %
RN	724.17	160.58	151	227	110	68.50 %	20	23	0	31.35 %	2.76 %	3.18 %	37.28 %
Support	162.75	45.17	53	52	24	53.14 %	6	5	0	31.95 %	3.69 %	3.07 %	38.71 %
Total	3,159.50	793.17	898	777	386	48.67 %	121	141	0	24.59 %	3.83 %	4.46 %	32.88 %

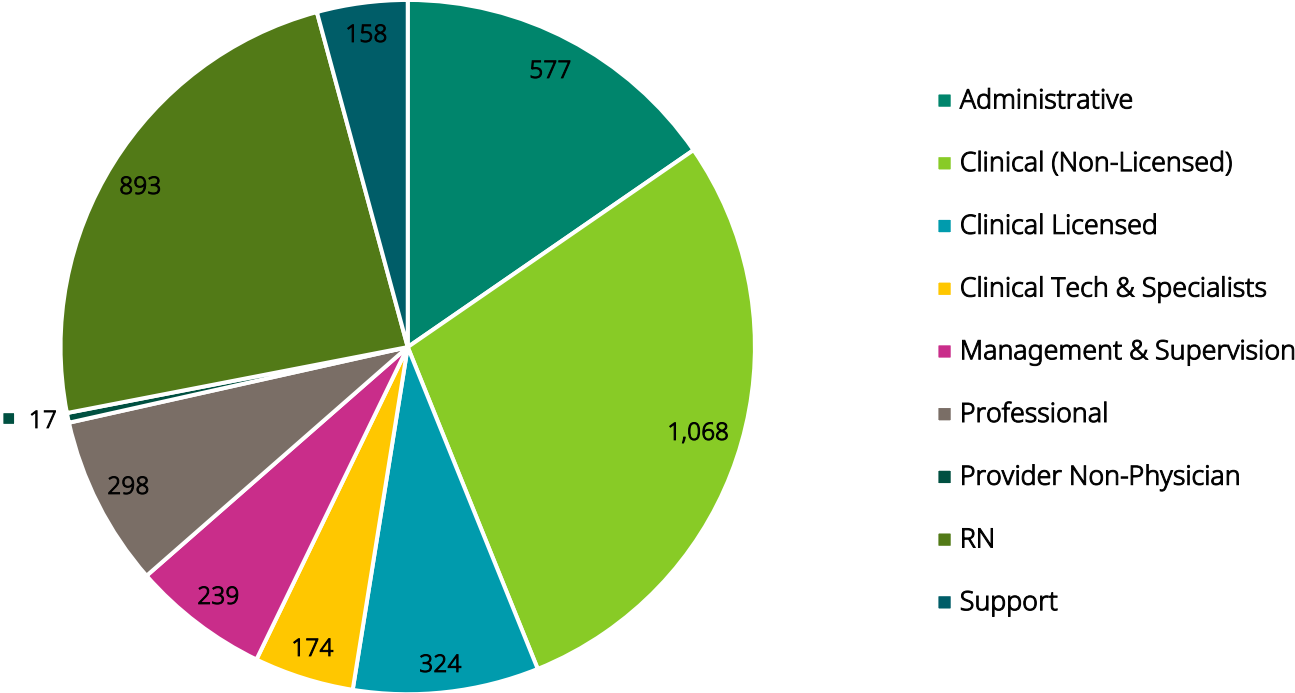


Employee Demographic Information

August 2022

Valleywise Health Workforce Demographic Info

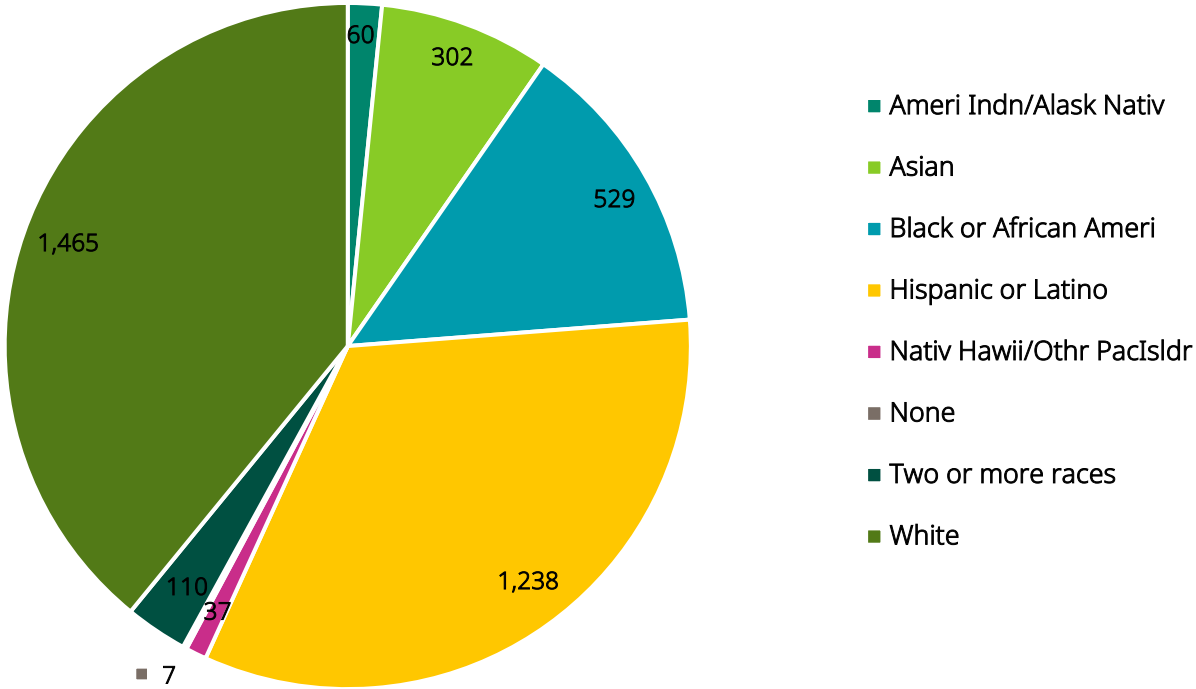
Headcount by Labor Group



Total August Headcount: 3,748

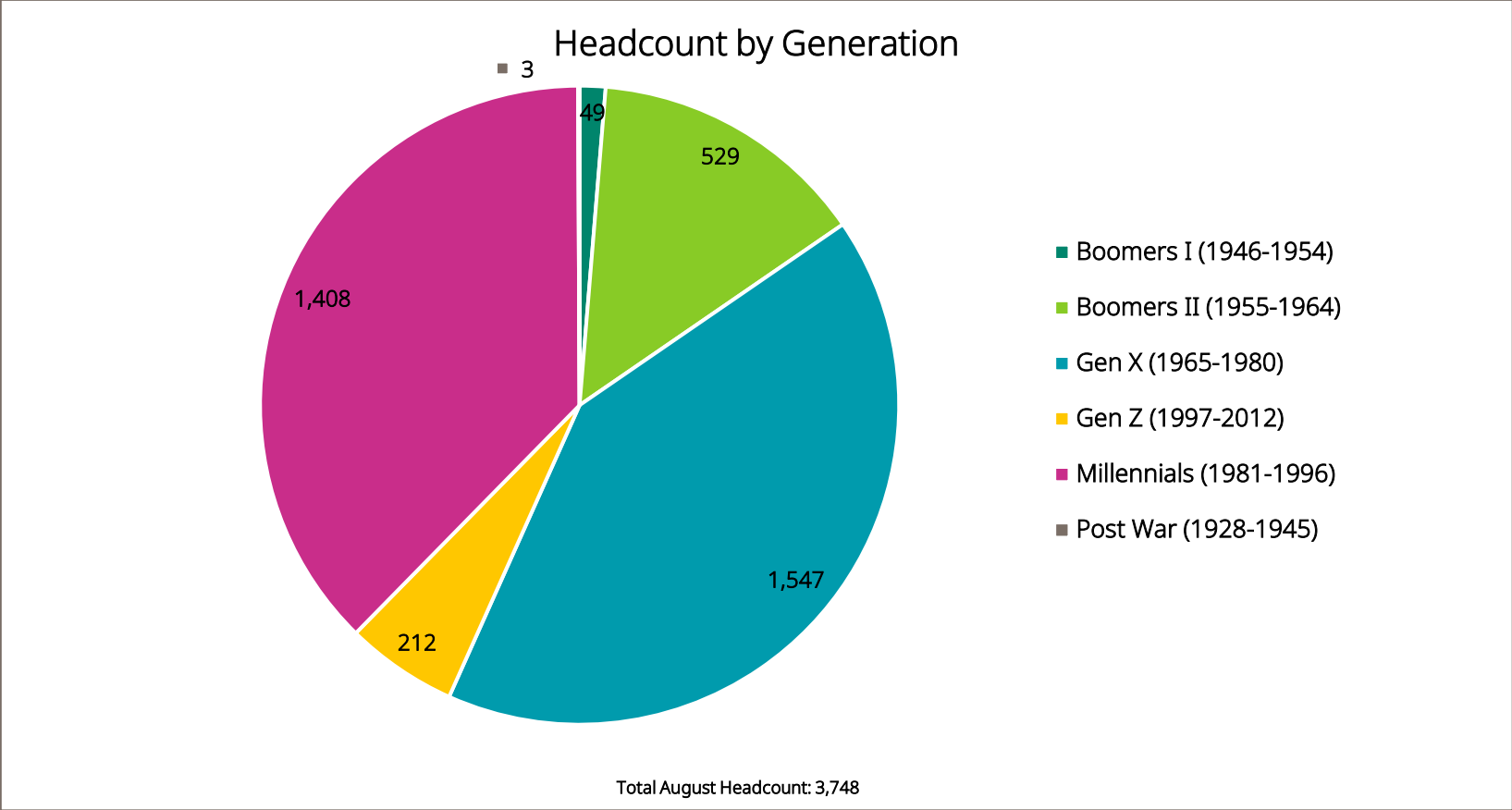
Valleywise Health Workforce Demographic Info

Headcount by Ethnicity

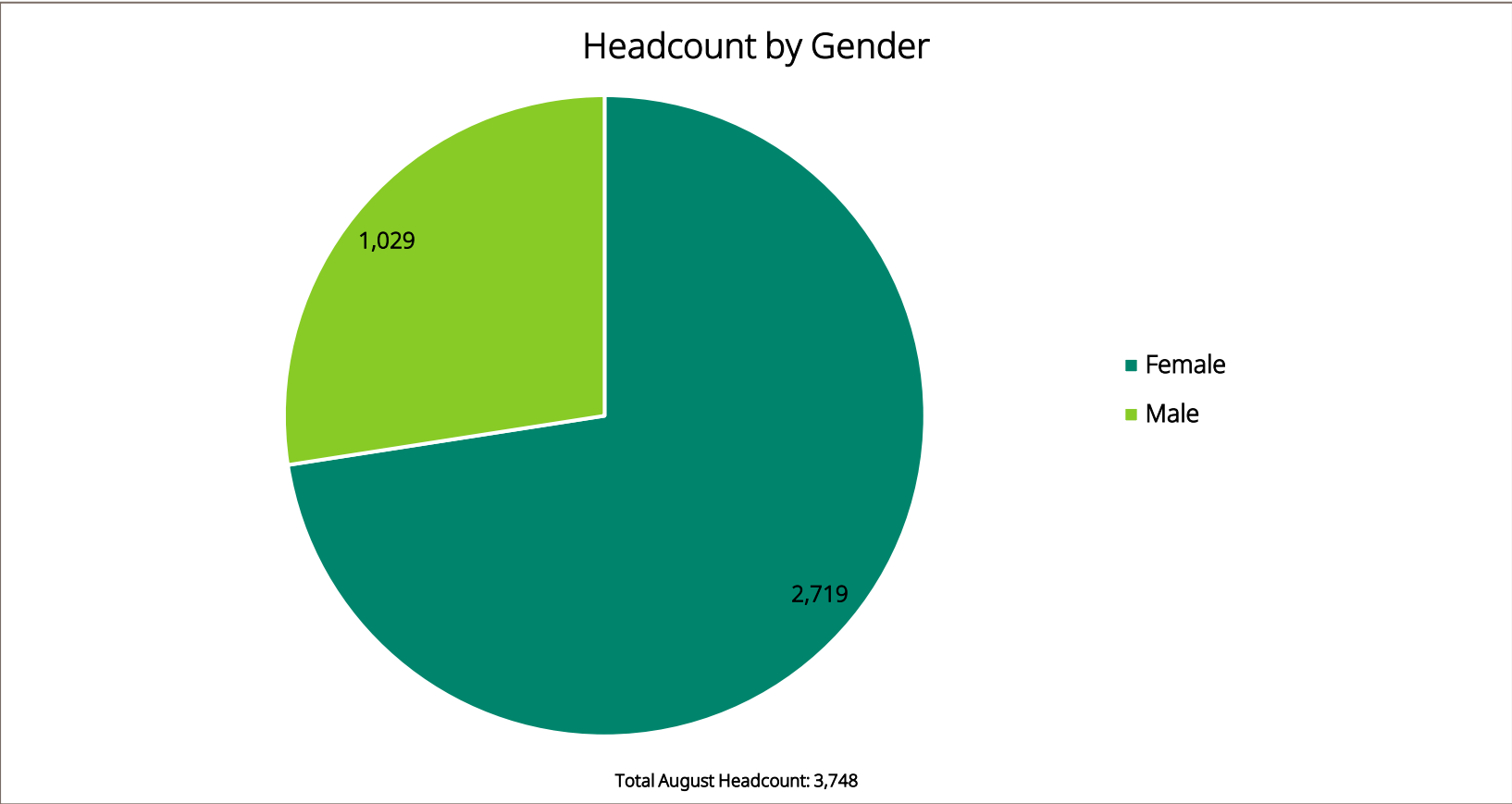


Total August Headcount: 3,748

Valleywise Health Workforce Demographic Info



Valleywise Health Workforce Demographic Info







**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

September 28, 2022

Item 8.d.

**Reports to the Board
Valleywise Health Nurse Staffing Plan
for Fiscal Year 2023**



Valleywise Health Nursing Staffing Plan FY 2023

*Nursing is a Profession at Valleywise
Health:
Safe Staffing and Quality Services*

Nursing Division Staffing Plan

Overview

The Inpatient Staffing Plan for the Nursing Division at Valleywise Health is a document that assists in determining the correct quantity and quality of nursing staff required to maintain the budgeted positions based on Average Daily Census, Nurse to Patient Ratios, Patient Acuity, and appropriate staff mix. The Staffing Matrix does not determine the amount of nursing staff based upon patient acuity or the appropriate skill mix. Valleywise Health utilizes an acuity system completed by unit nurses to determine the correct number of nursing staff to maintain the health and safety of the patients at Valleywise Health.

Tools Used to Ensure Adequate Staffing:

- Recommendations from professional organizations in specialty areas
- Staffing Matrices based upon Average Daily Census
- Nurse to patient ratios.

Kronos® Scheduler Extension: Kronos Scheduler Extension is a comprehensive, real-time workforce management solution, incorporating patient classification, turnover, census trends, forecasting tools, and reporting to drive optimal staffing decisions. Scheduler Extension's unique EMR and Professional Judgment Methodology is a data-driven and nursing-centric approach to patient classification. The unique hybrid model combines the time savings of automation with the benefits of a workload system that is statistically valid, reliable..

Leveraging EMR Data in Real Time

The charge nurse, operating within customized unit guidelines, can update the acuity, incorporating nursing intangibles.. Scheduler Extension provides an accurate, holistic measure of workload in time to make actionable staffing decisions.

- Kronos Analytics Scheduler Extension Patient Classification Methodology
- Productivity Reports
- Valleywise Health Budget
- Monthly Operating Reports
- Position Control
- OptiLink Staffing Enterprise/EPIC BOARD

What Does this Document Cover?

The purpose of this document is to provide the necessary knowledge and information to ensure adequate staffing for the nursing units within Valleywise Health.

Objectives

- To assist nursing units and the Staffing Office with a tool to quickly and easily identify the appropriate number of staff needed to meet the minimum staffing requirements as the initial step before adding acuity.
- Provide guidelines for staffing up or flexing down based upon HPPD and volumes.
- Gain understanding of budgetary needs.
- Staffing and Quality Risk Assessment.
- Clinical Competency/Education Program.

Audience

This Inpatient Staffing Plan is designed to communicate to Senior Leadership, key stake holders, regulatory and accrediting organizations, and as a reference for the Valleywise Health Staffing Office and Nursing Leadership.

Staffing Basics

The appropriate allocation of staffing resources to meet the clinical needs of the patients is a primary function of nursing leadership, especially unit-based leadership. Unit based leadership is responsible for continuously assessing the unit and staff; making critical decisions regarding the need to reduce resources (flexing down); or increase the work force (flexing up), based upon the clinical needs of the patient and in line with the established budget, based upon hours per patient day. Nursing leadership can increase the number of staffing resources when the patient volume or acuity increases and the need for additional resources are apparent. In addition, nursing leadership continually assesses the acuity of the patient population, and the skill mix of the professional and paraprofessional staff rendering care.

Nurse Staffing Measure	Definition
Nurse to patient ratio	Number of patients cared for by one nurse typically specified by job category (RN, Care Partner, BHT, PSA, and HUC); this varies by shift and nursing unit; some researchers use this term to mean nurse hours per inpatient day.
Total nursing staff or hours per patient day (HPPD)	All staff or all hours of care including RN and support personnel counted per patient day (a patient day is the number of days any one patient stays in the hospital, i.e., one patient staying 10 days would be 10 <u>patient days</u>).
RN FTEs per patient day RN	Full-time equivalents per patient day (an FTE is 2,080 hours per year and can be composed of multiple part-time or one full-time <u>individual</u>).
Nursing skill (or staff) mix	Nursing has established a targeted number of employed FTEs by skill level to patient volume per department or specialty area - basically, a plan for authorized positions at the budgeted workload volume. As patient census increases or decreases, employed FTEs by skill will also increase or decrease. This will become the department's flexible employment plan for full- and part-time staff by skill.
Patient Acuity	Categorizing the patient according to an assessment of the illness acuity, severity of symptoms, nursing dependency, and/or nursing interventions required. Once the patient has been classified, prediction of the number and kind of personnel needed to produce the volume and quality of nursing care required can be determined. The acuity system provides documentation to support the fact that a sufficient number of Registered Nurses were on duty at all times to give patients the specialized care according to the number of patients, care setting, references to characteristics of patients, and established goals.

IDU 1 and 3

*Note: In this document, Average Daily Census (ADC) FY 2023 is measuring the period of July 2021 – June 2022 Worked Hours per Emergency Services Stat and Nursing Hours per Stat Acuity type

Cost Center	Unit/Station	FY 2023	Ratio w/o acuity	Job Class Description	Budgeted 2023 FTE
104301	IDU 1		2:1	RN	0
				CNA	0
				Observer	0
				HUC	0
				WH/PS: 22.97	FTE: 0
104303	IDU 3		4-5:1	RN	0
				CNA	0
				Observer	0
				HUC	0
				WH/PS 11.50	FTE: 0
104304	IDU 4		4-5:1	RN	0
				CNA	0
				Observer	0
				HUC	0
				WH/PS	FTE:No budget

Potential Variance:

Potential variances in the nurse patient ratios may occur as a result of higher acuity patients in whom medical necessity requires a 1:1 nurse patient ratio in MICU South, SICU, and IDU 1 & 3.

- Therapeutic Hypothermia post code - MICU South, IDU 1, or IDU 3
- Balloon Pumps - MICU South and on rare occasion SICU
- Continuous Renal Replacement Therapy (CRRT) - may require 1:2 ratio if patient is unstable
- Infection Control/Isolation Precautions along with an unstable patient
- Massive Blood Transfusion / MTP Protocol
- Sepsis Protocol along with an unstable patient
- Trauma Resuscitation along with an unstable patient
- Bedside Procedures including abdominal washout, perc trach, and at times bedside OR

Note: Some variance may occur due to trauma volume fluctuation and or staffing needs for all ICUs

	Cost Center	Unit	FY 2023	Ratio w/o Acuity	Job Class Description	Budgeted 2023 FTE	
	Emergency Services	105482	AED	3.25		Health Unit Coordinator	4.2
		Visits	50,985		ED Technician	13.60	
					Registered Nurse	63.9	
					Clinical Resource Leader	3.6	
					Behavioral Health Techs	4.66	
					LPN	2.0	
					WHPS 3.25	FTEs: 91.97	
		Cost Center	Unit	FY 2023			
		805482	MV ED	3.2		Health Unit Coordinator	2.33
			Visits	28,567		ED Technician	9.32
					Registered Nurse	31.59	
					Clinical Resource Leader	3.6	
					Behavioral Health Techs	2.33	
					CAN/Care Partner	0	
					WH/PS 3.2	FTEs 49.17	

Worked Hours per Stat and Nursing Hours per Stat

Note: Unit always strives to maintain nurse staffing levels to be able to serve Pediatric Trauma patients. In low volume periods the PICU and Pediatrics units are combined and is staffed to align nursing skill mix to patient acuity. Variations in volume and/ or staffing mix may occur as a result of lagging decreasing volumes in the Pediatric Service line which may be related to market saturation of pediatric beds and changes in internal hospital surge planning needs and space allocation

Women and Children Nursing Staffing Plan FY2023

Cost Center	Unit/ Station	FY 2023	Ratio w/o acuity	Job Class Description	Budgeted 2023 FTEs
105411	L/D	39.00	2:1	Health Unit Coordinator	3.60
				Registered Nurse	32.74
				OB Surgical Tech	5.10
				Clinical Resource Leader	2.7
				WH/PS: 39.04	FTEs: 46.77
104500	Post-Partum	8.012	3:1 (Mom/baby 6:1)	Health Unit Coordinator	3.60
				Registered Nurse	19.10
				CNA/Care Partner	4.50
				Patient Care Tech	1.50
				Clinical Resource Leader	2.7
WH/PS: 7.702	FTEs: 31.4				
104105	NICU	15.11	2:1	Health Unit Coordinator	3.60
				CNA/Care Partner	1.50
				Registered Nurse	43.71
				Clinical Resource Leader	3.6
WH/PS: 15.78	FTEs: 52.41				
104104	PICU	23.39	2:1	Registered Nurse	5.9
				Clinical Resource Leader	2.7
WH/PS: 17.61	FTEs: 8.6				
104602	PEDS	11.50	4:1	CAN/Care Partner	2.72
				Registered Nurse	7.2
				Clinical Resource Leader	2.7
WH/PS: No data	FTEs: 10.82				
104601	Child Life	6.5		Child Life Coordinator	1.0
				Child Life Specialist	4.79
				Child Safety Seat	.80
				WH/PS: 4.27	FTEs: 6.59
104553	Neonatal	6.0	Fixed	NNP	4.9
				Lactation	1.10
				WH/PS: 5.26	FTEs: 6.0
Service Line Total FTEs:					162.59

Staffing variances may be the result of higher-than-average acuity and the need for additional staffing resources for at risk patients. Staff in monitoring personnel positions are ideal to have in high-risk monitoring roles to avoid using CNAs outside of their normal job role of patient care. CNAs are important to have working on the unit in their normal role to provide patient support services such as in call light response and to preform patient care duties with patients such as activities of daily living.

104401	Surgical 42	10.78	4-5:1	Health Unit Coordinator	3.6
				CNA/Care Partners	12.27
				Registered Nurse	31.76
				Nurse Extern	1.8
				LPNs	1.8
				Clinical Resource Leader	3.6
				WH/PS 9.693	FTEs: 54.83
104404	Med 61/62	10.79	4-5:1	Health Unit Coordinator	3.6
				CNA/Care Partners	11.82
				Nurse Externs	1.2
				Registered Nurse	33.91
				LPNs	1.78
				Clinical Resource Leader	3.6
				WH/PS: 10.023	FTEs: 55.91
105475	Infusion Center	0.821	3:1	Registered Nurse	0.0

Worked Hours per Stat and Nursing Hours per Stat

					Job Class Description	Budgeted 2023 FTE
Cost Center	Unit	FY 2023	Ratio w/o acuity	Job Class Description	Budgeted 2023 FTE	
Burn Services	104201	Burn 71/73	13.90	4:1	HUC	2.1
					Certified Burn Technician	10.0
					Registered Nurse	27.8
					Clinical Resource Leader	3.60
					WH/PS:13.90	FTEs:43.5
	104202	Burn 72	19.5	3-4:1	Certified Burn Technician	0.9
					Registered Nurse	3.02
					WH/PS: 19.5	FTEs:3.92
	104203	Burn 43	25.3	1-4:1 (1-2 ICU, 3-4 intermediate 4-5 M/S)	Health Unit Coordinator	3.6
					Certified Burn Technician	13.6
					Registered Nurse	48.78
					Clinical Resource Leader	3.6
					Burn Nurse Specialist	1.0
					WH/PS: 25.3	FTEs: 70.88
104205	Burn Supp.	4.0	FIXED	Burn Registrar	2.00	
				Outreach Coordinator	1.00	
				RN Care Management Coordinator	1.0	
				FIXED Department 4.0	FTEs: 4.0	
104205	Burn ED	5.35		Registered Nurse	5.35	
				Certified Burn Tech	0	
				WH/PS: 5.35	FTEs: 5.35	
106701	Burn Clinic	1.5	FIXED	CRL	0.9	
				Registered Nurse	4.6	
				WH/PS: 1.5	FTEs: 5.5	
Service Line Total FTEs						133.15

Potential Variance:

Potential variances in the nurse patient ratios may occur because of higher acuity patients in whom medical necessity requires a 1:1 or 2:1 nurse patient ratio in the Arizona Burn Center.

Acuties requiring 2:1 nursing care:

- Please see policy 50523D “Nursing/Continuous Renal Replacement Therapy (CRRT) for Adult and Pediatric Patients.”
- More than 2 extreme acuity items

Acuties requiring 1:1 nursing care:

- 5 or more high acuity items
- Unstable to the point of life-threatening condition that will result in immediate interventions
- Cardiac: code blue, <24 hours post code, multiple pressors, emergent ACS protocol
- Fluid resuscitation first 48 hours post burn
- Interventions: Off unit transport with RN > 1 hr., mass transfusion, complex dressing >4hrs
- Medications: IV/IM medications q 30 mins prn
- Respiratory: Unstable airway/patient actively decompensating or requiring frequent interventions, Roto-bed, allergic reaction w/ respiratory distress, intubated pediatric patient
- Ventilated prone patient with burn injury
- RASS > +2 with weaning ventilator in conjunction with weaning continuous sedation and pain
- CRRT
- Bedside OR
- Extreme MDRO requiring 1:1 with ICU level care

Worked Hours per Stat and Nursing Hours per Stat

	Cost Center	Unit	FY 2023	Ratio w/o acuity AORN Guidelines	Job Class Description	Budgeted 2023 FTE
	Perioperative Services	105431	Operating Room	Minutes	.11	
					Surgical Techs	11.40
					Registered Nurses	15.80
					Clinical Resource Leaders	2.00
					Primary Stat: 0.11	FTE 29.2 / 37.2
105434		Preop Svcs/ PACU	Cases	5.65		
					Interpreter	0
					Registered Nurses	13.60
					Clinical Resource Leader	2.00
					Certified Nursing Asst.	1.90
					Primary Stat: 5.65	FTE 17.5 / 18.7
105438		Anesthesiology	Minutes	.01		
					Tech & Specialist Sup. And Techs.	3.00
					Primary Stat: .01	FTE 3.00 / 4.00
105436		Administration	Fixed			
				Administrative positions		
				Fixed 15.50	FTE 10 / 12.00	

107752	Central Sterile	Central Sterile Tech	FTE 14.6
			Fixed FTE 14.6 / 22.5
	Travelers		FTE 21.8
		Service Lines total FTE	FTE 81.5 / 94.47

Worked Hours per Statistic Graph:

Dept #	Department	<i>*Projected Worked Hours Per Stat</i>				
		FY 2019	FY2020	FY2021	FY2022	FY 2023
104101	SICU	21.33	21.20	21.35	21.35	23.070
104102	MICU	21.33	22.86	19.86	20.5	22.934
104104	PICU	21.75	21.75	21.78	21.77	23.39
104105	NICU	14.76	14.76	15.65	15.65	15.11
104201	Burn Adult 7th	14.00	12.71	12.73	13.09	13.90
104202	Burn Peds 7th	14.00	14.03	21.12	21.12	19.5
104203	Burn ICU 1st	24.00	22.11	25.30	25.3	25.3
104401	Surgical/Trauma	11.93	11.45	10.81	11.45	10.78
104404	Medicine/Oncology	11.28	11.12	10.31	11.12	10.79
104406	Step Down	13.99	13.99	13.01	13.01	13.12
104400	4East	12.99	11.58	10.58	N/A	10.67
104500	Postpartum	8.12	7.71	8.01	8.01	8.012
104602	Peds Acute	12.00	12.45	13.54	Closed	Closed
105411	Labor & Delivery	39.00	37.19	41.59	41.59	39.0
105431	Operating Room	0.11	0.10	0.10	0.11	0.11
105434	Preop Services / PACU combined	2.38	5.65	5.20	5.20	5.65
105437	PACU	4.69	NA	Combine	Combine	
105482	Adult ED	3.50	3.317	3.25	3.25	3.25
105484	Peds ED	3.00	2.63	3.02	Closed	closed
805482	Maryvale ED	N/A	N/A	3.2	3.01	3.2
105475	Infusion Center	N/A	N/A		6.5	0.821

*Based on Vizient Action OI Benchmarks

Dept #	Department	<i>Annual Worked Hours Per Stat</i>					
		2013	2014	2015	2016	2017	2018
104101	SICU NS 44	23.00	22.33	21.00	20.09	20.64	21.39
104102	MICU NS 52	22.00	22.37	21.00	20.80	20.33	21.12
104104	PICU NS 34	22.45	20.77	22.41	22.30	20.81	20.81
104105	NICU NS 25	14.02	14.26	13.58	13.72	13.72	14.05
104201	Burn Adult NS 71	17.75	13.56	13.34	12.90	12.33	12.90
104202	Burn Peds NS 72	13.34	13.28	12.99	12.10	12.10	13.29
104203	Burn Center NS 43	27.86	21.33	20.96	21.00	20.09	21.62
104401	Med/Surg/Trauma NS 42	13.21	12.65	11.68	12.20	12.34	12.08
104404	Med/Onc NS 61	12.45	12.04	11.58	10.93	10.99	11.43
104406	Step Down Unit NS 51	17.00	15.61	14.25	13.74	14.13	14.75
104500	Postpartum NS 22	15.30	15.83	14.05	13.64	12.65	8.32
104602	Peds Acute NS 32	13.72	12.91	12.63	12.33	12.12	11.98
105411	Labor & Delivery NS 21	31.40	31.61	29.96	30.84	33.41	36.44
105431	Operating Room	0.12	0.12	0.11	0.11	0.11	0.11
105434	Preop Services	X	X	X	2.97	2.29	2.39
105437	PACU	0.04	0.04	0.04	0.04	0.05	0.05
105482	Adult Emergency	3.56	3.30	3.10	3.01	3.03	3.54
105484	Pediatric Emergency	3.02	2.88	2.90	2.99	2.72	2.80

X = intentionally left blank

Beds Available per Unit and Nurse Patient Ratios

Nursing Station	Cost Center	Bed Capacity	Nurse Ratio	Floor
Burn ICU	104203 NS 43	19	1-4:1	1
Labor and Delivery	105411 NS 21	20	1-3:1	2
Postpartum	104500 NS 22	27	3:1 (mom/baby 6:1)	2
NICU	104105 NS 25	31(CCC cribs available for use)	2:1	2
		8-10	4:1	3
Pediatric Acute	104602 NS 32			
		7	2:1	3
PICU	104104 NS 34			
Surgical	104401 NS 42	33	4-5:1	4
4East	104400 NS 4E	13	3-4:1	4
SICU	104101 NS 44	13	2:1	4
MICU South	104102 NS 52	11	2:1	5
APCU	104406 NS 51	23	3-4:1	5
MICU West	104406 NS 50	9	ICU or Stepdown overflow	5
Medical	104404 NS 61/62	38	4-5:1	6
Burn Adult	104201 NS 71/73	23	4:1	7
Burn Peds	104202 NS 72	5	3:1	7
IDU 1	104301	12	2:1	1
IDU 3	104303 NS 32	30	1-5:1	3
Infusion Center	105475 Lombardi	3 Chairs	3:1	6

Flex Matrices Based on Patient Volumes and Skill Mix:

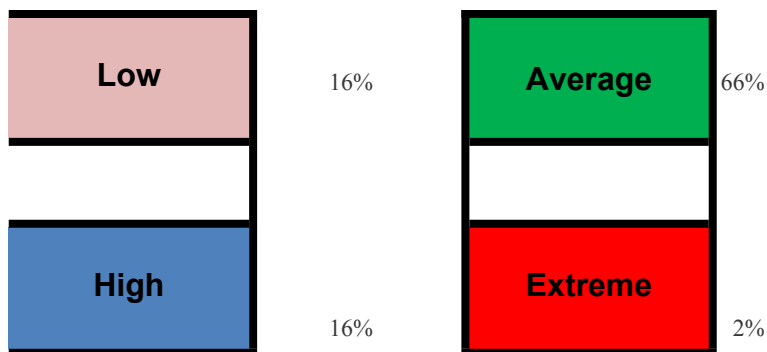
As volume increases, additional resources are needed to ensure quality care for the patients being served. When volume increases, the following tables indicate how the staffing resources should be increased and conversely decreased to meet the demands of volume. In addition, the following tables indicated the staffing mix (professional/paraprofessionals required for the specific units).

Various factors influence the hospital census or number of patients such as RSV season, economic and political factors, etc. This necessitates the nursing leadership to utilize **FLEX** staffing. Flexing means to increase or decrease the number of staff to meet the needs of the patient population. The following grids do not account for patient acuity. Patient acuity may increase or decrease the amount of staff required to meet the medical needs of the patients being served.

Patient Acuity

Valleywise Health currently uses the Kronos®Scheduler Extension system for classifying patients according to an acuity system. The acuity system does not replace nursing judgment and is utilized to ensure the adequate numbers of nurses are assigned to ensure safe practice. Each area created a patient acuity/classification system specific to each nursing unit. For most units, there are four levels of acuity: Low, Medium, High, and Extreme. Every patient who has been on the unit at any time during the shift receives an acuity classification (contact census). Each acuity level has a numeric value associated with it. Consequently, a unit's acuity adjusted census could be higher or lower than the actual number of patients. Statistics show that, over time, patients fall into an expected distribution which is seen below. The medium level of acuity or the "average" patient for any unit should reflect about 66% of the total patient population.

"Average" is budgeted HPPD (Hours per Patient Day)



The benefits of which are:

1. Enabling assignments to be made in a more evenly distributed manner;
2. Matching nursing resources to patient needs;
3. Recording all patients' acuity levels;
4. Providing real-time actionable data;
5. Projecting staffing needs;
6. Capturing staffing effectiveness data; and
7. Justifying staffing levels.

Unit Guidelines (in Kronos Workforce Extensions-Scheduler Extension)

VALLEYWISE HEALTH: Nursing Burn Adult

LOW ACUITY

- ADLS: Independent or minimal assistance
- Behavior: No acute episodes, no security assistance
- Cardiac/Arrhythmias: None; monitored or unmonitored
- Chest Pain: None
- Education: Simple discharge, up to 15 mins required
- ETOH: No active WD
- Fall Risk: Standard without redirection
- Interventions: Routine assessments, VS, neurochecks Q shift
- Medications: Routine meds PO with less than 2 PO/IM/IV PRN meds per shift, IV-SL or TKO
- O2 Requirements: RA; minimal O2 &/or no distress
- Psychosocial: No assistance needed
- Sepsis: No positive SIRS criteria with no signs of decompensation
- Treatments: simple dressings (<30 minutes total), no more than one medication needed for dressing change, monitoring low output drains, selfcare ostomy

AVERAGE ACUITY

- LS: Independent or need 1-person assistance
- Behavior: Camera monitoring, reinforcement of emotional needs, no security needed
- Cardiac/Arrhythmias: Telemetry, no cardiac IV medications, stable
- Chest Pain: Hx of chest pain, no acute issues, stable
- Education: 15-30 mins required
- ETOH: AWS Level 3
- Fall Risk: Standard or high without redirection
- Interventions: Shift assessment, VS Q 4, I/O Q 4
- Medications: Q 4hr with Q 4hr PRN meds, PCA pump, continuous IVF, up to 3 IVPB per shift, 1 IV start per shift
- O2 Requirements: NC, established trach care, continuous pulse ox, suction Q 4hr
- Psychosocial: Patient with adequate social support system
- Sepsis: Patient stable, no mental status changes
- Stable admission/Stable post op
- Telemetry monitoring
- Treatments: simple skin/wound care (< 1hr), wound care requires less than 2 medications to complete the dressing), central line care, AccuChek ac/hs and/or q6hrs, foley, ostomy care

HIGH ACUITY

- ADLS: Frequent assist requiring 3 or more personnel
- Behavior: Non-violent restraints; 1:1 or 2:1 monitoring, up to 2 security calls to unit
- Cardiac/Arrhythmias: Telemetry monitoring with concern, STAT EKG workup performed
- Chest Pain: Chest pain/pressure with EKG workup, or nitro administered
- Education: Greater than 30mins required, new condition education
- ETOH: AWS Level 2
- Fall Risk: High fall risk requiring frequent redirection impulsive/aggressive behaviors; multiple falls, 24hrs post fall w/ injury
- Interventions: Assessments, VS Q 2, neurochecks Q 2-4 hours, doppler checks Q 2hr, I/O Q 2

- Medications: 2 or more IV starts per shift, 4 or more IVPB per shift, IVF greater than 300 ml/hr. and 2 or more IV boluses per shift, complex PCA (ETCO2 alarming, pain remains uncontrolled, change syringe >2x per shift)
- O2 Requirements: Simple mask, new trach care, continuous pulse ox with intervention
- Patient safety--requires frequent rounding, i.e., q15-30 minutes
- Patients who ingest foreign objects, 1:1 sitter or BHT
- PCA requiring frequent adjustments/interventions
- Procedural Sedation during shift
- Psych - COT or COE flight risk- AMA/Medical hold/camera/with orders for dedicated monitoring personnel
- Psychosocial: Complex social issues requiring team intervention; Authorities involvement APS/DCS/RISK/Legal notification
- Respiratory/ostomy care with nursing interventions more frequent than q4hrs
- Restrained, agitated, combative requiring nursing interventions
- Sepsis: SIRS criteria 2 or greater
- Total dependency on nursing staff for ADL needs--complete bath/feeds
- Treatments: Complex/major dressing changes >1 hr, wound care requires more than 2 medications to complete the dressing, high output drain/ostomy, CBI, ostomy care more than Q 4hrs,
- VAC dressing change greater than 30 minutes by nursing

EXTREME ACUITY

- ADLS: End of life patient
- Behavior: Violent restraints, patient destruction of property or actively suicidal/homicidal with attempt, Code Grey
- Cardiac/Arrhythmias: Unstable, possibly deteriorating into life threatening situations
- Chest Pain: EKG with ischemia/abnormalities, transfer to higher level care
- Education: N/A
- ETOH: Uncontrolled with maximum medication orders, APCU/MICU transfer
- Fall Risk: Fall on shift with new injury
- Interventions: Rapid response, Code Blue
- Medications: Code Blue/ACLS
- O2 Requirements: Unstable airway/patient decompensating, NRB mask
- Psychosocial: Successful AMA Hold elopement, campus search and authorities' notification
- Sepsis: Rapid Response, deteriorating patient (<90 SBP, HR 150, RR >40)
- Treatments: STAT Chest Tube placement at bedside

VALLEYWISE HEALTH: Nursing Burn Center

LOW ACUITY

- ADLS: Independent or minimal assistance
- Behavior: No acute episodes, no security assistance
- Cardiac/Arrhythmias: None; monitored or unmonitored
- Chest Pain: None
- Education: Simple discharge, up to 15 mins required
- ETOH: No active WD
- Fall Risk: Standard without redirection
- Interventions: Routine assessments, VS, neurochecks Q shift
- Medications: Routine meds PO with less than 2 PO/IM/IV PRN meds per shift, IV-SL or TKO
- O2 Requirements: RA; minimal O2 &/or no distress
- Psychosocial: No assistance needed
- Sepsis: No positive SIRS criteria with no signs of decompensation
- Treatments: simple dressings (<30 minutes total), no more than one medication needed for dressing change, monitoring low output drains, selfcare ostomy

AVERAGE ACUITY

- ADLS: Independent or need 1-person assistance
- Behavior: Camera monitoring, reinforcement of emotional needs, no security needed
- Cardiac/Arrhythmias: Central telemetry, no cardiac IV medications, stable
- Chest Pain: Hx of chest pain, no acute issues, stable
- Education: 15-30 mins required
- ETOH: AWS Level 3
- Fall Risk: Standard or high without redirection
- Interventions: Shift assessment, VS Q 4, I/O Q 4, Neurovascular checks Q 2-4hrs
- Medications: Q 4hr with Q 4hr PRN meds, PCA pump, continuous IVF, up to 3 IVPB per shift, 1 IV start per shift
- O2 Requirements: NC, established trach care, continuous pulse ox, suction Q 4hr
- Psychosocial: Patient with adequate social support system
- Sepsis: Patient stable, no mental status changes
- Stable admission/Stable post op/Routine discharge/transfer
- Treatments: simple skin/wound care (< 1hr), wound care requires less than 2 medications to complete the dressing), central line care, AccuChek ac/hs and/or q6hrs, foley, ostomy care, blood products 1-2u with NO adverse reaction

HIGH ACUITY

- ADLS: Frequent assist requiring 3 or more personnel for ambulation, total dependency on nursing staff for ADL
- Behavior: Non-violent restraints; 1:1 or 2:1 monitoring, up to 2 security calls to unit
- Cardiac/Arrhythmias: Bedside telemetry monitoring, telemetry with cardiac concern, electrolyte/acid-base imbalance requiring intervention q 2hrs
- Education: Greater than 30mins required, new condition education
- ETOH: AWS Level 2
- Fall Risk: High fall risk requiring frequent redirection impulsive/aggressive behaviors; multiple falls, 24hrs post fall w/ injury
- Interventions: Assessments, VS Q 2, I/O Q 2

- Medications: 4 or more IVPB per shift, IVF greater than 300 ml/hr. and 2 or more IV boluses per shift, complex PCA (ETCO2 alarming, pain remains uncontrolled, change syringe >2x per shift), multiple titratable drips, IV or IM medications q 2 hrs.
- O2 Requirements: Increased respiratory needs, new trach care, continuous pulse ox with intervention, ventilator stable, non-intubated inhalation injuries
- Procedural Sedation during shift
- Psychosocial: Complex social issues requiring team intervention; Authorities involvement APS/DCS/RISK/Legal notification, unaccompanied pediatric patient
- Respiratory/ostomy care with nursing interventions more frequent than q2hrs
- Sepsis: SIRS criteria 2 or greater
- Treatments: Complex/major dressing changes >1 hr., continuous bladder irrigation, high output drain/ostomy, CBI, ostomy care more than Q 4hrs, bedside procedures, blood products >2u with NO adverse reaction
- DNR with death expected, emotional support to family and postmortem care
- Unstable post-op requiring frequent monitoring and interventions, uncontrolled pain/nausea/etc.,
- Burn: circumferential burns requiring neurochecks/doppler checks Q 1-2 hours, TBSA >10% with preexisting condition
- Extreme MDRO requiring 1:1 with progressive/acute level of care

EXTREME ACUITY

- 5 or more high acuity items
- Unstable to the point of life-threatening condition that will result in immediate interventions
- Cardiac: code blue, <24 hours post code, multiple pressors, emergent ACS protocol
- Fluid resuscitation first 48 hours post burn
- Interventions: Off unit transport with RN > 1 hr., mass transfusion , complex dressing >4hrs
- Medications: IV/IM medications q 30 mins prn
- Respiratory: Unstable airway/patient actively decompensating or requiring frequent interventions, roto-bed, allergic reaction w/ respiratory distress, intubated pediatric patient
- Ventilated prone patient with burn injury
- RASS > +2 with weaning ventilator in conjunction with weaning continuous sedation and pain
- CRRT
- Bedside OR
- Extreme MDRO requiring 1:1 with ICU level care

VALLEYWISE HEALTH: Nursing Burn Peds

LOW ACUITY

- Antibiotics oral
- IV access
- No dressing changes
- Observation patient
- Routine Admission
- Routine Discharge
- Self-care/ambulatory
- Stable

AVERAGE ACUITY

- Education: Simple or reinforced
- Hemodynamically stable, VS Q4hrs, routine assessment
- Reinforcement of emotional needs
- Routine care with minimal assistance
- Routine discharge/transfer
- Routine medications PO and 1 or less IM/IV med
- Routine vital signs
- Simple dressing
- Sleeps/rests entire shift requires only visual checks

HIGH ACUITY

- Bedside procedures
- Blood product 2 units or less with NO reactions
- Complex dressing >2hrs
- Education: New diagnosis or teaching, instructions to parents or guardian
- High risk of falls
- IV or IM medications q4hrs PRN
- Monitoring of JP drains, Foley, tubes, drains
- Total assist with ADLs

- Unaccompanied Pediatric Patient
- Uncontrolled pain, nausea, etc.
- Unaccompanied pediatric patient

EXTREME ACUITY

- Code
- Respiratory Distress
- Transfer to higher level of care

VALLEYWISE HEALTH: Nursing Surg Trauma

LOW ACUITY

- ADLS: Independent or minimal assistance
- Behavior: No acute episodes, no security assistance
- Cardiac/Arrhythmias: None; monitored or unmonitored
- Chest Pain: None
- Education: Simple discharge, up to 15 mins required
- ETOH: No active WD
- Fall Risk: Standard without redirection
- Interventions: Routine assessments, VS, neurochecks Q shift
- Medications: Routine meds PO with less than 2 PO/IM/IV PRN meds per shift, IV-SL or TKO
- O2 Requirements: RA; minimal O2 &/or no distress
- Psychosocial: No assistance needed
- Sepsis: No positive SIRS criteria with no signs of decompensation
- Treatments: simple dressings (<30 minutes total), no more than one medication needed for dressing change, monitoring low output drains, selfcare ostomy

AVERAGE ACUITY

- ADLS: Independent or need 1-person assistance
- Behavior: Camera monitoring, reinforcement of emotional needs, no security needed
- Cardiac/Arrhythmias: Telemetry, no cardiac IV medications, stable
- Chest Pain: Hx of chest pain, no acute issues, stable
- Education: 15-30 mins required
- ETOH: AWS Level 3
- Fall Risk: Standard or high without redirection
- Interventions: Shift assessment, VS Q 4, I/O Q 4
- Medications: Q 4hr with Q 4hr PRN meds, PCA pump, continuous IVF, up to 3 IVPB per shift, 1 IV start per shift
- O2 Requirements: NC, established trach care, continuous pulse ox, suction Q 4hr
- Psychosocial: Patient with adequate social support system
- Sepsis: Patient stable, no mental status changes
- Stable admission/Stable post op
- Telemetry monitoring
- Treatments: simple skin/wound care, uncomplicated dressing changes, central line care, vitals q4hrs, AccuChek ac/hs and/or q6hrs, continuous pulse
- Treatments: simple skin/wound care (< 1hr), wound care requires less than 2 medications to complete the dressing), central line care, AccuChek ac/hs and/or q6hrs, foley, ostomy care

HIGH ACUITY

- ADLS: Frequent assist requiring 3 or more personnel
- Behavior: Non-violent restraints; 1:1 or 2:1 monitoring, up to 2 security calls to unit
- Cardiac/Arrhythmias: Telemetry monitoring with concern, STAT EKG workup performed
- Chest Pain: Chest pain/pressure with EKG workup, or nitro administered
- Education: Greater than 30mins required, new condition education
- ETOH: AWS Level 2
- Fall Risk: High fall risk requiring frequent redirection impulsive/aggressive behaviors; multiple falls, 24hrs post fall w/ injury
- Interventions: Assessments, VS, neurochecks Q 1-4 hours, doppler checks Q 2hr
- Medications: 2 or more IV starts per shift, 4 or more IVPB per shift, IVF greater than 300 ml/hr. and 2 or more IV boluses per shift, complex PCA (ETCO2 alarming, pain remains uncontrolled, change syringe >2x per shift)
- O2 Requirements: Simple mask, new trach care, continuous pulse ox with intervention
- Patient safety--requires frequent rounding, i.e., q15-30 minutes
- Patients who ingest foreign objects, 1:1 sitter or BHT
- Procedural Sedation during shift
- Psych - COT or COE flight risk- AMA/Medical hold/camera/with orders for dedicated monitoring personnel
- Psychosocial: Complex social issues requiring team intervention; Authorities involvement APS/DCS/RISK/Legal notification
- Respiratory/ostomy care with nursing interventions more frequent than q4hrs
- Restrained, agitated, combative requiring nursing interventions
- Sepsis: SIRS criteria 2 or greater
- SPCU stats 4:1 ratio
- Total dependency on nursing staff for ADL needs--complete bath/feeds
- Treatments: Complex/major dressing changes >1 hr., wound care requires more than 2 medications to complete the dressing, high output drain/ostomy, CBI, ostomy care more than Q 4hrs
- VAC dressing changes greater than 30 minutes by nursing

EXTREME ACUITY

- ADLS: End of life patient
- Behavior: Violent restraints, patient destruction of property or actively suicidal/homicidal with attempt, Code Grey
- Cardiac/Arrhythmias: Unstable, possibly deteriorating into life threatening situations
- Chest Pain: EKG with ischemia/abnormalities, transfer to higher level care
- Education: N/A
- ETOH: Uncontrolled with maximum medication orders, APCU/MICU transfer
- Fall Risk: Fall on shift with new injury
- Interventions: Rapid response, Code Blue
- Medications: Code Blue/ACLS
- O2 Requirements: Unstable airway/patient decompensating, NRB mask
- Psychosocial: Successful AMA Hold elopement, campus search and authorities' notification
- Sepsis: Rapid Response, deteriorating patient (<90 SBP, HR 150, RR >40)
- Treatments: STAT Chest Tube placement at bedside

VALLEYWISE HEALTH: Nursing 4 East

LOW ACUITY

- ADLS: Independent or minimal assistance
- Behavior: No acute episodes, no security assistance
- Cardiac/Arrhythmias: None; monitored or unmonitored
- Chest Pain: None
- Education: simple discharge, up to 15mins required
- ETOH: No active WD
- Fall Risk: Standard without redirection
- Interventions: Assessments, VS, neurochecks Q shift
- Medications: Routine meds PO with less than 2 PO/IM/IV PRN meds per shift, IV-SL or TKO
- Oxygen Requirements: RA; minimal O2 &/or no distress
- Psychosocial: no assistance needed
- Sepsis: No positive SIRS criteria with no signs of decompensation
- Treatments: simple dressings (<30 minutes total), no more than one medication needed for dressing change, monitoring low output drains, selfcare ostomy

AVERAGE ACUITY

- ADLS: Independent or need 1-person assistance
- Behavior: camera monitoring, reinforcement of emotional needs, no security needed
- Cardiac/Arrhythmias: Telemetry, no cardiac IV medications, stable
- Chest Pain: Hx of chest pain, no acute issues, stable
- Education: 15-30 mins required
- ETOH: AWS Level 3
- Fall Risk: Standard or high without redirection
- Interventions: Shift assessment, VS Q 4, I/O Q 4
- Medications: Q 4hr with Q 4hr PRN meds, PCA pump, continuous IVF, up to 3 IVPB per shift, 1 IV start per shift
- O2 Requirements: NC, established trach care, continuous pulse ox, suction Q 4hr
- Psychosocial: patient with adequate social support system
- Sepsis: Patient stable, no mental status changes
- Stable admission/stable post op
- Telemetry monitoring
- Treatments: simple skin/wound care (< 1hr), wound care requires less than 2 medications to complete the dressing), central line care, AccuChek ac/hs and/or q6hrs, foley, ostomy care

HIGH ACUITY

- ADLS: Frequent assist requiring 3 or more personnel
- Behavior: Non-violent restraints; 1:1 or 2:1 monitoring, up to 2 security calls to unit
- Cardiac/ Arrhythmias: Telemetry monitoring with concern, STAT EKG workup performed
- Chest Pain: Chest pain/pressure with EKG workup, or nitro administered
- Education: greater than 30 mins required, new condition education
- ETOH: AWS Level 2
- Fall Risk: High fall risk requiring frequent redirection impulsive/aggressive behaviors; multiple falls, 24hrs post fall w/ injury
- Interventions: Assessments, VS Q 2, neurochecks Q 2-4 hours, doppler checks Q 2hr, I/O Q 2

- Medications: 2 or more IV starts per shift, 4 or more IVPB per shift, IVF greater than 300 ml/hr. and 2 or more IV boluses per shift, complex PCA (ETCO2 alarming, pain remains uncontrolled, change syringe >2x per shift)
- O2 requirements: Simple mask, new trach care, continuous pulse ox with intervention
- Psychosocial: Complex social issues requiring team intervention; Authorities involvement APS/DCS/RISK/Legal notification
- Sepsis: SIRS criteria 2 or greater
- Total dependency on nursing staff for ADL needs--complete bath/feeds
- Treatments: Complex/major dressing changes >1 hr., wound care requires more than 2 medications to complete the dressing, high output drain/ostomy, CBI, ostomy care more than Q 4hrsVAC dressing change greater than 30 minutes by nursing

EXTREME ACUITY

- ADL: End of life patient
- Behavior: Violent restraints, patient destruction of property or actively suicidal/homicidal with attempt, Code Grey
- Cardiac/Arrhythmias: Unstable, possibly deteriorating into life threatening situations
- Chest pain: EKG with ischemia/abnormalities, transfer to higher level care
- Education: n/a
- ETOH: Uncontrolled with maximum medication orders, APCU/MICU transfer
- Fall Risk: Fall on shift with new injury
- Interventions: Rapid Response, Code Blue
- Medications: Code Blue/ACLS
- O2 Requirements: Unstable airway/patient decompensating, NRB mask
- Psychosocial: Successful AMA Hold elopement, campus search and authorities' notification
- Sepsis: Rapid Response, deteriorating patient (<90 SBP, HR 150, RR > 40)
- Treatment: STAT Chest Tube placement at bedside

VALLEYWISE HEALTH: Nursing Med Oncology

LOW ACUITY

- ADLS: Independent or minimal assistance
- Behavior: No acute episodes, no security assistance
- Cardiac/Arrhythmias: None; monitored or unmonitored
- Chest Pain: None
- Education: Simple discharge, up to 15 mins required
- ETOH: No active WD
- Fall Risk: Standard without redirection
- Interventions: Assessments, VS, neurochecks Q shift
- Medications: Routine meds PO with less than 2 PO/IM/IV PRN meds per shift, IV-SL or TKO
- Oxygen Requirements: RA; minimal O2 &/or no distress
- Psychosocial: No assistance needed
- Sepsis: No positive SIRS criteria with no signs of decompensation
- Treatments: simple dressings (<30 minutes total), no more than one medication needed for dressing change, monitoring low output drains, selfcare ostomy

AVERAGE ACUITY

- ADLS: Independent or need 1-person assistance
- Behavior: Camera monitoring, reinforcement of emotional needs, no security needed
- Cardiac/Arrhythmias: Telemetry, no cardiac IV medications, stable
- Chest Pain: Hx of chest pain, no acute issues, stable
- Education: 15-30 mins required
- ETOH: AWS Level 3
- Fall Risk: Standard or high without redirection
- Interventions: Shift assessment, VS Q 4, I/O Q 4
- Medications: Q 4hr with Q 4hr PRN meds, PCA pump, continuous IVF, up to 3 IVPB per shift, 1 IV start per shift
- O2 Requirements: NC, established trach care, continuous pulse ox, suction Q 4hr
- Psychosocial: Patient with adequate social support system
- Sepsis: Patient stable, no mental status changes
- Stable admission/Stable post op

- Telemetry monitoring
- Treatments: simple skin/wound care (< 1hr), wound care requires less than 2 medications to complete the dressing), central line care, AccuChek ac/hs and/or q6hrs, foley, ostomy care

HIGH ACUITY

- ADLS: Assist requiring 3 or more personnel
- Behavior: Non-Violent restraints; 1:1 or 2:1 monitoring, up to 2 security calls to unit
- Cardiac/Arrhythmias: Telemetry monitoring with concern, STAT EKG workup performed
- Chest Pain: Chest pain/pressure with EKG workup, or nitro administered
- Education: Greater than 30 mins required, new condition education
- ETOH: AWS Level 2
- Fall Risk: High fall risk requiring frequent redirection impulsive/aggressive behaviors; multiple falls, 24hrs post fall w/ injury
- Interventions: Assessments, VS, neurochecks Q 2-4 hours, doppler checks Q 2hr, I/O Q 2
- Medications: 2 or more IV starts per shift, 4 or more IVPB per shift, IVF greater than 300 ml/hr. and 2 or more IV boluses per shift, complex PCA (ETCO2 alarming, pain remains uncontrolled, change syringe >2x per shift)
- O2 Requirements: Simple mask, new trach care, continuous pulse ox with intervention
- Patient safety--requires frequent rounding, i.e., q15-30 minutes
- Patients who ingest foreign objects, 1:1 sitter or BHT
- PCA requiring frequent adjustments/interventions
- Procedural Sedation during shift
- Psych - COT or COE flight risk- AMA/Medical hold/camera/with orders for dedicated monitoring personnel
- Respiratory/ostomy care with nursing interventions more frequent than q4hrs
- Restrained, agitated, combative requiring nursing interventions
- Sepsis: Sepsis protocol initiated
- Sepsis: SIRS criteria 2 or greater
- Total dependency on nursing staff for ADL needs--complete bath/feeds
- Treatments: Complex drsg change >30 min, >3 blood products w/o ADR
- Treatments: Complex/major dressing changes >1 hr., wound care requires more than 2 medications to complete the dressing, high output drain/ostomy, CBI, ostomy care more than Q 4hrs.

EXTREME ACUITY

- ADL: Total Care and end of life patient
- Behavior: Violent restraints, patient destruction of property or actively suicidal/homicidal with attempt, Code Grey
- Cardiac/Arrhythmias: Unstable, possibly deteriorating into life threatening situations
- Chest Pain: EKG with ischemia/abnormalities, transfer to higher level care
- Education: N/A
- ETOH: Uncontrolled with maximum medication orders, APCU/MICU transfer
- Fall risk: Fall Risk: Fall on shift with new injury
- Interventions: Rapid response, Code Blue
- Medications: Code Blue/ACLS
- O2 Requirements: Unstable airway/patient decompensating, NRB mask
- Psychosocial: Successful AMA Hold elopement, campus search and authorities' notification
- Sepsis: Rapid Response, deteriorating patient (<90 SBP, HR 150, RR >40)
- Treatments: STAT Chest Tube placement at bedside

VALLEYWISE HEALTH: Nursing Step Down

LOW ACUITY

- ADLs: Independent or minimal assistance
- Behavior: No acute episodes; no security assistance
- Cardiac/Arrhythmias: None; monitored or unmonitored
- Chest Pain: None
- Education: simple discharge, up to 15 mins required
- ETOH: No active WD
- Fall Risk: Standard without redirection
- Interventions: Assessments, VS, neurochecks Q shift
- Medications: Routine meds PO with less than 2 PO/IM/IV PRN meds per shift, IV-SL or TKO
- Oxygen Requirements: RA; minimal O2 &/or no distress
- Psychosocial: no assistance needed
- Sepsis: No positive SIRS criteria with no signs of decompensation
- Treatments: simple dressings (<30 minutes total), no more than one medication needed for dressing change, monitoring low output drains, selfcare ostomy

AVERAGE ACUITY

- ADLs: Independent or need 1- person assistance
- Behavior: Camera monitoring, reinforcement of emotional needs, no security needed
- Cardiac/Arrhythmias: Telemetry, no cardiac IV medications, stable
- Chest pain: Hx of chest pain, no acute issues, stable
- Education: 15-30 mins required
- ETOH: AWS Level 3
- Fall Risk: Standard or high without redirection
- Interventions: Shift assessment, VS Q 4, I/O Q 4
- Medications: Q 4hr with Q 4hr PRN meds, PCA pump, continuous IVF, up to 3 IVPB per shift, 1 IV start per shift
- O2 Requirements: NC, established trach care, continuous pulse ox, suction Q 4hr
- Psychosocial: Patient with adequate social support system
- Sepsis: Patient stable, no mental status changes
- Treatments: simple skin/wound care (< 1hr), wound care requires less than 2 medications to complete the dressing), central line care, AccuChek ac/hs and/or q6hrs, foley, ostomy care

HIGH ACUITY

- ADLs: Frequent assist requiring 3 or more personnel
- Behavior: Violent restraints; frequent security calls to the unit
- Cardiac/Arrhythmias: Telemetry monitoring with concern, STAT EKG workup performed
- Chest Pain: Chest pain/pressure with EKG workup, or nitro administered
- Education: Greater than 30 mins required, new condition education
- ETOH: AWS Level 2
- Fall Risk: High fall risk requiring frequent redirection impulsive/aggressive behaviors; multiple falls, 24hrs post fall w/ injury
- Interventions: Assessments, VS Q 2, neurochecks Q 2-4 hours, doppler checks Q 2hr, I/O Q 2
- Medications: 2 or more IV starts per shift, 4 or more IVPB per shift, IVF greater than 300 ml/hr. and 2 or more IV boluses per shift, complex PCA (ETCO2 alarming, pain remains uncontrolled, change syringe >2x per shift)
- O2 Requirements: Simple mask, new trach care, continuous pulse ox with intervention
- Patient safety--requires frequent rounding, i.e., q15-30 minutes
- Patients who ingest foreign objects, 1:1 sitter or BHT

- PCA requiring frequent adjustments/interventions
- Procedural Sedation during shift
- Psych - COT or COE flight risk- AMA/Medical hold/camera/with orders for dedicated monitoring personnel
- Psychosocial: Complex social issues requiring team intervention; Authorities involvement APS/DCS/RISK/Legal notification
- Sepsis: SIRS criteria 2 or greater
- Total dependency on nursing staff for ADL needs--complete bath/feeds
- Treatments: Complex/major dressing changes >1 hr., wound care requires more than 2 medications to complete the dressing, high output drain/ostomy, CBI, ostomy care more than Q 4hrs,
- VAC dressing change greater than 30 minutes by nursing

EXTREME ACUITY (3:1s)

- ADL: End of life patient
- Arrhythmias: unstable, possibly deteriorating into life threatening situations
- Behavior: Violent restraints, patient destruction of property or actively suicidal/homicidal with attempt, Code Grey
- Cardiac/Arrhythmias: Unstable, possibly deteriorating into life threatening situations
- Education: n/a
- ETOH: Uncontrolled with maximum medication orders, APCU/MICU transfer
- Fall Risk: Fall on shift with new injury
- Interventions: Rapid Response, Code Blue
- Medications: Code Blue/ACLS
- O2 Requirements: Unstable airway/patient decompensating, NRB mask
- Psychosocial: Successful AMA Hold elopement, campus search and authorities' notification
- Sepsis: Rapid Response, deteriorating patient (<90 SBP, HR 150, RR >40)
- Treatments: STAT Chest Tube placement at bedside

VALLEYWISE HEALTH: Nursing MICU

LOW ACUITY

- Possible transfer to lower level of care
- Simple treatment (uncomplicated dressing changes, chest tube, trach care)
- Stable medications, Accu-Cheks, VS
- Stable skilled assessments, VS, neuro checks, CVP readings

AVERAGE ACUITY

- Blood product up to 3 units with no reactions
- CAPD with 6 exchanges or cyclor
- Cardioversion
- Dialysis new treatment
- DNR/Palliative care meeting with family
- Invasive hemodynamic monitoring
- Lumbar drain - Not monitored
- On ventilator requiring suctioning, trach care
- Restrained requiring frequent checks
- Teaching: Patient and family requiring greater than 60 minutes on a shift
- Uncontrolled pain, frequent medications, PCA CDAD pump
- Unmonitored EVD
- Vasoactive Medication, drips, titration

HIGH ACUITY

- 1:1 care required outside the department greater than 1 hour
- 5 or more average items
- Balloon pump
- Bedside procedure - EGD, Perc trach Perc. Peg, EVD placement
- Complex dressing changes, leech and magnet therapy
- Complex family dynamics
- CRRT
- Danger to self-requiring suicidal or homicidal patient
- Hypothermia Protocol
- Medication desensitization (ASA, PCN)
- Roto Bed
- Unstable multiple titrations to achieve and maintain stability – actively titrating
- Unstable respiratory - requiring vent changes lab draw suction >2 hrs.
- Ventriculostomy monitor - frequent interventions

EXTREME ACUITY

- 5 or more high items
- Code Blue
- Danger to self-requiring suicidal or homicidal patient
- Mass transfusion
- Open abdominal bedside surgery
- Unstable to the point of life-threatening condition that will result in immediate interventions

VALLEYWISE HEALTH: Nursing SICU

LOW ACUITY

- Simple treatment (uncomplicated dressing changes, chest tube, trach care)
- Stable medications, Accu-Chek, VS
- Stable skilled assessments, VS, neuro checks, CVP readings
- Waiting for transfer to lower level of care

AVERAGE ACUITY

- Blood product up to 3 units with no reactions
- CAPD with 6 exchanges or cyclor
- Cardioversion
- Dialysis new treatment
- DNR/Palliative care meeting with family
- Invasive hemodynamic monitoring
- Lumbar drain - Not monitored
- On ventilator requiring suctioning, trach care
- Restrained, requiring frequent checks
- Teaching: Patient and family requiring greater than 60 minutes on a shift
- Uncontrolled pain, frequent medications, PCA CDAD pump
- Unmonitored EVD
- Vasoactive Medication, drips, titration

HIGH ACUITY

- 1:1 care required outside the department greater than 1 hour
- Balloon pump
- Bedside procedure - EGD, Perc trach Perc. Peg, EVD placement
- Blood products/platelets greater than 3 units
- Complex dressing changes, leech and magnet therapy
- Complex family dynamics
- CRRT
- Danger to self-requiring suicidal or homicidal patient
- Medication desensitization (ASA, PCN)
- Roto Bed
- Unstable multiple titrations to achieve and maintain stability
- Unstable respiratory - requiring vent changes lab draw suction >2 hrs.
- Ventriculostomy monitor - frequent interventions
- Wean from vent

EXTREME ACUITY

- Code Blue
- Danger to self-requiring suicidal or homicidal patient
- Mass transfusion
- Open abdominal bedside surgery
- Unstable to the point of life-threatening condition that will result in immediate interventions

VALLEYWISE HEALTH: Nursing Labor & Delivery

LOW ACUITY

- Low intervention antes and couplets that can be 1:2 or 1:3

AVERAGE ACUITY

- Normal Laboring patients with or without an epidural. High intervention antes.

HIGH ACUITY

- Pts who are 1:1 for the shift. Pts on Magnesium and Pitocin or high risk or with multiple social issues

EXTREME ACUITY

- ICU status patients or those that require an RN at the bedside for the shift

VALLEYWISE HEALTH: Nursing Postpartum

LOW ACUITY

- ADL: independent, self-care with oral meds
- Formula fed baby/independent
- Waiting for discharge and or transfer

AVERAGE ACUITY

- ADLs: Independent, stable, routine assessments, post-delivery care
- Antepartum patient with NST
- Blood or blood products administration up to 2 units on shift with NO adverse reaction
- Breast feeding assistance/feeding support
- Complex family dynamics/CPS
- Complex medication administrations/multiple antibiotics
- Complex teaching/emotional support
- Couplet (mom and baby)
- Discharge /transfer (includes discharge teaching and paperwork) routine
- Frequent Accu-Cheks
- GYN postop patients
- Insulin and diabetic teaching/reinforcement
- Language barriers (Spanish)
- Multiple routine medications; greater the 4 PRN administrations per shift
- PIH (pregnancy induced hypertension): stable
- Postpartum C-section
- Postpartum hemorrhage: Stable
- Postpartum vaginal delivery
- Psych issues requiring more instructions and time spent at bedside/sitter needed
- Teaching instructions to patient/family requiring less than 30 minutes per shift

HIGH ACUITY

- Active postpartum hemorrhage
- ADLs; Needs assistance (1 staff required)
- Blood administration greater than 2 units

- Communication and/ or emotional needs requiring frequent interventions
- Complex antepartum, postpartum or GYN patient/PCA
- Eclamptic seizures/preeclamptic protocols
- Heparin infusion
- Isolation
- Language Barrier (other than Spanish)
- PIH (pregnancy induced hypertension) requiring treatment and monitoring
- PPH (postpartum hemorrhage)
- Psych patient with BHT/sitter
- Teaching instructions to patient/family requiring greater than 30 minutes per shift
- Unstable blood sugar with insulin

EXTREME ACUITY

- Bedside procedures requiring significant nursing support
- Code BLUE (cardiac or respiratory arrest)
- Code Pink
- HELLP syndrome
- Unstable magnesium patient/1:1 situation

VALLEYWISE HEALTH: Nursing NICU

LOW ACUITY

- Feeder grower preemies without IV support
- Hyperbilirubinemia with phototherapy
- Infants requiring PO/gavage feedings every 3-4 hrs.
- R/O sepsis with saline lock for antibiotic therapy
- Stable admission/discharge
- Stable, vital signs Q 3-4 hrs., temp controlled, in open crib
- Waiting for discharge
- Waiting for transfer to another inpatient unit

AVERAGE ACUITY

- Complex extensive teaching: 2+ hours per shift, language barrier, catastrophic diagnosis, adolescent mother (11-16 years)
- Congenital malformations of respiratory, cardiac, renal or neurological systems, that are not currently life threatening or requiring significant interventions
- Discharge Instruction: Complex
- Drug withdrawal responsive to treatment
- Family dynamics: impeding the delivery of care, may require multidisciplinary resources
- Feedings (oral requiring maximum support). May require extended feeding time or observation
- Growing preemie, multiple apnea/bradycardia episodes requiring intervention
- Infant death aftercare
- Infant requiring isolation
- Mentally/physically challenged mother, infant poor prognosis, infant with multiple anomalies
- Multiple medications and peripheral IVs
- Nursing interventions requiring 31-60 minutes per shift
- Threatening or requiring significant interventions

- Ventilatory support including conventional ventilator, nasal CPAP, ram cannula, high flow nasal prongs, nasal prongs, oxygen hood.

HIGH ACUITY

- Blood product administration/frequent lab draws
- Central lines, frequent medications/complex titrated meds
- Complex admission
- Complex procedures/LIP assisted procedures on the unit, invasive procedures
- Procedures/surgeries
- Drug withdrawal unresponsive to treatment
- Less than 750 grams or extremely premature responding to treatment
- Neonate with congenital malformations that impede feeding, elimination, and/or oxygenation
- New admissions with multi-line placements or procedures for first 3-4 hours, then reassessed for status
- Nursing interventions requiring greater than 60 minutes per shift
- Out of the unit when nurse accompanies patient
- Post-operative patients until stabilized
- Small baby protocol babies for first 24 hours
- Stabilizing infant for transport
- Unstable responsive to frequent interventions
- Unstable ventilator/Jet or Oscillator Ventilator
- Unstable, ventilator with multiple interventions to maintain oxygenation

EXTREME ACUITY

- Hemodynamically unstable requiring immediate/constant intervention; life threatening
- Neonatal Code

VALLEYWISE HEALTH: Nursing Peds Acute

LOW ACUITY

- ADLS: Independent or minimal assistance
- Behavior: No acute episodes
- Cardiac/Arrhythmias: None; monitored or unmonitored
- Education: Simple discharge, <30 mins required, reinforcement teaching only
- Fall Risk: Standard without redirection
- Interventions: Assessments, VS, neurochecks Q shift, Accuchecks with/without correction Q4-6 hrs.
- Medications: Meds PO, IM/IV meds; 1-2 Q shift
- Oxygen Requirements: RA; no O2 required
- Psychosocial: No assistance needed; parent/guardian present
- Sepsis: No positive SIRS criteria with no signs of decompensation
- Treatments: Simple dressings & monitoring

AVERAGE ACUITY

- ADLS: Independent or need 1-person assistance
- Behavior: Camera monitoring, reinforcement of emotional needs
- Cardiac/Arrhythmias: New onset, telemetry, no cardiac IV medications
- Chest Pain: Hx of or positive chest pain but negative work-up: stable
- Education: 15-30 mins required
- ETOH: Active WD, AWS Level 2 score 2-5, assessment Q 2 hrs.

- Fall Risk: Standard or high without redirection
- Interventions: Assessments, VS, neurochecks Q 4-6 hrs.
- Medications: Both PO/IV; Accuchecks with/without sliding scale Q 2-4 hrs.
- Oxygen Requirements: Stable CPAP/Bi-Pap, HiFlo O2; trach capped/mask/suction Q 2-4 hrs.
- Psychosocial: Patient with adequate support system
- Sepsis: SIRS criteria x2 hemodynamically stable
- Treatments: Non-tunneling, non-draining wounds, blood products 1-2/shift, Hgb >6 and hemodynamically stable
- Up with assistance

HIGH ACUITY

- ADLS: Frequent assist requiring 3 or more personnel
- Behavior: Non-violent restraints; 1:1 or 2:1 monitoring, up to 2 security calls to unit
- Cardiac/Arrhythmias: New onset with continuous cardiac drip; hemodynamically unstable
- Chest Pain: Unstable chest pain, positive troponins and ECG changes, non-ST/STEMI
- Education: Greater than 30 mins required, new condition education
- ETOH: Active WD; AWS Level 1, AWS 6 or greater, MICU consult
- Fall Risk: High fall risk requiring frequent redirection impulsive/aggressive behaviors
- Interventions: Assessments, VS, neurochecks Q 1-4 hrs.
- Medications: Q 1-2 hrs., routine/PRN/IV/IM/PO; accuchecks Q 1-4 hrs.
- O2 Requirements: Ventilators, trach collar with suctioning Q 1-2 hrs.
- Patient/family education > 1 hour
- Procedure with sedation
- Psychosocial: Complex social issues requiring team intervention
- Sepsis: SIRS criteria 2 or greater; requiring O2 >40% and or volume expanders
- Stable SICU transfer
- Treatments: Complex/major dressing changes >1 hr., Hgb <4, potential or actual hemodynamic instability
- Vital signs q 2 hr. or greater

EXTREME ACUITY

- ADLS: Total care and end of life patient
- Behavior: Violent restraints, frequent security calls to the unit
- Cardiac/Arrhythmias: Unstable, possibly deteriorating into life threatening situations
- Chest Pain: Unstable, active MI, transfer to Cath Lab and/or MICU
- Education: N/A
- ETOH: Uncontrolled with maximum medication orders, MICU transfer
- Fall Risk: Multiple falls, 24 hrs. post fall with injury
- Interventions: Rapid Response and MICU consult, Code Blue
- Medications: Cardiac medications to stabilize unstable patient; Code Blue
- O2 Requirements: Unstable airway/patient decompensating, >Q1 hr. nursing/RT interventions
- Psychosocial: Authorities involvement APS/DCS/RISK/Legal notification
- Sepsis: Rapid Response, deteriorating patient (<90 SBP, HR 150, RR >40)

VALLEYWISE HEALTH: Nursing PICU

LOW ACUITY

- Apnea/bradycardia patients
- Asthma patient with Q3-4hrs SVN
- EEG for seizure patients
- Simple treatment (uncomplicated dressing changes, chest tube, trach care)
- Stable medications, Accu-Cheks, VS Q4
- Stable skilled assessments, VS, neuro checks
- Waiting for transfer to lower level of care

AVERAGE ACUITY

- Asthma patient with continuous or Q 1 to 2-hour SVN
- Blood product up to 2 units with no reactions
- DNR/Palliative care meeting with family
- External shunt
- Invasive hemodynamic monitoring, on ventilator requiring suctioning, trach care Q 2 hours
- Restrained requiring frequent checks
- S/P Head injury requiring Q1 to 2-hour check/redirection
- Sedation drips
- Stable DKA
- Stable Hi- Flow, RAM cannula
- Stable septic patient
- Stable Ventilated patient
- Teaching: Pt and family requiring greater than 60 minutes on a shift
- Uncontrolled pain, frequent medications, PCA (this could be either average or high depending on the severity for the uncontrolled pain)
- VS Q2, assessments Q2

HIGH ACUITY

- 1:1 care required outside the department greater than 1 hour/1:1 patient
- Bedside procedure (line placements, intubations)
- Blood products/platelets greater than 2 units
- Complex dressing changes (trauma, Burn)
- Complex family dynamics (CPS, police, abuse)
- DKA Unstable/newly diagnosed
- EVD/ICP monitoring
- New Dialysis patient
- New Trach placement
- Q 1-hour pain medication/sedation
- RAM Cannula, unstable patient
- Septic unstable
- Specialized vent (oscillator)
- Stable CRRT patient
- Strict/respiratory isolation (pertussis, drug resistant TB)
- Unstable asthma patient– 15 mg Albuterol continuous
- Unstable Hi-Flow – multiple labs/ gases (Q1 hour or more frequent)
- Unstable respiratory patient – frequent vent changes, multiple labs/gases (Q1 hour or more frequent)
- Unstable seizure patient with continuous EEG monitoring
- Ventriculostomy/lumbar drain VS Q 1 with assessments

EXTREME ACUITY

- Code CRRT
- Donor Patient
- New CRRT
- Red trauma first 24 hours
- Respiratory distress
- Unstable multiple titrations to achieve and maintain stability (Epi drip, Vasopressors)

Note: IDUs staffing dependent on resource need of the patients this is an ever-changing process (Acuity Metrics used as a benchmark when assessing patient's needs). The nursing leadership reviews all the IDUs for resource needs to meet patient clinical needs

ADMISSION GUIDELINES

Treatments & conditions	OB Triage/ L&D/Antepartum	NICU (Level III, II, I)	Antepartum/ Postpartum/Couplet Care	Pediatrics	PICU	Peds ED	Maryvale (all ages)
Nitric Oxide	NO	YES	NO	NO	YES	YES	NO
Fetal Monitoring	YES	NO	YES	NO	NO	NO	NO
ICP Monitoring	NO	YES	NO	NO	YES	NO	NO
Hemodynamically Unstable	YES	YES	NO	NO	YES	YES	YES
Endotracheal Intubation	YES	YES	NO	NO	YES	YES	YES
Invasive Monitoring & hemodynamics	YES	YES	NO	NO	YES	YES	YES
Peritoneal Dialysis	NO	YES	NO	NO	YES	NO	NO
Tracheal Ventilator	NO	YES	NO	NO	YES	YES	YES
Duramorphs	YES	NO	YES	NO	YES	YES	YES
Epidurals	YES	NO	YES	NO	YES	YES	NO
Umbilical Line Placement	NO	YES	NO	NO	YES	LIMITED	LIMITED
Chemotherapy	NO	NO	NO	YES	YES	NO	NO
High Risk Obstetrical Services	YES	NO	YES	NO	NO	NO	NO
Insulin Drip with 1 hr. checks	YES	YES	NO	NO	YES	YES	YES
GYN Services	YES	NO	YES	YES	YES	YES	YES
Palliative/Bereavement care	YES	YES	YES	YES	YES	YES	YES
Cardiac (monitored)	YES	YES	NO	YES	YES	YES	YES
Dopamine	YES	YES	NO	NO	YES	YES	YES
Magnesium Sulfate - IV	YES	YES	YES *pp pt. only	NO	YES	YES	YES
Calcium Channel Blockers - IV (i.e., Labetalol)	YES	YES	NO	NO	YES	YES	YES
High Risk Neonatal Services	YES	YES	NO	NO	YES	NO	NO
Thrombolytics - excluded clearing lines	YES	NO	YES	NO	YES	NO	YES
TPN/Lipids	YES	YES	YES	YES	YES	NO	NO
Vaso-active drips requiring titration or monitoring	YES	YES	NO	NO	YES	YES	YES
Thermoregulation	YES	YES	YES	YES	YES	YES	YES
Neuro (neuro checks more often than every 2 hrs.)	YES	YES	NO	NO	YES	YES	YES

Treatments & conditions	OB Triage/L&D/Antepartum	NICU	Nursery	Pediatrics	PICU	Peds ED	Antepartum/ Postpartum/ Couplet Care	Maryvale – serves all ages
Age Specific	<u>Menarche</u>	<u>< 14 days old</u>	<u>< 14 days old</u>	<u>24 Hours up to 18 yrs.</u> unless followed by physician other than pediatrician	<u>24 Hours up to 18 yrs.</u> unless followed by physician other than pediatrician	<u>24 Hours up to 18 yrs.</u>	<u>24 Hours</u> meet criteria to be on the unit per physician order	<u>24 Hours (mixed ED – adult / peds)</u>

Limitations: Currently have limited coverage for Peds CRRT; will depend on Adult/Burn staff's availability.

Situation	Unit(s)	Limitation
Chemotherapy	Pediatrics, PICU, Peds ED	Limited all areas
Peritoneal Dialysis	Peds ED	Dependent on availability of qualified personnel
Tracheal Ventilator	NICU, PICU, Peds ED	Short term prior to transfer to long term facility for NICU
Endotracheal Intubation	Antepartum	Dependent on availability of qualified personnel
Palliative/Bereavement Care	PP	May return to PP room if previously cared for on the unit
GYN Services	PP	Clean GYN patient dependent on bed availability
Cardiac Monitor	Transition	Short term during transition
Dopamine Drip	L&D	Dependent on availability of qualified personnel
Magnesium Sulfate	L&D triage	Short term until bed available in L&D
Calcium Channel Blockers IV	PICU	
Thrombolytics (excluding clearing lines)	PICU, Peds, Peds ED	
Vaso Active Drips requiring Titration	L&D	Dependent on availability of qualified personnel

Safety Questions

- Is the patient potentially infectious?
- Does the patient need a heart monitor?
- Does the mother feel safe in the hospital?
- Does the patient need to be near the desk?

Treatments & conditions	MICU	SICU	APCU	Surgical	4East	Medical	BURN Adult	BURN Peds	BURN IC Adult	BURN IC Peds	Adult ED	Maryvale (all ages)
Intra-aortic balloon pump	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
ICP Monitoring	YES	YES	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES
Hemodynamically Unstable	YES	YES	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES
Endotracheal Ventilator	YES	YES	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES
Invasive Monitoring & hemodynamics	YES	YES	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES
CRRT	YES	YES	NO	NO	NO	NO	NO	NO	YES	YES	NO	NO
Tracheal Ventilator	YES	YES	YES	NO	NO	NO	NO	NO	YES	YES	YES	YES
Duramorphs	YES	YES	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES
Epidurals (managed by anesthesia)	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO
Peritoneal dialysis	YES	YES	YES	NO	YES	YES	YES	YES	YES	YES	NO	NO
Chemotherapy	Limited	Limited	Limited	Limited	Limited	YES	NO	NO	Limited	Limited	NO	NO
Obstetrical Services	Limited	Limited	Limited	NO	Limited	NO	Limited	Limited	Limited	Limited	NO	LIMITED
Insulin Drip with 1 hrs. checks	YES	YES	NO	NO	NO	NO	YES	YES			YES	YES
GYN Services	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Hospice/comfort care	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Cardiac (monitored)	YES	YES	YES	Limited	YES	Limited	YES	YES	YES	YES	YES	YES
Dopamine/Dobutamine	YES	YES	Limited	NO	NO	NO	NO	NO	YES	YES	YES	YES
Beta Blockers - IV	YES	YES	YES	Limited	YES	Limited	NO	NO	YES	YES	YES	YES
Calcium Channel Blockers - IV	YES	YES	YES	NO	YES	NO	NO	NO	YES	YES	YES	YES
Nitro – IV	YES	YES	Limited	NO	NO	NO	NO	NO	YES	YES	YES	YES
Thrombolytics - excluded clearing lines	YES	YES	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES
II/IIIb inhibitors	YES	YES	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES
Vaso-active drips requiring titration or monitoring	YES	YES	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES
Vaso-active drips with stable dose >4 hrs.	YES	YES	YES	NO	NO	NO	NO	NO	YES	YES	YES	YES
Minnesota tube	Yes	Limited	NO	NO	NO	NO	NO	NO	Limited	Limited	NO	NO
Neuro (neuro checks more often than every 2 hrs.	YES	YES	Limited	Limited	Limited	Limited	YES	YES	YES	YES	YES	YES
Massive Transfusion Protocol	YES	YES	NO	NO	NO	NO	NO	NO	YES	NO	YES	YES
Abdominal Washouts	Limited	YES	NO	NO	NO	NO	NO	NO	YES	YES	YES	NO
Hypothermia Protocol	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES
Epoprostenol (Veletri) Protocol – self managed or staff managed	Yes	Yes	Yes	NO	NO	NO	NO	NO	NO	NO	NO	NO

Treatment and Conditions	MICU	SICU	APCU	Surgical	4East	Medical/Onc	Burn	Peds Acute	AED	Maryvale - AED
Age Specific	>14 (Followed by adult physician)	>14(Followed by adult surgeon)	>14 (Followed by adult Surgeon / Medicine physician)	>14 (Followed by Adult Surgeon/Medicine Physician)	>14(Followed by Adult Surgeon/Medicine Physician)	>14(Followed by Adult Surgeon/Medicine Physician)	NO Limit – Burn primary diagnosis for placement on one of the units)	<18 (unless followed by physician other than pediatrician)	All ages / Trauma all ages. Peds combined in Adult ED (4/2020)	(Mixed department Adult/PED population)

Situation	Unit(s)	Limitation
Hemodynamically Unstable	L&D	L&D can only take patient's that are obstetrical patients
Tracheal Ventilator	ICU	ISCU can only take a Trach Ventilator patient if the patient is a chronic ventilator patient.
Duramorphs	ICU	These units can take duramorphs, but it is dose & agent dependent. The Nursing staff requires special education to care for patients with duramorphs.
Chemotherapy	All units	All units except for L&D and Peds can take patients on chemotherapy. Arrangements must be made for a chemo certified RN to be available for the patient on units other the Medical/Oncology
Obstetrical Services	ICU, Tele	These units will only provide services to obstetrical patients when delivery is not imminent, and the patient needs a service available on this unit that is not available on L&D or Women's Services.
Hospice/comfort care	L&D	These units can only do hospice care or palliative care for or fetal demise. Mother would be handled on medical unit as necessary
Dopamine/Dobutamine	ICU	Renal dose dopamine can be given on APCU and is not to be titrated. Dobutamine dose at fixed rate only.
Nitro - IV	ICU, Tele	Must be at a stable dose for more than 4 hours and cannot be titrated. Must also be a 5 mcg/min or less. The Patient cannot be having active Chest Pain
Vaso-active drips requiring titration or monitoring		
Neuro (neuro checks more often than every 2 hrs.	APCU/4East	APCU can take patients requiring frequent neuro checks, however, it is not suggested on a long-term basis, and should be utilized only if other more suitable beds are not available.
Epidural (managed by Anesthesia)	Medical/ Surgical, Burn	Only if qualified personnel are available (requested by Anesthesia to be limited to certain areas); just in time training as determined by Nursing Director.
Insulin drip with 1 hr. checks	APCU	APCU can take insulin drip at continuous rate.

Safety Questions
<p>Is the patient potentially infectious?</p> <p>Does the patient need a heart monitor?</p> <p>What is the patient's #1 safety risk?</p> <p>Does the patient weigh more than 250 pounds</p> <p>Does the patient need to be near the desk?</p> <p>Does the patient need care for a chronic condition that may complicate the course of treatment for the primary diagnosis? (I.e., peritoneal dialysis)</p>

Medical Surgical 42/61 (limited-standard) (Remote Tele Available)	Adult Progressive Care Unit 51/4East (limited-standard) (Remote Tele Available)	Medical Intensive Care Unit 52 (limited-standard)
Assessment q4-8h ↓	Assessment q2-4h ↓	Assessment q1h ↓
VS q4h - q Shift	VS q1-4h (non-invasive BP monitoring)	Invasive hemodynamic monitoring
	Neurochecks/Vascular checks q1-4h	
	Accu-Cheks q1-6h	
Suctioning q4-6h	Suctioning q1-4h	Suctioning >q1h
Routine labs	Serial Lab draws q4-12h	Serial labs PRN provider
ETOH WD: Initial AWS Level 2-3 (score 0-5); (consider transfer to HLOC if AWS score 2-5 >4hrs	ETOH WD: AWS Level 2 (score 2-5) >4hrs or initial AWS score of 6	ETOH WD: AWS Level 1 (score 6 or greater) >4hrs
No post Cath patients	Yes, post Cath patients; no femoral sheath in place or removal; and no temporary pacers	Cath lab: s/p Cath; femoral arterial sheath still in place (Cath Lab staff or provider will remove); yes, transcutaneous or transvenous pacing
Airway: stable trach tube (capped; trach mask)	Airway: stable trach tube (capped; trach mask; mechanical ventilation)	Airway: up to Endotracheal tube to mechanical ventilation
CP: initial cardiac workup negative (-troponin; NO ECG changes)	CP: cardiac workup positive (+troponin; ECG changes-non-ST)	CP: cardiac workup positive (+troponin; ECG changes-ST; IABP)
Sepsis: meets two SIRS criteria; hemodynamically stable	Sepsis: meets ≥ 2 SIRS criteria; requiring oxygen ≥ 40% and/or volume expander	Sepsis: meets ≥ SIRS criteria; SBP <90 after bolus of NS 20ml/kg or LA >4mmol/L
Bipap: no longer on Med/Surg	Bipap: Continuous w/active respiratory failure; Weaning process; Rescue Bipap	Bipap: Continuous with active respiratory failure in obtunded patient unable to protect airway
Seizures: controlled with medications IV/PO	Seizures: requiring frequent IV medications Q1-2hrs	Seizures: Status Epilepticus
Afib/flutter: controlled with PO medications	Afib/flutter: requiring IV medications IVP/gtt	Afib/flutter: hemodynamically unstable
Toxic Ingestions/OD: patient A&Ox2-3; VSS	Toxic Ingestions/OD: patient obtunded; unstable VS	Toxic Ingestions/OD: unable to protect airway; unstable VS
Anaphylaxis: stable patient; maintain airway	Anaphylaxis: stable patient; minimal swelling/airway compromise	Anaphylaxis: unstable patient; airway compromise

Bed Placement within the Medical Center

The Patient Logistic Center (PLC) responsible for bed assignment and or transferring of patients from lower to higher, higher to lower, or lateral transfers within the Medical Center. The Patient Flow Administrator (PFA) is responsible for the assessment and placement of patients based on needs within the acute medical center. The PFA utilizes the Admission Guidelines (see policy #01040 S that aligns services available for each unit within the medical center, as well as, takes into consideration the age and gender of the patient for bed placement.

The PFA works closely with the unit CRL/Charge Nurse to determine the best bed placement for the patient. The PFA and CRL/Charge Nurse takes into consideration the age and or gender of the patient for bed placement. For Arizona Burn Center (1st Floor) has identified six beds to be used for pediatric placement within the unit. With the placement of pediatric patients within the Arizona Burn Center the PFA and CRL/Charge Nurse must ensure that an adult and pediatric patient are not in connecting rooms, if the need exist to place a pediatric and adult patient in connecting rooms the bathroom door must be secured on one side and the patient without access to bathroom would be provided a bedside commode, if appropriate. In addition, any alert patient under law enforcement control would be moved to the 7th Floor or other appropriate site, as possible.

For the open bay Adult ICUs, if a patient 14 years and older requires placement in the area due to medical / surgical condition the pediatric patient will be placed as distanced as possible from adult patients within the unit. For the acute / stepdown floors a patient 14 years and older requiring placement would be placed in a single room or second bed would be blocked for use during the pediatric admission to the room.

Managing Increased and Decreased Staffing Demands

Patient Surge

Due to increased patient volume, acuity, or vacant positions there are times when there is a need to increase staffing resources. Although every effort is being made to reduce reliance on per-diem employees, overtime and other premium forms of labor, the organization is prepared to adjust staffing when required to meet the needs the patients and avoid closure of any portion of a service line.

See **Surge Protocol #46150** (located on the Vine under Policies/Procedures)

See **Code Lavender Policy #31251-S** (located on the Vine under Policies/Procedures)

See **COVID-19 Surge Staffing Plan** (located on the Vine under Policies/Procedures)

Internal Resource Pool

Valleywise Health has an internal resource pool of Registered Nurses and other non-licensed medical personnel. These individuals are paid at a higher rate based upon skill mix, certifications, and ability to work in multiple areas within the hospital. Individuals who choose to be in the internal resource pool are contracted to work a minimum of two shifts per month and maintain educational, certification, and licensing requirements. The IRP staff are evaluated, scheduled, and deployed by the central staffing office. Personnel records and annual evaluations are maintained by the Valleywise Health staffing office.

Strategic Sourcing of Contract Labor Agencies

Vaya partners with Valleywise Health and other providers in the market to identify labor needs and aggregate purchasing power, creating a competitive process among agencies to drive down unit price. Vaya uses powerful technologies to manage your contract utilization while also verifying invoice accuracy and hours worked. Vaya has delivered savings of up to 6 percent to as much as 13 percent on contract labor costs. Unlike other companies, Vaya offers a proven, vendor-neutral, provider-centric and analytically rigorous sourcing process.

Vendor Management Services

Vaya works with Valleywise Health to define contract nurse quality standards as well as acceptable agency service-level parameters. Vaya identifies agencies that can fill multiple needs across various units. Ongoing management of contracts and agency relationships

- Ongoing measurement of contract compliance
- Application of contract utilization metrics
- Contract updates as market conditions change

Vendor Management Technology

Vaya provides a vendor-neutral, Web-based technology that enables Valleywise Health to lock in contracted savings and ensure nurse quality through active monitoring and tracking of staff credentials and performance. This technology was specifically designed as an end-to-end solution for the unique requirements and challenges of the clinical staffing environment.

Vaya's labor technology arms staffing professionals with the tools needed to effectively manage all aspects of the nurse contract labor process. The technology facilitates:

- Job requisition creation
- Candidate evaluation and hiring
- License and certification evaluation
- Vendor performance assessment
- Reverse invoicing
- Financial metrics and compliance reporting.

Vaya's labor technology generates an invoice to be submitted to a staffing agency based on amount of contract staff used and hours worked. It eliminates the traditional, error-prone invoicing process, which is costly and time-consuming.

The technology also provides an easy-to-use dashboard that assigns roles and responsibilities to all users and allows individuals to view only that part of the staffing process relevant to their job function. For example, a staffing coordinator might be permitted to review, hire and check in a nurse candidate, but not approve the candidate's timecard or create an invoice.

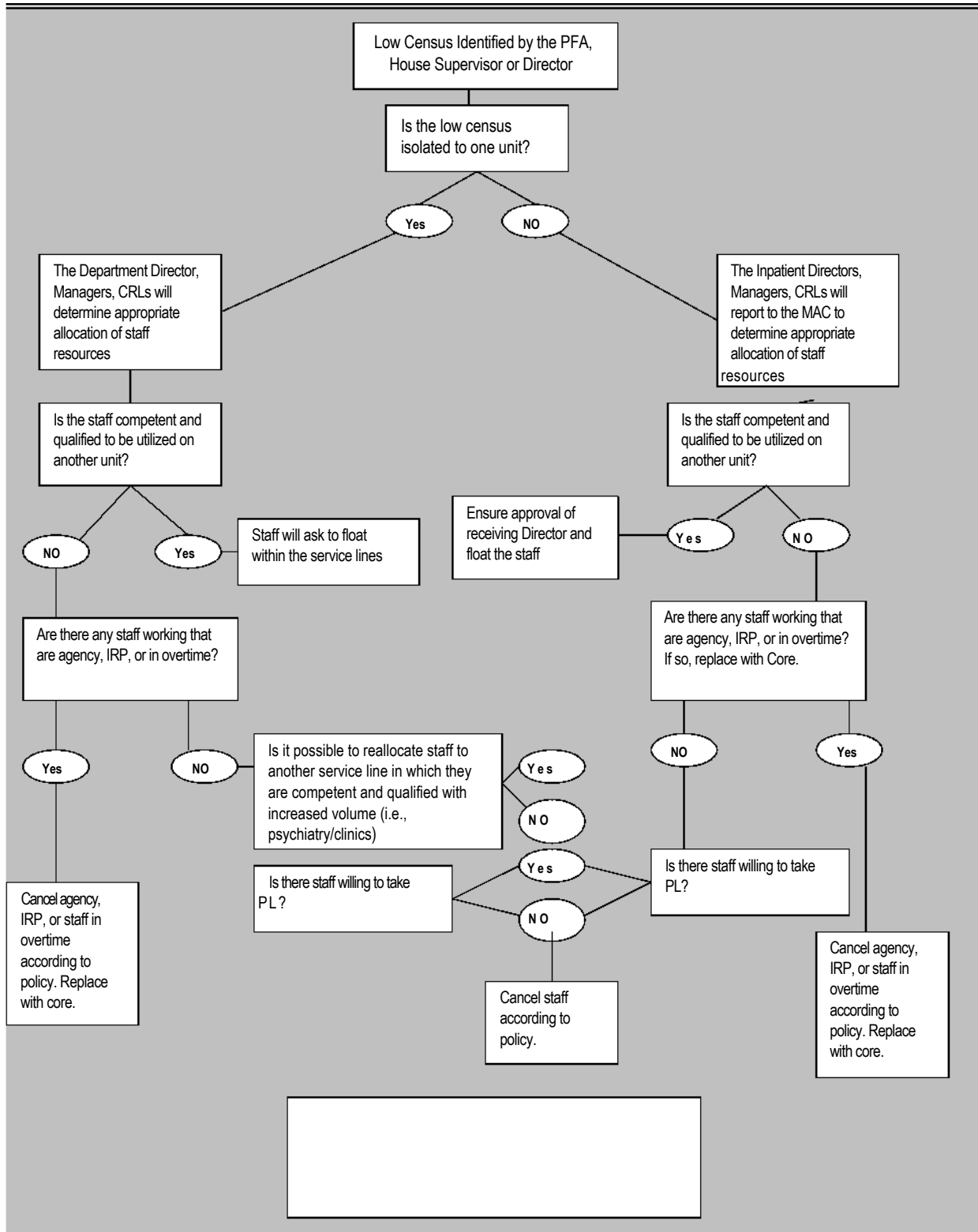
The software functions as a stand-alone application and can also complement your existing payables and scheduling software applications. The result is a reduction in operating expenses, a decreased hiring time cycle, and improved quality, compliance and reporting.

Internal Recruitment for Staffing Needs:

Algorithm:

- A. Core Staff
- B. Unit Based Pool
- C. IRP Staff
- D. Float/Cross-Trained Staff
- E. Agency
- F. Clinical Resource Leaders (CRLs)
- G. Clinical Practice Educators (CPEs)
- H. Managers

Low Census Plan



Valleywise Health Administrative Policy & Procedure

Effective Date: 03/06

Reviewed Dates: 03/08, 12/09, 11/11, 07/12, 09/14, 02/15, 04/17

Revision Dates: 03/08, 12/09, 11/11, 07/12, 09/14, 02/15, 04/17, 09/17, 05/18, 08/18, 02/19, 02/21, 08/21

Policy #: 29051 T

Policy Title: Behavioral Health: Psychiatry Staffing Levels and Acuity Plan

Scope: [] **District Governance (G)**
[] **System-Wide (S)**
[] **Division (D)**
[] **Multi-Division (MD)**
 Department (T)
[] **Multi-Department (MT)**

Purpose:

To identify the minimum staffing requirements for the Psychiatric Hospitals operated by the Valleywise Health Department of Psychiatry.

Definitions:

Nursing Personnel: Personnel reporting to nursing services include Registered Nurses, Licensed Practical Nurses (LPNs), Behavioral Health Technicians (BHTs) and Mental Health Workers (MHWs). LPNs, BHTs, and MHWs under the direction of Registered Nurses are utilized to function within the full scope of their practice and job description.

Staff Member: An individual who is employed by or under contract with a licensee to provide behavioral health services to an agency's clients, and who is a behavioral health professional, Behavioral Health Technician, or behavioral health para-professional.

Staffing Grid: A matrix that identifies the appropriate number of direct care staff members required to meet the treatment needs of average acuity patients based on the number of patients present on the unit.

Policy:

The Valleywise Health Department of Psychiatry ensures that the hospital has staff members and employees to provide, at all times, the behavioral health services the hospital is authorized to provide as outlined in the scope of service and the treatment needs identified in each patient's care plan. Staffing levels are adequate to ensure the health, safety, and welfare of a patient on the premises and while the patient is receiving behavioral health services or ancillary services off the premises.

Procedure:

A. The Valleywise Health Department of Psychiatry staffing levels are based on unit census

and patient acuity. Patient acuity is determined by the number of patients who require additional nursing care or staff supervision to prevent harm to the patient, other patients and staff members.

- B. There are a sufficient number of staff members present to provide general patient supervision and treatment and to provide ancillary services to meet the scheduled and unscheduled needs of each patient.
- C. The acuity plan lists minimum numbers of direct care staff members based on patient volume and includes the ability to overlay additional staffing resources based on the acuity of the patients.
- The staffing grid is based upon the number of patients present on the unit at the beginning of each shift and how many nurses and Behavioral health Technicians would be required to provide nursing services if all those patients had average acuity.
 - Patients considered to be of average acuity generally include those patients who do not require a level of precaution that requires continuous observation.
 - Examples of this category of patient includes:
 - Court Ordered Evaluation Patients (COE)
 - Court Ordered Treatment Patients (COT)
 - Patients on Standard Behavioral Precautions
 - Voluntary Patients
 - Aspiration Precautions
 - Assault Precaution Level II (AP 2)
 - Elopement Risk (ER)
 - Fraternalization Risk (Frat Risk 2)
 - Suicide Risk Level II (SR 2)
 - Higher than average acuity takes many forms in the behavioral health units, but examples seen most frequently include those patients who require continuous monitoring to prevent occurrences of self-injury, harm to others, and medical decompensation.
 - The Registered Nurses on each unit provide input into the number and mix of licensed personnel and Behavioral Health Technicians required to meet the needs of each patient. This number and skill mix of staff members is based on nursing assessments that take into account the level of required nursing interventions and the behavioral presentation of each patient. This also includes those patients who

require 1:1 monitoring for non-behavioral reasons (e.g., extreme fall risk) and those who cannot meet their own personal care and/or personal hygiene needs.

- Nursing House Supervisors are present at all times around the clock on all campuses (Mesa, Phoenix, and Maryvale campuses) and they conduct frequent rounds on the patient care units to assess current, real time patient care needs. Based on input from the Registered Nurses providing nursing services directly to the behavioral health patients, these Nursing House Supervisors adjust the staffing levels to meet the care needs of the patients.

- D. Staffing resources are deployed in conjunction with the changing needs of the department.
- E. The actual number of registered nurses, licensed practical nurses and Behavioral Health Technicians scheduled to work on each of the inpatient psychiatric units is documented on a staffing shift form. The number of patients who had higher than average acuity on each unit is also recorded on this document.
- F. Variances in the number or mix of recommended staff are tracked and documented.
- G. The on-duty Nursing House Supervisor will verify the accuracy of the staffing mix by signing the single zone report, which depicts the names and title of staff assigned to all units.
- H. At least one administrative staff member and one physician is on-call and available to come to the hospital if needed.
- I. Schedules are maintained on the premises for at least 12 months after the last date on the documentation. These schedules include:
- The date, scheduled work hours, and name of each staff member assigned to work, including on-call staff members.
- K. The following steps will be taken to fill the gaps in staffing
- Full-time and part-time staff members are assigned to a unit based on the identified skill needs.
 - PRN Pool staff will be assigned to units based on identified skill needs.
 - Full-time, part-time, and PRN pool staff not scheduled to work will be called in to fill needs as appropriate.
 - Agency staff members that have completed an orientation process within the Department of Psychiatry will be utilized when appropriate.
 - RNs primarily assigned to the Medical Center and cross trained to work in the Department of Psychiatry will be called in to fill needs as appropriate.
 - The Director of Nursing or designee will be notified of critical staffing issues.

L. The following steps will be followed in the event that demand exceeds capacity.

- The impacted unit would go on diversion due to lack of capacity, either beds or staffing. Staffing can be impacted by volume and/or acuity of the patients to be served. If the acuity of the patients requires additional staff to provide safe care, and that staff is not available, the organization would follow the process of securing additional staff internally or externally by working with Central Staffing. The organization would also engage medical staff and leadership to activate admission diversion, and assess patients for potential safe discharges, etc.
- Involve medical staff to determine if any patients are discharge ready.
- Notify CEO/COO/CMO/CNO of capacity issue.

Staffing Grid

Day shift 7am-7pm & Night Shift 7pm-7am Staffing Requirements for Average Acuity Patients					
Number of Patients on Unit	RNs	LPNs May Only Work on units with 2 or more RNs scheduled	Total Licensed Nurses	BHTs/MHWs	Total Direct Care Staff
1-3	1	N/A	1	1	2
4-9	1	N/A	1	2	3
10-16	2	N/A	2	2	4
17-18	2	N/A	2	3	5
19-24	2 or 3	0 or 1	3	3	6

- The anticipated acuity of each patient to be admitted is carefully assessed to determine the most appropriate assignment within all the units.
- Patients determined to be an extreme fraternization risk, such as history of sexual offenses and acting out sexually, are placed on the appropriate unit with the appropriate level of precaution.
- Additional BHTs must be assigned to monitor patients who require continuous observation.
- LPNs are not permitted to work on a unit without a supervising Registered Nurse.
- Additional licensed nurses will be added when three or more patients on one unit have complex, but not critical medical needs, or when the direct care nursing staff reports the need for additional nursing support.
 - Examples of complex medical needs include PICC lines, tube feedings, and comprehensive wound care.

Reference:

Arizona Administrative Code: R9-10-208(C) (2): Acuity Plan

Policy #29656 T Behavioral Health: Standard and Special Behavioral Precautions for monitoring of patients on Special Behavioral Precautions



CLINICAL EDUCATION PLAN

FY2023

July 1, 2022

to

June 30, 2023

Center for Clinical Excellence

EDUCATION PLAN

INTRODUCTION

This document provides a summary of the education process used by the Center for Clinical Excellence (CCE) team to assess, plan, implement, and evaluate clinical education. The results of the annual education process include the summary of the learning needs assessments and plans for annual education.

The Center for Clinical Excellence

The Center for Clinical Excellence (CCE) is a department of the Valleywise Health, Nursing Division. The CCE focuses on the support of professional development needs of clinical staff. CCE supports the Valleywise Health Mission, Vision, Values, and the Nursing Division strategies and goals and uses these in addition to discussion with staff and leaders to define annual priorities for professional development.

Using innovative and transformational strategies, the Center for Clinical Excellence supports the professional development of clinical staff by providing high-quality, relevant educational programs which promote intellectual, cultural, and personal growth. Programs and learning activities are designed to support our Nursing Professional Practice Model and our focus on caring, safety, quality, and evidence-based patient care. The Center for Clinical Excellence will be regarded as a community leader in providing progressive, high quality, evidence-based education in a unique transformational learning environment which supports the promotion of professional development and commitment to clinical excellence.

Working within the CCE, Clinical Practice Educators (CPE) provide education to a variety of clinical disciplines that provide direct patient care. The learners include new hires, new graduate nurses, established employees, and employees that transfer within the organization.

The disciplines include:

- Registered Nurses
- Licensed Practical Nurses
- Nurse Externs
- Certified Nurse Assistants
- Patient Care Technicians
- Behavioral Health Technicians
- Burn Technicians
- Emergency Department Technicians
- Surgical Technicians
- Medical Assistants
- Radiology Technicians
- Respiratory Technicians
- Health Unit Coordinators
- Other clinical disciplines as assigned

Clinical education of leadership is offered on an as-needed basis, when required, or by individual request / interest.

CCE EDUCATION & PARTNERSHIP PHILOSOPHY

Nursing practice relies on a decision-making process derived from a blend of knowledge and experience in the arts and science of nursing. Commitment to professional development is essential for a nurse to be able to deliver safe and effective health care (Cooper, 2009). The American Nurses Association's Standards of Practice make it clear that a nurse's education continues for as long as the nurse continues to practice. *Nursing: Scope and Standards of Practice in Standard 8 Education, and Standard 12 Leadership* highlights professional responsibility to commit to lifelong learning. The standards also emphasizes individual responsibility to:

- identify learning needs,
- participate in education and learning experiences
- maintain and develop professional and clinical skills and knowledge.

As partners in the educational process, it is the responsibility of the leadership team, educators, and clinical staff to work as a collaborative group. Acceptance and respect of each other's views supports a collaborative effort to assess the needs of the staff, as well as the entire organization. Attributes of interdisciplinary collaboration include trust, knowledge, mutual respect, effective communication, cooperation, coordination, and shared responsibility (Arcangelo, et al., 1996). Professional development in the hospital setting assumes a partnership between leadership, educators, and staff that promotes lifelong learning (Cooper, 2009).

PURPOSE OF THE EDUCATION PLAN

The Valleywise Health Annual Clinical Education Plan provides a structured outline for the development, implementation, and evaluation of educational opportunities for clinical staff across the health care system. Valleywise Health strives to advance knowledge, skills, practices, and professional development in the workplace. The CCE team supports this by creating an environment that encourages and stimulates lifelong learning, which subsequently improves patient safety, outcomes, satisfaction and maintains high-quality safe patient care.

ASSUMPTIONS

In developing an educational plan for Valleywise Health the following assumptions serve as a framework for efforts in defining the educational requirements and expectations of all healthcare staff at Valleywise Health. These assumptions provide the foundation for an educational plan that holds in high regard the utilization of the most up to date-evidence, interdisciplinary partnerships, personal accountability, and professionalism.

The assumptions include the following:

- Continued education for healthcare staff is recognized as having a positive impact on patient safety, patient care outcomes, and patient experience.
- The responsibility for continued competence for practice is shared between the individual, their profession, their workplace, and regulatory entities.
- Educators and management partner in all educational efforts and support the tenet that personal accountability is a requisite factor in achieving optimal outcomes.
- Healthcare staff strives to provide and promote the highest quality of care while working within their scope of practice and utilizing available resources.
- The most up-to-date, best evidence is utilized in the provision of all clinical educational offerings.
- Adult learning principles are incorporated when developing and implementing education.
- Learning outcomes are essential and are clearly outlined for all educational modules and level of competence is fairly measured.

- The subject matter for educational offerings and for required competence is collaboratively identified by interdisciplinary means and is subject to revision to adapt to the dynamic nature of healthcare.

THE EDUCATION PROCESS

ASSESSMENT

The process for educational planning at Valleywise Health begins with an assessment of learning needs for the clinical disciplines that provide direct patient care. A formal learning needs assessment is used as a decision-making tool to categorize organizational and specific needs, to direct program structure, and to serve as a guide in the development of objectives, content, and activities (Johnston-Hanson, 2012).

There are several methods for assessing learning needs of staff and sources of learning needs are expressed as either direct source or indirect source (Keating, 2014). Determination of ongoing educational needs is derived from various sources.

Direct sources include written questionnaires, surveys, checklists, interviews, focus groups, open-ended questions, and direct questioning (Disilets, 2007). Indirect sources consist of observations, professional literature, document review, and/or listening (Disilets). Whatever tool is used it should be versatile enough to be used by an individual employee, group, department, or other entities to identify organizational learning needs (Morton, 2005). Additional sources for consideration include: quality audits, quality improvement projects, and risk management reports.

The Clinical Practice Educators also attend a variety of meetings where discussions of new equipment, procedures, and current issues related to quality or risk are brought forth. As these are more specific needs, if education regarding any of these or other issues arise, collaboration with the management team will determine the best strategy for just in time education. Education needs may also be based on low-volume and high-risk procedures/skills, electronic medical record needs, regulatory requirements, and changes in policy, guidelines, or protocols. Staff may request additional education on any topic they feel relevant to their practice.

Learning Needs Assessment Methods	
Tool	Description
Questionnaires	Can be used to distinguish between a need versus an interest. A Likert scale, or questions set in rank of importance. Questions can be open-ended to elicit more response.
Interviews	Time consuming, good to obtain spontaneous responses and in-depth information. May be conducted face-to-face or via phone. Requires good interpersonal and/or interview skills. May be difficult to aggregate information gained as response. May be widely varied.
Brainstorming	Works well for large groups, creates atmosphere of equality. Ideas are collected, ranked in order of importance. Creates buy-in from group as all participate and have input. Creates ownership for outcome of process.
Competency models	Usually includes self-assessment of skills. Employee rates self as either having no experience, limited experience, or as proficient. Generally given to new employees, and results are used to guide the orientation process.
Surveys	Can be computer based. Easy to administer to large group. Results can be easily tabulated. Similar to questionnaires.
Quality Reports (PI, QI, IC, etc.)	Monthly/quarterly reports from the Quality Department on various indicators related to specific areas. Data is generally benchmarked with a goal set for Valleywise Health. Compliance with achieving desired benchmark may require educational intervention after stakeholder analysis.
Risk Data	Generated from Midas reports and may or may not be educational issues. Data needs to be assessed by department stakeholders to determine best course for action for observed trends.
Regulatory	Perform various audits for compliance with several regulatory issues. Stakeholders need to assess data and determine best course of action for identified issues.

PLANNING

Once the needs assessment is complete, analysis of findings and prioritization of learning needs to be done (Morton, 2005). Not all needs can be solved by education; therefore, a clear distinction needs to be

made defining what are truly educational issues versus communication or other issues not related to education. A set of criteria should be developed to help establish priorities in organizational, group, and individual needs (Morton, 2005). The data will be assessed to determine whether the need represents a single individual or area, can be broken into subgroups, or are applicable to a large audience. This will enable the sorting of data into categories and help distinguish whether the education will be global for the organization or isolated to specific areas. CPEs and leadership will collaborate so that universal agreement of topics can be achieved, priorities set, and a plan for implementation initiated. This design wholly supports the organizational mission and vision for transformational leadership.

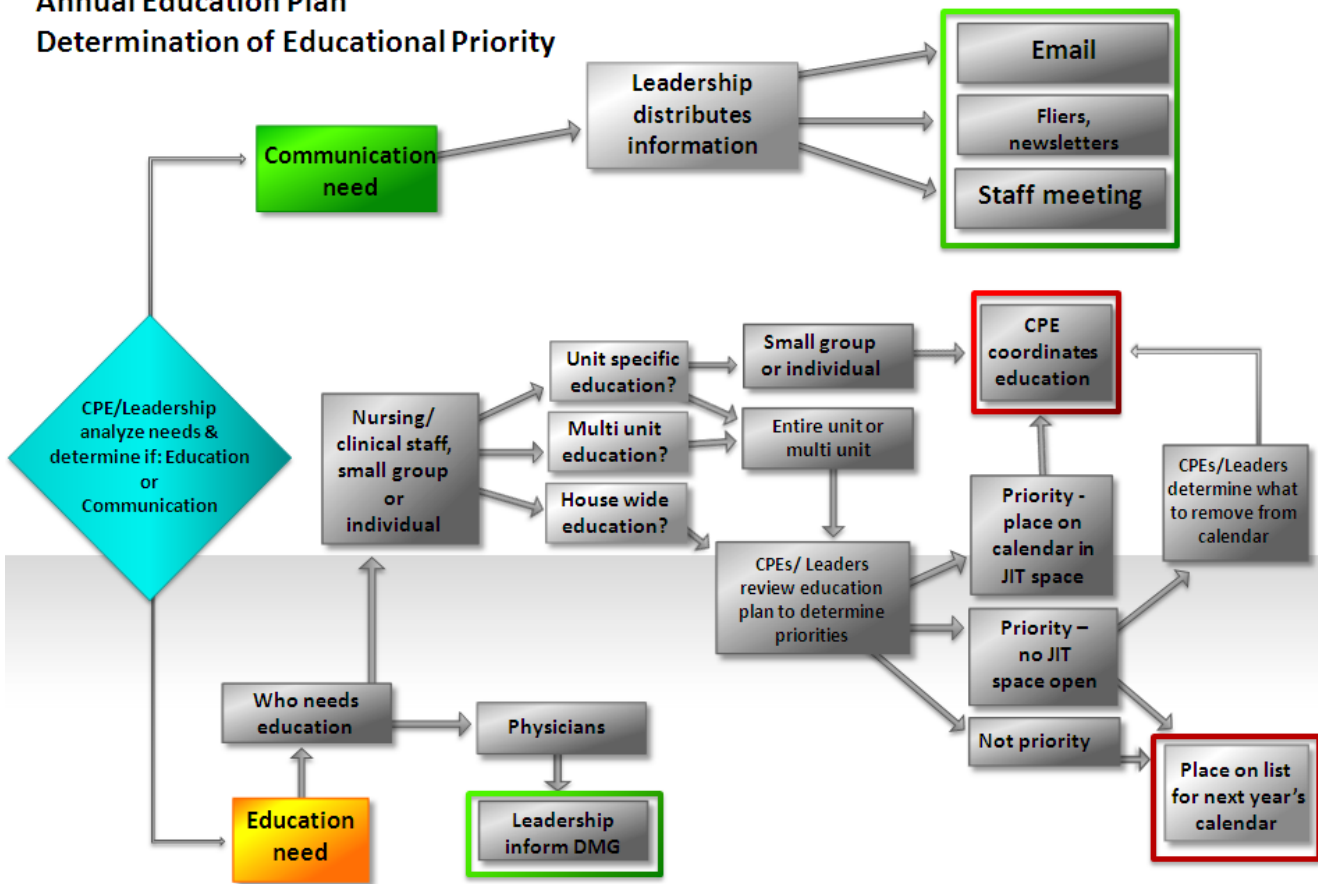
After educational topics are identified, how the material will be presented needs to be agreed upon by the collective entities. Establishing the desired learning outcome and incorporating learning domains are critical in planning the delivery of education. Organization of frameworks and outcomes should reflect the concepts mutually agreed upon by the stakeholders (Billings & Halstead, 2016).

The Center for Clinical Excellence embraces the principles of adult learning and three domains of learning: technical skill, interpersonal skill, and critical thinking skill. These domains overlap and apply to a variety of learning needs ranging from bedside care to organizational leadership (Wright, 2012).

In addition to learning domains, consideration must be given to the learner's experience level. Benner's novice-to-expert continuum is the most widely utilized model and categorizes the learner into designated groups based on experience (Mills, 2007). Benner describes a novice as having no experience or very limited experiences and requires structure and guidance to develop performance. Advanced beginners have some limited experience with application and knowledge but require guidance to develop independence. The competent practitioner has basic skills and knowledge, is able to follow a conscious process for problem solving, is able to set priorities within their practice, and requires little guidance for practice. A proficient staff member has considerable experience and is able to adjust their skills, knowledge, and priorities as needed for a given circumstance. The expert staff have an extensive background and mastery of skills and knowledge and can swiftly adjust priorities as needed. Integration of these principles into the development plan is critical in effort to meet the learning needs of a diverse staff. Identifying broad objectives for each learning need will enable the team to analyze what resources will be required to meet the agreed upon teaching strategy and enable the team to categorize according to resources needed (Morton, 2005).

An education plan for the fiscal year is developed once the needs and methods for delivery have been collaboratively agreed upon. The Clinical Practice Educators, in collaboration with the leadership team, will plan the course of events for the fiscal year as they relate to the individual service areas and the entire organization. The plan will incorporate new hire clinical orientation, specialty employee programs, such as the New Graduate Nurse Residency, ongoing competency and/or skill development programs and other programs as identified. Additionally, there are annual needs set by the department/organization for regulatory requirements that must be accounted for. Having a master plan is ideal; however, there always will be the unpredictable need for "just in time" (JIT) education. Issues will arise, and the provision of education deemed necessary will be provided. Allotments in the education plan are anticipated to accommodate these unpredictable needs. The process for addressing this JIT training needs is depicted below. The model serves as a decision-making tool to determine if education topics that arise during the year should be given top priority and placed on the education plan calendar or placed on the list for the next year's annual education plan.

Annual Education Plan Determination of Educational Priority



DELIVERY

Education is designed to facilitate the professional growth and skill development of the staff member. Delivery of education is largely determined by the topic being presented and the objectives to be met. Methods include, but are not limited to, the following: computer-based lessons, classroom lecture, self-study modules, simulation events, return demonstration, small group discussions, story board postings, case studies, education fairs, and one-on-one education as needed. Determination of which method is best to present the given education should be done by consensus of the Clinical Educators and the leadership team as aspects of budget and staff availability must be considered.

EVALUATION

Program evaluation is essential to measuring success, establishing benchmarks, and continued improvement of the educational program (Keating, 2014). Most evaluation methods produce either quantitative or qualitative data. Quantitative methods are generally more suitable for moderate to large groups where information can be standardized. Qualitative approaches provide information in respect to real perspectives, perceptions, or behaviors.

There are two types of evaluations that occur. The formative evaluation process is used to evaluate each program offering or learning activity while it is occurring, so results can be used to improve the performance, adjust program instruction, or learning outcomes before the course has ended (Billings & Halstead, 2016). This type of evaluation works effectively for educational programs such as a Nurse Residency and can be either a quantitative or qualitative format. Summative evaluations are generally quantitative in nature and are the most frequently utilized method for collecting data where the focus is on the whole event and whether objectives and outcomes were met. This type of evaluation is typically administered directly after the educational offering (Billings & Halstead, 2016).

Two types of summative evaluations that can be used are process evaluation and impact evaluation. Process evaluation evaluates the actual process or delivery of education/training and gathers information about the participant's experience of the event (Brunt, 2007). Impact evaluations measure the transfer of knowledge that has occurred between the participant and their area of work and may consist of post-

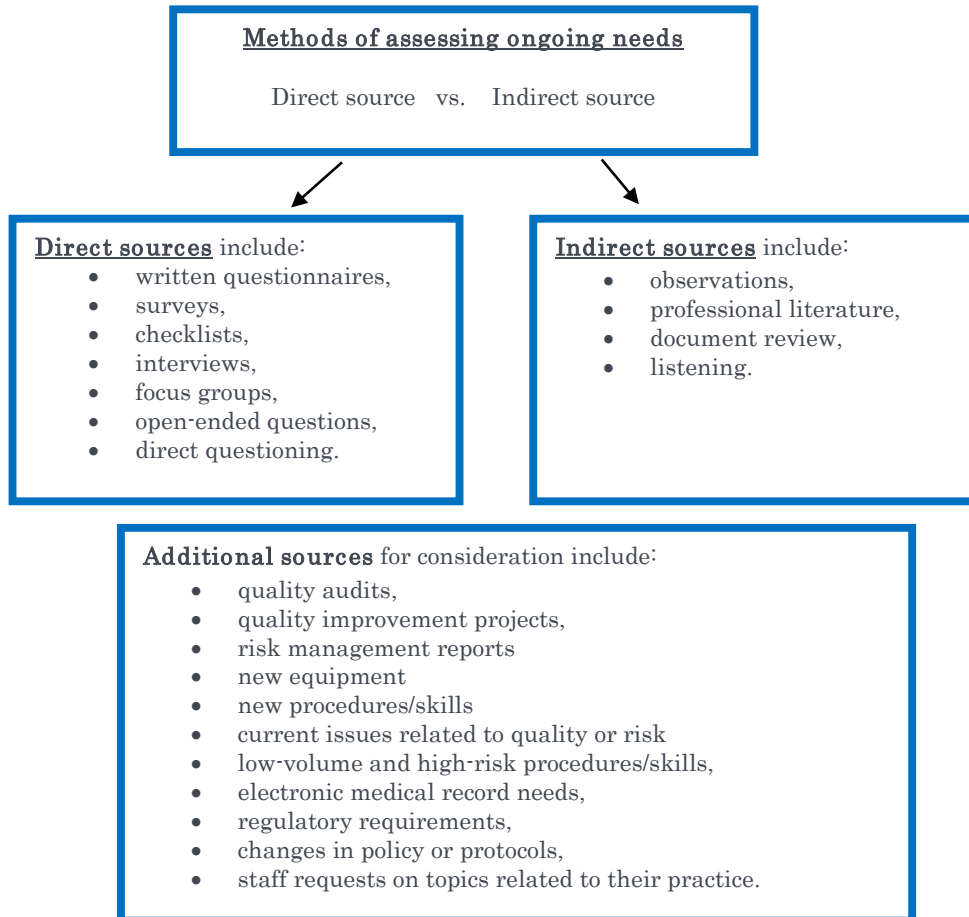
exams, clinical skill assessment on the work unit, or observing change in trend data from Quality, Risk, or Regulatory (Brunt, 2007). Many types of evaluation instruments are available to elicit information depending on the nature of the learning activity. The instrument should be appropriate to what is being evaluated, easy to use, time efficient, cost-effective, valid, and reliable. Results are interpreted and reported to the stakeholders so analysis of the findings can be done to identify the following: any continued problems, new needs, successes, recommendations for improvement or discontinuation of a program, or proposal for a new program. The information gained will help determine if the identified learning needs were met and provide structure for the next fiscal year education plan.

Evaluation Methods	
Tool	Description
Survey/Questionnaire (Closed-ended questions)	Structured tool used for gathering descriptive data; can cover wide range of topics, easy to compare and analyze, can complete anonymously.
Survey/Questionnaire (open-ended questions)	Adds more depth and detailed information but may be difficult to interpret responses due to participant wording. Data is more subjective and may be difficult to summarize and compare systematically. Time consuming to analyze.
Observation Checklists Rubrics	Used for return demonstration of skills. Rate as either meeting or not meeting identified criteria. Checklists or rubrics list out steps that need to be completed. Provides direct information about behavior, may give insight to unanticipated outcomes.
Performance Test	Provides objective information on what participant knows and can be constructed to match given curriculum. Scored in straight forward manner, and widely acceptable indicator of learning, easy to compare findings
Interview	Provides ability to explore topic and can provide a wide range of information. Allows interviewer flexibility and allows for explanation or clarification of question. Hard to analyze and compare. Chance of potential interview bias or interviewer inconsistency of how information is elicited, with a potential for distortion of information.
Document Review	Provides discrete data. Opportunity to observe trends over time. Unobtrusive. Records may be incomplete, and analysis may be difficult if not using concrete criteria. Data is restricted to what exists so provides clear picture.

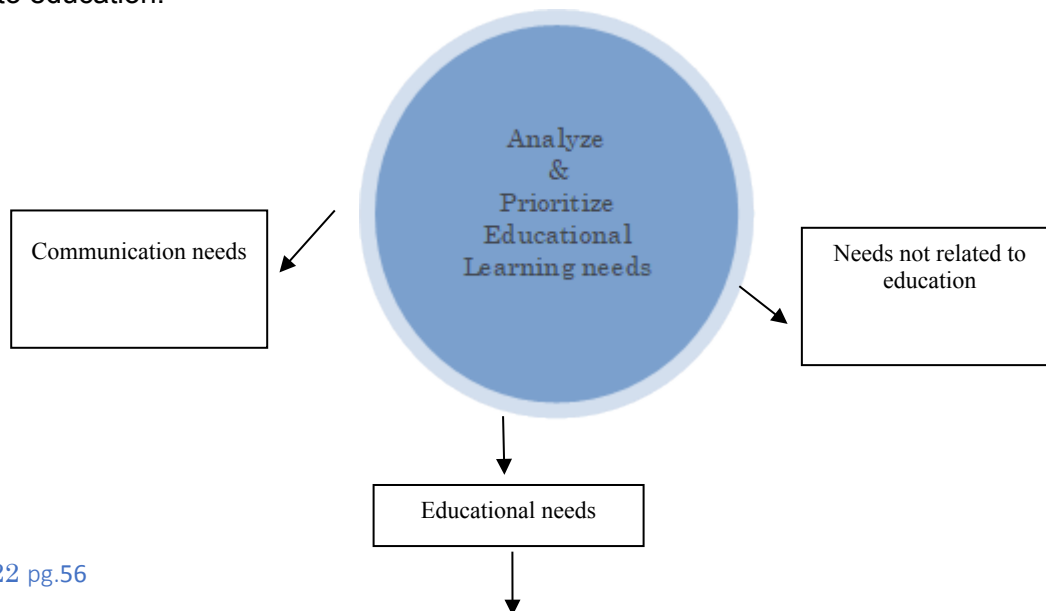
Education Plan Model

I. Learning Needs Assessment: Used as a decision-making tool to categorize organizational and specific needs, to direct program structure, and serve as a guide in the development of objectives, content, and activities.

Determination of ongoing educational needs is derived from many sources. There are a number of methods for assessing learning needs of staff.



Not all needs are solved by education. Therefore, a clear distinction needs to be made which needs are related to education.



II. Planning: The educational needs are then assessed to determine whether the need:

- represents a single individual,
- represents a single area,
- can be broken into subgroups,
- is applicable to a large audience.

This will enable the group to sort the data into categories and help distinguish whether the education will be global for the organization or isolated to specific areas. This design also supports the organizations' acceptance in the transformational leadership model.

This entire process is done via collaboration with the management teams so that universal agreement of topics can be achieved, priorities set, and a plan for implementation started.



III. Implementation:

- A master education plan for the fiscal year is developed once the needs have been collaboratively agreed upon. Allotments in the master calendar should be planned to accommodate the unpredictable needs of Just In Time training.
- The Clinical Practice Educators, in collaboration with the leadership team, will plan the course of events for the fiscal year as they relate to the individual service areas and organization as a whole.
- The plan will incorporate new hire orientation, employee training programs such as the New Graduate Nurse Residency, Critical Care Nurse Residency or other specialty programs as best as can be determined.
- Additionally, there are annual needs set by the department/organization for regulatory requirements.
- Individual areas will need to collaboratively meet after the main course of events is established to determine when specific education related to the area/department will occur.

Education is designed to facilitate the professional growth and skill development of the staff member. Delivery of education is largely determined by what is being presented and the objectives to be met. Determination of which method is best to present the given education should be done by consensus of the Clinical Practice Educators and the management team as aspects of budget and staff availability must be considered.



Methods of implementing education include but are not limited to:

- computer based lessons,
- classroom lecture,
- PowerPoint presentations,
- self-study modules,
- simulated events,
- return demonstration,
- small group discussions,
- story board postings,
- case studies,
- education fairs,
- one-on-one education as needed.

IV. Evaluation: Program evaluation is essential to validate the effectiveness of the programs offered. The evaluation process is essential to measuring success, establishing benchmarks, and continued improvement of the educational program. There are two types of evaluations that occur.



Formative Evaluation Process

- Utilized to evaluate each program offering or learning activity while it is occurring.
- Results can be used to improve the performance, adjust program instruction, or learning outcomes before the course has ended.
- Works effectively for curriculum such as a Nurse Residency program.

Summative Evaluation Process

- Most frequently utilized method for collecting data where the focus is on the whole event.
- Focus in also on whether objectives and outcomes were met.

Evaluation instruments are available to elicit information depending on what the activity is. The instrument should be:

- appropriate to what is being evaluated,
- easy to use,
- time efficient,
- cost-effective,
- valid,
- reliable.

Results are interpreted and reported stakeholders where analysis of the findings can be done to identify the following:

- any continued problems,
- new needs,
- successes,
- recommendations for improvement
- discontinuation of a program,
- proposal for a new program.

The information gained will help provide structure for the next fiscal year education plan.

CCE ANNUAL PLANNING PROCESS & TIMELINE

The annual planning process and timeline used by the CCE to develop the next fiscal year's education plan is depicted below. The planning process is designed to achieve the following goals:

- Standardize the timing of the learning needs assessment process
- Facilitate partnership between Center for Clinical Excellence and leadership regarding the provision of clinical education.

- Provide an organized and systematic method for educational review.

In addition to the annual planning process, ongoing assessment of education related needs based on new procedures, practices, equipment, services, or quality trends is conducted by Clinical Practice Educators for their areas of responsibility. Education is planned and implemented to meet needs.

Projected Timeline	Action	Responsible
Between March & May	<ul style="list-style-type: none"> • Conduct Learning Needs Assessment for upcoming fiscal year • Related budget needs identified 	Clinical Practice Educators & Professional Development Manager
June	Education Plan , based on learning needs, established -Organization wide and department specific	Clinical Practice Educators & Professional Development Manager
July through June	<ul style="list-style-type: none"> • Implement Education Plan • Add just in time and new clinical initiative education needs as needed • Evaluate learning process / outcomes • Ongoing completion of departmental End of Year Education Report 	Clinical Practice Educators & Professional Development Manager
June and ongoing	Publish Clinical Education Programs , as appropriate -from Education Plan -Just in Time -New initiatives, etc.	Clinical Practice Educators & Professional Development Manager

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FY2023

**Education Plans
by Department / Service Line**



Behavioral Health FY2023 Learning Needs Assessment Results & Education Plan

Staff & Manager Requested Education July 1, 2022, through June 30, 2023

Assessment Dates: April 14-May 20, 2022

Staff Surveyed: RN/ LPN BHT/ MHW Care Management Recreation Therapy
 Outpatient BH Staff HUC Nurse Managers Department Director

CPE Responsible: Martin McDevitt, Staff Educator, Lori Hutchison, RN, CPE & Alain De La Cruz, RN, CPE

Date Plan Completed: 06/14/2022

Final plan to be reviewed by department manager and/or director by June 30.

Results

Percent of staff surveyed: 100%

Response Rate: 486/799 = 60.826%

A. Staff Areas of Interest

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
CPI Skills	H	Classroom, Individual Training, Remediation, Tip Sheets, APEX, Staff Meetings	11/22, Ongoing
RQI	M	Individual Training, Tip Sheets, APEX, Staff Meetings	6/22 – 7/22, Ongoing
EPIC	L	Individual Training, Tip Sheets, APEX, Staff Meetings	Ongoing
Medical Skills	M	Skills Fair, APEX, Individual Training	11/22, Ongoing
CNA Skills	M	Skills Fair, APEX, Individual Training	11/22, Ongoing
Basic Computer Skills	L	Classroom, APEX, Individual Training	Ongoing
Medications	M	Skills Fair, APEX, Individual Training	11/22, Ongoing
Phlebotomy	M	Simulation, Online, Classroom, Individual Training	Ongoing

B. Low Volume / High Risk

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
De-Escalation Training	H	Classroom, Individual Training, Remediation, Tip Sheets, APEX, Staff Meetings, Simulation	11/22, Ongoing
Seclusion/Restraint	H	Classroom, Individual Training, Remediation, Tip Sheets, APEX, Staff Meetings	11/22, Ongoing
Abnormal Vital Signs	M	Skills Fair, APEX, Individual Training	11/22, Ongoing
Code White/Code Blue	H	Skills Fair, APEX, Individual Training, Mock Code	11/22, Ongoing
Code Organization/Debriefing	H	Classroom, Individual Training, Remediation, Tip Sheets, APEX, Staff Meetings, Simulation	11/22, Ongoing

Patient Safety Rounding	H	Classroom, Individual Training, Remediation, Tip Sheets, APEX, Staff Meetings	Ongoing
Needle Safety	H	Skills Fair, APEX, Individual Training	11/22, Ongoing
Fall Prevention	H	Classroom, Individual Training, Remediation, APEX, Staff Meetings	11/22, Ongoing

C. Equipment

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
IV Pump	M	Skills Fair, APEX, Individual Training	11/22, Ongoing
Mechanical Restraints	H	Classroom, Individual Training, Remediation, Tip Sheets, APEX, Staff Meetings	11/22, Ongoing
EKG	L	Skills Fair, APEX, Individual Training	11/22, Ongoing
Hoyer Lift	L	Skills Fair, APEX, Individual Training	11/22, Ongoing
Glucometer	M	Skills Fair, APEX, Individual Training	11/22, Ongoing
Feeding Tube	M	Skills Fair, APEX, Individual Training	11/22, Ongoing
Central Lines	M	Skills Fair, APEX, Individual Training	11/22, Ongoing
Cortrak	L	Skills Fair, APEX, Individual Training	11/22, Ongoing
Crash/Emergency Cart	M	Skills Fair, APEX, Individual Training	11/22, Ongoing
Vitals Machine	L	Skills Fair, APEX, Individual Training	11/22, Ongoing

D. Department Problems / Concerns / Occurrences

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Cultural Competency	M	APEX, Classroom, Staff Meeting	Ongoing
Communication	H	Classroom, Staff Meeting	Ongoing
Fire Drills	M	APEX	Ongoing
Teamwork	H	Classroom, Staff Meeting	Ongoing
Conflict Resolution	H	Classroom, Staff Meeting	Ongoing
Compassion Fatigue	H	Classroom, Staff Meeting	Ongoing
Extended training for new hires	M	Per Manager's Discretion	Ongoing

*Priority based on staff and leader feedback

H=High: Must Provide **M=Medium:** Important/Preferred **L=Low:** If Time Permits

Department Manager Approval: Name: Martha Steiner

Date 6/14/22

Cath Lab/IR
FY2023 Learning Needs Assessment Results & Education Plan
 Staff & Manager Requested Education July 1, 2022, through June 30, 2023

Assessment Dates: 5/3/2022 – 5/31/2022

Staff Surveyed: RN CNA Tech Dept. Supervisor, Manager Dept. Director

CPE Responsible: Diane McCord

Date Plan Completed: 6/10/2022

Final plan to be reviewed by department manager and/or director by June 30.

Results
Percent of staff surveyed: 100%

A. Staff Areas of Interest

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Sedation Documentation Review	H	In-service	Quarterly
Stat Seal in-service	M	Rep	SEP

B. Low Volume / High Risk

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Fire Drill	H	In-Service	MAY
Malignant Hyperthermia Drill	H	In-service/Apex Mod.	MAY

C. Equipment

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Acist	M	Rep	OCT
Temp. Pacer	M	Documentation	JUN
IVUS	M	Rep	NOV
Penumbra	M	Rep	DEC
Balloon Pump	M	Rep	JAN
Esophageal Cooling	M	Rep	FEB
Rapid Infuser	M	In-service	MAR
Trophon annual competency (ultrasound)	H	Apex/in-service	JUL

D. Department Problems / Concerns / Occurrences

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Radiology-replacing leads and communication with the nurse	H	In-service and at hire	Ongoing

*Priority based on staff and leader feedback

H=High: Must Provide **M=Medium:** Important/Preferred **L=Low:** If Time Permits

Department Manager Approval: Andrea Prado Date 6/10/22

Endoscopy
FY2023 Learning Needs Assessment Results & Education Plan
 Staff & Manager Requested Education July 1, 2022, through June 30, 2023

Assessment Dates: May 2022

Staff Surveyed: RN CNA Tech Dept. Manager, CRL Dept. Director

CPE Responsible: Diane McCord

Date Plan Completed: 6/10/2022

Final plan to be reviewed by department manager and/or director by June 30.

Results
Percent of staff surveyed: 100%

A. Staff Areas of Interest

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Sedation refresher – reversal drugs		Skills Fair	OCT
Ventilators		Skills Fair	OCT
Atropine and other code drugs		Skills Fair	OCT
Hanging blood and documentation		Skills Fair	OCT

B. Low Volume / High Risk

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Fire Drill	H	In-Service	MAY
Malignant Hyperthermia Drill	H	In-service	APR

C. Equipment

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Bravo	M	Skills Fair?	OCT
Pill Cam	M	Skills Fair?	OCT
IV Pumps Practice	M	Skills Fair	OCT
Code Cart Review	H	Monthly mtg/skills Fair	July/Oct.

D. Department Problems / Concerns / Occurrences

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Complications in procedures	H	Skills Fair	OCT

*Priority based on staff and leader feedback

H=High: Must Provide **M=Medium:** Important/Preferred **L=Low:** If Time Permits

Department Manager Approval: Melody Williams Date: 6/10/22

Internal Resource Pool
FY2023 Learning Needs Assessment Results & Education Plan
 Staff & Manager Requested Education July 1, 2022, through June 30, 2023

Assessment Dates: May 1 – May 23, 2022

Staff Surveyed: RN LPN Nurse Extern CNA PSA Dept. Manager Dept. Director

CPE Responsible: Tracy Ramirez BSN, RN & Doug Boyle, BSN, RN

Date Plan Completed: 5/28/2021

Final plan to be reviewed by department manager and/or director by June 30.

Results

Percent of staff surveyed: 100%

A. Staff Areas of Interest

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Code meds- epi syringes how to use	M	Skills fair	Aug**
Ampho B administration	M	Read and sign	Sep
Vine overview- who's on call?	M	Read and sign	May

B. Low Volume / High Risk

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Chest tubes including orders	M	Skills fair	Mar**
CBI review	M	Roving in-service	Nov**
PCA handoff	M	Skills fair	Aug**

C. Equipment

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Point of Care Testing – AccuChek annual competency	H	Return Demo	February
High flow bubbler vs heated high flow, O2 extension tubing appropriate or not?	M	Skills fair	Aug**
Application of iv start kit dressings	M	Read and sign	Oct
Admit/discharge patients from tele monitor on nursing stations	M	Read and sign	Oct
Bedside monitor, connecting it to EPIC	M	Read and sign	Nov

D. Department Problems / Concerns / Occurrences

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Scanning label vs armband 5 rights of Medication Administration	M	Read and sign	Nov
Document patient refusal of care			Per Epic Super User
AMA vs Elopement	M	Skills fair	Aug**
High fall risk patients	H	Read and sign	Mar**
Restraint application competency validation	H	Online/Return Demo	February
Blood Administration	H	Online	January

Critical time meds	M	Read and sign	Dec
Blood Banding	M	Skills fair	Aug
Intake & Output	M	Skills fair	Aug

*Priority based on staff and leader feedback

**See MS FY2023 Learning Needs Assessment Results & Education Plan to coordinate

H=High: Must Provide **M=Medium:** Important/Preferred **L=Low:** If Time Permits

Department Manager Approval: Hope Martinez

Date: May 25, 2022

Medical-Oncology
FY2023 Learning Needs Assessment Results & Education Plan
 Staff & Manager Requested Education July 1, 2022, through June 30, 2023

Assessment Dates: May 1 – May 24, 2022

Staff Surveyed: RN LPN Nurse Extern CNA Dept. Manager Dept. Director

CPE Responsible: Tracy Ramirez

Date Plan Completed: May 24, 2022

Final plan to be reviewed by department manager and/or director by June 30.

Results

Percent of staff surveyed: 100%

A. Staff Areas of Interest

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Code meds- epi syringes how to use	M	Skills fair	Aug**
Ampho B administration	M	Read and sign	Sep**

B. Low Volume / High Risk

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Chest tubes including orders	M	Skills fair	Mar**
CBI review	M	Roving in-service	Nov**
PCA handoff	M	Skills fair	Aug**

C. Equipment

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Point of Care Testing – AccuChek annual competency	H	Return Demo	February**

D. Department Problems / Concerns / Occurrences

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Scanning label vs armband 5 rights of Medication Administration	M	Read and sign	Nov**
Document patient refusal of care	M	Skills fair	Aug**
AMA vs Elopement	M	Skills fair	Aug**
High fall risk patients	H	Read and sign	Mar**
Restraint application competency validation	H	Online/Return Demo	February
Blood Administration	H	Online	January

*Priority based on staff and leader feedback

**See MS FY2023 Learning Needs Assessment Results & Education Plan to coordinate

H=High: Must Provide **M=Medium:** Important/Preferred **L=Low:** If Time Permits

Department Manager Approval: Name: Heather Nielson

Date: May 24, 2022

Ambulatory
FY2023 Learning Needs Assessment Results & Education Plan
 Staff & Manager Requested Education July 1, 2022, through June 30, 2023

Assessment Dates: April 18, 2022 thru May 25, 2022

Staff Surveyed: : RN MA Tech (Dialysis, Ortho) CPL Dept. Manager Dept. Director

CPE Responsible: Diane DeVoll MS, RN and Marva Billy MSN, RN, CEN, CPEN

Date Plan Completed: 06/08/2022

Final plan to be reviewed by department manager and/or director by June 30.

Results

Percent of staff surveyed: 100%

Response Rate: 29/286 =10 %

A. Staff Areas of Interest

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Identify injection sites	M	In-service, Apex	February
Pediatric Care: assessment, vital signs, vaccines	M	Classroom training	March
Depo Protocol	M	Classroom training	December
Vaccine administration	L	In-service	April
Medication Review for MA	L	In-service	May
Ear Lavage	L	Demonstration	August
Specimen labeling	M	Apex	July

B. Low Volume / High Risk

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Lift Training	M	Demonstration	August
MedSled	L	Demonstration	March
Wound Care/Wound Vac	L	In-service	December
Narcan Administration	H	Unit training, Apex	July

C. Equipment

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
GE ECG 12-lead Mac-7	H	Demonstration	July
ECG 12-lead Mac 5500	L	Demonstration	July
Hearing test devices: Audiometer and OAE	L	In-service	September
Vision testing: Spot Vision	L	In-service	October
TCB Bilirubin	L	In-service	September

D. Department Problems / Concerns / Occurrences

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Review Pulmonary Function Testing	L	In-service, Apex	January
Medicare Wellness Visit	H	Apex	July
Surgery Clinic: Foley catheter, suprapubic catheter	M	In-service	October
Instrument cleaning	H	Demonstration	July
Review Code White	H	In-service	July
Mock Code	H	Unit training	July/August
How to use the AED	H	Unit training	July/August
Dialysis: CRIT line/transonic	L	Apex	February

Dialysis: Zoll Defibrillator	M	Unit training	August
Dialysis: EKG Rhythm Review	M	Unit training	August
Dialysis: Mock Code	L	Unit training	April
Dialysis: Annual Restraint	H	Demonstration, Apex	March
Mandatory Annual POCT	H	Demonstration, Apex	Varies per clinic

*Priority based on staff and leader feedback

H=High: Must Provide **M=Medium:** Important/Preferred **L=Low:** If Time Permits

Department Manager Approval: Nelson Silva-Craig Ambulatory DON Date: 06/21/2022

Department Manager Approval: Martha Teeman Director of Nursing Date: 06/21/2022

Department Manager Approval: Christie Blanda Director of Ambulatory Operations Date: 06/15/202

APCU

FY2023 Learning Needs Assessment Results & Education Plan

Staff & Manager Requested Education July 1, 2022, through June 30, 2023

Assessment Dates: 4/22/2022 – 5/22/2022

Staff Surveyed: RN CNA CRL Dept. Manager Dept. Director

CPE Responsible: Regina Villa

Date Plan Completed: 6/6/2022

Final plan to be reviewed by department manager and/or director by June 30.

Results

Percent of Staff Surveyed: 100% Response Rate: 80%

A. Staff Areas of Interest

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Flexi-seal, rectal tube	M	In-service, tip sheet, huddle	Sept
Heparin drip	H	In service, 1:1. Tip sheet	
ECG Review	M	Classroom, tip sheet	ECG classes scheduled
Sitter orders, nursing documentation		Education board, tip sheet	
Trach care	H	In service, tip sheet, education board	October
AWS	M	In service, tip sheet, education board	November
COWS/CIWA	M	In service, tip sheet, education board	December

B. Low Volume / High Risk

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Skill of blood draw	L	Demo/return Demo, tip sheet	January
How to complete an occurrence report	M	In service, In service, tip sheet, education board	February

C. Equipment

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>

D. Department Problems / Concerns / Occurrences

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Restraint Documentation		Annual competency, huddle, tip sheet	October
Critically times medications	H	Education board, huddle	September
Pain reassessment documentation	H	Annual competency, huddle, tip sheet, education board	October
Alarms, call lights, doorbells, phones,	M	Education board, huddle	March

*Priority based on staff and leader feedback

H=High: Must Provide **M=Medium:** Important/Preferred **L=Low:** If Time Permits

Department Manager Approval: Stacy Wolosek Date: 6/6/2022

Department Director Approval: Marie Maya Date: 6/6/2022

Maternal-Child Departments: L&D, Postpartum, NICU, WCC and ATC FY2023 Learning Needs Assessment Results & Education Plan

Staff & Manager Requested Education July 1, 2022, through June 30, 2023

Assessment Dates: May 1, 2022 to May 31, 2022

Staff Surveyed: RN CNA Scrub Tech Lactation CRL Dept. Manager Dept. Director NNP

CPE Responsible: Joy Atkinson

Date Plan Completed: June 30, 2022

Final plan to be reviewed by department manager and/or director by June 30.

Results

Percent of staff surveyed: 100%

Response Rate: 30/155 = 19%

A. Staff Areas of Interest

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Small Baby Protocol and current standards	H	Small Group, Classroom	July/Oct/January
Why we treat things a certain way (NICU)	M	Classroom (NOEP)	July/January
Anesthesia- epidural vs. spinal. Meds used. Nursing care	M	Newsletter, Storyboard	DEC
General education for CNAs. What CNAs can/can't do. Why are pts on MgSO4	H	Small group	July
Blood pressure	H	Skills Fair, Newsletter	October, ongoing
Delayed bathing	M	Skills Fair, Inservice	October/November
Physiological birth and coping mechanisms for labor	M	Classroom	Quarterly
Laboring positions	M	Classroom	Quarterly
Spinning Babies	L	Newsletter	3 rd Quarter

B. Low Volume / High Risk

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Vibratory chest physiotherapy	M	Skills Fair	October
PP Hemorrhage	H	Skills Fair, Simulation	October, bimonthly
Diabetes & HTN in pregnancy	H	Skills Fair, Simulation	October, bimonthly
Blood Administration	H	In-service	July

C. Equipment

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Nipple types, indication for use	M/L	Policy, APEX	3 rd Quarter
Chest tube- insertion and care	L	Classroom, Small group	3 rd -4 th Quarter

Vents/Oscillators	H	Skills Fair	October
Wound vac	L	Inservice	2 nd -3 rd Quarter
PCA Pump	L	Inservice	2 nd -3 rd Quarter
How do timed vitals transfer into EPIC?	L	Newsletter	DEC
Cystoscope	L	Vendor	TBD
Bakri	M	Skills Fair or Inservice	October

D. Department Problems / Concerns / Occurrences

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Time management if we knew Policies/Procedures	L	Storyboard	1 st Quarter
Clear expectations of job roles and duties (Postpartum)	M	Staff Meetings	July/August
Documentation: Blood transfusion MgSO4 checks Debrief forms PCA Pump	M	Read & Signs, EPIC Skills Fair	October, ongoing
Frequency/comfort with Kangaroo care	L	Classroom, Newsletter	July/January
New Employee education	H	Onboarding, Classroom	ongoing
Didactic for small baby protocol	H	Classroom	July/January
Organization	L	Newsletter	ongoing
Reduce use of Cytotec/Pitocin	L	Newsletter	3 rd -4 th Quarter
COWS Scoring Patients	M	Storyboard, Read & Sign	1 st -2 nd Quarter

*Priority based on staff and leader feedback

H=High: Must Provide **M=Medium:** Important/Preferred **L=Low:** If Time Permits

Department Manager Approval: Provided to Manager on 6/9/2022

Department Director Approval: Signed by Sandy Hamill Director of Nursing on 6/22/2022

MICU/SICU

FY2023 Learning Needs Assessment Results & Education Plan

Staff & Manager Requested Education July 1, 2022, through June 30, 2023

Assessment Dates: 4/22/2022 – 5/22/2022

Staff Surveyed: RN CNA CRL Dept. Manager Dept. Director

CPE Responsible: Regina Villa

Date Plan Completed: 6/6/2022

Final plan to be reviewed by department manager and/or director by June 30.

Results

Percent of Staff Surveyed: 100% Response Rate: 80%

A. Staff Areas of Interest

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
External Cooling- cooling blanket Gaymar	M	In-Service, tip sheet, education board	September
Compartment Syndrome	M	In-Service, tip sheet	October
Swan	M	demonstration	December, March, CC skills fair
Retirement explanation -HR	M	Video conf	HR to determine
U/S PIV	m	Classroom	U/S RN availability
EZ IO	m	Classroom/apex	December
Flexi-seal, rectal tube	M	Education board, huddle	January
Donor process	M	In-service	When DNA is available
Patient Lifts-ceiling	L	Education board	Feb

B. Low Volume / High Risk

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
TOF and Paralytics	M	Demo/return Demo	CCNR/Critical Care Skill fair
CRRT Machine maintenance	L	Demonstration, huddle	August
Precepting	m	Classroom	September
Sitter roles/responsibilities, nursing documentation	M	Tip sheet, 1:1, huddle	In-service
HERT			As needed
Visitor rules, visitor management	L	Huddle, education board	As needed
Morgue viewings, rules	L	Huddle, education board	As needed

C. Equipment

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Code Writer	m	demo	November
Gaymar cooling machine	M	Education board, tip sheet, huddle	December

D. Department Problems / Concerns / Occurrences

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Restraint Documentation	M	Tip sheet, huddle	March
Scanning patient arm band	H	Tip sheet, huddle	Ongoing

*Priority based on staff and leader feedback

H=High: Must Provide **M=Medium:** Important/Preferred **L=Low:** If Time Permits

Department Manager Approval: Sara Reynolds 6/6/2022

Department Director Approval: Shaunlee Wall 6/6/2022

Peri-Op Department
FY 2023 Learning Needs Assessment Results & Education Plan
 Staff & Manager Requested Education July 1, 2022, through June 30, 2023

Assessment Dates: May 3, 2022 to May 24, 2022

Staff Surveyed: RN CNA Scrub Tech Dept. Manager Dept. Director Periop Business Team

CPE Responsible: Jamie Knosalla

Date Plan Completed: June 9, 2022

Final plan to be reviewed by department manager and/or director by June 30.

Results

Percent of Staff Surveyed: 100%

A. Staff Areas of Interest

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Mock Code	H	Skill Fair / In-service / Sims Lab	September
Trauma Skills Fair	H	Skill Fair / In-service / Sims Lab	September
Blood Banding	H	In-service / Self-study modules /Huddles	On Going
ACLS Rhythm Review	H	Self-study modules/Huddles	On-going
Anesthesia Emergencies (laryngospasms/reversal medications/difficult airways)	H	In-service / Self-study modules /Huddles	August
Anesthesia Blocks	M	Anesthesia led in-service/ Huddles	February
ICP Drains	M	In-service / Skills Fair	September
Stress Management	M	In-service / Self-study modules / Shared Governance	On Going
Career and Retirement Planning/ HR Benefits	M	HR led in-service	May
Review of Anesthesia Gasses/Medications	M	Anesthesia led in-service/Huddles	January
Precepting New Employees (Preceptor Class)	L	Self-study modules / Hospital-Wide Class	On Going
Becoming Certified in OR and Preop/PACU	L	Self-study modules	On Going
SCD Best Practices	L	In-service/ Huddles	October
CHG Wipe Best Practices	L	In-service/ Huddles	November
Microsurgery/Microscope Draping/Free Flaps	L	In-service	December

B. Low Volume / High Risk

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Fire Drill	H	In-service / Self-study modules / Skills Fair	May
Malignant Hyperthermia Drill	H	In-service /Self-study modules / Skills Fair	May
Cidex Disinfection (TEE Probe Covers)- Anesthesia Tech ONLY	H	Self-study modules/ Return Demonstration with Respiratory	May
Death in the OR Procedure	H	In-service	October
Job Hazard Analyses for OR	H	Self-study modules	March
Yearly Educational Competencies (Restraints/POCT)	H	Skills Fair/ Champions	March
DNV Prep	H	In-service / Self-study modules	April/May

Pediatric Emergence Delirium/Pediatric PACU Experience	M	In-service / Self-study modules	September
Chemo Spill Kits	M	In-service / Self-study modules/ Champions	March
Assisting Anesthesia/CRNA during Intubation	M	Anesthesia led in-Service	January
Mandible/Facial Fracture Surgeries	L	In-Service/Skills Fair	December

C. Equipment

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Zoll Defibrillator	H	Skill Fair / In-service / Sims Lab	Quarterly
Blood Warmer/Belmont	H	In-service / Self-study modules	September
Truclear	H	In-Service	Ongoing
New OSI Table	H	In-Service	October
Liposuction Machine/Revolve	M	In-service/Champions	July
Olympus Scope Towers/Precleaning Scopes	M	In-Service	March
Hana Table	M	In-Service	April
Neuro Positioning Equipment (Mayfield, pins, etc.)	L	In-service/Champions	September
Vitreotomy Machine/Mayo Stand setup	L	In-service/Champions	November
Suture 101	L	In-Service	December
ENT Nerve Monitor	L	In-service	January
Cell Saver	L	In-Service	February
Pink Pad	L	In-Service	March

D. Department Problems / Concerns / Occurrences

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Surgical Timeout Process	H	Huddles / In-service	On Going
Documentation / Chart Audits	H	EPIC trainer /Champions	On Going
Sponge/Instrument Counts	H	Huddles/Policy Attestation Form	June
Discontinuing Restraints in the OR	H	Huddles/Self-Study modules/Champions/EPIC	On Going
Blood Band/Specimen Collections	H	In-services/Champions/Huddles	On Going
Sharps Safety	H	In-service / Self-study modules /Huddles	On Going
Medication Safety	H	In-service / Self-study modules /Huddles	On Going
Surgical Supply Specialist Education (Implants, Trackcore, etc.)	M	In-service	On Going
Expectations for Room Turnover	M	Huddles	On Going

*Priority based on staff and leader feedback

H=High: Must Provide

M=Medium: Important/Preferred

L=Low: If Time Permits

Surgical-Trauma
FY2023 Learning Needs Assessment Results & Education Plan
 Staff & Manager Requested Education July 1, 2022, through June 30, 2023

Assessment Dates: May 1-25, 2022

Staff Surveyed: RN LPN Nurse Extern CNA/PCT Tech (ED, Scrub, BH) Dept. Manager Dept. Director

CPE Responsible: Douglas Boyle

Date Plan Completed: 7/12/2023

Final plan to be reviewed by department manager and/or director by June 30.

Results

Percent of staff surveyed: 100%

Response Rate: # /# =# %

A. Staff Areas of Interest

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
D/C PICCs/CVC; PICC care; CVC care and assessment	M	Skills fair	Aug or Mar
Nasal Bridle	M	Roving in-service	Oct
NG tubes: general care and maintenance, tube place, securement	M	Skills fair	Aug
C NA preceptor class	M	Preceptor class	Offered quarterly
Mock codes	M	Coordinate with Sim	As can be arranged with Sim Center
IT education	M	Roving in-service	Sep
Dressing changes; wound care	M	Skills fair	Mar
Ostomy care	L	Read and sign	Dec
Drains	M	Skills fair	Aug
Training of how to deal with patient without impulse control	M	Read and sign	Feb
C NA prioritizing reporting, VS norms, when to use the body alarm, using the "Chat" feature in Epic to report.	M	Skills fair	Aug

B. Low Volume / High Risk

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Fall risk prevention and requirements	H	Read and sign	Mar**
Irrigating foleys	M	Roving in-service	Nov**

C. Equipment

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
How to get daily weight on bed	M	Skills fair	Aug
TF pumps programming and functions	M	Skills fair	Mar
Ultrasound IV start education	L		
PCA review; PCA MS, Fentanyl, Dilaudid, documentation	M	Skills fair	Aug**
Cortrak	M	Skills fair	Mar
Respiratory adjuncts review	M	Skills fair	Aug**
How to report broken equipment (VS machine)	H	Read and sign	Aug
Chest tube setup, wall suction, etc.	M	Skills fair	Mar**

Trach care -how to dress; Suctioning	M	Roving in-service	Nov
VAC dressings	M	Read and sign	Apr

D. Department Problems / Concerns / Occurrences

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Restraint documentation	M	Annual competency	Feb**
AWS assessment and medications	M	Read and sign	Feb
Daily hygiene/oral care and ambulation	M	Read and sign	Jun
Masimo monitor	M	Read and sign	Dec
Accurate I&O during VS rounds; I & Os	H	Skills fair	Aug
C NA reporting abnormal VS, accuchecks, urine output	M	Skills fair	Aug
Stop making arbitrary changes in EPIC	L	NA	NA
Staffing shortages; Staff floating to meet other units needs	M	NA	NA
Measuring output VAC	M	Read and sign	Apr
Foley care	M	Skills fair	Aug
IV tubing, IV bag -time and date	M	Read and sign	May
Document pain, reassess -Epic Worklist	M	Read and sign	May

*Priority based on staff and leader feedback

**See MS FY2023 Learning Needs Assessment Results & Education Plan to coordinate

H=High: Must Provide **M=Medium:** Important/Preferred **L=Low:** If Time Permits

PICU/Peds Acute
FY2023 Learning Needs Assessment Results & Education Plan
 Staff & Manager Requested Education July 1, 2022, through June 30, 2023

Assessment Dates: 5/1/22 – 5/31/22

Staff Surveyed: RN CNA Dept. Manager Dept. Director

CPE Responsible: Kali Davis

Date Plan Completed: 6/1/22

Final plan to be reviewed by department manager and/or director by June 30.

Results

Percent of Staff Surveyed: 100% Response Rate: 17/31 = 51%

A. Staff Areas of Interest

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Common burn dressings	M	Skills fair or presentation	October /March
Chest tubes	H	Skills fair	October

B. Low Volume / High Risk

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Trach care	H	Skills fair	October/January
IVIG/Remicade	H	Skills fair	October/February
Heparin Drip	H	Skills fair	October/April

C. Equipment

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Codman/ICP	H	Skills fair	October/January
Zoll	H	On unit, APEX	Ongoing

D. Department Problems / Concerns / Occurrences

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Blood banding	H	On unit, huddles	Ongoing
Annual Restraints	H	On unit, 1:1 checkoff	March
Annual AccuChek	H	On unit, 1:1 checkoff	April

*Priority based on staff and leader feedback

H=High: Must Provide **M=Medium:** Important/Preferred **L=Low:** If Time Permits

ED/MVLE ED Adult & Pediatric
FY2023 Learning Needs Assessment Results & Education Plan
 Staff & Manager Requested Education July 1, 2022, through June 30, 2023

Assessment Dates: June 1 – July 1 2022

Staff Surveyed: RN CNA ED Tech Dept. Manager Dept. Director

CPE Responsible: Kali Davis, CPE, Laura Clear, CPE

Date Plan Completed: July 1, 2022

Final plan to be reviewed by department manager and/or director by June 30.

Results

Percent of staff surveyed: 100%

Response Rate: 13/100= 13%

A. Staff Areas of Interest

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
EKG review and interpretation	H	Skills fair/ education board	Ongoing
Triage	H	Skills fair	April
Pediatric IVs	H	Skills fair/on unit	April/ongoing
IV ultrasound	L	Unit In-Service	TBD
Pediatric Caths	H	Skills fair/on unit	April/ongoing
Pediatric respiratory	H	Skills fair/on unit/education board	April/ongoing/December
Birthing, OB trauma	H	Mock drills	November/march
Trauma	H	Dept in-service, education board	October/February

B. Low Volume / High Risk

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Pediatric DKA	H	Classroom, education board	September
Pediatric codes	H	Mock drills	August
NIH scale	H	Education board, APEX, in- service, skills fair	April

C. Equipment

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Baby warmer	M	Skills Fair	April
EZ-IO	H	Skills Fair	April
Hare traction/trauma splints	M	In-service	January
Belmont	M	Skills Fair	April
Zoll	H	Departmental Inservice	August- September
Ventilator review	M	Skills fair	April

D. Department Problems / Concerns / Occurrences

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Pediatric collaborative class	H	Classroom	Offered monthly
Triage class	H	Classroom	Offered routinely
Sedation class	H	Classroom/Online/Sim	Offered routinely
EVE	H	Classroom	Offered routinely
Annual POCT	H	Skills fair	April
Restraints	H	Skill validation	February
TeamSTEPPS	M	Classroom	Offered routinely
HERT training	H	Classroom	Offered routinely
Splinting class	H	Skill validation	Offered as needed
NIHS scale	H	online	Annual validation

*Priority based on staff and leader feedback

H=High: Must Provide **M=Medium:** Important/Preferred **L=Low:** If Time Permits

Arizona Burn Center- St. 43, St. 71, St. 72, Burn ED, & Burn Clinic FY2023 Learning Needs Assessment Results & Education Plan

Staff & Manager Requested Education July 1, 2022, through June 30, 2023

Assessment Dates: 4/22/2022 – 5/22/2022

Staff Surveyed: HUC CNA RN CRL Dept. Manager Dept. Director

CPE Responsible: Halle Buffington, BSN, RN, CCRN

Date Plan Completed: 5/31/2022

Final plan to be reviewed by department manager and/or director by June 30.

Results

Percentage of Staff Surveyed: 107/107 = 100% Percentage of staff responses: 24/107 = 22%

A. Staff Areas of Interest

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Bladder Pressure Monitoring	M	Demo/Return Demo	CCNR/ Critical Care Equipment Class
Burn Dressings and Donor Site Care	H	Demo/Return Demo	Onboarding and ongoing (monthly)
Ultrasound PIV	L	Classroom	January
CVC/PICC	H	PowerPoint	NGR, CCNR, and M/S Skills fair
Kerecis	M	PowerPoint	November
ABLS	M	Simulation / Classroom	Classes offered Quarterly
Hidradenitis Suppurativa	L	PowerPoint	October

B. Low Volume / High Risk

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
TOF and Paralytics	M	Demo/return Demo	CCNR/Critical Care Skill fair
Pediatric Resuscitation	H	Simulation / Classroom	Classes offered Quarterly
ACLS and PALS Medications	H	RQI / PowerPoint	Quarterly
Care of the Trauma Patient	L	PowerPoint	May

C. Equipment

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Fluid Warmer	M	Classroom/Demo/Return Demo	CCNR, Critical Care Equipment Class, and Critical Care Skills Fair
Belmont	H	Classroom/Demo/Return Demo	CCNR, Critical Care Equipment Class, and Critical Care Skills Fair
Bovee	M	In-Service	April
Vein Finder	L	Demo/Return Demo	M/S Skills Fair
Cortrack	L	Demo/Return Demo	M/S Skills Fair
Zoll	H	Simulation / In-Service	Every other month / March
External Ventricular Drain	M	Classroom/Demo/Return Demo	CCNR, Critical Care Equipment Class, and Critical Care Skills Fair

Codman	M	Classroom/Demo/Return Demo	CCNR, Critical Care Equipment Class, and Critical Care Skills Fair
Burn Navigator	H	In-Service	February

D. Department Problems / Concerns / Occurrences

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>
Burn Wound and Non-Burn Wound Documentation	H	Classroom	Introduction to Burn Nursing Class
Burn ED Charting and ESI	H	Classroom	Burn ED Class
Moderate Sedation	M	Classroom / PowerPoint	Moderate Sedation Class/ August
Code Documentation	M	Simulation	Every other month
Compliance 360	L	Weekly Newsletter	May
Sitter Roles and Responsibilities	L	Weekly Newsletter/ Classroom	September / PSA Class
Prism Forms	M	PowerPoint	October
CBT vs. CNA Roles and Responsibilities	M	PowerPoint	November

*Priority based on staff and leader feedback

H=High: Must Provide **M=Medium:** Important/Preferred **L=Low:** If Time Permits

Department Manager Approval: Jennifer Granger 5/30/2022

Department Director Approval: Tiffany Hockenberry 5/27/2022

Valleywise Health Medical Center

Nurse Staffing Risk Assessment

FY2022

With the start of the Pandemic in March 2020, the Nursing Leadership was challenged with developing a staffing model to care for COVID-19 positive patients due to their high acuity needs. The model of healthcare in the acute setting has evolved requiring the RN to be the major contact between the patient and outside environment during the peaks of COVID. The RN had to assume roles traditionally managed by support / ancillary personnel i.e., housekeeping, signing of documents, spiritual support, turning, etc. As the pandemic lingered the model continued to undergo change such as training of registration and care management personnel to enter the patient's room safely to obtain necessary information and or signatures to physical therapy developing a turning team to assist with the necessary movement of the patients. Unfortunately, this past year with the increase in resignations and shortage of candidates for hire the staffing model has remained in a surge state. This has added stress to the clinical and leadership teams.

The Behavioral Health and Medical acute care environments continue to experience surging on a regular occurrence for COVID positive patients. The acuity level has been predominately acute to progressive with on and off spiking of ICU level patients during these latter surges. With this ongoing impact to the clinical team, continue to see fatigue, burn out, ultimately leading to resignations, request for reduced work hours, and movement away from direct patient care areas.

For FY2022 the high acuity levels (of our non-covid patients), high patient volumes, high staff turnover, and lack of viable candidates has led to seeing deviation in practices such as bar code scanning for medication administration, patient acuity reporting, pain assessment / reassessment of PRNs, titration of drips per policy, etc. However, the team did see improvement in the blood banding process and patient experience score towards the end of FY22 (Appendix 1). The clinical teams continue to work on many interventions to reduce the occurrences of pressure ulcers, CLBSI, CAUTI, HAI C. Diff and MRSA through continuous process improvement initiatives. The number of occurrences submitted for this period demonstrate no significant change in numbers from prior year (Appendix 2); however, seeing increase in reported staff assaults. The Violence in the Workplace Committee working on the development of initiatives such as providing education and interventions to reduce the occurrences of violence in the workplace. The teams continue to conduct debrief huddles with the team involved in an incident of violence to identify opportunities for improvement. The information gathered in the debrief is used for team education and or changes in practice.

For FY2022 the leadership team continues to work on stabilizing staffing turn over and devising ways to manage every changing clinical environment. This year again for Nurses Month 2022 a focus was placed on individual wellbeing with the help of Dr. Darling's Sessions on Mental Health / Wellbeing held the first part of May 2022 and relaxation techniques held the end of the month. In addition, for the 2nd year the clinical team sponsored a Food Community Event with St. Mary's Food Bank at the Peoria CHC that served over 100 families.

The clinical teams and Nursing Leadership continues to work on developing clinical care models that will support the care teams and patients resulting in positive outcomes and patient experience scores.

Appendix 1: Nursing Dashboard for July 2020 to June 2021

Professional Nursing Council

PNC - PATIENT SAFETY

Reporting Program	Benchmark	FY21 Year to Date	Desired Direction	Jul 2021	Aug 2021	Sep 2021	Qtr 1 (FY 2022)	Oct 2021	Nov 2021	Dec 2021	Qtr 2 (FY 2022)	Jan 2022	Feb 2022	Mar 2022	Qtr 3 (FY 2022)	Apr 2022	May 2022	Jun 2022	Qtr 4 (FY 2022)	FY22 Year to Date	
Other Patient Safety Metrics; * included in Leapfrog																					
Bar Code Medication Administration (Percent Compliance)	Leapfrog	> 95%	96%	↑	Quarterly reporting			96%	Quarterly reporting			96%	Quarterly reporting			94%	Quarterly reporting			94%	95%
Pain reassessment	DNV	> 90%	90%	↑	91%	91%	90%	90%	89%	89%	88%	88%	85%	86%	86%	86%	86%	87%	88%	90%	88%
Leapfrog (LF) Patient Safety Indicators																					
Identification & Mitigation of Hazards a Risks:																					
Rapid Response Average Call to Arrival Time (minutes)	In-house	≤ 5.0	2.3	↓	1.7	1.5	5.5	2.5	1.4	1.8	3.5	2.0	3.0	1.2	1.1	2.0	1.3	1.2	1.5	1.3	2.1
Nursing Workforce (adequate staffing levels & competent nurses/leadership):																					
Elopement-Aggressive Patient Safety program patient elopement absolute number	LF	0	3	↓	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Safety-Patient Assaults on Staff rate (surg/trauma, med/onc, 4E, and stepdown)	LF	≤ 1.55	4.42	↓	Reported Quarterly			1.67	Reported Quarterly			0.67	Reported Quarterly			0.33	Reported Quarterly			1.67	1.08
Optlink Compliance - Patient Acuity (%)	In-house	≥ 98%	99%	↑	98%	99%	99%	99%	99%	99%	92%	97%	77%	98%	98%	91%	98%	98.6%	98.3%	98.4%	96%
Optlink Compliance - Patient Assignment (%)	In-house	≥ 98%	98%	↑	99%	97%	98%	98%	98%	~	98%	~	95%	96%	95%	97%	96%	95%	96%	97%	97%
Optlink Compliance - Census Projection (%)	In-house	≥ 98%	97%	↑	99%	98%	97%	98%	97%	98%	87%	94%	75%	88%	96%	87%	94%	95%	97%	96%	94%
Nursing Process Improvement Teams Metrics:																					
Blood Bank Specimen Labeling Errors, % Cancellation	In-house	≤ 1.12%	3.6%	↓	3.16%	3.07%	1.27%	2.48%	1.95%	2.17%	2.75%	2.29%	1.86%	1.30%	1.63%	1.59%	1.91%	0.72%	1.21%	1.24%	1.87%

Quality Dashboard

Reporting Program	Benchmark	FY21 Year to Date	Desired Direction	Jul 2021	Aug 2021	Sep 2021	Qtr 1 (FY 2022)	Oct 2021	Nov 2021	Dec 2021	Qtr 2 (FY 2022)	Jan 2022	Feb 2022	Mar 2022	Qtr 3 (FY 2022)	Apr 2022	May 2022	Jun 2022	Qtr 4 (FY 2022)	FY22 Year to Date	
Nursing Workforce																					
Overall worked ICU and general patient unit hours per patient day equivalents (excl. L&D, and post-partum)**	LF	13.92	14.71	NA	11.98	13.40	12.71	13.81	10.45	10.51	10.08	14.38	9.29	10.56	9.80	14.80	10.29	9.62	9.30	13.78	10.64
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	2.19	2.17	1.98	3.14	1.82	1.97	2.07	2.62	2.29
Pre-op/PACU worked hours per total cases**	LF	5.65	5.15	NA	5.77	4.93	4.76	5.21	4.44	4.21	4.35	5.15	5.62	4.54	3.85	5.21	4.15	3.98	3.49	5.06	4.46
Healthcare Associated Infections; *incl. in Leapfrog																					
Hand Hygiene Compliance (Percent)	LF	≥ 97%	99%	↑	98%	99%	99%	99%	99%	98%	96%	97%	95%	95%	95%	95%	95%	97%	96%	97%	
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	1.474	0.000	0.000	0.622	0.000	0.000	0.000	0.000	0.434
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	0.562	0.616	0.000	0.403	0.000	0.000	0.555	0.216	0.364
MRSA Bacteremia (SIR); HO-MRSA BSI Events	CMS-VBP	≤ 0.727	2.294	↓	Report Semi-annually					3.086	Report Semi-annually					2.726	2.895				
Hospital Onset Clostridium difficile (C. diff) SIR; Facility Wide-IN	CMS-VBP	≤ 0.544	0.495	↓	Reported Quarterly			0.536	Reported Quarterly			0.274	Reported Quarterly			0.605	Reported Quarterly			0.507	0.475
Surgical Site Infections (SSI) - Colon Surgery (SIR)	CMS-VBP-HIQR-HAC	≤ 0.734	0.434	↓	Report Semi-annually					0.594	Report Semi-annually										
Surgical Site Infections (SSI) - Abdominal Hysterectomy (SIR)	CMS-VBP-HIQR-HAC	0.732	*	↓	Report Semi-annually					*	Reported Semi-annually										
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	0.81	1.24	0.53	0.84	1.94	0.78	1.49	1.36	1.60
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	1.05	0.77	0.65	0.84	4.06	0.63	2.96	2.41	1.91
Process of Care Measures; *included in Leapfrog																					
SEP-1: Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	CMS-HIQR	> 59%	93%	↑	100%	78%	75%	83%	57%	90%	86%	79%	75%	100%	75%	82%	71%	63%	56%	63%	76%
Emergency Department (ED-2) median time (minutes) from Admit Decision Time to ED Departure Time for Admitted Patients	CMS-HIQR	< 110	106	↓	125	143	149	146	126	164	162	154	247	172	124	178	157	135	130	141	146

Appendix 2

Indicator	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Total
CHEQ-IT EVENTS FOR VHMC	182	218	168	174	206	204	172	150	165	139	184	153	2115
Falls	9	12	12	9	15	12	16	10	11	14	14	9	143
Blood or Blood Product	1	9	4	3	7	3	8	4	8	6	8	5	66
Perinatal	4	5	6	5	2	7	5	7	2	4	8	8	63
Infection Prevention & Control	9	13	10	8	15	17	13	15	9	3	8	5	125
Behavioral Event	38	43	29	37	31	29	29	26	40	23	51	40	416
Dialysis	11	10	10	6	6	14	19	2	7	9	8	8	110
Device or Medical/Surgical Supply	10	2	3	6	1	5	3	6	2	2	1	5	46
Health Information Management	9	9	5	7	6	7	7	4	15	8	6	7	90
Medication or Other Substance	38	49	37	38	52	26	33	34	24	24	27	27	409
Skin breakdown / Pressure Injury	1	10	13	10	17	15	7	4	7	4	6	4	98
Specimen Handling/Lab Testing	29	33	19	23	30	47	20	24	17	26	15	16	299
Surgery / Invasive Procedure / Anesthesia	4	1	1			2	1	2	4	1	6	1	23
PATIENT RIGHTS	1	1		1				1				1	5
Medical Imaging	5	6	5	5	3	8	3	2	5	2	8	2	54
SAFETY AND SECURITY	13	15	14	16	21	12	8	9	14	13	18	15	168



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

September 28, 2022

Item 9.
No Handout

Concluding Items