

**Board Members**

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

President & Chief Executive Officer

Stephen A. Purves, FACHE

Clerk of the Board

Melanie Talbot

Meeting Location

Virginia G. Piper Charitable Trust Pavilion
2609 East Roosevelt Street
Phoenix, Arizona 85008
3rd Floor, Board Room

**AMENDED 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 at Valleywise Health Medical Center, 2601 East Roosevelt, Phoenix, Arizona 85008 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, Virginia G. Piper Charitable Trust Pavilion, 2609 East Roosevelt Street, Phoenix, Arizona 85008, (602) 344-5177. To the extent possible, additional reasonable accommodations will be made available within the time constraints of the request.

• Virginia G. Piper Charitable Trust Pavilion •
• 2609 East Roosevelt Street • Phoenix, Arizona 85008 •
• 3rd Floor, Board Room •

Wednesday, February 28, 2024
1:00 p.m.

Access to the meeting room will start at 12:50 p.m., 10 minutes prior to the start of the meeting.

One or more members of the Board of Directors of the Maricopa County Special Health Care District may be in attendance by technological means. Board members attending by 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, computer, etc., to minimize disruption of the meeting.

1:00 **Call to Order**

Roll Call

Pledge of Allegiance

Call to the Public

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

ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE

General Session, Presentation, Discussion and Action:

- 1:15 1. Approval of Consent Agenda: 15 min
Note: Approval of contracts, minutes, IGA's, proclamations, etc. Any matter on the Consent Agenda will be removed from the Consent Agenda and discussed as a regular agenda item upon the request of any Board member.
- a. Minutes:
- i. **Approve** Maricopa County Special Health Care District Board of Directors meeting minutes dated January 24, 2024
Melanie Talbot, Chief Governance Officer; and Clerk of the Board
- b. Contracts:
- i. **Approve** amendment #10 to the agreement (C-90-00-31-1-10) between Evernorth Behavioral Health Inc fka Cigna Behavioral Health Inc and Maricopa County Special Health Care District dba Valleywise Health, to allow members to continue to receive behavioral health services through Valleywise Health facilities
Renee Clarke, MBA, Senior Vice President, Managed Care

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

- 1:15 1. Approval of Consent Agenda, cont.:
- b. Contracts, cont.:
- ii. **Approve** amendment #3 to the agreement ([MCO-20-022-03](#)) between Medica Insurance Company and Maricopa County Special Health Care District dba Valleywise Health, to allow members to continue to receive healthcare services through Valleywise Health facilities
Renee Clarke, MBA, Senior Vice President, Managed Care
 - iii. **Approve** amendment #2 to the contract ([90-24-004-1-02](#)) between Stericycle Inc and Maricopa County Special Health Care District dba Valleywise Health, to transfer services to the new acute care hospital
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer
 - iv. **Approve** a new agreement ([MCO-24-005-MSA](#)) between CoreCivic of Tennessee LLC and Maricopa County Special Health Care District dba Valleywise Health, to allow incarcerated individuals to receive healthcare services through Valleywise Health facilities and providers
Renee Clarke, MBA, Senior Vice President, Managed Care
 - v. **Approve** amendment #3 to the contract ([90-22-255-1-03](#)) between Arizona Department of Health Services and Maricopa County Special Health Care District dba Valleywise Health, for the Well Woman Health Check Program grant which provides breast and cervical cancer screenings for uninsured and underinsured
Michael D. White, MD, MBA, Executive Vice President, Chief Clinical Officer
 - vi. **Approve** a new subcontract agreement ([90-24-222-1](#)) between Mercy Care and Maricopa County Special Health Care District dba Valleywise Health, for a mental health block grant for the First Episode Center(s)
Michael D. White, MD, MBA, Executive Vice President, Chief Clinical Officer
 - vii. **Approve** a new agreement ([90-24-210-1](#)) between Mainsail Parent LLC dba Aspirion and Maricopa County Special Health Care District dba Valleywise Health, for select accounts receivable outsourcing to include high balance discretionary denials
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer
 - viii. **Approve** amendment #3 to the agreement ([MCO-20-003-03](#)) between United Behavioral Health Inc and Maricopa County Special Health Care District dba Valleywise Health, to allow members to continue to receive behavioral healthcare services through Valleywise Health facilities
Renee Clarke, MBA, Senior Vice President, Managed Care
 - ix. **Approve** amendment #2 to the agreement ([90-23-032-1-02](#)) between Mercy Care and Maricopa County Special Health Care District dba Valleywise Health, for additional funding for the subcontract for the Coronavirus Response and Relief Supplemental Appropriations Act Mental Health Block Grant
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** affidavit appointing Ryan Mahelona, MD, and Hany Ashamalla, MD, as [Deputy Medical Directors in the Department of Psychiatry](#)
Gene Cavallo, MC, LPC, Senior Vice President, Behavioral Health Services
 - ii. **Approve** revisions to [policy 20075 MT – FQHC Credentialing and Privileging of Clinical Staff](#)
Michelle Barker, DHSc, Senior Vice President Ambulatory Services; and Chief Executive Officer Federally Qualified Health Centers
 - d. Medical Staff:
 - i. **Approve** [Valleywise Health's Medical Staff credentials for February 2024](#)
Mark M. MacElwee, MD, Chief of Staff
 - ii. **Approve** [Valleywise Health's Advanced Practice Clinician/Allied Health Professional Staff credentials for February 2024](#)
Mark M. MacElwee, MD, Chief of Staff
 - iii. **Approve** [revisions to policy 31202 T - Peer Review Policy](#)
Mark M. MacElwee, MD, Chief of Staff
 - e. Care Reimagined Capital:
 - i. INTENTIONALLY LEFT BLANK - NO HANDOUT
 - f. Capital:
 - i. **Approve** capital expenditure request ([CER #24-703A](#)) for the buildout of the facilities department space at the Roosevelt campus for a cost of \$498,266
Jori Davis, MBA, Vice President, Support Services
 - ii. **Approve** capital expenditure request ([CER #24-439](#)) to replace the roof at Valleywise Behavioral Health Center-Mesa for a cost of \$958,000
Jori Davis, MBA, Vice President, Support Services

End of Consent Agenda

- 1:30 2. Discuss and Review the [Quarterly Quality Report and Metrics Dashboard including but not limited to Patient Safety and Hospital Consumer Assessment of Healthcare Providers and Systems Results](#) 10 min
Crystal Garcia, MBA/HCM, RN, Vice President, Specialty Services, Quality and Patient Safety
- 1:40 3. Discuss and Review [Quarterly Infection Control Metrics Dashboard](#) 10 min
Crystal Garcia, MBA/HCM, RN, Vice President, Specialty Services, Quality and Patient Safety

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

- 1:50 4. Update on [Behavioral Health Programs and Services at Valleywise Health](#) 20 min
Gene Cavallo, MC, LPC, Senior Vice President, Behavioral Health Services
Martha Steiner, MSN-L, RN, Vice President, Behavioral Health Nursing and Clinical Care
- 2:10 5. Discussion and **Possible Action** on [Valleywise Health's 2024 Legislative Agenda and/or the Maricopa County Special Health Care District's position regarding proposed State and Federal legislative items](#) 10 min
Michael Fronske, Legislative and Governmental Affairs Director
- 2:20 6. Discuss and Review [Valleywise Health's January 2024 Financials and Statistical Information](#) 15 min
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer
- 2:35 7. Update on [Care Reimagined Projects](#) 10 min
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer
- 2:45 8. Review and **Possible Action** on the Following Reports to the Board of Directors: 15 min
- a. [Monthly Marketing and Communications Report \(January 2024\)](#)
Runjhun Nanchal, MHA, Senior Vice President, Strategy, Marketing and Communications
 - b. [Monthly Care Reimagined Capital Purchases Report \(January 2024\)](#)
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer
 - c. [Monthly Valleywise Health Employee Turnover Report \(January 2024\)](#)
Susan Lara-Willars, HCS, MBA, Senior Vice President, Chief Human Resources Officer
 - d. [Quality Management Council Meeting Minutes \(January 2024\)](#)
Crystal Garcia, MBA/HCM, RN, Vice President, Specialty Services, Quality and Patient Safety
 - e. [Quarterly Compliance Officer's Activities Report; Valleywise Health's Finance, Audit and Compliance Committee Activities Report](#)
L.T. Slaughter, CPA, MBA, Chief Compliance Officer
 - f. [Quarterly Valleywise Health Foundation's Report to Valleywise Health's President & Chief Executive Officer](#)
Lisa Hartsock, MPH, CFRE, Foundation Relations Executive
 - g. [Fiscal Year 2023 Non-Privileged Patient Care Competency Report](#)
Susan Lara-Willars, HCS, MBA, Senior Vice President, Chief Human Resources Officer
- 3:00 9. Discuss the Dignitary Wall at the new Valleywise Health Medical Center 10 min - NO HANDOUT
Board of Directors

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

3:10 10. Concluding Items 10 min

a. Old Business: - NO HANDOUT

January 24, 2024

Legislative Agenda

- Representative Cook's sponsored bills impact Valleywise Health

Compliance Training

- Future discussion on disclosure of gifts District Board members receive
- Provide a larger Enterprise Risk Management image

Care Reimagined Update

- Once available, provide the date that the Conference and Administration Center will be decommissioned
- Provide a list with dates of all the new tower grand opening events

November 21, 2023

Consent Agenda

- Future discussion on disclosure of gifts District Board members receive

Behavioral Health Update

- Provide information to the Maricopa County Board of Supervisors on projects, programs and services made possible with the ARPA grant funding

Care Reimagined Update

- Once available, provide the date that the Conference and Administration Center will be decommissioned

June 28, 2023

Care Reimagined Update

- When projects are complete, compose a letter from the Board, outlining everything that was accomplished/made possible, and send to stakeholders

May 24, 2023

April 2023 Financials

- How will fixed costs change (old facilities vs new facilities); include the change in utility costs and maintenance costs

August 24, 2022

Monthly Update on Care Reimagined Projects

- Work with organized neighborhood groups near Valleywise Health Medical Center to build connections and invite to opening of new hospital

b. Board Member Requests for Future Agenda Items or Reports - NO HANDOUT

c. Comments - NO HANDOUT

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

3:20 **Adjourn**

1.a.i. Minutes - January 24, 2024

Minutes

DRAFT

**Maricopa County Special Health Care District
Board of Directors Meeting
Virginia G. Piper Charitable Trust Pavilion
2609 East Roosevelt Street, Phoenix, Arizona 85008
3rd Floor, Board Room
January 24, 2024, 1:00 p.m.**

Present: J. Woodfin Thomas, Chairman, District 4
Mark G. Dewane, Vice Chairman, District 2
Mary A. Harden, RN, Director, District 1
Kate Brophy McGee, Director, District 3 – *participated remotely*

Absent: Mary Rose Garrido Wilcox, Director, District 5

Others Present: Steve A. Purves, FACHE, President & Chief Executive Officer
Michael D. White, MD, MBA, Executive Vice President, Chief Clinical Officer
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer
Sherry Stotler, RN, MSN, Senior Vice President, Chief Nursing Officer
Mark M. MacElwee, MD, Chief of Staff
Ijana Harris, JD, Senior Vice President, General Counsel

**Guest Presenters/
Speakers:** Patti Gentry, Valleywise Health Foundation Board of Directors, Chairman
Nicole Rivet, Valleywise Health Foundation, President & Chief Executive Officer
Crystal Garcia, MBA/HCM, RN, Vice President, Specialty Services, Quality and Patient Safety
Michael Fronske, Legislative and Governmental Affairs Director
L.T. Slaughter, CPA, MBA, Chief Compliance Officer
Michael Murphy, Communications Director

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

Call to Order:

Chairman Thomas called the meeting to order at 1:00 p.m.

Roll Call

Ms. Talbot called roll. Following roll call, she 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.

Moment of Silence

Chairman Thomas announced that a member of the Valleywise Health workforce had recently passed away and requested a moment of silence.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – January 24, 2024**

Pledge of Allegiance

Chairman Thomas led the Pledge of Allegiance.

Call to the Public

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

Mission Statement

Mr. Purves read the mission statement aloud.

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda

a. Minutes:

- i. Approve Maricopa County Special Health Care District Board of Directors meeting minutes dated November 21, 2023
- ii. Approve Maricopa County Special Health Care District Board of Directors meeting minutes dated December 13, 2023

b. Contracts:

- i. Approve a new agreement (MCO-24-002-MSA) between Blue Cross and Blue Shield of Arizona, Inc, and Maricopa County Special Health Care District dba Valleywise Health, to allow members to receive dental services through Valleywise Health dental providers
- ii. Approve addendum #7 to the contract (90-19-192-1-07) between GE Precision Healthcare LLC, a GE HealthCare Business, and Maricopa County Special Health Care District dba Valleywise Health, to add GE XR Service at Valleywise Community Health Center-Avondale from February 1, 2024 through August 31, 2024
- iii. Approve amendment #2 to the contract (90-16-044-6-02) between Carefusion Solutions, LLC, and Maricopa County Special Health Care District dba Valleywise Health, to add equipment for the Pyxis stations at the new acute care hospital
- iv. Approve a new grant agreement (90-24-184-1) between the Arizona Early Childhood Development and Health Board Phoenix South Regional Partnership Council, and Maricopa County Special Health Care District dba Valleywise Health, for grant funding for Family Resource Center services at the Valleywise Community Health Center-West Maryvale

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – January 24, 2024**

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

1. Approval of Consent Agenda

b. Contracts, cont.:

- v. Approve amendment #3 to the sub-recipient agreement (90-23-13-1-03) between Arizona Association of Community Health Centers dba Arizona Alliance for Community Health Centers (AACHC), and Maricopa County Special Health Care District dba Valleywise Health, for grant funding for facility alterations and renovations at Valleywise Community Health Center-Chandler
- vi. Approve a new agreement (90-24-189-1) between Abbott Laboratories, Inc, and Maricopa County Special Health Care District dba Valleywise Health, for the Alinity i analyzer equipment, service, products, and consumables for the lab at the new acute care hospital
- vii. Approve amendment #1 to the intergovernmental agreement (90-22-167-1-01) between Maricopa County, Ryan White Part A Program, and Maricopa County Special Health Care District dba Valleywise Health, to increase funding and revise the scope of service
- viii. Approve amendment #4 to the contract (90-17-083-1-04) between Progressive Management Systems, and Maricopa County Special Health Care District dba Valleywise Health, to add collection services for employee contract defaults with the Sign On and Retention (SOAR) program
- ix. Approve amendment #3 to the sub-recipient agreement (90-23-14-1-03) between Arizona Association of Community Health Centers dba Arizona Alliance for Community Health Centers (AACHC), and Maricopa County Special Health Care District dba Valleywise Health, for grant funding for facility renovations at Valleywise Community Health Center-Guadalupe
- x. Approve a new agreement (90-24-196-1) between Elevate Patient Financial Solutions, LLC, and Maricopa County Special Health Care District dba Valleywise Health, for revenue cycle services to include underpayment recovery, third party liability reimbursement, workers compensation, and Veterans Administration services

c. Governance:

- i. Approve revisions to policy 06503 S: HRSA Legislative Mandate Compliance Policy
- ii. Approve Valleywise Health Foundation's ALL IN Campaign donor recognition requests

d. Medical Staff:

- i. Approve Valleywise Health's Medical Staff credentials for December 2023 and January 2024
- ii. Approve Valleywise Health's Advanced Practice Clinician/Allied Health Professional Staff credentials for December 2023 and January 2024
- iii. Approve proposed revisions to the Certified Nurse Mid-Wife Privileges/Practice Prerogatives

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – January 24, 2024**

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

1. Approval of Consent Agenda

d. Medical Staff, cont.:

- iv. Approve proposed revisions to the Nurse Practitioner – Women’s Health Privileges/Practice Prerogatives
- v. Approve proposed revisions to the Nurse Practitioner Family & Community Medicine Privileges/Practice Prerogatives
- vi. Approve proposed revisions to the Physician Assistant Family & Community Medicine Privileges/Practice Prerogatives
- vii. Approve proposed revisions to the Department of Family & Community Medicine Privileges
- viii. Approve proposed revisions to the Global Advanced Hand Surgery Privileges
- ix. Approve proposed revisions to the Department of Surgery-Plastic Surgery Privileges
- x. Approve proposed revisions to the Department of Orthopedic Surgery Privileges
- xi. Approve proposed revisions to the Department of Surgery Privileges

e. Care Reimagined Capital:

- i. INTENTIONALLY LEFT BLANK

f. Capital:

- i. INTENTIONALLY LEFT BLANK

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

VOTE: 4 Ayes: Chairman Thomas, Vice Chairman Dewane, Director Brophy McGee,
Director Harden
0 Nay
1 Absent: Director Wilcox

2. Presentation on Valleywise Health Foundation’s 2024 Organizational and Budget Goals

Ms. Gentry announced that 2023 was a year of incredible milestones for the Valleywise Health Foundation, including but not limited to raising \$54.2 million through the ALL IN capital campaign, and providing \$10.8 million in direct support to Valleywise Health.

Ms. Rivet stated the Amended and Restated Cooperative Services Agreement (CSA) between the Maricopa County Special Health Care District and the Valleywise Health Foundation, approved in April 2023, required an annual report related to the Foundation’s operational processes and fundraising results.

She highlighted key achievements made throughout calendar year (CY) 2023, including the receipt of two major gifts. The first being \$3 million in commitments for the First Episode Centers, from the Stardust Foundation and other donors.

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

2. Presentation on Valleywise Health Foundation's 2024 Organizational and Budget Goals, cont.

Ms. Rivet said the second major gift was a \$2.1 million grant from CVS Health to support poly-chronic patients and will serve nearly 500 patients over three years. If successful, there was an opportunity to secure an additional \$1.4 million in grant monies.

She reviewed other achievements made throughout the year, including the receipt of \$1 million to establish the Herbert Johnson Louis, MD Faculty and Resident Education Endowment, A Night in the Valley raising over \$1 million, and the Foundation generating over \$15 million in revenue, with \$10.8 million provided to Valleywise Health in direct support. She expressed gratitude to Vice Chairman Dewane and his wife, as they were co-chairs of A Night in the Valleywise fundraising event.

She reiterated that the ALL IN capital campaign raised \$54.2 million, with an additional \$5.4 million in outstanding pledges. She noted the Foundation surpassed all CSA benchmarks.

Ms. Rivet provided an overview of the Foundation's annual areas of focus, philanthropy, people, and engagement. A major goal was to increase the number of donors, retain current donors, and reengage donors that had lapsed. There was also focus on obtaining unrestricted support and she outlined various strategies that implemented to reach the goal. A leadership development program was created for employees to increase professionalism and the skill set of the team.

The Foundation strived to stand-out amongst other foundations within the community. She and the staff worked to develop operational processes, instituted annual performance reviews, and moved to a new office space.

The Foundation's goals for CY 2024 consisted of continuing to improve build operational processes, increase alignment and collaboration between the Foundation and Valleywise Health. The budget included \$13.9 million in total revenue, with \$11.2 million provided to Valleywise Health in support. The cost per dollar raised was \$0.27 per dollar.

She thanked all that were involved with the Valleywise Health Foundation.

Director Harden requested clarification on the dates for future fundraising activities, specifically the date for A Night in the Valley.

Ms. Rivet explained that A Night in the Valley was tentatively scheduled for December 2024, however, the finalized date was Saturday, November 9, 2024.

3. Discuss and Review Valleywise Health's Patient Experience Data and Action Plans

Ms. Garcia outlined the initiatives that were being developed to improve patient experience scores throughout Valleywise Health. She explained the organization used two different platforms within National Research Corporation (NRC) to gain insight into the patient's perspective.

Catalyst was used for inpatient setting, to meet the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) requirement for Centers for Medicare and Medicaid Services (CMS). RealTime was used for the ambulatory setting, for both specialty services and primary care within the Federally Qualified Health Centers (FQHCs).

One of the organization's goals was to improve the overall HCAHPS rating of the hospital, with the current benchmark set to be better than 69.6% by the end of fiscal year (FY) 2024. After the first quarter, the rating was 69.4 percent. At the start of the fiscal year, the Patient Improvement Collaborative was developed, which would focus on patient satisfaction scores for three areas, inpatient, FQHCs, and specialty services.

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

3. Discuss and Review Valleywise Health's Patient Experience Data and Action Plans, cont.

The Patient Improvement Collaborative began utilizing a priority matrix, a tool used to identify which questions would have the greatest impact on the overall score, if improved.

For inpatient, it was determined staff would focus on the 'got help as soon as wanted' question.

Director Harden noted the low score related to the cleanliness of the rooms and asked what measures were in place to improve the score.

Ms. Christiansen said that room cleanliness was evaluated daily, and environmental services leadership was involved in those meetings.

Ms. Garcia provided an overview of the action plans in place to improve inpatient scores, including but not limited to the well-performing units provide assistance to the units with lower scores.

Director Harden stated that the scores were subjective, based on the patient's perspective, which may differ from the actual response time.

Ms. Garcia agreed that the scores reflected the patient's opinion, however, staff would work to improve on that perception.

The benchmark for the specialty clinics located within Valleywise Comprehensive Health Centers-Phoenix and Peoria was to achieve a net promoter score (NPS) of at least 73% for 'would you recommend the facility'. Both locations were performing better than the benchmark, however, it was determined that there was an opportunity to improve the question 'seen in a timely manner'.

The benchmark for the FQHCs was to achieve a NPS of 73% for the same question as the specialty clinics. Ms. Garcia noted that the benchmark was currently being met, with a 73.2% positive response. The area of focus for the FQHCs was related to the 'registration staff helpful' question.

She explained the standardized process the Patient Improvement Collaborative used to determine the areas of focus for all three areas, to yield the greatest impact to the overall scores. Action plans were then developed, with timelines and identified the accountable leaders.

She provided an overview of the actions plans in place for each specific area. For the inpatient specific items, the configuration of the call light system was reviewed and standardized on all floor, and staff was given suggestions on how to maximize hourly rounding on each unit. For the specialty clinics, staff would manage the perception of the patients by communicating wait times and informing them that there may be multiple clinics within the one office.

Director Harden said there may be times when a patient needed appointments with various specialist, and asked if there were efforts to schedule all appointments on one day, to minimize the number of trips the patient had to make to the facility.

Ms. Stotler said the schedule staff attempted to coordinate all appointments; however, it was not always feasible.

Ms. Garcia outlined the action plans in place for the FQHCs, including regularly reviewing patient comments, ensuring registration leadership was involved in appropriate meetings and received accurate information.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – January 24, 2024**

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

4. Discussion and Possible Action on Valleywise Health's 2024 Legislative Agenda and/or the Maricopa County Special Health Care District's position regarding proposed State and Federal legislative items

Mr. Fronske reviewed the statistics of the current legislative session, which has been in session for 17 days, 999 bills had been posted, and three resolutions had been passed.

The Governor released a \$16 billion budget, with \$24 million included to improve health care licensing systems, and \$24 million included for medical school initiatives for the three state universities. The legislature was currently working from a baseline budget.

There were 32 bills sent to staff for comment and an additional 36 bills were being monitored. He provided a summary of some bills that may impact the organization, specifically Senate Bill (SB) 1037, Arizona Health Care Cost Containment System (AHCCCS) comprehensive dental care, which would allow for the \$1,000 in AHCCCS coverage for emergency dental to be used for preventative dental for adults.

Mr. Fronske requested the ability to support three bills; House Bill (HB) 2290, certificates of operations, interfacility transfer fill, as it would allow for hospitals to operate or contract to operate interfacility transfers. Staff was working with the sponsors on a clarifying amendment to ensure Valleywise Health would be included. The second bill was HB 2035, insurance claims, appeals, provider credentialing, which would streamline the claims and appeals process and reduce the credentialing timeline within the health plans. The third bill was HB 2078, advisory committee; subcommittee; exemption, which would exclude such committees from the public meeting laws and would affect the Valleywise Community Health Centers Governing Council. He reviewed the bill with Board Counsel and Board staff, and it was recommended that the organization support the measure.

He also requested the ability to support or oppose bills and amendments with timely feedback to the Board.

Director Brophy McGee addressed HB 2035, which was sponsored by Representative Cook, and asked if he had sponsored other healthcare bills that may impact Valleywise Health.

Mr. Fronske said he was unaware of other healthcare bills sponsored by Representative Cook, but he would research and provide additional information at a later time.

MOTION: Director Harden moved to authorize staff to support or oppose bills and amendments with timely feedback to the Board, with the addition to support House Bill 2290, Certificates of operation; interfacility transfers; House Bill 2035, Insurance; claims; appeals; provider credentialing; and House Bill 2078, Advisory committee, subcommittee; exemption. Vice Chairman Dewane seconded.

VOTE: 4 Ayes: Chairman Thomas, Vice Chairman Dewane, Director Brophy McGee, Director Harden
0 Nay
1 Absent: Director Wilcox

Mr. Fronske provided an overview of the federal issues that staff would be focused on, including the continued effort to support an emergency funding pathway to address essential workforce needs and ongoing advocacy for an essential hospital designation, 340B funding, and protecting hospitals from site-neutral payment cut proposals.

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

5. Annual Compliance and Conflict of Interest Training and Education

Mr. Slaughter provided an overview of the Board's role in the oversight of the compliance program at Valleywise Health. He explained that to properly oversee the compliance program, the Board had to understand the healthcare environment, key regulations, changes in the healthcare market, and the various nuances involved. A risk assessment was used to identify issues to address, action plans were developed to mitigate the risks, and staff monitored the organization's compliance with regulations from numerous regulatory agencies.

Chairman Thomas commented on the complexity of the variety of regulations that Valleywise Health had to comply with and expressed his appreciation that there were processes in place to remain in compliance with all requirements.

Mr. Slaughter outlined the top risks for Valleywise Health in 2023, including the move to the new acute care hospital, residual effects of the COVID-19 pandemic, and cybersecurity.

A key element to an effective compliance program was for the Board to act in good faith and to ensure an adequate information and reporting system was in place. He reviewed the main business units within Valleywise health, along with the major payers and sources of revenue. There were internal processes in place to monitor each department as it related to the overall performance of the organization.

The Valleywise Health model included the FQHCs, which were governed by the Valleywise Community Health Centers Governing Council through the Co-Applicant Operational Agreement between the Maricopa County Special Health Care District and the Valleywise Community Health Centers Governing Council. He outlined the reasoning for the separate council and the responsibilities shared between the two governing bodies.

The Enterprise Risk Management process was used to identify risk, prioritize and score risks, and respond to the risk by implementing action plans. Mr. Slaughter outlined the internal controls, a system-based preventative control and presented the top 25 risk factors for FY 2024. The internal audit utilized the Committee of Sponsoring Organizations of the Treadway Commission (COSO) model, which implement three types of controls: preventive, detective, and corrective.

He outlined the elements of an effective compliance program and highlighted how Valleywise Health addressed each element, including the annual review of the Code of Conduct and Ethics, which was recently revised to update definitions, clarify roles and responsibilities, and separate the Board members from the workforce. The Code of Conduct and Ethics also integrated Board policy related to Board Member Conflict of Interest and Gift policy.

Other aspects of an effective compliance program included having a compliance officer, providing effective training, having lines of communication, ensuring policies and procedures were in place, auditing and monitoring risks, instituting corrective actions, and monitoring the effectiveness of the compliance plan.

He provided an overview of regulations, such as Anti-Kickback Statute, Stark Law, False Claims Act, and the Health Information Portability and Accountability Act (HIPAA). He explained the Emergency Medical Treatment and Active Labor Act (EMTALA) and named the Valleywise Health facilities that were subjected to regulation and required to log, screen, and stabilize every patient, every time.

Mr. Slaughter noted the Deficit Reduction Act was applicable since Valleywise Health received more than \$5 million in Medicaid funding annually. He announced that the organization was deemed 100% compliant through a recent audit.

He concluded that Valleywise Health proactively mitigated risks by complying with all of the elements of an effective compliance program.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – January 24, 2024**

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

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

Director Harden requested a larger image of the Enterprise Risk Model graph.

Director Brophy McGee requested clarification on the various compliance committees and asked which committee a Board member participated in.

Mr. Slaughter stated that a Board member, currently Chairman Thomas, participated on the Finance, Audit and Compliance Committee. There was also the hospital compliance committee, which was cross-functional throughout the organization, with different management teams participating.

Director Brophy McGee asked if Mr. Slaughter was an employee of Valleywise Health.

Mr. Slaughter stated that he was a contractor.

Director Brophy McGee asked if there may be considered a conflict or may cause an issue for the organization.

Ms. Harris said that Mr. Slaughter had occupied the position for several years, and she did not believe that it created a conflict.

Director Brophy McGee reiterated an earlier request pertaining to the development of a policy related to transparency and disclosure of gifts received by Board members.

Ms. Harris said that she would work with Director Brophy McGee on the request to gain further insight into the request.

6. Discuss and Review Valleywise Health's November and December 2023 Financials, Statistical Information and Quarterly Investment of Funds Report

Ms. Agnew reviewed the statistical information for November 2023, noting total admissions were 11.8% better than budget, emergency department visits were 1.3% better than budget, and ambulatory visits were better than budget by 0.7%, or 127 visits.

She discussed the payer mix for November 2023, stating the higher number of emergency department visits led to a higher percentage in the uninsured category. There was also an increase in uninsured outpatient surgery cases that contributed to the shift in payer mix.

She then reviewed the financial statements for November 2023. Despite increased volumes throughout the system, net patient service revenue had a negative 12.7% variance, due to the payer mix. Other revenue had a 39% positive variance, due to the 340B program, retail pharmacy, Health II payment, and a value-based payment received.

Total operating revenue had a 6.1% negative variance. Contributing factors included increases expenses within salaries and wages, due to more employed individuals and the Sign On and Retention (SOAR) program. There was a 4.2% positive variance in contract labor expenses. Supplies, particularly pharmaceuticals and surgery supplies, had a 23.6% negative variance.

Non-operating revenues and expenses had a 28.8% positive variance. Net assets, after factoring in non-operating revenue and expenses and removing bond related activity, decreased by \$9,079,373, compared to a budgeted decrease of \$8,001,708, resulting in a negative variance of \$1,077,665.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – January 24, 2024**

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

6. Discuss and Review Valleywise Health's November and December 2023 Financials, Statistical Information and Quarterly Investment of Funds Report, cont.

Ms. Agnew reviewed the statistical information for December 2023, noting total admissions were 11.1% better than budget, with 16.8% more acute admissions than budgeted. Emergency department visits were 8.7% better than budget, with 14.8% more visits at Valleywise Emergency Department-Maryvale than budgeted.

Director Harden asked if the increased emergency department visits were attributed to the respiratory conditions.

Dr. White said that while there had been an increase in respiratory complaints, there were a variety of reasons individuals were seeking care within the emergency department, including but not limited to acute exacerbation of chronic illnesses.

Director Harden noted the daily report stated there were a large number of patients that were being held in the emergency department, awaiting a bed to be admitted to the hospital. She asked if that was due to staffing challenges.

Dr. White responded that staffing was not the issue, there issue was a lack of physical beds to place the patients.

Ms. Agnew said ambulatory visits missed budget by 2.3% for the month, due to increased paid time off (PTO) and provider vacancies.

Director Harden asked how the provider vacancies was being addressed.

Dr. White confirmed that the physician partner, District Medical Group (DMG), was actively recruiting and new providers would begin in Spring 2024, with more opportunities to bring new providers in Summer 2024, with the focus on primary care and behavioral health providers.

Ms. Agnew reviewed the statistics on a year-to-date basis, noting total admissions were 1.7% better than budget, emergency department visits were 5.7% better than budget, and ambulatory visits were 2.2% better than budget.

She discussed the payer mix and announced that AHCCCS had completed the redetermination process, resulting in 457,000 individuals losing Medicaid coverage and 1.4 million maintain coverage. The disenrollment rate of 18% was the tenth lowest of all the states.

Director Harden asked if staff was aware of what happened to those that were disenrolled.

Ms. Agnew noted that there were approximately 60,000 individuals that were able to reapply and regain AHCCCS coverage.

Mr. Purves said the other individuals may have gotten insurance coverage through employer provided benefits or through the marketplace. He was concerned that many may remained uninsured, which was demonstrated through the current payer mix.

Director Brophy McGee stated that while the inflation rate was stabilizing, the increase in the cost of living impacted may also be a contributing factor.

Ms. Agnew reiterated that financial counselors throughout Valleywise Health worked with uninsured individuals to obtain the best coverage options for them.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – January 24, 2024**

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

6. Discuss and Review Valleywise Health's November and December 2023 Financials, Statistical Information and Quarterly Investment of Funds Report, cont.

Ms. Agnew continued to review the payer mix and mentioned the uninsured percentage in December 2023 had improved from the prior month. On a year-to-date basis, the shift from AHCCCS to uninsured was significant and impacted net patient service revenue.

The December 2023 financial statements were reviewed, and the payer mix attributed to the negative 3.3% variance in net patient service revenue. Changes within the 340B program caused a \$1.7 million shortfall for the month, however, retail pharmacy and Health II performed better than budget, resulting in a negative 5.2% variance.

Total operating expenses had a 1.8% negative variance. Contributing factors included salaries and wages, supplies, and rent for medical equipment. There was a 10.8% positive variance for contract labor expenses.

Net assets, after factoring in non-operating revenue and expenses, and removing bond related activity, decrease by \$11,305,798 compared to a budgeted decrease of \$8,570,045, resulting in a negative variance of \$2,735,751. There were 67.3 days of cash on hand and 75 days in accounts receivable.

Director Harden commended all involved on reducing contract labor expenses. She addressed the number of admissions in December 2023, 1,171 total, and asked how many of those admissions had a payer source.

Ms. Agnew said that she would have the information by the end of the meeting.

Director Harden referenced the number of surgeries and noted a decline of endoscopy procedures at the Valleywise Health Medical Center and asked if there was a reason.

Dr. White stated that there was a vacancy within the gastroenterology department, which impacted the number of procedures that could be performed.

Director Harden highlighted the number of individuals that left the emergency department without treatment and asked if any trends had been identified as to why that number increased.

Dr. White said there were a variety of factors, including but not limited to the wait time to be seen. Staff was tracking and monitoring the metrics.

Ms. Agnew reviewed the quarterly investment of funds report and said there had been an improvement in the yield.

7. Update on Care Reimagined Projects

Ms. Christiansen provided an update on the Care Reimagined projects, highlighting the opening of the new acute care hospital was 77 days away. To date, approximately 14,305,687 manhours had been accumulated throughout the various projects. There were no changes to the program dashboard, which provided an overview of concerns.

She reviewed the construction progress of the new acute care hospital, noting ongoing testing of the elevators and fire alarm systems. Supplies and medical equipment were being transitioned into the new building, and within the next 30 days, the lab automation line would be installed, and the medical gas testing and certification would be completed. She showcased photos of the current state.

Ms. Christiansen provided an overview of the Day in the Life (DIL) activities scheduled, which were simulated exercises to test workflows, facility systems, and equipment. Staff would act out several scenarios throughout the day to uncover areas for improvement.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – January 24, 2024**

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

7. Update on Care Reimagined Projects, cont.

Ms. Christiansen outlined the DIL activities and timeline, stating a mock-move would be conducted with each DIL, so there would be six opportunities for staff to prepare for the patient move on April 11, 2024.

Director Harden asked when the hospital would obtain the proper licensing.

Ms. Christiansen said that while the exact date was not known, staff had requested the licensing survey take place the week of March 25, 2024.

She provided a list of scenarios that would be tested during a DIL sequence, including patient codes and security response practices. She reviewed specific examples that staff would be testing.

Chairman Thomas asked if the emergency medical services (EMS) participated in the DIL activities, to eliminate confusion once the new facility opened.

Dr. White said the trauma team and emergency department coordinators had been meeting regularly with Phoenix Fire Department and other ambulance companies, informing them of new processes and timelines.

Ms. Christiansen reviewed the path to go-live schedule, stating the temporary certificate of occupancy was expected to be received the following week. Once received, staff may begin moving equipment, patient beds, and stocking supplies. She highlighted the activities completed over the past two months and the plans for February 2024.

She provided an update on the Piper Pavilion. The fifth floor was near complete, and the physicians were scheduled to move into the building on March 8, 2024.

Director Harden asked if anyone would occupy the Conference and Administration Center (CAC) after the physicians transitioned into the Piper Pavilion.

Ms. Christiansen said there were various information technology components supporting the current acute care hospital located within the CAC. Once the new acute care hospital was operational, the current acute care hospital would be decommissioned, then the CAC would be decommissioned after that.

Vice Chairman Dewane commended a recent article in *The Arizona Republic*, reporting on the progress of the new acute care hospital. He asked if there was an opportunity to expand on the coverage to demonstrate that the Maricopa County Special Health Care District fulfilled the promises made with Proposition 480. The opening of the new hospital was a tremendous accomplishment and should be touted.

Ms. Christiansen said there were various events that were scheduled leading up to the opening of the new acute hospital and asked Mr. Murphy to elaborate on the public relations plans.

Mr. Murphy agreed the recent article showcased some of the great work completed thus far. There were plans to conduct a burn center tour with the media, and other tours with various media outlets. Media would be present during the DIL activities, as well. A movie outlining the history of Valleywise Health had been produced and would demonstrate the importance of the organization in the community.

NOTE: Director Brophy McGee exited the meeting at 3:01 p.m.

Director Harden asked if EMS would be offered a tour of the new emergency department.

Ms. Christiansen announced targeted events had been scheduled for specific groups, including two employee events, a community event, EMS event, and a VIP event. A list of all events would be provided to the Board.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – January 24, 2024**

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

8. Review and Possible Action on the Following Reports to the Board of Directors:
 - a. Monthly Marketing and Communications Report (November and December 2023)
 - b. Monthly Care Reimagined Capital Purchases Report (November and December 2023)
 - c. Monthly Valleywise Health Employee Turnover Report (November and December 2023)
 - d. Quality Management Council Meeting Minutes (December 2023)

Director Harden referenced 8.d., Quality Management Council Meeting minutes, specifically the information pertaining to unplanned return to surgery statistic. Of the 16 cases, several were due to a surgical site infection. She asked for clarification.

Ms. Garcia explained that the data was based on National Surgical Improvement Program with American College of Surgeons and the definition for surgical site infections differed from other regulatory agencies. Staff was working with the physician champion to review all cases and develop actions plans, if necessary.

9. Concluding Items
 - a. Old Business: - **NO HANDOUT**

November 21, 2023

Consent Agenda

Future discussion on disclosure of gifts District Board members receive

Behavioral Health Update

Provide information to the Maricopa County Board of Supervisors on projects, programs and services made possible with the ARPA grant funding

Care Reimagined Update

Once available, provide the date that the Conference and Administration Center will be decommissioned

August 23, 2023

Care Reimagined Update

Provide a list of the licensing requirements and steps to be taken leading up to the move to new tower including the estimated timeline for each requirement

June 28, 2023

Care Reimagined Update

When projects are complete, compose a letter from the Board, outlining everything that was accomplished/made possible, and send to stakeholders

Marketing and Communications Report

Have a ceremony for the launch of the mobile health unit

May 24, 2023

April 2023 Financials

How will fixed costs change (old facilities vs new facilities); include the change in utility costs and maintenance costs

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – January 24, 2024**

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

9. Concluding Items, cont.

a. Old Business, cont.

August 24, 2022

Monthly Update on Care Reimagined Projects

Work with organized neighborhood groups near Valleywise Health Medical Center to build connections and invite to the opening of the new hospital

b. Board Member Requests for Future Agenda Items or Reports - **NO HANDOUT**

c. Comments - **NO HANDOUT**

i. Chairman and Member Closing Comment

ii. President and Chief Executive Officer Summary of Current Events

Ms. Talbot reiterated the requests that were made throughout the meeting. She reviewed old business, noted the items that had been completed, as well as the items that were ongoing.

Ms. Agnew addressed a question that was posed earlier in the meeting, during item 6, Financial and Statistical Information for December 2023, related to the payer mix for the inpatient acute admissions. On a year-to-date basis, 40% of admissions were covered by AHCCCS, 20% of admissions were covered by Other Government, 16% of admissions were covered by Medicare, 12% of admissions were covered by commercial insurance, and the remaining was either uninsured or categorized as other. She noted that the other category included AHCCCS pending. If the patient was approved, coverage would be retroactive to the start of the month that the application was submitted.

Chairman Thomas highlighted the article previously mentioned, as well as an article reporting on the overcrowding of the emergency department.

Mr. Purves expressed his appreciation to Ms. Rivet and the Valleywise Health Foundation. He congratulated Mr. Cavallo, Ms. Steiner, Dr. Olson, and the entire behavioral health department, for being recognized by *Beckers Healthcare* as one of the top 36 hospitals and health systems with great psychiatry and mental health programs.

He showcased a trailer of the upcoming Valleywise Health history movie, which was produced in-house. He announced the premiere of the movie would be held on Thursday, February 8, 2024.

***Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – January 24, 2024***

Adjourn

MOTION: Director Harden moved to adjourn the January 24, 2024, Maricopa County Special Health Care District Board of Directors Formal Meeting. Vice Chairman Dewane seconded.

VOTE: 3 Ayes: Chairman Thomas, Vice Chairman Dewane, Director Harden
0 Nays
2 Absent: Director Brophy McGee, Director Wilcox
Motion passed.

Meeting adjourned at 3:22 p.m.

J. Woodfin Thomas, Chairman
Maricopa County Special Health Care District
Board of Directors

1.b.i. Contracts - C-90-00-31-1-10

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Monday, February 12, 2024 9:06 AM
To: Melanie Talbot
Subject: Contract Approval Request: Evernorth Behavioral Health Facility Amendment 10 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 [Purves, Stephen](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Evernorth Behavioral Health Facility Amendment 10 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.

Attachments

Name	Description	Type	Current File / URL
Evernorth Behavioral Health Facility Amend 10 03012024	Renewal with rate increase to facility rates including escalators for three years	File	 C-90-00-312-1-10 Cigna Evernorth Behavioral Health Facility Amend 10 0301224.pdf

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title Evernorth Behavioral Health Facility Amendment 10
Contract Identifier Board - Amendment
Contract Number C-90-00-31-1-10
Primary Responsible Party Tucker, Collee K.
Departments
Product/Service Description Behavioral Health Facility

Action/Background Approve a new Amendment 10 (C-90-00-31-1-10) between Evernorth Behavioral Health, Inc. and Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive healthcare services.

Evaluation Process This is a new Amendment 10 (C-90-00-31-1-10) between Evernorth Behavioral Health, Inc. and Maricopa County Special Health Care District dba Valleywise Health. This Amendment updates terms of the agreement allowing members to continue receiving comprehensive behavioral health services through Valleywise Health facilities. This agreement excludes retail pharmacy and medical which is covered through a relationship with a separate entity.

Category Other

Effective Date 3/1/2024

Term End Date

Annual Value \$0.00

Expense/Revenue Revenue

Budgeted Travel Type N/A

Procurement Number

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

Responses

Member Name	Status	Comments
Clarke, Tina R.	Approved	
Harris, Ijana M.	Approved	
Agnew, Claire F.	Approved	
Talbot, Melanie L.	Current	
Purves, Stephen A.	Approved	

1.b.ii. Contracts - MCO-20-022-03

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Monday, February 12, 2024 9:36 AM
To: Melanie Talbot
Subject: Contract Approval Request: Provider Participation Agreement Amendment 3 Medica Insurance Company

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, Stephen](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Provider Participation Agreement Amendment 3
Medica Insurance Company
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
MCO-20-022-03 Medica Amendment 3 01012024.pdf		File	 MCO-20-022-03 Medica Amendment 3 01012024.pdf

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title Provider Participation Agreement Amendment 3
Contract Identifier Board - Amendment
Contract Number MCO-20-022-03
Primary Responsible Party Piper, Kimberly M.
Departments
Product/Service Description Facility Inpatient and Outpatient

Action/Background Approve a new Amendment 3 (MCO-20-022-03) between Medica Insurance Company and Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive healthcare services.

Evaluation Process This is a new Amendment 3 (MCO-20-022-03) between Medica Insurance Company and Maricopa County Special Health Care District dba Valleywise Health. This Amendment updates terms of the agreement allowing members to continue receiving comprehensive health services through Valleywise Health facilities. This agreement excludes retail pharmacy and behavioral health which is covered through a relationship with a separate entity.

Category Other

Effective Date 1/1/2024

Term End Date

Annual Value \$0.00

Expense/Revenue Revenue

Budgeted Travel Type N/A

Procurement Number

Primary Vendor Medica Insurance Company

Responses

Member Name	Status	Comments
Tucker, Collee K.	Approved	Rate increase to memorialize new rates to include 3% annual escalator included in agreement.
Clarke, Tina R.	Approved	
Harris, Ijana M.	Approved	
Agnew, Claire F.	Approved	
Purves, Stephen A.	Approved	
Talbot, Melanie L.	Current	

1.b.iii. Contracts - 90-24-004-1-02

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Monday, February 12, 2024 11:53 AM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment #2 - Transfer of service to the new Acute Care Hospital and increase hazardous waste cabinets Stericycle, 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, Stephen](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Amendment #2 - Transfer of service to the new Acute Care Hospital and increase hazardous waste cabinets Stericycle, 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.

Attachments

Name	Description	Type	Current File / URL
SAM.-Stericycle-2024.pdf		File	 SAM.-Stericycle-2024.pdf
OIG-Stericycle-2024.pdf		File	 OIG-Stericycle-2024.pdf
90-24-004-1 Stericycle-fully signed msa 3 17 2022. (17).pdf		File	 90-24-004-1 Stericycle-fully signed msa 3 17 2022. (17).pdf
.Amendment 2 - Stericycle 2-2-2024 with Revisions.pdf		File	 .Amendment 2 - Stericycle 2-2-2024 with Revisions.pdf
RFBA-Stericycle Amendment #2.pdf		File	 RFBA-Stericycle Amendment 2.pdf

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title Amendment #2 - Transfer of service to the new Acute Care Hospital and increase hazardous waste cabinets
Contract Identifier Board - Amendment
Contract Number 90-24-004-1-02

Primary Responsible Party Hammer, Mary P.

Departments ENVIRONMENT OF CARE SERVICES

Product/Service Transfer of service to the new Acute Care Hospital and increase hazardous waste cabinets.

Action/Background Approve Amendment #2 between Stericycle Inc. and Maricopa County Special Health Care District dba Valleywise Health to transfer of service to the new Acute Care Hospital. This amendment will take effect on April 1, 2024, and duly executed upon date written when signed by both parties continuing through the current term to January 31, 2025.

The current monthly fee at the medical center is \$11,192.19 (\$134,306.28 annual), the new monthly fee for the Acute Care Hospital, (effective April 1, 2024), will be \$12,500.00 (\$150,000.00 annual) a monthly increase of \$1,307.81 annual increase of \$15,693.72.

Stericycle will install new Sharps Cabinets, Brackets and Dollies prior to April 1, 2024 in the Acute Care Hospital at no charge; Stericycle will not reclaim any Sharps Cabinets, Brackets or Dollies at the current hospital however, Stericycle will make a final collection of all Sharps containers after all services are moved to the new Acute Care Hospital.

All other terms and conditions remain the same and in full effect. The increase of this Amendment is \$15,693.72, for a total agreement cost of \$262,396.68 which has been budgeted for operational expenditures from cost center 107452.

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

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

Category GPO

Effective Date 4/1/2024

Term End Date 1/31/2025

Annual Value \$15,693.72

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Stericycle, Inc.

Responses

Member Name	Status	Comments
Pardo, Laela N.	Approved	Reviewed and approve.
Melton, Christopher C.	Approved	
Davis, Jori A.	Approved	
Harris, Ijana M.	Approved	
Christiansen, Lia K.	Approved	
Agnew, Claire F.	Approved	
Purves, Stephen A.	Approved	
Talbot, Melanie L.	Current	

1.b.iv. Contracts - MCO-24-005-MSA

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, February 13, 2024 11:40 AM
To: Melanie Talbot
Subject: Contract Approval Request: CoreCivic Hospital Services Agreement CoreCivic of Tennessee, LLC

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, Stephen](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: CoreCivic Hospital Services Agreement CoreCivic of Tennessee, LLC
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
MCO-24-005-MSA CoreCivic Final Signature Document CT 020524.pdf	Final version with approved edits ready for signature	File	 MCO-24-005-MSA CoreCivic Final Signature Document CT 020524.pdf

Contract Information

Division Contracts Division
Folder Contracts \ Managed Care/Revenue
Status Pending Approval
Title CoreCivic Hospital Services Agreement
Contract Identifier Board - New Contract
Contract Number MCO-24-005-MSA
Primary Responsible Party Tucker, Collee K.
Departments
Product/Service Description Federal Prison Healthcare Entity

Action/Background Approve a new agreement (MCO-24-005-MSA) between CoreCivic of Tennessee, LLC and Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive medical services.

Evaluation Process This is a new agreement (MCO-24-005-MSA) between CoreCivic of Tennessee, LLC and Maricopa County Special Health Care District dba Valleywise Health. This agreement will allow incarcerated individuals to receive comprehensive healthcare services through Valleywise Health facilities and providers. This agreement excludes retail pharmacy and behavioral health which is covered through correctional facility infirmary.

Category Other

Effective Date 3/1/2024

Term End Date

Annual Value \$0.00

Expense/Revenue Revenue

Budgeted Travel Type N/A

Procurement Number

Primary Vendor CoreCivic of Tennessee, LLC

Responses

Member Name	Status	Comments
Clarke, Tina R.	Approved	
Harris, Ijana M.	Approved	
Agnew, Claire F.	Approved	
Purves, Stephen A.	Approved	
Talbot, Melanie L.	Current	

1.b.v. Contracts - 90-22-255-1-03

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, February 13, 2024 2:59 PM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment #3 - Well Woman Health Check (CTR059657) Extend and Add funding 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, Stephen](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Amendment #3 - Well Woman Health Check (CTR059657) Extend and Add funding 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 - Amend 3.pdf
OIG ADHS Feb 2024.pdf		File	 OIG ADHS Feb 2024.pdf
SAM ADHS Feb 2024.pdf		File	 SAM ADHA Feb 2024.pdf
ADHS Amend #3 - pending Board sig		File	 ADHS CTR059657 WWHCP Valleywise Health A3 Draft For Signature 2.9.24.pdf

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title Amendment #3 - Well Woman Health Check (CTR059657) Extend and Add funding
Contract Identifier Board - Amendment
Contract Number 90-22-255-1-03

Primary Responsible Party Tymczyna, Katherine

Departments Grants - Well Women Health Check St

Product/Service Amendment #3 - Well Woman Health Check (CTR059657) Extend and Add
Description funding

Action/Background Approve Amendment #3 to the Contract between the Arizona Department of Health Services (ADHS) and Maricopa County Special Health Care District dba Valleywise Health for the Well Woman Health Check Program (WWHP) Grant (CTR059657). ADHS, a Division of Public Health Services (PHS), receives funding through a cooperative agreement with the CDC and the State of Arizona to provide a statewide breast and cervical cancer screening and quality improvement program, known locally as the WWHP for uninsured or underinsured Women.

Amendment #3 will extend the current contract through February 14, 2024 and revises and replaces the Price Sheet and Exhibit Three (3) to reflect the period of June 30, 2023 through February 14, 2024 providing additional funding in the amount of \$84,500.00, for a total funding amount of \$472,500.00 which has been budgeted for operational funding to the Grants department. Although the Valleywise Health Board meeting is after the expiration date, ADHS has been authorized to honor those invoices that cover the budget needs leading up to the expiration date.

All other provisions shall remain in their entirety.

This Amendment #3 is sponsored by Dr. Michael White, EVP and Chief Clinical Officer.

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

Category Other

Effective Date

Term End Date 2/14/2024

Annual Value \$84,500.00

Expense/Revenue Revenue

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Arizona Department of Health Services (ADHS)

Responses

Member Name	Status	Comments
Pardo, Laela N.	Approved	Reviewed and approve.
Melton, Christopher C.	Approved	
Joiner, Jennifer L.	Approved	
Hixson, Jeffrey B.	Approved	
Harris, Ijana M.	Approved	
White, Michael	Approved	
Agnew, Claire F.	Approved	

Purves, Stephen A.
Talbot, Melanie L.

Approved
Current

1.b.vi. Contracts - 90-24-222-1

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Wednesday, February 14, 2024 7:27 AM
To: Melanie Talbot
Subject: Contract Approval Request: Mental Health Block Grant (MHBG) First Episode of Psychosis (FEP) Mercy Care

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, Stephen](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Mental Health Block Grant (MHBG) First Episode of Psychosis (FEP) Mercy Care
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
OIG - Mercy Care 2024		File	 OIG - Mercy Care 2024.pdf
SAM - Mercy Care 2024		File	 SAM - Mercy Care 2024.pdf
Mercy Care Agreement - pending Board sig		File	 Mercy Care MHBG FEP Valleywise Health YR 8.pdf
RFBA		File	 RFBA - Mercy Care.pdf
MHBG FEP Email - Delay in receiving agreement.pdf		File	 MHBG FEP Email - Delay in receiving agreement.pdf

Contract Information

Division Contracts Division
Folder Contracts \ Grants
Status Pending Approval
Title Mental Health Block Grant (MHBG) First Episode of Psychosis (FEP)
Contract Identifier Board - New Contract
Contract Number 90-24-222-1

Primary Responsible Party Tymczyna, Katherine

Departments GRANTS ADMINISTRATION

Product/Service Subcontract with Mercy Care for the Mental Health Block Grant First Episode
Description of Psychosis

Action/Background Approve a new Subcontract agreement between Mercy Care and Maricopa County Special Health Care District dba Valleywise Health. Mercy Care has received a Mental Health Block Grant ("MHBG") First Episode of Psychosis (FEP) grant funding from the Arizona Health Care Cost Containment System ("AHCCCS") which has been approved for the approved uses identified in the Subcontract. The program is designed to engage individuals in a specific array of services immediately after their first episode of psychosis. Services will be provided by Valleywise Health, in which all expenses related to this program are paid 100% with grant funding. Either party may terminate this Subcontract at any time, for any reason, upon no less than thirty (30) days written notice to the other party.

The anticipated annual revenue allocated to Valleywise Health is \$806,566.00 and has been budgeted for operational funding to the Grants department, prorated for the grant period of October 1, 2023 through September 30, 2024.

This new subcontract 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 Other

Effective Date 10/1/2023

Term End Date 9/30/2024

Annual Value \$806,566.00

Expense/Revenue Revenue

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Mercy Care

Responses

Member Name	Status	Comments
Pardo, Laela N.	Approved	Reviewed and approve. Mercy Care was backed up and Valleywise did not receive the contract until January, however the grant is dated October 1st to allow us to maximize our grant period opportunities.
Melton, Christopher C.	Approved	
Joiner, Jennifer L.	Approved	
Hixson, Jeffrey B.	Approved	
Barker, Michelle J.	Approved	
Harris, Ijana M.	Approved	
White, Michael	Approved	
Agnew, Claire F.	Approved	

Purves, Stephen A. Approved

Talbot, Melanie L. Current

1.b.vii. Contracts - 90-24-210-1

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Wednesday, February 14, 2024 7:36 AM
To: Melanie Talbot
Subject: Contract Approval Request: Select AR Outsourcing Mainsail Parent, LLC dba Aspirion

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, Stephen](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Select AR Outsourcing Mainsail Parent, LLC dba Aspirion
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 - Aspirion - Select AR Outsourcing.pdf		File	 RFBA - Aspirion - Select AR Outsourcing.pdf
OIG - Mainsail Parent, LLC dba Aspirion 2024.pdf		File	 OIG - Mainsail Parent, LLC dba Aspirion 2024.pdf
SAM - Mainsail Parent, LLC dba Aspirion 2024.pdf		File	 SAM - Mainsail Parent, LLC dba Aspirion 2024.pdf
NTI Email.pdf		File	 NTI Email.pdf
Aspirion - MSA (Unsigned) 02.06.24 (1).pdf		File	 Aspirion - MSA (Unsigned) 02.06.24 (1).pdf

Contract Information

Division Contracts Division
Folder Contracts \ Services - Management/Outsourcing
Status Pending Approval
Title Select AR Outsourcing
Contract Identifier Board - New Contract
Contract Number 90-24-210-1

Primary Responsible Party Golden-Grady, Lei Ronda D.

Departments REVENUE INTEGRITY MANAGEMENT

Product/Service Description Select AR Outsourcing

Action/Background Approve a new Agreement between Mainsail Parent, LLC dba Aspirion, and Maricopa County Special Health Care District dba Valleywise Health for Select AR Outsourcing to include high balance discretionary denials. Aspirion is engaged in the service of identifying and obtaining reimbursement from third-party payors for medical claims.

This agreement consists of a Master Services Agreement and Statement of Work(s) defining the services Aspirion will provide; This Agreement is effective on the date the Agreement is executed by the parties and shall be for an initial term of eighteen (18) months. This Agreement shall not renew for an additional twelve (12) month term at the end of the Initial term unless Valleywise notifies Aspirion 60 days prior to expiration if they would like to renew. Valleywise Health may terminate this Agreement without cause, cost, or penalty upon a 60 days prior written notice to Vendor.

The anticipated annual expense is \$1,100,000.00 and is budgeted for operational expenditures by the Patient Financial Services department. This Agreement is sponsored by Claire Agnew, EVP & Chief Financial Officer.

Evaluation Process This vendor was chosen from a Request for Proposal (RFP) through the Vizient Cost Reduction engagement. RFP was issued August 1, 2023, with proposals due September 6, 2023. Ten (10) vendors responded, and presentations were conducted September 19 through October 13, 2023. The following three (3) vendors were selected as the best choice for Valleywise Health: Elevate (Underpayment, TPL, Work Comp, and VA), GetixHealth (Insurance follow-up, Denial Management, Billing Assistance), and Aspirion (High Balance Denials). RFP process was conducted by Vizient, and included Revenue department leadership, and various Subject Matter Experts, to include IT.

Category Other

Effective Date

Term End Date

Annual Value \$1,100,000.00

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Mainsail Parent, LLC dba Aspirion

Responses

Member Name	Status	Comments
Pardo, Laela N.	Approved	Reviewed and approve. Code 10.
Melton, Christopher C.	Approved	
Mee, Siobhan M.	Approved	
De Los Reyes, Amanda N.	Approved	
Summers, Kelly R.	Approved	
Harris, Ijana M.	Approved	

Agnew, Claire F.
Purves, Stephen A.
Talbot, Melanie L.

Approved
Approved
Current

1.b.viii. Contracts - MCO-20-003-03

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Thursday, February 15, 2024 2:52 PM
To: Melanie Talbot
Subject: Contract Approval Request: United Behavioral Health Facility Participation Agreement Amendment 3 United 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 [Purves, Stephen](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: United Behavioral Health Facility Participation Agreement Amendment 3 United 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.

Attachments

Name	DescriptionTypeCurrent File / URL
MCO-20-003-03 UBH Optum Facility Amend 3 for signature 03152024.pdf	File  MCO-20-003-03 UBH Optum Facility Amend 3 for signature 03152024.pdf

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title United Behavioral Health Facility Participation Agreement Amendment 3
Contract Identifier Board - Amendment
Contract Number MCO-20-003-03
Primary Responsible Party Piper, Kimberly M.
Departments
Product/Service Description Behavioral Health Facility
Action/Background Approve a new Amendment 3 (MCO-20-003-03) between United Behavioral Health, Inc. and Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive behavioral health services.

Evaluation Process This is a new Amendment 3 (MCO-20-003-03) between United Behavioral Health, Inc. and Maricopa County Special Health Care District dba Valleywise Health. This Amendment updates terms of the agreement allowing members to continue receiving comprehensive behavioral health services through Valleywise Health facilities. This agreement excludes retail pharmacy and medical which is covered through a relationship with a separate entity.

Category Other

Effective Date 3/15/2024

Term End Date

Annual Value \$0.00

Expense/Revenue Revenue

Budgeted Travel Type N/A

Procurement Number

Primary Vendor United Behavioral Health, Inc.

Responses

Member Name	Status	Comments
Tucker, Collee K.	Approved	
Clarke, Tina R.	Approved	
Harris, Ijana M.	Approved	
Agnew, Claire F.	Approved	
Purves, Stephen A.	Approved	
Talbot, Melanie L.	Current	

1.b.ix. Contracts - 90-23-032-1-02

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Friday, February 16, 2024 2:07 PM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment #2 - Coronavirus Response and Relief (CRRSAA) and Mental Health Block Grant (MHBG) additional funding Mercy Care

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, Stephen](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Amendment #2 - Coronavirus Response and Relief (CRRSAA) and Mental Health Block Grant (MHBG) additional funding Mercy Care
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
OIG - Mercy Care 2024		File	 OIG - Mercy Care 2024.pdf
SAM - Mercy Care 2024		File	 SAM - Mercy Care 2024.pdf
Amendment #2 and revised budget - pending Board sig		File	 Mercy Care - Valleywise_CRRSSA MHBG_MC Amendment 2 - final and budget.pdf

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title Amendment #2 - Coronavirus Response and Relief (CRRSAA) and Mental Health Block Grant (MHBG) additional funding
Contract Identifier Board - Amendment
Contract Number 90-23-032-1-02
Primary Responsible Party Tymczynyna, Katherine
Departments GRANTS ADMINISTRATION
Product/Service Amendment #2 - Coronavirus Response and Relief (CRRSAA) and Mental Health Block Grant (MHBG) additional funding

Action/Background Approve Amendment #2 to the agreement between Mercy Care and Maricopa County Special Health Care District dba Valleywise Health to provide additional funding to the Subcontract for Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) Mental Health Block Grant (MHBG). Dated February 15, 2024, this Second Amendment is increasing the Grant Award from \$568,147.00 to \$813,821.00 for the current grant period of March 15, 2021, through March 14, 2024. All other terms and conditions remain the same and in full effect.

This Amendment #2 is sponsored by Dr. Michael White, EVP & Chief Clinical Officer.

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

Category Other

Effective Date

Term End Date 3/14/2024

Annual Value \$245,674.00

Expense/Revenue Revenue

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Mercy Care

Responses

Member Name	Status	Comments
Pardo, Laela N.	Approved	Reviewed and approve.
Melton, Christopher C.	Approved	
Joiner, Jennifer L.	Approved	
Meier, Matthew P.	Approved	
Harris, Ijana M.	Approved	
White, Michael	Approved	
Agnew, Claire F.	Approved	
Purves, Stephen A.	Approved	
Talbot, Melanie L.	Current	

1.c.i. Governance - Deputy Medical Directors in the Department of Psychiatry

OFFICIAL APPOINTMENT AND OATH OF OFFICE

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

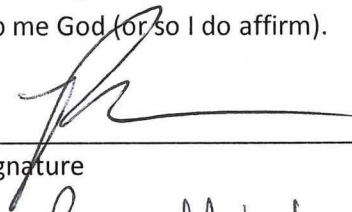
That I, **CAROL KLINE OLSON, M.D.**, Psychiatric Medical Director of Maricopa County Special Health Care District, State of Arizona, do hereby constitute and appoint Ryan Mahelona, MD, my lawful Deputy Medical Director in all matters, to act as if I were present, same to become effective on January 22, 2024



CAROL KLINE OLSON, M.D.
Psychiatric Medical Director

STATE OF ARIZONA, COUNTY OF MARICOPA,

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



Signature

Ryan Mahelona, MD

Print Name

Subscribed and sworn to before me on this 22 day of January, 20 24.





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

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

CLERK, BOARD OF DIRECTORS

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

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

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

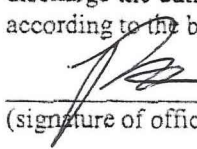
C. Any officer or employee having taken the form of oath or affirmation prescribed by this section, and knowingly at the time of subscribing to the oath or affirmation, or at any time thereafter during the officer's or employee's term of office or employment, does commit or aid in the commission of any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

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

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

State of Arizona County of Maricopa I,
Ryan Mahelona, MD
(type or print name)

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


(signature of officer or employee)

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

OFFICIAL APPOINTMENT AND OATH OF OFFICE

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

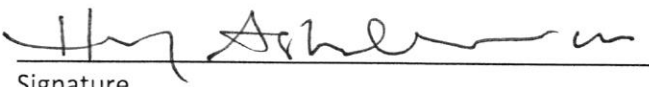
That I, **CAROL KLINE OLSON, M.D.**, Psychiatric Medical Director of Maricopa County Special Health Care District, State of Arizona, do hereby constitute and appoint Harry Ashamalla, MD my lawful Deputy Medical Director in all matters, to act as if I were present, same to become effective on 1/29/2024.



CAROL KLINE OLSON, M.D.
Psychiatric Medical Director

STATE OF ARIZONA, COUNTY OF MARICOPA,

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

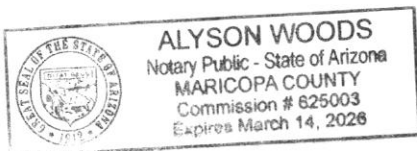


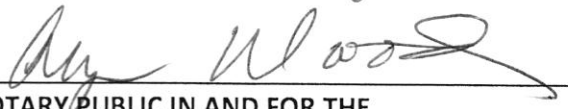
Signature

Harry Ashamalla MD

Print Name

Subscribed and sworn to before me on this 7th day of February, 2024.





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

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

CLERK, BOARD OF DIRECTORS

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

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

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

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

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

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

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

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

Harry Ashamalla
(signature of officer or employee)

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

1.c.ii. Governance - Policy 20075 MT – FQHC Credentialing and Privileging of Clinical Staf

Valleywise Health Administrative Policy & Procedure

Effective Date: 10/18

Reviewed Dates: 07/21, 10/23

Revision Dates: 02/20, 05/22, 03/24

DRAFT

Policy #: 20075 MT

Policy Title: FQHC Credentialing and Privileging of Clinical Staff

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

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

Definitions:

Advanced Practice Clinicians (APCs): 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 Professionals (AHPs): 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.

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

House Staff: Includes residents, fellows, and Individuals licensed as appropriate, who are graduates of medical, allopathic and osteopathic, dental, or podiatric schools; who are appointed to a hospital's professional graduate training program that is approved by a nationally recognized accrediting body; and who participate in patient care under the direction of Member of the Medical Staff of the pertinent clinical disciplines with appropriate clinical privileges in the hospital.

Medical Staff: All physicians, dentists, oral surgeons and podiatrists who have been appointed to the Medical Staff by the Board. Medical Staff are also referred to as Attendings.

Provider: A Medical Staff Member with Clinical Privileges, Resident, Advanced Practice Clinician or Allied Health Professional.

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

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

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

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

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

Policy:

Credentialing and privileging of ~~L~~icensed or ~~C~~ertified ~~H~~health ~~C~~enter ~~P~~ractitioners, along with ~~O~~ther ~~C~~linical ~~S~~taff, is an important component ensuring quality care. Initial appointment and re-appointment ensures that licensed or certified practitioners, and ~~e~~Other ~~C~~linical ~~staff~~ Staff possess the requisite training, experience and competence to provide quality care. Current licensure and other credentialing information are maintained for all ~~L~~icensed or ~~C~~ertified ~~H~~health ~~C~~enter ~~P~~ractitioners and ~~O~~ther ~~C~~linical ~~S~~taff. Federally Qualified Health Center (FQHC) will perform a query of the National Practitioner Databank for all licensed/certified practitioners as required. Other ~~e~~Clinical ~~S~~taff will have a query through the National Practitioner Databank as appropriate. Appointment and re-appointment documentation will be reviewed by the Valleywise Health Medical Staff Credentialing Committee for providers/physicians and Valleywise Health Human Resources for ~~e~~Other ~~C~~linical ~~S~~taff. Medical Staff Credentialing actions shall be submitted to the Maricopa County Special Health Care District Board of Directors for its final approval and to the Valleywise Health Centers Governing Council for FQHC providers and staff.

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

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

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

Purpose:

To assure that a fundamental level of safe, quality patient care is provided to FQHC patients; to avoid potential liability for negligent hiring or retention of a **L**icensed or **e**Certified **H**Health **C**enter **P** practitioner and **e****O**ther **C**linical **S**staff.

Scope:

All **L**icensed or **C**ertified **H**health **C**are **P** practitioners and **e****O**ther **C**linical **S**staff, employed, contracted, or volunteer, at all FQHC health center sites.

Credentialing:

1. The Medical Staff Services and Human Resource Department will use primary source verification for all licensed independent practitioners (LIP) and **e****O**ther **L**icensed or **C**ertified **P** practitioners (OLCP). ~~FQHC completes verifications for other clinical staff.~~
 - a. The Medical Staff Services and Human Resource Department will verify the following primary source information (see Credentialing Procedure for LIPs):
 - i. Current License, including any actions on license.
 - ii. Education, Training and Experience
 1. Assessment of relevant education and training at initial appointment
 2. Experience is reviewed for continuity, relevance and/or any interruptions in that experience at initial appointment.

3. Peer evaluation for current competence is verified and documented for all LIPs.
4. Human Resources verifies all educational, training, certification and licensing requirements as defined on a job description.
- iii. Current competence
 1. American Heart Association Basic Life Support for Health Care Providers and other clinical staff.
 2. LIPs follow Valleywise Health bylaws for Medical Staff competency requirements.
 3. Initial and ongoing competency assessments overseen by Valleywise Health Center for Clinical Excellence.
- iv. Fitness for duty
 1. LIP's fitness for duty (i.e., the ability to perform the duties of the job in a safe, secure, productive, and effective manner) is validated through Medical Staff Services credentialing policies and procedures. Immunization and communicable diseases susceptibility is verified by either Valleywise Health Employee Health or District Medical Group Employee Health.
 2. Valleywise Health OLCPs' and Other Clinical Staff's fitness for duty, immunization and communicable diseases susceptibility is verified through Employee Health and Wellness based on policies, procedures and protocols. The physical requirements outlined in a job description are acknowledged by employee (see HR policies under reference section below).
- b. The CVO will also verify the following secondary source verification:
 - i. DEA Registration, including any actions on registration.
 - ii. Hospital/clinic affiliations and privileges.
 - iii. Government issued photo identification.
 - iv. Immunization and TB screening status.
 - v. American Heart Association Basic Life Support for Health Care Providers (if applicable).
 - vi. National Practitioner Data Bank Inquiry.
 - vii. Specialty Board Certification.
 - viii. CME Updates
 - ix. Proof of current Medical Liability Insurance.
 - x. Work History, including denial, suspension, limitation, termination or nonrenewal of professional privileges at any hospital, health plan, medical group or other health care entity.
 - xi. Liability Claims History, including history of refusal or cancellation of coverage.
 - xii. Information on licensure revocation, suspension, voluntary relinquishment, licensure probationary status, or other licensure conditions or limitations.
 - xiii. Complaints or adverse action reports filed against the applicant with a local, state or national professional society or licensure board.

- xiv. Disclosure of any Medicare/Medicaid sanctions.
 - xv. Conviction of a criminal offense (other than minor traffic violations).
 - xvi. Current physical, mental health or chemical dependency problems that would interfere with an applicant's ability to provide high-quality patient care and professional services.
 - xvii. Signed statement releasing the organization from liability and attesting to the correctness and completeness of the submitted information.
- c. New Hire/Onboarding Education for other clinical staff
- i. New Employee Orientation (NEO) as administered through Valleywise Health Human Resources.
 - ii. Clinical Employee Orientation (CLEO) as administered through Center for Clinical Excellence.
 - 1. Didactic through APEX learning modules a. Ambulatory specific computer learning- Apex lessons, Lippincott procedures, Briggs Telephone Triage protocols for nurses.
 - 2. Observation and verification of clinical skills (not all inclusive):
 - a. Clinical skill check off or simulation.
 - Height, weight, length, head circumference
 - Vital sign automatic and manual, pulse oximetry
 - 12 Lead EKG
 - Spirometer
 - Hearing and vision screening
 - Oxygen delivery devices and oxygen tanks
 - Using an otoscope
 - Liquid Nitrogen (JHA)
 - Point-of-Care testing (testing not covered in CLEO, based on clinic use)
 - Medication Safety and Administration

Privileging for Practitioners:

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

Removal of Privileges for other Clinical Staff:

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

References:

Valleywise Health Merit Rules
Valleywise Health Medical Staff Credentialing Policy 39020 T
Valleywise Health Medical Staff Bylaws of the Medical Staff Policy 31200 T

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

Valleywise Health HR Employee Health and Wellness:

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

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

POLICY RESPONSIBLE PARTY: Susan Willars, Senior Vice President & Chief Human Resources Officer, Michelle Barker, DHSc_Senior Vice President - Ambulatory Services; and Kristine Trulock, Director Medical Staff Services

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

Policy #: 20075 MT

Policy Title: FQHC Credentialing and Privileging of Clinical Staff

e-Signers: Susan Willars, Senior Vice President & Chief Human Resources Officer

Michelle Barker, DHSc, Senior Vice President - Ambulatory Services

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

Place an X on the right side of applicable description:

New -

Retire -

Reviewed --*

Revised with Minor Changes -

Revised with Major Changes -X

Please list revisions made below: ~~(Other than grammatical changes or name and date changes)~~ Added under policy summary "Medical Staff Credentialing actions shall be submitted to the Maricopa County Special Health Care District Board of Directors for its final approval and to the Valleywise Health Centers Governing Council for FQHC providers and staff."

Removed from credentialing section 1: "FQHC completes verifications for other clinical staff".

Added for credentialing section 1-iv-1 Fitness for Duty: "Immunizations and communicable diseases susceptibility is verified by either Valleywise Health Employee Health or District Medical Group Valleywise Health"

Added for credentialing section 1- iv-2 Fitness for Duty " Valleywise health OLCP's and Other Clinical Staff's fitness for duty..."

List associated form(s): (If applicable)

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

Committee: Credential Committee

~~04/22~~12/23

Committee: Medical Executive Committee

~~04/22~~01/24

Reviewed for EPIC:

00/00

Other: Valleywise Community Health Centers Governing Council

~~10/23~~03/24

Other: Maricopa County Special Health Care District Board of Directors

~~04/22~~02/24

1.d.i. Medical Staff - Medical Staff Credentials for February 2024

Recommended by Credentials Committee: February 6, 2024
Recommended by Medical Executive Committee: February 13, 2024
Submitted to MSHCDB: February 28, 2024

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	DEPARTMENT/SPECIALTY	APPOINTMENT DATES	COMMENTS
Hany S. Ashamalla, M.D.	Active	Psychiatry	3/1/2024 to 2/28/2026	
Lori Anne Carrillo, M.D.	Courtesy	Obstetrics & Gynecology	3/1/2024 to 2/28/2026	
Sameer Chopra, M.D.	Courtesy	Surgery (Urology)	3/1/2024 to 2/28/2026	
Talia Sharran Coney, M.D.	Courtesy	Obstetrics & Gynecology	3/1/2024 to 2/28/2026	
Melia Kay Cox, D.O.	Courtesy	Family & Community Medicine	3/1/2024 to 2/28/2026	
Erik Nels Hansen, M.D.	Courtesy	Surgery (Pediatric Surgery)	3/1/2024 to 2/28/2026	
Ryan D. Mahelona, M.D.	Courtesy	Psychiatry	3/1/2024 to 2/28/2026	
Oliver Grey Waldrop, M.D.	Courtesy	Internal Medicine (Palliative Medicine)	3/1/2024 to 2/28/2026	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	SPECIALTY/PRIVILEGES	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Karen Christine Adams, M.D.	Obstetrics & Gynecology	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Obstetrics Core privileges.
Mostafa S. Assadalla Sherazy, M.D.	Psychiatry	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Adolescent, Adult, Geriatric Psychiatry privileges.
Anita Mary Chacko, D.O.	Internal Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Internal Medicine Core privileges.
Elena Minju Cho, D.O.	Internal Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Internal Medicine Core privileges.
Vickie Pinder Clennon, M.D.	Obstetrics & Gynecology	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Obstetrics Core privileges.

Recommended by Credentials Committee: February 6, 2024

Recommended by Medical Executive Committee: February 13, 2024

Submitted to MSHCDB: February 28, 2024

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
Navkaran Singh Girgla, M.D.	Internal Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Internal Medicine Core privileges.
Raphael Golebiowski, M.D.	Psychiatry	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Adolescent, Adult, Geriatric Psychiatry privileges.
Jessica Lauren Jacob, D.O.	Internal Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Internal Medicine Core privileges.
Anita Kadikar, M.D.	Internal Medicine (Critical Care Medicine & Pulmonary Disease)	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Pulmonary Core privileges.
Tristan Leopold Pasek, M.D.	Internal Medicine (Critical Care Medicine & Pulmonary Disease)	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Pulmonary Core privileges.
Paria Pourmalek, M.D.	Internal Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Internal Medicine Core privileges.
Kesley Carpenter Pike, M.D.	Psychiatry	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Adolescent, Adult, Geriatric Psychiatry privileges.
Pedro F. Quiroga, M.D.	Internal Medicine (Critical Care Medicine & Pulmonary Disease)	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Pulmonary Core privileges.
Mark Rodriguez, M.D.	Psychiatry	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Adolescent, Adult, Geriatric Psychiatry privileges.
Gauri Singh, M.D.	Internal Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Internal Medicine Core privileges.
Anthony Joseph Vaccarello, M.D.	Internal Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Basic Critical Care privileges.

Recommended by Credentials Committee: February 6, 2024

Recommended by Medical Executive Committee: February 13, 2024

Submitted to MSHCDB: February 28, 2024

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	CATEGORY	DEPARTMENT/SPECIALTY	APPOINTMENT DATES	COMMENTS
Maria-Jesus Bailon, M.D., Ph.D.	Active	Psychiatry	3/1/2024 to 2/28/2026	
Mary J. Connell, M.D.	Active	Radiology	3/1/2024 to 2/28/2026	
Katharine C. Dahl, M.D.	Courtesy	Internal Medicine (Nephrology)	3/1/2024 to 2/28/2026	
Michelle Lee Embling, M.D.	Courtesy	Pediatrics (Emergency Medicine)	3/1/2024 to 2/28/2026	
Angela S. Filler, M.D.	Active	Pediatrics	3/1/2024 to 2/28/2026	
Arpana Jain, M.D.	Active	Surgery (Surgical Critical Care)	3/1/2024 to 2/28/2026	
Edgardo R. Laurel, M.D.	Courtesy	Internal Medicine (Nephrology)	3/1/2024 to 2/28/2026	
Michele Danielle Lee, M.D.	Courtesy	Surgery (Ophthalmology)	3/1/2024 to 2/28/2026	
Andrew L. Papez, M.D.	Courtesy	Pediatrics (Cardiology)	3/1/2024 to 2/28/2026	
John C. Porter, M.D.	Active	Surgery (Physical Medicine & Rehabilitation)	3/1/2024 to 2/28/2026	
Charles Edwin Runyan, M.D.	Active	Radiology	3/1/2024 to 2/28/2026	
Evan B. Taber, M.D.	Active	Obstetrics & Gynecology	3/1/2024 to 2/28/2026	
Danlu Wang, D.O.	Active	Internal Medicine (Gastroenterology)	3/1/2024 to 2/28/2026	
Valentin Zaharia, M.D.	Courtesy	Internal Medicine (Nephrology)	3/1/2024 to 2/28/2026	
Steven Ian Zell, M.D.	Courtesy	Radiology	3/1/2024 to 2/28/2026	

CHANGE IN PRIVILEGES			
NAME	DEPARTMENT/SPECIALTY	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Vickie Pinder Clennon, M.D.	Obstetrics & Gynecology	<u>Withdrawal</u> : Ambulatory and Referral OB/GYN Core Privileges	Voluntary Relinquishment of Privileges due to non-utilization of privileges
Raphael Golebiowski, M.D.	Psychiatry	<u>Withdrawal</u> : Electroconvulsive Therapy (ECT) Privileges	Voluntary Relinquishment of Privileges due to non-utilization of privileges
Michele Danielle Lee, M.D.	Surgery (Ophthalmology)	<u>Withdrawal</u> : Laser privileges	Voluntary Relinquishment of Privileges due to non-utilization of privileges

Recommended by Credentials Committee: February 6, 2024
 Recommended by Medical Executive Committee: February 13, 2024
 Submitted to MSHCDB: February 28, 2024

RESIGNATIONS <i>Information Only</i>			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Michael Joseph Debo, D.O.	Internal Medicine (Palliative Medicine)	Courtesy to Inactive	Resigned effective January 18, 2024
Alfonso Ceballos Robles, M.D.	Pediatrics	Active to Inactive	Resigned effective February 9, 2024
Andrew Frank Rubenstein, M.D.	Obstetrics & Gynecology	Courtesy to Inactive	Resigned effective October 31, 2023
Yuzana Khin Zaw, M.D.	Internal Medicine (Nephrology)	Courtesy to Inactive	Resigned effective January 17, 2024

CORRECTION TO THE DECEMBER 5, 2023 ROSTER FOR THE JANUARY 24, 2023 VALLEYWISE HEALTH CARE DISTRICT BOARD MEETING			
NAME	DEPARTMENT/SPECIALTY	CATEGORY	COMMENTS
Anas Bitar, M.D.	Pediatrics (Gastroenterology)	Courtesy	Inadvertently listed applicant under Initial Appointment.

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.

1.d.ii. Medical Staff - Advanced Practice Clinician and Allied Health Professional Staff credentials for February 2024

**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
Julie Lee Huynh, P.A.-C.	Surgery	Practice Prerogatives on file	3/1/2024 to 2/28/2026	
Elizabeth Lopez, L.C.S.W.	Psychiatry	Practice Prerogatives on file	3/1/2024 to 2/28/2026	
Mindy Rose Magoon, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	3/1/2024 to 2/28/2026	
Kesley Ann Wood, P.A.-C.	Surgery	Practice Prerogatives on file	3/1/2024 to 2/28/2026	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	DEPARTMENT/SPECIALTY	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Connor James McIntyre, P.A.-C.	Internal Medicine	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Physician Assistant Core Cognitive privileges.
Marisa Irene Rebeka, F.N.P.	Internal Medicine	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Nurse Practitioner Core privileges.
Rachel Ellen Snyder, P.A.-C.	Internal Medicine	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Physician Assistant Core Cognitive privileges.

ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – REAPPOINTMENTS				
NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Sara Marie Brown, C.R.N.A.	Anesthesiology	Practice Prerogatives on file	3/1/2024 to 2/28/2026	
Wendy Anne Byers, F.N.P., P.M.H.N.P.	Family & Community Medicine	Practice Prerogatives on file	3/1/2024 to 2/28/2026	
Laura Dietrich-Lake, P.M.H.N.P., F.N.P.	Psychiatry	Practice Prerogatives on file	3/1/2024 to 2/28/2026	
Tracey Lee Gillispie, N.N.P.	Pediatrics	Practice Prerogatives on file	3/1/2024 to 2/28/2026	
Eva Hernandez, L.C.S.W.	Psychiatry	Practice Prerogatives on file	3/1/2024 to 2/28/2026	
LouAnne Jones, F.N.P.	Surgery	Practice Prerogatives on file	3/1/2024 to 2/28/2026	
Ruth A. Lewis, C.R.N.A.	Anesthesiology	Practice Prerogatives on file	3/1/2024 to 2/28/2026	
Lynn Rene Meadows, P.A.-C.	Family & Community Medicine	Practice Prerogatives on file	3/1/2024 to 2/28/2026	

ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – REAPPOINTMENTS				
Udaini Narasimhan, C.R.N.A.	Anesthesiology	Practice Prerogatives on file	3/1/2024 to 2/28/2026	
Chelsa Ranae Wamsley, C.R.N.A.	Anesthesiology	Practice Prerogatives on file	3/1/2024 to 2/28/2026	
Brittney Kathleen Whitney, W.H.N.P.	Obstetrics & Gynecology	Practice Prerogatives on file	3/1/2024 to 2/28/2026	

CHANGE IN PRIVILEGES			
NAME	DEPARTMENT	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Zaqueena Shaunta Coleman, F.N.P.	Obstetrics & Gynecology	<u>Addition</u> : Endometrial Biopsy; Vulvar Biopsy; Endocervical Polypectomy; Condyloma Treatment with TCA.	First 3 to be under direct supervision; Followed by retrospective review of next 5 (for each additional privilege requested).
LouAnne Jones, F.N.P.	Surgery	<u>Withdrawal</u> : Laser privileges; First Surgical Assist privileges; Advanced Skin Grafting Privileges	Voluntary Relinquishment of Privileges due to non-utilization of privileges

WAIVER REQUEST			
NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	COMMENTS
Jennifer Ann Green, F.N.P.	Obstetrics & Gynecology	Practice Prerogatives on file	Practitioner requesting a waiver from the Nurse Practitioner Practice Prerogatives and Privileges criteria to be eligible to apply for privileges: Applicants for initial appointment must be able to demonstrate provision of services, for at least 50 patients, reflective of the scope of privileges requested, during the past 12 months in a setting similar in scope and complexity to Valleywise Health; or demonstrate successful completion of an accredited college or university formal masters' program or post-masters' program in nursing with concentration in an advanced practice registered nursing category and specialty. Chair of OB/GYN is in support of this waiver request.

RESIGNATION (Information Only)			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Rebecca George, F.N.P.	Emergency Medicine	Allied Health Professional to Inactive	Resigned effective March 1, 2024
Patricia S. Harm, C.R.N.A.	Anesthesiology	Allied Health Professional to Inactive	Resigned effective November 18, 2023
Corinne Christine Hinkle, P.A.-C.	Family & Community Medicine	Allied Health Professional to Inactive	Resigned effective November 3, 2023
Larissa D. Wiley, P.A.-C	Family & Community Medicine	Allied Health Professional to Inactive	Resigned effective July 31, 2023

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.

1.d.iii. Medical Staff - Policy 31202 T - Peer Review Policy

VALLEYWISE HEALTH PEER REVIEW POLICY

APPROVED
September 22, 2021
DRAFT FEBRUARY 2024

PEER REVIEW POLICY

1. OBJECTIVES, SCOPE OF POLICY, COLLEGIAL EFFORTS, DEFINITIONS, AND ACRONYMS

1.A **Objectives.** The primary objectives of the professional practice evaluation process of Valleywise Health are to:

- (1) establish a positive, educational approach to performance issues and a culture of continuous improvement for individual practitioners, which includes:
 - (a) fairly, effectively, and efficiently evaluating the care being provided by practitioners, comparing it to established patient care protocols and benchmarks whenever possible; and
 - (b) providing constructive feedback, education, and performance improvement assistance to practitioners regarding the quality, appropriateness, and safety of the care they provide;
- (2) effectively disseminate lessons learned and promote education sessions so that all practitioners in a relevant specialty area will benefit from the peer review process and also participate in the culture of continuous improvement; and
- (3) promote the identification and resolution of system process issues that may adversely affect the quality and safety of care being provided to patients (e.g., protocol or policy revisions that are necessary; addressing patient handoff breakdowns or communication problems).

1.B **Scope of Policy.** The Valleywise Health peer review process includes several related but distinct components:

- (1) The peer review process described in this Policy is used when questions or concerns are raised about a practitioner's clinical practice. This process has traditionally been referred to as "peer review."
- (2) The peer review process applies to all practitioners in the Hospital, including those practicing at the Federal Qualified Health Centers (FQHC) Clinics.
- (3) The process used to confirm an individual's competence to exercise newly granted privileges is described in the Policy Regarding Focused Professional Practice Evaluation ("FPPE") to Confirm Practitioner Competence.

- (4) The process used to evaluate a practitioner's competence on an ongoing basis is described in the OPPE Policy ~~Regarding Quality Data~~.
- (5) Concerns regarding a practitioner's professional conduct or health status shall be reviewed in accordance with the Medical Staff Professionalism Policy or Practitioner Health Policy.

1.C ***Collegial Efforts and Progressive Steps.*** This Policy encourages the use of collegial efforts and progressive steps to address issues that may be identified in the peer review process. The goal of those efforts is to arrive at voluntary, responsive actions by the practitioner. Collegial efforts and progressive steps may include, but are not limited to, opportunity for improvement letters, counseling, informal discussions, education, mentoring, educational letters of counsel or guidance, collegial intervention, sharing of comparative data, and Performance Improvement Plans as outlined in this Policy. All collegial efforts and progressive steps are part of Valleywise Health's confidential performance improvement and peer review and patient safety activities and shall be within the discretion of the Department Chairs, Leadership Council, and the Professional Practice Evaluation Committee ("PPEC").

1.D ***Definitions.*** The following definitions apply to terms used in this Policy:

ASSIGNED REVIEWER means a physician appointed by a Department Peer Review Committee, the Leadership Council or the PPEC to review and assess the care provided in a particular case and report his/her findings back to the committee that assigned the review. Duties and responsibilities of assigned reviewers are described more fully in **Appendix A**.

AUTOMATIC RELINQUISHMENT of appointment and/or clinical privileges is an administrative action that occurs by operation of the Credentials Policy and/or this Policy. It is not a professional review action that must be reported to the National Practitioner Data Bank or to any state licensing board or agency, nor does it entitle the practitioner to a hearing or appeal.

BOARD means the Board of Directors of the Maricopa County Special Health Care District, and is synonymous with the terms "Board" and "Valleywise Health"

DEPARTMENT CHAIR means the applicable Medical Staff Department Chair (e.g., Chair of Medicine).

DEPARTMENT PEER REVIEW COMMITTEE means the physicians in each Medical Staff Department who are appointed by the Department Chair to conduct case reviews, make determinations, send opportunity for improvement letters and conduct collegial interventions as described more fully in Section 5.D of this

Policy and in **Appendix B**. Each Department Peer Review Committee shall consist of at least three members.

LEADERSHIP COUNCIL means the committee that:

- (1) conducts reviews of, or determines the appropriate review process for, clinical issues that are administratively complex as described in Section 5.B(3) of this Policy; and
- (2) addresses administrative issues identified through the process, as deemed necessary.

The Leadership Council is a non-disciplinary body, whose primary charge is to attempt to resolve the performance issues referred to it in a constructive and successful manner. The Leadership Council makes recommendations to colleagues when appropriate, but does not have the authority to require any particular action. Only the MEC, acting in accordance with the Medical Staff Bylaws documents, has the authority to conduct non-routine, formal investigations and to recommend disciplinary actions, including restrictions of clinical privileges. The composition and duties of the Leadership Council are described in Section 5.C of this Policy.

MEDICAL STAFF LEADER means any Medical Staff officer, Department Chair, or Committee Chair.

PRACTITIONER means:

- (1) a member of the Medical Staff; and
- (2) an Advanced Practice Clinician / Allied Health Professional who has been granted clinical privileges at Valleywise Health.

PEER REVIEW refers to Valleywise Health’s routine and ongoing professional practice evaluation processes as described in this Policy. Peer review is used to evaluate a practitioner’s professional performance for a time-limited period. The peer review outlined in this Policy is applicable to all practitioners and is not intended to be a precursor to any disciplinary action, but rather is designed to promote improved patient safety and quality through continuous improvement.

PROFESSIONAL PRACTICE EVALUATION COMMITTEE (“PPEC”) means the multi-specialty committee that oversees the peer review process and reviews care provided within Valleywise Health, conducts case reviews, and develops performance improvement plans as described in this Policy. This committee is a non-disciplinary body, whose primary charge is to attempt to resolve the performance issues referred to it in a constructive and successful manner. The PPEC makes recommendations to

colleagues when appropriate, but does not have the authority to require any particular action. Only the MEC, acting in accordance with the Medical Staff Bylaws documents, has the authority to conduct non-routine, formal investigations and to recommend disciplinary actions, including restrictions of clinical privileges. The composition and duties of the PPEC are described in the Medical Staff Organizational Manual.

QUALITY ASSURANCE ACTIVITIES means activities or proceedings that are established for the purposes of reducing morbidity and mortality and for improving the quality of health care or encouraging proper utilization of health care services and facilities through the review of the qualifications, professional practices, training, experience, patient care, conduct, processes or data of licensed health care providers.

QUALITY MANAGEMENT (“QM”) means the Valleywise Health personnel who support the peer review process as described more fully in this Policy.

SPECIALIZED PEER REVIEW COMMITTEES means those committees that have been established to review care provided in specific situations or units (e.g., hospital-acquired infections, burns, codes, etc.) and to make determinations, send opportunity for improvement letters and conduct collegial interventions as described more fully in Section 5.E and **Appendix C** of this Policy.

TRAUMA MULTI-DISCIPLINARY PEER REVIEW COMMITTEE means the committee that reviews cases involving trauma care based on the criteria for trauma accreditation by the ACS. The Trauma Medical Director chairs the Trauma Multi-Disciplinary Peer Review Committee. The Trauma Multi-Disciplinary Peer Review Committee may make determinations, send opportunity for improvement letters and conduct collegial interventions as described more fully in Section 5.E and **Appendix C** of this Policy.

1.E **Acronyms.** Definitions of the acronyms used in this Policy are:

CCO	Chief Clinical Officer
FPPE	Focused Professional Practice Evaluation (to Confirm Competence)
MEC	Medical Executive Committee
PIP	Performance Improvement Plan
PPEC	Professional Practice Evaluation Committee
QM	Quality Management

1.F **Substantial Compliance.** While every effort will be made to comply with all provisions of this Policy, substantial compliance is required. Technical or minor deviations from the procedures set forth within this Policy do not invalidate any review or action taken.

2. **CLINICAL INDICATORS (A/K/A PEER REVIEW TRIGGERS).** The peer review process set forth in this Policy may be triggered by any of the following events:

2.A ***Specialty-Specific Triggers.*** Each Department shall identify adverse outcomes, clinical occurrences, or complications that will trigger the peer review process. The triggers identified by the Departments shall be approved by the PPEC.

2.B ***Reported Concerns.***

- (1) ***Reported Concerns from Practitioners or Valleywise Health Employees.*** Any practitioner or Valleywise Health employee may report to QM concerns related to:
 - (a) the safety or quality of care provided to a patient by an individual practitioner, which shall be reviewed through the process outlined in this Policy;
 - (b) professional conduct, which shall be reviewed and addressed in accordance with the Medical Staff Professionalism Policy;
 - (c) potential practitioner health issues, which shall be reviewed and addressed in accordance with the Practitioner Health Policy;
 - (d) compliance with Medical Staff or Valleywise Health policies, which shall be reviewed through the process outlined in this Policy and/or in accordance with the Medical Staff Professionalism Policy, whichever QM, in consultation with the Vice President of Quality and Patient Outcomes or his/her designee, as necessary, determines is more appropriate based on the policies at issue; or
 - (e) a potential system or process issue which shall be referred to the appropriate individual, committee, or Valleywise Health department for review.
- (2) ***Anonymous Reports.*** Practitioners and employees may report concerns anonymously, but all individuals are encouraged to identify themselves when making a report. This identification promotes an effective review of the concern because it permits QM to contact the reporter for additional information, if necessary.
- (3) ***Unsubstantiated Reports/False Reports.*** If a report cannot be substantiated, or is determined to be without merit, the matter shall be closed as requiring no further review and shall be reported to the PPEC. False reports will be grounds for disciplinary action.

- (4) ***Sharing Reported Concerns with Relevant Practitioner.*** The substance of reported concerns may be shared with the relevant practitioner as part of the review process outlined in Section 5, but the identity of the individual who reported the concern will not be provided to the practitioner. At the discretion of the Department Chair, the actual report may be shared with the practitioner provided the report has been redacted to protect the identity of the individual(s) who reported the concern. No retaliation is permitted against an individual who reports a concern and any such conduct will be addressed through the Medical Staff Professionalism Policy.
- (5) ***Self-Reporting.*** Practitioners are encouraged to self-report their cases that involve either a specialty-specific trigger or other peer review trigger or that they believe would be an appropriate subject for a Peer Learning Session as described in Section 6.F. Self-reported cases will be reviewed as outlined in this Policy. A notation will be made that the case was self-reported.

2.C ***Other Triggers.*** In addition to specialty-specific triggers and reported concerns, other events that may trigger the peer review process include, but are not limited to, the following:

- (1) identification by a Medical Staff committee, Medical Staff Services, QM, a Department Chair, the Leadership Council or PPEC of a clinical trend or specific case or cases that require further review;
- (2) patient complaints referred by Risk Management that QM determines require physician review;
- (3) cases identified as litigation risks that are referred by the Risk Management Department;
- (4) practice concerns referred by the Utilization Review Committee or others;
- (5) sentinel events, as defined in the Sentinel Events Policy, involving an individual practitioner's professional performance;
- (6) referrals from system performance improvement initiatives;
- (7) a Department Chair's determination, in conjunction with QM, that quality data reveal a practice pattern or trend that requires further review as further described in the OPPE Policy; ~~Regarding Quality Data~~; and
- (8) a trend of noncompliance with Medical Staff Rules and Regulations or other policies, adopted clinical protocols, or other quality measures, as evidenced by four or more opportunity for improvement letters being sent and/or collegial counseling interventions being held within a two-year period;

- (9) ongoing random review of cases to identify deviations from the standard of care.

3. NOTICE TO AND INPUT FROM THE PRACTITIONER. An opportunity for practitioners to provide meaningful input into the review of the care they have provided is an essential element of an educational and effective process.

3.A Notice.

- (1) Obtaining input from the practitioner under review is an essential element of a transparent and constructive review process. Accordingly, no intervention (opportunity for improvement letter, collegial intervention, or Performance Improvement Plan as defined in Section 4 of this Policy) shall be implemented until the practitioner is first notified of the specific concerns identified and given an opportunity to provide input. The notice to the practitioner shall include a time frame for the practitioner to provide the requested input.
- (2) The practitioner shall also be notified of any referral to the PPEC or MEC, except as noted in paragraph (3) below.
- (3) Prior notice and an opportunity to provide input are *not required* before an opportunity for improvement letter is sent to a practitioner, as described in Section 4.A of this Policy, or where a trend or pattern of interventions (e.g., opportunity for improvement letters, collegial counseling, etc.) has been referred to the PPEC for more focused review, as described in Section 5.F of this Policy.

3.B Input.

- (1) The practitioner may provide input through a written description and explanation of the care provided, responding to any specific questions posed by the Leadership Council, Department or Specialized Peer Review Committee, the Trauma Multi-Disciplinary Peer Review Committee or PPEC. Upon the request of either the practitioner or the person or committee conducting the review, the practitioner may also provide input by meeting with appropriate individuals (as determined by the individual or committee conducting the review) to discuss the issues.
- (2) As part of a request for input pursuant to this Policy, the person or committee requesting input may ask the practitioner to provide a copy of, or access to, medical records from the practitioner's office that are

relevant to a review being conducted under this Policy. Failure to provide such copies or access will be viewed as a failure to provide requested input.

- (3) Since this Policy does not involve disciplinary action or restrictions of privileges, the specific identity of any individual reporting a concern or otherwise providing information about a matter (the “reporter”) will not be disclosed to the practitioner unless the individual consents or the information is later used to support an adverse professional review action that results in a Medical Staff hearing. Retaliation by the practitioner against anyone who he or she believes to have been a reporter or who otherwise provided information about a matter is unprofessional conduct and will be addressed by the Leadership Council through the Professionalism Policy.

3.C *Failure to Provide Requested Input.*

- (1) If the practitioner fails to provide input requested by the Leadership Council, the Department or Specialized Peer Review Committee, or the Trauma Multi-Disciplinary Peer Review Committee within the time frame specified, the review shall proceed without the practitioner’s input. The practitioner’s failure to respond to the request for input shall be noted in the Leadership Council’s or applicable Committee’s report to the PPEC regarding the review and determination.
- (2) If the practitioner fails to provide input requested by the PPEC within the time frame specified, the practitioner will be required to attend a meeting with the Leadership Council to discuss why the requested input was not provided. Failure of the individual to either attend this meeting or provide the requested information prior to the date of that meeting will result in the automatic relinquishment of the practitioner’s clinical privileges until the requested input is provided, in accordance with Section 6.E.3 or Section 6.E.4 of the Credentials Policy, as applicable.

3.D *Discussions Outside Committee Meetings.* Individual members of the Leadership Council, the Department or Specialized Peer Review Committee, the Trauma Multi-Disciplinary Peer Review Committee, and the PPEC should not engage in separate discussions with a practitioner regarding the review of a case unless the committee in question has asked the individual committee member to speak with the practitioner on its behalf. Similarly, unless formally requested to do so, practitioners may not provide verbal input to the QM representative or to any other individual and ask that individual to relay that verbal input to an individual or committee involved in the review. The goal of these requirements is to ensure that all individuals and committees involved in the review process receive the same, accurate information. Practitioners must also refrain from any

discussions or lobbying with other Medical Staff members or Board members outside the authorized review process outlined in this Policy.

4. INTERVENTIONS TO ADDRESS IDENTIFIED CONCERNS. When concerns regarding a practitioner's clinical practice are identified through the process outlined in Section 5, the following interventions may be implemented to address those concerns.

4.A *Opportunity for Improvement Letter.* Opportunity for Improvement Letters are intended to make practitioners aware of situations involving noncompliance with specified Medical Staff Rules and Regulations or other medical staff/hospital policies, clinical protocols, or quality measures, or opportunities for improvement identified in the care reviewed by offering specific recommendations for future practice. The Department Chair, Leadership Council, Department Peer Review Committee, Specialized Peer Review Committee, including the Trauma Multi-Disciplinary Peer Review Committee, or PPEC may direct Medical Staff Services or QM to prepare an opportunity for improvement letter reminding the practitioner of the applicable requirement and offering assistance to the practitioner in complying with it.

A copy of the opportunity for improvement letter shall be placed in the practitioner's confidential file, and it shall be considered in the reappointment process and/or in the assessment of the practitioner's competence to exercise the clinical privileges granted.

Opportunity for Improvement letters may be signed by: The Department Chair, the Chair of the Department Peer Review Committee or Specialized Peer Review Committee, the Chair of PPEC, Leadership Council, or the Chief of Staff. The Department Chair shall be copied on any Opportunity for Improvement Letter that he/she does not personally sign.

4.B *Collegial Intervention.* Collegial intervention means a formal, planned, face-to-face discussion between the practitioner and one or more Medical Staff Leaders, followed by a letter that summarizes the discussion and, when applicable, the recommendations and expectations regarding the practitioner's future practice at

Valleywise Health. A copy of the follow-up letter will be included in the practitioner's file along with any response that the practitioner would like to offer.

A collegial intervention may be personally conducted by: The Leadership Council, the Department Chair, a Department Peer Review Committee, a Specialized Peer Review Committee, including the Trauma Multi-Disciplinary Peer Review Committee (in consultation with the relevant Department Chair as described in Section 5.E) or the PPEC or they may facilitate an appropriate and timely collegial intervention by designees. The Department Chair shall be invited to participate in any collegial intervention involving a practitioner in his/her Department. If, for any reason, the Department Chair does not participate in a collegial intervention involving a practitioner in his/her Department, he/she shall be informed of the substance of the collegial intervention and the follow-up letter. The Leadership Council and PPEC shall be informed of the substance of any collegial intervention and the follow-up letter, regardless of who conducts or facilitates it.

4.C ***Performance Improvement Plan ("PIP").***

- (1) ***General.*** The PPEC may determine that it is necessary to develop a PIP for the practitioner. To the extent possible, a PIP shall be for a defined time period or for a defined number of cases. The plan should specify how the practitioner's compliance with, and results of, the PIP shall be monitored. The PIP will be personally discussed with the practitioner to help ensure a shared and clear understanding of the elements of the PIP. The PIP will also be presented in writing, with a copy being placed in the practitioner's file, along with any statement he or she would like to offer.
- (2) ***Input.*** As deemed appropriate by the PPEC, the practitioner may have an opportunity to provide input into the development and implementation of the PIP. The Department Chair shall also be asked for input regarding the PIP, and shall assist in implementation of the PIP as may be requested by the PPEC.
- (3) ***Voluntary Nature of the PIP.***
 - (a) If a practitioner agrees to participate in a PIP developed by the PPEC, such agreement will be documented in writing. If a practitioner disagrees with the need for a PIP developed by the PPEC, the practitioner is under no obligation to participate in the PIP. In such case, the PPEC cannot compel the practitioner to agree with the PIP. Instead, the PPEC will refer the matter to the MEC for its independent review and action pursuant to the Credentials Policy.

- (b) PIPs are not disciplinary in nature. Because a PIP is recommended by a non-disciplinary committee that has no authority to restrict privileges and is voluntarily accepted by the practitioner, the PIP is not reportable to the National Practitioner Data Bank or any state licensing board.
- (4) ***Ongoing Assessment of PIP Results.***
 - (a) The PPEC will keep all PIPs on its agenda and periodically assess them so it can determine whether any modifications to the PIP are appropriate. Such modifications may include, but are not limited to, additional education, monitoring requirements, or a decision that the elements of the PIP have been satisfied and no additional action is needed. The PPEC will obtain input from the practitioner before making any modification to a PIP other than a determination that the elements of the PIP have been satisfied.
 - (b) Assessment of the PIP by the PPEC will continue until the PPEC determines that either: (i) concerns about the practitioner's practice have been adequately addressed; or (ii) the practitioner is not making reasonable progress toward completion of the PIP in a timely manner, in which case the PPEC shall refer the matter to the MEC for its independent review pursuant to the Medical Staff Credentials Policy.
 - (c) The PPEC will communicate with the practitioner: (i) periodically regarding the practitioner's progress under the PIP; and (ii) prior to any referral of the matter to the MEC.
- (5) ***PIP Options.*** A PIP may include, but is not limited to, the following (used individually or in combination):
 - (a) ***Additional Education/CME*** which means that, within a specified period of time, the practitioner must arrange for education or CME of a duration and type specified by the PPEC. The educational activity/program may be chosen by the PPEC or by the practitioner. If the activity/program is chosen by the practitioner, it must be approved by the PPEC. If necessary, the practitioner may be asked to voluntarily refrain from exercising all or some of his or

her clinical privileges or may be granted an educational leave of absence while undertaking such additional education.

- (b)** *Monitoring of Cases* which means that a certain number of the practitioner's future cases of a particular type will be subject to a focused review (e.g., review of the next 10 similar cases performed or managed by the practitioner). This PIP is a tool that can be used independently to encourage improvement by conducting a focused review of performance with feedback to the practitioner. More frequently, it is used in combination with other PIP elements to assess and monitor whether clinical performance has been improved.
- (c)** *Indicators Checklist* which means that the practitioner must (i) research the medical literature and any relevant government publications, (ii) identify evidence-based guidelines that address when a test or procedure is medically-indicated, and (iii) prepare a Checklist, flow chart, or similar document that can be used to document in the medical record the medical necessity and appropriateness of a test or procedure for a specific patient.
- (d)** *Second Opinions/Consultations* which means that before the practitioner proceeds with a particular treatment plan or procedure, the practitioner must obtain a second opinion or consultation from a Medical Staff member(s) approved by the PPEC. If there is any disagreement about the proper course of treatment, the practitioner must discuss the matter further with the individuals identified by the PPEC before proceeding further. The practitioner providing the second opinion/consultation must complete a Second Opinion/Consultation Report form for each case, which shall be reviewed by the PPEC.
- (e)** *Concurrent Proctoring* which means that a certain number of the practitioner's future cases of a particular type (e.g., the practitioner's next five vascular cases) must be personally proctored by a Medical Staff member(s) approved by the PPEC, or by an appropriately credentialed individual from outside of the Medical Staff approved by the PPEC. The proctor must be present before the case is started and must remain throughout the duration of the case or must personally assess the patient and be available throughout the course of treatment. Proctor(s) must complete the review form specified by the PPEC.
- (f)** *Participation in a Formal Evaluation/Assessment Program* which means that, within a specified period of time, the practitioner must enroll in an assessment program identified by the

PPEC and must then complete the program within another specified time period. The practitioner must execute a release to allow the PPEC to communicate information to, and receive information from, the selected program. If necessary, the practitioner may be asked to voluntarily refrain from exercising all or some of his or her clinical privileges or may be granted an educational leave of absence while undertaking such formal assessment.

- (g) ***Additional Training*** which means that, within a specified period of time, the practitioner must arrange for additional training of a duration and type specified by the PPEC. The training program must be approved by the PPEC. The practitioner must execute a release to allow the PPEC to communicate information to, and receive information from, the selected program. The practitioner must successfully complete the training within another specified period of time. The director of the training program or appropriate supervisor must provide an assessment and evaluation of the practitioner's current competence, skill, judgment and technique to the PPEC. If necessary, the practitioner may be asked to voluntarily refrain from exercising all or some of his or her clinical privileges or may be granted an educational leave of absence while undertaking such additional training.
- (h) ***Educational Leave of Absence or Determination to Voluntarily Refrain from Practicing during the Peer Review Process*** which means that the practitioner voluntarily agrees to a leave of absence or to temporarily refrain from some or all clinical practice while the peer review process continues. During the leave of absence or the period of refraining, a further assessment of the issues will be conducted or the practitioner will complete an education/training program of a duration and type specified by the PPEC.
- (i) ***Other*** elements not specifically listed may be included in a PIP. The PPEC has wide latitude to tailor PIPs to the specific concerns identified, always with the objective of helping the practitioner to improve his or her clinical practice and to protect patients.

(Additional guidance regarding Performance Improvement Plan options and implementation issues is found in **Appendix D.**)

5. **STEP-BY-STEP PROCESS.** The peer review process when concerns are raised is outlined in **Appendix E-1** (Detailed Flow Chart) and **Appendix E-2** (Simplified Flow Chart). This Section describes each step in that process.

5.A *General Principles.*

- (1) ***Time Frames for Review.*** The time frames specified in this Section are provided only as guidelines. However, all participants in the process shall use their best efforts to adhere to these guidelines, with the goal of completing reviews, from initial identification to final disposition, within 90 days.

As a general rule, the Leadership Council, Department Peer Review Committees, and Specialized Peer Review Committees, including the Trauma Multi-Specialty Peer Review Committee, shall conduct their reviews and make their determinations or interventions within 45 days.

If the Department Peer Review Committees or Specialized Peer Review Committees, including the Trauma Multi-Specialty Peer Review Committee, do not complete their reviews within this time frame, QM will send a reminder and request for immediate review. If the review is not completed within one week of the reminder, the matter shall be reported to the PPEC Chair.

- (2) ***Request for Additional Information or Input.*** At any point in the process outlined in this Section, information or input may be requested from the practitioner whose care is being reviewed as described in Section 3 of this Policy, or from any other practitioner or Valleywise Health employee with personal knowledge of the matter.
- (3) ***No Further Review or Action Required.*** If, at any point in this process, a determination is made that there are no clinical issues or concerns presented in the case that require further review or action, the matter shall be closed. The determination shall be reported to the PPEC. If information was sought from the practitioner involved, the practitioner shall be notified of the determination.
- (4) ***Exemplary Care.*** If a committee determines that a practitioner provided exemplary care in a case under review, the practitioner should be sent correspondence/communication recognizing such efforts.
- (5) ***External Reviews.*** An external review may be appropriate if:
 - (a) there are ambiguous or conflicting findings by internal reviewers;
 - (b) the clinical expertise needed to conduct a review is not available on the Medical Staff; or
 - (c) an outside review is advisable to prevent allegations of bias, even if unfounded.

If a Department Peer Review Committee or Specialized Peer Review Committee, including the Trauma Multi-Disciplinary Peer Review Committee, determines that an external review is required, it shall refer the matter to the Leadership Council. If the PPEC determines that an external review is required, it shall consult with the Chief of Staff. If a decision is made to obtain an external review, the practitioner involved and the respective Department Chair shall be notified of that decision and the nature of the external review.

(6) *Referral to the Medical Executive Committee.*

- (a) ***By the Leadership Council.*** The Leadership Council may refer a matter to the MEC if a pattern has developed despite prior attempt at rectification, or for any other reason as set forth in the Credentials Policy.
- (b) ***By the PPEC.*** The PPEC may refer a matter to the MEC if:
 - (i) the PPEC determines that a PIP may not be adequate to address the issues identified;
 - (ii) the individual refuses to participate in a PIP developed by the PPEC;
 - (iii) the practitioner fails to abide by a PIP;
 - (iv) the practitioner fails to make reasonable and sufficient progress on completing a PIP;
 - (v) a pattern has developed despite prior attempts at collegial intervention or prior participation in a performance improvement plan;
 - (vi) the matter involves a very serious incident; or
 - (vii) any other concern is raised that would serve as the basis for a referral under the Credentials Policy.
- (c) ***Pursuant to the Medical Staff Credentials Policy.*** This Policy outlines collegial and progressive steps that can be taken to address clinical concerns about a practitioner. However, a single incident or pattern of care may be of such concern that more significant action is required. Therefore, nothing in this Policy precludes an immediate referral of a matter to the MEC.

- (d) **Review by the MEC.** The MEC shall conduct its review in accordance with the Medical Staff Credentials Policy.

5.B **Quality Management (“QM”).**

- (1) **Review.** All cases or issues identified for review shall be referred to QM. QM shall conduct the initial fact-finding review, which may include, as necessary, the following:
 - (a) the relevant medical record;
 - (b) consultation with relevant Medical Staff or Valleywise Health personnel;
 - (c) other relevant documentation; and
 - (d) the practitioner’s peer review history.
- (2) **Preparation of Case for Review.** After conducting the initial fact-finding review, QM shall prepare the case for physician review, which may include, as appropriate, the following:
 - (a) completion of the appropriate portions of the applicable review form (i.e., general, surgical, medical, obstetrical, or other review form);
 - (b) preparation of a time line or summary of the care provided; and
 - (c) identification of relevant patient care protocols or guidelines.
- (3) **Referral of Case to Leadership Council.** Cases shall be referred to the Leadership Council if they are administratively complex or if QM (in consultation with the Vice President of Quality and Patient Outcomes, when necessary) determines that review by the Leadership Council would be appropriate. Administratively complex cases are those:
 - (a) that involve serious clinical issues or that require expedited review as determined by the Vice President of Quality and Patient Outcomes or his/her designee (the relevant Department Chair will be notified of the referral to the Leadership Council in these instances);
 - (b) that involve a Department Chair;
 - (c) that involve a refusal to cooperate with utilization oversight activities;

- (d) for which there are limited reviewers with the necessary clinical expertise; or
 - (e) where prior participation in a performance improvement plan does not seem to have addressed identified concerns.
- (4) ***Referral to Appropriate Peer Review Committee.*** Cases involving trauma care shall be referred to the Trauma Multi-Disciplinary Peer Review Committee. Cases involving specific units or situations for which a peer review committee has been established shall be referred to the appropriate Specialized Peer Review Committee. All other cases shall be referred to the appropriate Department Peer Review Committee. If multiple letters or interventions result from a single issue, for a single practitioner, efforts will be made to consolidate actions prior to final assessment (e.g., issue identified in Trauma Multi-Disciplinary and during practitioner's respective department review).
 - (5) ***Multi-specialty Collaboration.*** Department Peer Review Committees may collaborate with other specialties during the review when cases affect multiple departments.
 - (6) ***Cases Involving Practitioners from Several Specialties or Departments.*** Cases involving practitioners from several specialties or departments shall be referred to the relevant Department Peer Review Committees for their review. Findings and assessments of the respective Department Peer Review Committees shall be forwarded to the PPEC through QM for review at its next regularly scheduled meeting.
 - (7) ***Quality Assurance Information and Activities Privilege and Confidentiality.*** Activities conducted by Quality Management shall be considered as Quality Assurance Activities and protected under applicable Arizona law.

5.C ***Leadership Council.***

- (1) ***Composition.*** The Leadership Council shall consist of the Chief Medical Officer, the Chief of Staff, the Vice Chief of Staff, the Vice President of Quality and Patient Outcomes, and the Chair of the PPEC. The Chief Nursing Officer and the Director of Medical Staff Services shall be *ex officio* members of the Council, without vote, and their role will be to facilitate the Council's activities and determinations.
- (2) ***Function.*** The function of the Leadership Council is to triage cases and expedite the review and evaluation process by determining the most efficient and appropriate review procedure and to address administrative

matters referred to it, such as the development, review and revision of policies and procedures for approval by the designated Medical Staff committee. The Leadership Council may also address certain matters directly.

- (3) ***Review of Cases.*** The Leadership Council shall review all cases referred to it, including all supporting documentation assembled by QM. Based on its preliminary review, the Leadership Council shall determine whether any additional clinical expertise is needed for it to make an appropriate determination or intervention.

If additional clinical expertise is needed, the Leadership Council may assign the review to any of the following:

- (a) Medical Staff members who have the clinical expertise necessary to evaluate the care provided, who shall conduct the review as described in **Appendix A**;
 - (b) an ad hoc committee composed of such practitioners who shall conduct the review as described in **Appendix A**; or
 - (c) an external reviewer, in accordance with Section 5.A(4) of this Policy.
- (4) ***Determinations and Interventions.*** Based on its own review and the findings of the assigned reviewer(s), if any, the Leadership Council may:
- (a) determine that no further review or action is required;
 - (b) send an opportunity for improvement letter;
 - (c) conduct or facilitate a collegial intervention with the practitioner;
 - (d) determine that the matter should be referred to one of the following for their review and disposition:
 - (i) applicable Department or Specialized Peer Review Committee;
 - (ii) PPEC; or
 - (iii) Medical Executive Committee;
 - (e) refer the matter for review under the appropriate Valleywise Health or Medical Staff policy.

5.D Review by Department Peer Review Committees. (A description of the responsibilities of the Department Peer Review Committees is set forth in **Appendix B.**) When a matter is referred to a Department Peer Review Committee, the Committee shall review it and complete an appropriate review form or assign the case to an Assigned Reviewer who shall conduct the review as described in **Appendix A.** Following the review of the matter, the Department Peer Review Committee may:

- (1) determine that no further review or action is required;
- (2) send an opportunity for improvement letter;
- (3) conduct or facilitate a collegial intervention with the practitioner (e.g., counseling, education, mentoring, etc.); or
- (4) refer the matter to the:
 - (a) Leadership Council; or
 - (b) PPEC.

5.E Review by Specialized Peer Review Committees, including the Trauma Multi-Disciplinary Peer Review Committee. (A description of the responsibilities of the Specialized Peer Review Committees, including the Trauma Multi-Disciplinary Peer Review Committee, is set forth in **Appendix C.**) The Trauma Multi-Disciplinary Peer Review Committee shall review all relevant trauma cases, making sure that the Committee representative from the specialty of the practitioner whose care is being reviewed is involved in the review. Other Specialized Peer Review Committees shall review all cases referred to them. Following review (including completion of the appropriate review form), a Specialized Peer Review Committee, including the Trauma Multi-Disciplinary Peer Review Committee, may determine:

- (1) that no further review or action is required;
- (2) to send an opportunity for improvement letter;
- (3) to conduct or facilitate a collegial intervention with the practitioner; or
- (4) to refer the matter to the:
 - (a) Leadership Council; or
 - (b) PPEC.

If a Specialized Peer Review Committee, including the Trauma Multi-Disciplinary Peer Review Committee, determines to send an opportunity for improvement letter or conduct a collegial intervention, it shall first notify the applicable Department Chair of its determination and the reasons supporting it. Within 14 days, the Department Chair shall then review the matter. If the Department Chair does not agree with the findings and determination of the Specialized Peer Review Committee, the matter shall be referred to the PPEC, which shall make the final determination on the matter.

Any opportunity for improvement letter sent by a Specialized Peer Review Committee, including the Trauma Multi-Disciplinary Peer Review Committee, shall be co-signed by the applicable Department Chair. The relevant Department Chair shall be invited to participate in any collegial intervention conducted by a Specialized Peer Review Committee, including the Trauma Multi-Disciplinary Peer Review Committee.

5.F PPEC.

- (1) ***Review of Prior Determinations.*** Each month the PPEC shall audit the determinations and interventions made by one Department Peer Review Committee or Specialized Peer Review Committee. In addition, the PPEC shall review reports from QM, the Leadership Council, Department Peer Review Committees, and Specialized Peer Review Committees, including the Trauma Multi-Disciplinary Peer Review Committee, for all cases where it was determined that (i) no further review or action was required, or (ii) an opportunity for improvement letter or collegial intervention was appropriate to address the issues presented. The PPEC will also review a trend or pattern of interventions as described in Section 2.C(8) of this Policy.

If the PPEC has concerns about any such determination, it may:

- (a) send the matter back to the Leadership Council or Committee that conducted the initial review with its questions or concerns and ask that the matter be reconsidered and findings reported back to it within 30 days; or
- (b) ask an individual Medical Staff member, another Medical Staff committee or Valleywise Health Department to review the matter and report back to the PPEC within 30 days, as described in **Appendix A**; or
- (c) review the matter itself.

(2) ***Cases Referred to the PPEC for Further Review.***

- (a) ***Review.*** The PPEC shall review all other matters referred to it along with all supporting documentation, review forms, findings, and recommendations. The PPEC may request that one or more individuals involved in the initial review of a case attend the PPEC meeting and present the case to the committee. Based on its preliminary review, the PPEC shall determine whether any additional clinical expertise is needed to adequately identify and address concerns raised in the case. If additional clinical expertise is needed, the PPEC may:
 - (i) invite a specialist(s) with the appropriate clinical expertise to attend a PPEC meeting(s) as a guest, without vote, to assist the PPEC in its review of issues, determinations, and interventions;
 - (ii) assign the review to any practitioner on the Medical Staff with the appropriate clinical expertise, who shall conduct the review as described in **Appendix A**;
 - (iii) appoint a committee composed of such practitioners, who shall conduct the review as described in **Appendix A**; or
 - (iv) arrange for an external review in accordance with Section 5.A(4) of this Policy.
- (b) ***Determinations and Interventions.*** Based on its review of all information obtained, including input from the practitioner as described in Section 3, the PPEC may:
 - (i) determine that no further review or action is required;
 - (ii) send an opportunity for improvement letter;
 - (iii) conduct or facilitate a collegial intervention with the practitioner;
 - (iv) develop a Performance Improvement Plan; or
 - (v) refer the matter to the MEC.

6. PRINCIPLES OF REVIEW AND EVALUATION

- 6.A ***Incomplete Medical Records.*** One of the objectives of this Policy is to review matters and provide feedback to practitioners in a timely manner. Therefore, if a

matter referred for review involves a medical record that is incomplete, the Department Chair shall request the practitioner to complete the medical record within a specific time frame.

6.B ***Forms.*** The PPEC shall approve forms to implement this Policy. Such forms shall be developed and maintained by QM, unless the PPEC directs that another office or individual develop and maintain specific forms. Individuals performing a function pursuant to this Policy shall use the form currently approved by the PPEC for that function.

6.C ***Findings and Recommendations Supported by Evidence-Based Research/Clinical Protocols or Guidelines.*** Whenever possible, the findings of reviewers and the PPEC shall be supported by evidence-based research, clinical protocols or guidelines.

6.D ***System Process Issues.*** Quality of care and patient safety depend on many factors in addition to practitioner performance. If system processes or procedures that may have adversely affected, or could adversely affect, outcomes or patient safety are identified through the process outlined in this Policy, the issue shall be referred to the appropriate Valleywise Health Department and/or QM. The referral shall be reported to the PPEC and will stay on the PPEC's agenda until it determines, based on reports from the Valleywise Health Department or individuals charged with addressing the system issue, that the issue has been resolved.

6.E ***Tracking of Reviews.*** QM shall track the processing and disposition of matters reviewed pursuant to this Policy. The Leadership Council, Department Peer Review Committees, Specialized Peer Review Committees, including the Trauma Multi-Disciplinary Peer Review Committee, and the PPEC shall promptly notify QM of their determinations, interventions and referrals.

6.F ***Peer Learning Sessions/Dissemination of Educational Information.***

- (1) Cases that reflect exemplary care or unusual clinical facts, or would be of educational value for any other reason, shall be referred to the appropriate Department Chair, (or designee) for discussion during a Peer Learning Session or for the dissemination of "lessons learned" in some other manner.
- (2) Medical Staff members, residents, and medical students are encouraged to participate in Peer Learning Sessions in order to assess and continuously improve the care they provide.
- (3) Peer Learning Sessions may also serve as a triage mechanism for the review process set forth in this Policy in certain circumstances.

Specifically, if any case is identified or discussed in a Peer Learning Session that:

- (i) may raise questions or concerns with the clinical practice or professional conduct of an individual practitioner, and
- (ii) has not already been reviewed as part of the process set forth in this Policy,

the case discussion at the Peer Learning Session should cease. Instead, the case should be referred for confidential review in accordance with this Policy or the Professionalism Policy to evaluate whether the potential concern has merit, and to address any concerns that exist. Following the conclusion of that review process, the case may be referred back to the Department Chair for purposes of conducting a Peer Learning Session as described in this section.

- (4) The Department Chair, or designee shall determine the manner in which any Peer Learning Session will be conducted. A Peer Learning Session includes, but is not limited to, activities referred to as a morbidity and mortality conference, or it may be conducted in any other manner designed to promote quality improvement.
- (5) Peer Learning Sessions shall generally be conducted only after the case in question has been reviewed through the process set forth in this Policy and a final determination has been made, or a decision has been made that such review is not needed.
- (6) Any practitioner who provided care in the case shall be informed ahead of time that the case is to be presented in a Peer Learning Session. Such practitioners shall be encouraged to attend the session.
- (7) Information identifying practitioners shall be removed prior to the presentation, unless a practitioner requests otherwise or it is impossible to de-identify the information.

- (8) All individuals who attend routine Peer Learning Sessions that occur in designated specialty areas shall sign a Confidentiality Agreement annually. In addition, all attendees at a Peer Learning Session will be required to sign a confidentiality reminder for each session (e.g., as part of the sign-in process). A confidentiality reminder should also be made verbally at the beginning of each session.
- (9) Minutes are not required to be kept for Peer Learning Sessions, but each session should have a standardized agenda that includes:
- a header in large, bold print identifying the agenda as a “Confidential Peer Review Document,” and a reference to the Arizona peer review statute (including the citation of the statute);
 - the date of the Peer Learning Session;
 - those who attended the session;
 - cases reviewed (i.e., medical record numbers); and
 - based on the case discussion (*if applicable*):
 - any system issues that were identified and to whom they were referred for resolution;
 - any educational lessons to be shared with another department or specialty; and
 - any cases involving individual practitioners that are referred for review under this Policy or the Professionalism Policy.

All such agendas shall be filed securely in confidential QM files.

- (10) Peer Learning Sessions and the dissemination of this information in any manner are integral parts of the peer review and quality assurance activities process and assist practitioners in continuously improving the quality and safety of the care they provide. These activities will be conducted in a manner consistent with their confidential and privileged status under the Arizona's peer review protection law and Quality Assurance Activities protection.

6.G Confidentiality. Maintaining confidentiality is a fundamental and essential element of an effective peer review process.

- (1) Overview.** All documentation that is prepared in accordance with this Policy shall be managed in a manner reasonably calculated to assure privacy and shall be maintained in appropriate Medical Staff files. This documentation shall be accessible to Department Chairs for official purposes, and to other authorized individuals and Medical Staff Leaders and committees having responsibility for credentialing and peer review functions, and to those assisting them in those tasks. All such information shall otherwise be deemed confidential and kept from disclosure or discovery to the fullest extent permitted by Arizona or federal law.
- (2) Participants in the Peer Review Process.** All individuals involved in the peer review process (e.g., Medical Staff and Valleywise Health employees) will maintain the confidentiality of the process. All such individuals involved in the peer review process shall sign an appropriate Confidentiality Agreement.
- (3) Peer Review Communications.** Communications among those participating in the peer review process, including communications with the reviewers and the individual practitioner involved, shall be conducted in a manner reasonably calculated to assure privacy.
 - (a) Verbal Communications.** Telephone and in-person conversations should take place in private at appropriate times and locations to minimize the risk of a breach of confidentiality (e.g., conversations should not be held in Hospital hallways).
 - (b) E-Mail.** Valleywise Health e-mail may be used to communicate between individuals participating in the peer review process, including with assigned reviewers and with the practitioner whose care is being reviewed. Private, personal e-mail accounts shall not be used. Transmission of confidential information via e-mail through the Valleywise Health/District Medical Group (DMG) network shall be done in accordance with Valleywise Health Policy #79752 and shall include "Privileged and Confidential Peer

Review or Quality Assurance Activities”) in the subject line. As noted previously in this Policy, any Performance Improvement Plan that may be developed for a practitioner shall be hand-delivered and personally discussed with the practitioner.

(c) Documentation. All correspondence (whether paper or electronic) shall be conspicuously marked with the notation “Confidential Peer Review,” “Confidential, to be Opened Only by Addressee” or words to that effect, consistent with their privileged and protected status under Arizona or federal law. However, failure to mark documents in this manner shall not be viewed as an indication that the document is not privileged.

(d) Communications with Practitioner. Before any correspondence requiring a response is sent to a practitioner whose care is being reviewed (whether paper or electronic), a courtesy call, e-mail, or text message may be attempted to alert the practitioner that the correspondence is being sent and how it will be sent. The intent of any courtesy call is to make the practitioner aware of the correspondence and avoid any deadline being missed.

(e) HIPAA. If it is necessary to e-mail medical records or other documents containing a patient’s protected health information, Valleywise Health policies governing compliance with the HIPAA Security Rule shall be followed.

(4) Risk Management. Information that is generated pursuant to this Policy may not be documented in risk management files or disclosed as part of any risk management activities.

(5) Supervising Physicians and Advanced Practice Clinicians / Allied Health Professionals. Except as noted below, an appropriate supervising or collaborating physician shall be kept apprised of any concerns that are reviewed pursuant to this Policy involving an Advanced Practice Clinician / Allied Health Professional with whom the physician has a supervisory or collaborative relationship. Without limiting the foregoing, the supervising or collaborating physician will be copied on all correspondence that an Advanced Practice Clinician / Allied Health Professional is sent under this Policy and may be invited to participate in any meetings or interventions. The supervising or collaborating physician shall maintain in a confidential manner all information related to reviews under this Policy. Notification to the supervising or collaborating physician as described in this Section is not required, or may be delayed, if the individual or committee conducting the review determines that notification would be inconsistent with a fair and effective review.

- 6.H ***Conflict of Interest Guidelines.*** To protect the integrity of the review process, all those involved must be sensitive to potential conflicts of interest. It is also important to recognize that effective peer review involves “peers” and that the PPEC does not make any recommendation that would adversely affect the clinical privileges of a practitioner (which is only within the authority of the MEC). As such, the conflict of interest guidelines outlined in Article 8 of the Credentials Policy shall be used in assessing and resolving any potential conflicts of interest that may arise under this Policy.

The conflicts of interest principles are summarized in **Appendix F**.

- 6.I ***Legal Protection for Reviewers.*** It is the intention of Valleywise Health and the Medical Staff that the peer review process outlined in this Policy be considered patient safety, professional review, peer review, and quality assurance activity within the meaning of the Patient Safety Quality Improvement Act of 2005, the federal Health Care Quality Improvement Act of 1986, and Arizona law. In addition to the protections offered to individuals involved in professional review activities under those laws, such individuals shall be covered under the Valleywise Health System Risk Management Insurance and Self-Insurance Plan insurance when they act within the scope of their duties as outlined in this Policy and function on behalf of Valleywise Health.

- 6.J ***Delegation of Functions.***

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

- 6.K ***No Legal Counsel or Recordings During Collegial Meetings.***

- (1) To promote the collegial and educational objectives of this Policy, all discussions and meetings with a practitioner shall generally involve only the practitioner and the appropriate Medical Staff Leaders and Valleywise Health personnel. No counsel representing the practitioner or the Medical Staff or Valleywise Health shall attend any of these meetings. In their discretion, Medical Staff Leaders may permit a practitioner to invite another practitioner to the meeting. In such case, the invited practitioner may not participate in the discussion or in any way serve as an advocate

for the practitioner under review, must sign a Confidentiality Agreement, and may be required to leave the meeting at any time.

- (2) Practitioners may not create an audio or video recording of a meeting nor may they broadcast it in any manner (e.g., via live streaming). If a recording is made in violation of this rule, the recording shall be destroyed. In their discretion, Medical Staff Leaders may require that smart phones, iPads, and similar devices be left outside the meeting room. In exceptional circumstances, Medical Staff Leaders or Valleywise Health personnel may record a meeting if necessary to prepare accurate minutes or an interview summary. Once the document is prepared, however, any such recording shall also be destroyed.

7. PEER REVIEW REPORTS

- 7.A ***Practitioner Peer Review History Reports.*** A practitioner peer review history report shall be generated for each practitioner for consideration and evaluation by the appropriate Department Chair and the Credentials Committee in the reappointment process. Such reports shall include all cases within the previous two years that resulted in an opportunity for improvement letter, a collegial intervention, or performance improvement plan.
- 7.B ***Reports to MEC and Board.*** QM shall prepare confidential and privileged reports at least annually showing the aggregate number of cases reviewed through the peer review process and the dispositions of those matters.
- 7.C ***Reports on Request.*** QM shall prepare reports as requested by the Leadership Council, Department Chairs, Department or Specialized Peer Review Committees, including the Trauma Multi-Disciplinary Peer Review Committee, PPEC, MEC, Valleywise Health management, or the Board.

Adopted by the Medical Executive Committee on ~~September 14, 2021~~February 13, 2024.

Adopted by the Maricopa County Special Health Care District Board of Directors on ~~September 22, 2021~~February 28, 2024.

Revised/Approved: 11/09, 06/10, 03/11, 01/12, 01/13, 10/14, 03/15, 5/16, 8/18, 2/21, 9/21, 2/24

APPENDIX A

RESPONSIBILITIES OF ASSIGNED REVIEWERS

From time to time, a Department Peer Review Committee, the Leadership Council or the PPEC may assign the review and assessment of the care provided in a particular case to a physician with the necessary clinical expertise.

The duties and responsibilities of such Assigned Reviewers include the following:

- Initial Review and Documentation

Review the pertinent parts of the medical record and all supporting documentation and document his or her assessment and findings using the specific review form provided by the committee that assigned the review. These forms have been developed by the PPEC to facilitate an objective, consistent, and competent review of each case.

- Time Frame

Assigned Reviewers shall submit completed review forms to the committee that assigned the case within 45 days. A reminder will be sent if the review is not completed within this time frame. If the review is not completed in a timely manner, PPEC may choose to review the case itself or refer the situation to Leadership Council.

- Review Process Following Assigned Reviewer's Assessment

Review forms completed by an Assigned Reviewer will be reviewed and considered by the committee that assigned the review. The Assigned Reviewer will be contacted if additional information and expertise are necessary to facilitate the review. In certain cases, an Assigned Reviewer may be requested to attend a Leadership Council or PPEC meeting in order to discuss his or her findings and answer questions.

- Confidentiality

Assigned Reviewers must maintain all information regarding a review in a **strictly confidential manner**. Specifically, this is a peer review-protected activity and Assigned Reviewers may not discuss matters under review with anyone outside of the process. If an Assigned Reviewer has not signed a Confidentiality Agreement within the past 12 months, QM will ask the reviewer to do so before he or she performs the review.

- Legal Protections

When performing a review, Assigned Reviewers are acting on behalf of Valleywise Health and the PPEC. As such, they have proscribed legal, bylaws, insurance, and indemnification protections.

APPENDIX B

RESPONSIBILITIES OF DEPARTMENT PEER REVIEW COMMITTEES

The basic responsibilities of Department Peer Review Committees in the peer review process are as follows, which supplement the provisions contained in the Peer Review Policy:

- (1) Review Cases Referred by the QM, the Leadership Council, or the PPEC. The responsibilities of Department Peer Review Committees when directly reviewing a case are the same as those outlined in **Appendix A** for Assigned Reviewers.
- (2) Obtain Input from a Practitioner Prior to Pursuing Any Intervention to address a concern that has been identified.
- (3) Determine Appropriate Intervention/Referral. Following review, Department Peer Review Committees shall make one of the following determinations:
 - (i) no issue—close case;
 - (ii) exemplary care provided;
 - (iii) prepare and send an opportunity for improvement letter;
 - (iv) conduct or facilitate a collegial intervention (face-to-face discussion);
 - (v) multi-disciplinary review
 - (ivvi) refer to the Leadership Council; or
 - (vyii) refer and present case to the PPEC.
- (4) Report to PPEC. All determinations or interventions made by Department Peer Review Committees shall be reported to the PPEC. Members of a Department Peer Review Committee may be requested to attend a PPEC meeting in order to discuss the committee's findings and answer questions.

APPENDIX C

RESPONSIBILITIES OF SPECIALIZED PEER REVIEW COMMITTEES, INCLUDING THE TRAUMA MULTI-DISCIPLINARY PEER REVIEW COMMITTEE

The basic responsibilities of Specialized Peer Review Committees, including the Trauma Multi-Disciplinary Peer Review Committee, in the peer review process are as follows, which supplement the provisions contained in the Peer Review Policy:

- (1) Review Cases Referred by the QM, the Leadership Council, or the PPEC. The responsibilities of Specialized Peer Review Committees when directly reviewing a case are the same as those outlined in **Appendix A** for Assigned Reviewers.
- (2) *For Trauma Multi-Disciplinary Peer Review Committee Only:* Involve in the review the Committee representative from the specialty of the practitioner whose care is being reviewed.
- (3) Obtain Input from a Practitioner Prior to Pursuing Any Intervention to address a concern that has been identified.
- (4) Determine Appropriate Intervention/Referral. Following review, Specialized Peer Review Committees shall make one of the following determinations:
 - (i) no issue—close case;
 - (ii) exemplary care provided;
 - (iii) prepare and send an opportunity for improvement letter;
 - (iv) conduct or facilitate a collegial intervention (face-to-face discussion);
 - (v) multi-disciplinary review
 - (vi) refer to the Leadership Council; or
 - (vii) refer and present case to the PPEC.
- (5) Notify Department Chair of Proposed Intervention. If the Specialized Peer Review Committee, including the Trauma Multi-Disciplinary Peer Review Committee, determines to send an opportunity for improvement letter or conduct a collegial intervention, it shall notify the relevant Department Chair of the preliminary intervention. The Department Chair shall then have 14 days to provide input regarding the proposed intervention.

- (6) Implement Intervention or Refer to PPEC. If the Specialized Peer Review Committee and Department Chair agree on the appropriate intervention, the Committee may implement the determination, including the Department Chair, as the Department Chair deems appropriate. If the Specialized Peer Review Committee and Department Chair do not agree on the appropriate intervention, the matter shall be referred to the PPEC for final determination.
- (7) Report to PPEC. All determinations or interventions made by Specialized Peer Review Committees, including the Trauma Multi-Disciplinary Peer Review Committee, shall be reported to the PPEC. Members of a Specialized Peer Review Committee may be requested to attend a PPEC meeting in order to discuss the committee's findings and answer questions.

APPENDIX D

PERFORMANCE IMPROVEMENT PLAN OPTIONS

(May be used individually or combined)

IMPLEMENTATION ISSUES CHECKLIST

(For use by the PPEC)

TABLE OF CONTENTS

	PAGE
Additional Education/CME.....	1
Prospective Monitoring	2
Indicators Checklist.....	3
Second Opinions/Consultations	4
Concurrent Proctoring	7
Formal Evaluation/Assessment Program	10
Additional Training	11
Educational Leave of Absence or Determination to Voluntarily Refrain from Practicing During the Peer Review Process	12
“Other”	13

Note: The Implementation Issues Checklists in this Appendix may be used by the PPEC in developing and monitoring Performance Improvement Plans (“PIPs”). Checklists may be used individually or in combination with one another, depending on the nature of the PIP.

A copy of a completed Checklist may be provided to the practitioner who is subject to the PIP, so that the PPEC and the practitioner have a shared and clear understanding of the elements of the PIP. While Checklists may serve as helpful guidelines to the PPEC and the practitioner, there is no requirement that they be used or used in any set order. Failure to use a Checklist or to answer one or more questions on a Checklist will not affect the validity of a PIP.

PIP OPTION	IMPLEMENTATION ISSUES
<p>Additional Education/CME</p> <p>Wide range of options</p>	<p>Scope of Additional Education/CME</p> <p><input type="checkbox"/> Be specific – what type?</p>
	<p><input type="checkbox"/> Acceptable programs include:</p>
	<p><input type="checkbox"/> PPEC approval required before practitioner enrolls.</p>
	<p><input type="checkbox"/> Program approved:</p>
	<p><input type="checkbox"/> Date of approval:</p>
	<p><input type="checkbox"/> Time frames</p>
	<p><input type="checkbox"/> Practitioner must enroll by:</p>
	<p><input type="checkbox"/> CME must be completed by:</p>
	<p><input type="checkbox"/> Who pays for the CME/course?</p> <p><input type="checkbox"/> Practitioner subject to PIP</p> <p><input type="checkbox"/> Medical Staff</p> <p><input type="checkbox"/> Valleywise Health</p> <p><input type="checkbox"/> Combination:</p>
	<p><input type="checkbox"/> Documentation of completion must be submitted to PPEC.</p>
	<p><input type="checkbox"/> Date submitted:</p>
	<p>Additional Safeguards</p> <p><input type="checkbox"/> Will the individual be asked to voluntarily refrain from exercising relevant clinical privileges until completion of additional education? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Follow-Up</p> <p><input type="checkbox"/> After CME has been completed, how will monitoring be done to be sure that concerns have been addressed/practice has improved? (Focused prospective monitoring? Proctoring?)</p>

PIP OPTION	IMPLEMENTATION ISSUES
<p>Prospective Monitoring</p> <p><i>100% focused review of next X cases (e.g., obstetrical cases, laparoscopic surgery)</i></p>	<p>Scope of Monitoring</p> <p><input type="checkbox"/> How many cases are subject to review? _____</p> <p><input type="checkbox"/> What types of cases are subject to review? _____ _____</p> <p><input type="checkbox"/> Based on practitioner's practice patterns, estimated time for completion of monitoring? _____</p> <p><input type="checkbox"/> Does monitoring include more than review of medical record? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what else does it include? _____ _____</p> <p><input type="checkbox"/> Review to be done: <input type="checkbox"/> Post-discharge <input type="checkbox"/> During admission</p> <p><input type="checkbox"/> Review to be done by: <input type="checkbox"/> QM <input type="checkbox"/> Department Chair <input type="checkbox"/> CCO <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Must practitioner notify reviewer of cases subject to monitoring? <input type="checkbox"/> Yes <input type="checkbox"/> No Other options? _____ _____</p> <p>Documentation of Review</p> <p><input type="checkbox"/> General Case Review Worksheet</p> <p><input type="checkbox"/> Surgical Review Worksheet</p> <p><input type="checkbox"/> Medical Review Worksheet</p> <p><input type="checkbox"/> Specific form developed for this review</p> <p><input type="checkbox"/> General summary by reviewer</p> <p><input type="checkbox"/> Other: _____</p> <p>Results of Monitoring</p> <p><input type="checkbox"/> Who will review results of monitoring with practitioner? _____ <input type="checkbox"/> After each case <input type="checkbox"/> After total # of cases subject to review (unless sooner discussions are necessary based on case findings)</p>

PIP OPTION	IMPLEMENTATION ISSUES
<p>Indicators Checklist</p> <p><i>(Research the medical literature, identify evidence-based guidelines addressing when a test or procedure is medically indicated, and develop a Checklist that can be included in the medical record to document medical necessity and appropriateness.)</i></p>	<p>Completion of the Checklists</p> <p><input type="checkbox"/> Checklists will be developed for the following procedures (in order of priority, if more than one):</p>
	<p>The practitioner will consult with the following subject matter experts in developing the Checklists: _____</p>
	<p><input type="checkbox"/> The following PPEC member will serve as the point of contact to assist the practitioner with questions about the Checklists: _____</p>
	<p>The first draft of the Checklists will be submitted to the PPEC by:</p>
	<p><input type="checkbox"/> The PPEC will submit the Checklists to the following individuals/committees for their review and comment, prior to final approval by the PPEC:</p>
	<p><input type="checkbox"/> The target date for final completion of the Checklists is:</p>
	<p>Additional Safeguards</p> <p><input type="checkbox"/> Until the Checklists have been approved, what steps will be taken to monitor the medical necessity/appropriateness of the practitioner's tests/procedures?</p>
	<p><input type="checkbox"/> Will the individual be asked to voluntarily refrain from exercising relevant clinical privileges until the Checklists have been approved?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Follow-Up</p> <p><input type="checkbox"/> Once the Checklists are completed and being used to document medical necessity/appropriateness of the practitioner's procedures/tests for individual patients, describe the monitoring of completed Checklists that will occur (who will monitor, how often, and who will discuss with practitioner):</p>

PIP OPTION	IMPLEMENTATION ISSUES
<p data-bbox="228 264 467 323"><i>Second Opinions/ Consultations</i></p> <p data-bbox="183 380 508 585"><i>Before the practitioner proceeds with a particular treatment plan or procedure, he or she obtains a second opinion or consultation.</i></p> <p data-bbox="233 636 470 879"><i>(This is not a “restriction” of privileges that triggers a hearing and reporting, if implemented correctly.)</i></p>	<p data-bbox="589 254 1003 283"><i>Scope of Second Opinion/Consultation</i></p> <p data-bbox="589 317 1263 346"><input type="checkbox"/> How many cases are subject to second opinion/consultation?</p> <hr data-bbox="584 367 1430 371"/> <hr data-bbox="584 394 1430 399"/> <p data-bbox="589 438 1333 468"><input type="checkbox"/> What types of cases are subject to the second opinion/consultation?</p> <hr data-bbox="584 489 1430 493"/> <hr data-bbox="584 516 1430 520"/> <p data-bbox="589 564 1252 619"><input type="checkbox"/> Based on practice patterns, estimated time to complete the second opinions/consultations?</p> <hr data-bbox="584 640 1430 644"/> <hr data-bbox="584 667 1430 672"/> <p data-bbox="589 716 1382 770"><input type="checkbox"/> Must consultant evaluate patient in person prior to treatment/procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr data-bbox="584 791 1430 795"/> <hr data-bbox="584 819 1430 823"/> <p data-bbox="581 867 911 896"><i>Responsibilities of Practitioner</i></p> <p data-bbox="589 930 1365 1047"><input type="checkbox"/> Notify consultant when applicable patient is admitted or procedure is scheduled and ensure that all information necessary to provide consultation is available in the medical record (H&P, results of diagnostic tests, etc.).</p> <hr data-bbox="584 1068 1430 1073"/> <hr data-bbox="584 1096 1430 1100"/> <p data-bbox="589 1144 1354 1199"><input type="checkbox"/> What time frame for notice to consultant is practical and reasonable (e.g., two days prior to scheduled, elective procedure)?</p> <hr data-bbox="584 1220 1430 1224"/> <hr data-bbox="584 1247 1430 1251"/> <p data-bbox="589 1299 1373 1383"><input type="checkbox"/> If consultant must evaluate patient prior to treatment, inform patient that consultant will be reviewing medical record and will examine patient.</p> <hr data-bbox="584 1404 1430 1409"/> <hr data-bbox="584 1432 1430 1436"/> <p data-bbox="589 1484 1373 1568"><input type="checkbox"/> If consultant must evaluate patient prior to treatment, include general progress note in medical record noting that consultant examined patient and discussed findings with practitioner.</p> <hr data-bbox="584 1589 1430 1593"/> <hr data-bbox="584 1617 1430 1621"/> <p data-bbox="589 1631 1195 1661"><input type="checkbox"/> Discuss proposed treatment/procedure with consultant.</p> <hr data-bbox="584 1682 1430 1686"/> <hr data-bbox="584 1709 1430 1713"/>

PIP OPTION	IMPLEMENTATION ISSUES
<p style="text-align: center;"><i>Second Opinions/Consultations</i></p> <p style="text-align: center;"><i>Before the practitioner proceeds with a particular treatment plan or procedure, he or she obtains a second opinion or consultation.</i></p> <p style="text-align: center;"><i>(This is not a “restriction” of privileges that triggers a hearing and reporting, if implemented correctly.)</i></p> <p style="text-align: center;"><u>(cont’d.)</u></p>	<p><i>Qualifications of Consultant</i></p> <p><input type="checkbox"/> Consultant must have clinical privileges in _____ .</p> <p><input type="checkbox"/> Possible candidates include: _____ _____ _____</p> <p><input type="checkbox"/> The following individuals agreed to act as consultants and were approved by the PPEC (or designees) on: _____ _____ (date)</p> <p>_____ _____ _____</p> <p><i>Responsibilities of Consultant (Information provided by PPEC; include discussion of legal protections for consultant.)</i></p> <p><input type="checkbox"/> Review medical record prior to treatment or procedure. _____</p> <p><input type="checkbox"/> Evaluate patient prior to treatment or procedure, if applicable. _____</p> <p><input type="checkbox"/> Discuss proposed treatment/procedure with physician. _____</p> <p><input type="checkbox"/> Complete Second Opinion/Consultation Form and submit to QM (<i>not for inclusion in the medical record</i>). _____</p> <p><i>Disagreement Regarding Proposed Treatment/Procedure</i> If consultant and physician disagree regarding proposed treatment/procedure, consultant notifies one of the following so that an immediate meeting can be scheduled to resolve the disagreement:</p> <ul style="list-style-type: none"> <input type="checkbox"/> CCO <input type="checkbox"/> Chief of Staff <input type="checkbox"/> PPEC Chair <input type="checkbox"/> Department Chair <input type="checkbox"/> Other:

PIP OPTION	IMPLEMENTATION ISSUES
<p>Second Opinions/Consultations</p> <p><i>Before the practitioner proceeds with a particular treatment plan or procedure, he or she obtains a second opinion or consultation.</i></p> <p><i>(This is not a “restriction” of privileges that triggers a hearing and reporting, if implemented correctly.)</i></p> <p><i>(cont’d.)</i></p>	<p><i>Compensation for Consultant</i> <i>(consultant cannot bill for consultation)</i></p> <p>LI No compensation</p> <p>LI Compensation by:</p> <p>LI Practitioner subject to PIP</p> <p>LI Medical Staff</p> <p>LI Valleywise Health</p> <p>LI Combination</p>
	<p><i>Results of Second Opinion/Consultations</i></p> <p>LI Who will review results of second opinion/consultations with practitioner?</p>
	<p>LI After each case</p> <p>LI After total # of cases subject to review (unless sooner discussions are necessary based on case findings)</p> <p>LI Include consultants’ reports in practitioner’s quality file</p> <p><i>Additional Safeguards</i></p> <p>LI Will practitioner be removed from some/all on-call responsibilities until the second opinions/consultations are completed? LI Yes LI No</p>

PIP OPTION	IMPLEMENTATION ISSUES
<p data-bbox="272 262 423 327">Concurrent Proctoring</p> <p data-bbox="201 375 495 655"><i>A certain number of the practitioner's future cases of a particular type (e.g., vascular cases, management of diabetic patients) must be directly observed.</i></p> <p data-bbox="233 741 462 982"><i>(This is not a "restriction" of privileges that triggers a hearing and reporting, if implemented correctly.)</i></p>	<p data-bbox="581 252 787 279"><i>Scope of Proctoring</i></p> <p data-bbox="581 312 1187 340"><input type="checkbox"/> How many cases are subject to concurrent proctoring?</p> <hr data-bbox="581 365 1421 369"/> <hr data-bbox="581 394 1421 399"/> <p data-bbox="581 434 1101 462"><input type="checkbox"/> What types of cases are subject to proctoring?</p> <hr data-bbox="581 487 1421 491"/> <hr data-bbox="581 516 1421 520"/> <p data-bbox="581 558 1255 615"><input type="checkbox"/> Based on practice patterns, estimated time to complete the proctoring?</p> <hr data-bbox="581 640 1421 644"/> <hr data-bbox="581 669 1421 674"/> <p data-bbox="581 709 906 737"><i>Responsibilities of Practitioner</i></p> <p data-bbox="581 772 1377 888"><input type="checkbox"/> Notify proctor when applicable patient is admitted or procedure is scheduled <u>and</u> ensure that all information necessary for proctor to evaluate case is available in the medical record (H&P; results of diagnostic tests, etc.).</p> <hr data-bbox="581 913 1421 917"/> <hr data-bbox="581 942 1421 947"/> <p data-bbox="581 984 1300 1041"><input type="checkbox"/> What time frame for notice to proctor is practical and reasonable (e.g., two days prior to scheduled, elective procedure)?</p> <hr data-bbox="581 1066 1421 1071"/> <hr data-bbox="581 1096 1421 1100"/> <p data-bbox="581 1138 1373 1218"><input type="checkbox"/> <i>Procedures:</i> Inform patient that proctor will be present during procedure, may examine patient and may participate in procedure, and document patient's consent on informed consent form.</p> <hr data-bbox="581 1243 1421 1247"/> <hr data-bbox="581 1272 1421 1276"/> <p data-bbox="581 1310 1373 1367"><input type="checkbox"/> <i>Medical:</i> If proctor will personally assess patient or <u>will</u> participate in patient's care, discuss with patient prior to proctor's examination.</p> <hr data-bbox="581 1392 1421 1396"/> <hr data-bbox="581 1417 1421 1421"/> <p data-bbox="581 1455 1377 1535"><input type="checkbox"/> Include general progress note in medical record noting that proctor examined patient and discussed findings with practitioner, if applicable.</p> <hr data-bbox="581 1560 1421 1564"/> <hr data-bbox="581 1589 1421 1593"/> <p data-bbox="581 1627 1230 1654"><input type="checkbox"/> Agree that proctor has authority to intervene, if necessary.</p> <hr data-bbox="581 1680 1421 1684"/> <hr data-bbox="581 1709 1421 1713"/> <p data-bbox="581 1745 1060 1772"><input type="checkbox"/> Discuss treatment/procedure with proctor.</p> <hr data-bbox="581 1797 1421 1801"/> <hr data-bbox="581 1827 1421 1831"/>

PIP OPTION	IMPLEMENTATION ISSUES
<p>Concurrent Proctoring</p> <p><i>A certain number of the practitioner's future cases of a particular type (e.g., vascular cases, management of diabetic patients) must be directly observed.</i></p> <p><i>(This is not a "restriction" of privileges that triggers a hearing and reporting, if implemented correctly.)</i></p> <p><u>(cont'd.)</u></p>	<p>Qualifications of Proctor (PPEC must approve)</p> <p><input type="checkbox"/> Proctor must have clinical privileges in _____ (If proctor is not member of Medical Staff, credential and grant temporary privileges.)</p> <p><input type="checkbox"/> Possible candidates include: _____ _____ _____</p> <p><input type="checkbox"/> The following individuals agreed to act as proctors and were approved by the PPEC (or designees) on _____ _____ : <div style="text-align: right;">(date)</div> _____ _____ _____ _____</p> <p>Responsibilities of Proctor (information provided by PPEC; include discussion of legal protections for proctor)</p> <p><input type="checkbox"/> Review medical record <u>and</u>:</p> <p><input type="checkbox"/> Procedure: Be present for the relevant portions of the procedure and remain throughout procedure and be available post-op if complications arise.</p> <p><input type="checkbox"/> Medical: Be available during course of treatment to discuss treatment plan, orders, lab results, discharge planning, etc., and personally assess patient, if necessary.</p> <p><input type="checkbox"/> Intervene in care if necessary to protect patient and document such intervention appropriately in medical record.</p> <p><input type="checkbox"/> Discuss treatment plan/procedure with practitioner. _____ _____</p> <p><input type="checkbox"/> Document review as indicated below and submit to QM.</p> <p>Documentation of Review (not for inclusion in the medical record)</p> <p><input type="checkbox"/> General Case Review Worksheet</p> <p><input type="checkbox"/> Surgical Review Worksheet</p> <p><input type="checkbox"/> Medical Review Worksheet</p> <p><input type="checkbox"/> Specific form developed for this PIP</p> <p><input type="checkbox"/> Other: _____ _____</p>

PIP OPTION	IMPLEMENTATION ISSUES
<p>Concurrent Proctoring</p> <p><i>A certain number of the practitioner's future cases of a particular type (e.g., vascular cases; management of diabetic patients) must be directly observed.</i></p> <p><i>(This is not a "restriction" of privileges that triggers a hearing and reporting, if implemented correctly.)</i></p> <p><i>(cont'd.)</i></p>	<p>Compensation for Proctor (proctor cannot bill for review of medical record or assessment of patient and cannot act as first assistant)</p> <p><input type="checkbox"/> No compensation</p> <p><input type="checkbox"/> Compensation by:</p> <p><input type="checkbox"/> Practitioner subject to PIP</p> <p><input type="checkbox"/> Medical Staff</p> <p><input type="checkbox"/> Valleywise Health</p> <p><input type="checkbox"/> Combination</p>
	<p>Results of Proctoring</p> <p><input type="checkbox"/> Who will review results of proctoring with practitioner?</p>
	<p><input type="checkbox"/> After each case</p> <p><input type="checkbox"/> After total # of cases subject to review (unless sooner discussions are necessary based on case findings)</p> <p><input type="checkbox"/> Include proctor reports in practitioner's quality file</p> <p>Additional Safeguards</p> <p><input type="checkbox"/> Will practitioner be removed from some/all on-call responsibilities until proctoring is completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

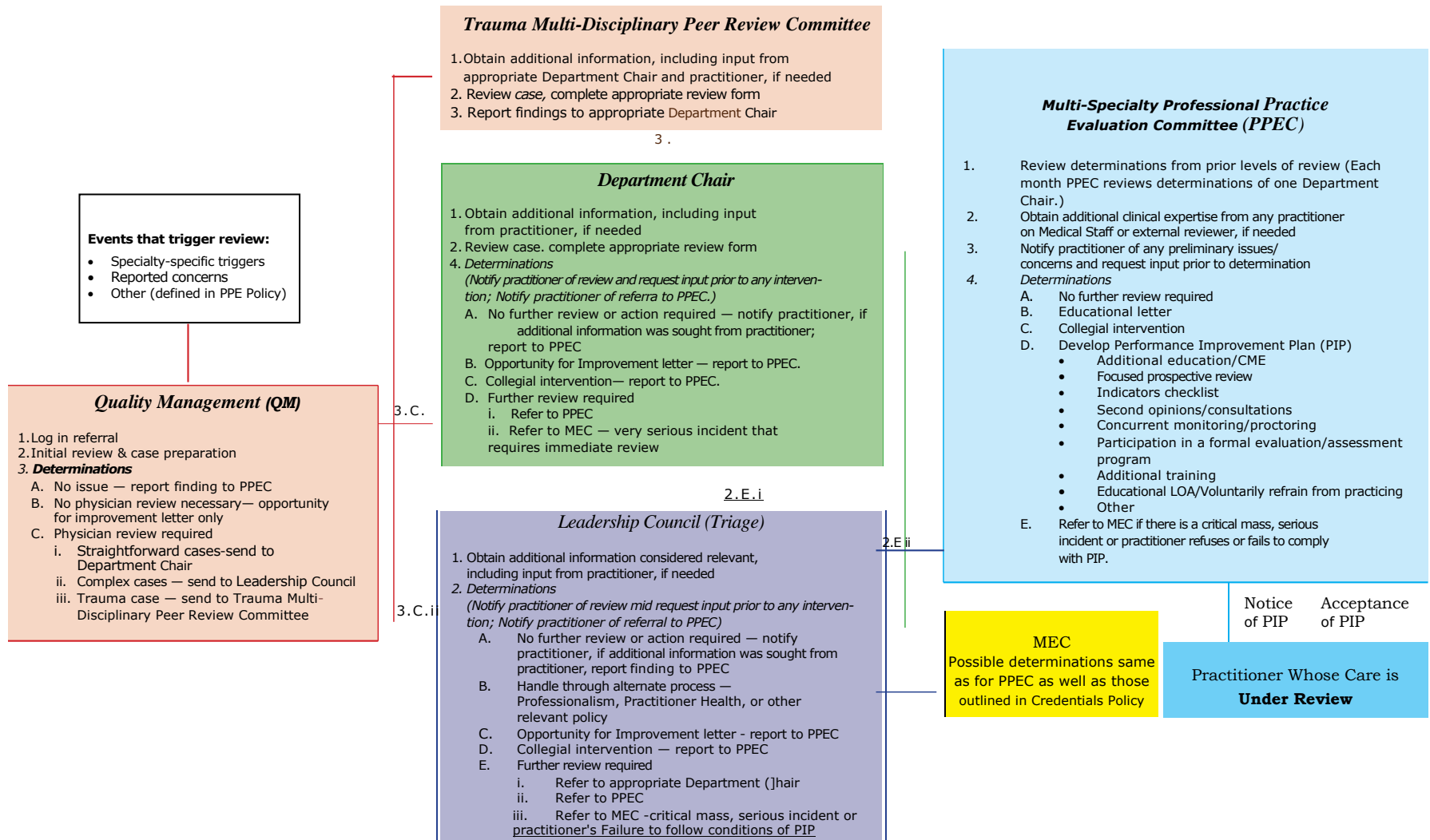
PIP OPTION	IMPLEMENTATION ISSUES
<p>Formal Evaluation/ Assessment Program</p> <p><i>Onsite multiple-day programs that may include formal testing, simulated patient encounters, chart review.</i></p>	<p>Scope of Formal Evaluation/Assessment Program</p> <p><input type="checkbox"/> Acceptable programs include:</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> PPEC approval required before practitioner enrolls</p> <p><input type="checkbox"/> Program approved: _____</p> <p><input type="checkbox"/> Date of approval: _____</p> <p><input type="checkbox"/> Who pays for the evaluation/assessment?</p> <p><input type="checkbox"/> Practitioner subject to PIP</p> <p><input type="checkbox"/> Medical Staff</p> <p><input type="checkbox"/> Valleywise Health</p> <p><input type="checkbox"/> Combination: _____</p> <p>Practitioner's Responsibilities</p> <p><input type="checkbox"/> Sign release allowing PPEC to provide information to program (if necessary) and program to provide report of assessment and evaluation to PPEC.</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Enroll in program by: _____</p> <p><input type="checkbox"/> Complete program by: _____</p> <p>Additional Safeguards</p> <p><input type="checkbox"/> Will the individual be asked to voluntarily refrain from exercising relevant clinical privileges until completion of evaluation/assessment _____ program?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Will practitioner be removed from some/all on-call responsibilities until completion of evaluation/assessment program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p> <p>Follow-Up</p> <p><input type="checkbox"/> Based on results of assessment, what additional interventions are necessary, if any?</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> How will monitoring after assessment program/any additional interventions be conducted to be sure that concerns have been addressed/practice has improved? (Focused prospective review? Proctoring?)</p> <p>_____</p> <p>_____</p>

PIP OPTION	IMPLEMENTATION ISSUES
<p>Additional Training</p> <p><i>Wide range of options from hands-on CME to simulation to repeat of residency or fellowship.</i></p>	<p>Scope of Additional Training</p> <p><input type="checkbox"/> Be specific – what type? _____ _____</p> <p><input type="checkbox"/> Acceptable programs include: _____ _____</p> <p><input type="checkbox"/> PPEC approval required before practitioner enrolls. <input type="checkbox"/> Program approved: _____ <input type="checkbox"/> Date of approval: _____</p> <p><input type="checkbox"/> Who pays for the training? <input type="checkbox"/> Practitioner subject to PIP <input type="checkbox"/> Medical Staff <input type="checkbox"/> Valleywise Health <input type="checkbox"/> Combination: _____</p>
	<p>Practitioner's Responsibilities</p> <p><input type="checkbox"/> Sign release allowing PPEC to provide information to training program (if necessary) and program to provide detailed evaluation/assessment to PPEC <u>before</u> resuming practice.</p> <p><input type="checkbox"/> Enroll in program by: _____</p> <p><input type="checkbox"/> Complete program by: _____</p>
	<p>Additional Safeguards</p> <p><input type="checkbox"/> Will the individual be asked to voluntarily refrain from exercising relevant clinical privileges until completion of additional training? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Will practitioner be removed from some/all on-call responsibilities until completion of additional training? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____</p>
	<p><input type="checkbox"/> Is LOA required? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____</p>
	<p>Follow-Up</p> <p><input type="checkbox"/> After additional training is completed, how will monitoring be conducted to be sure that concerns have been addressed/practice has improved? (Focused prospective review? Proctoring?) _____ _____</p>

PIP OPTION	IMPLEMENTATION ISSUES
<p align="center"><i>Educational Leave of Absence or Determination to Voluntarily Refrain from Practicing During the Peer Review Process</i></p>	<input type="checkbox"/> Who may grant a formal LOA (if applicable)? (<i>Review Credentials Policy</i>)
	<input type="checkbox"/> Will the individual be asked to voluntarily refrain from exercising relevant clinical privileges while the Peer Review process continues? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Specify the conditions for reinstatement from the LOA or for the resumption of practice following the decision to voluntarily refrain:
	<input type="checkbox"/> What happens if the practitioner agrees to LOA or to voluntarily refrain, but: <ul style="list-style-type: none"> <input type="checkbox"/> does not return to practice at Valleywise Health? Will this be considered resignation in return for not conducting an investigation and thus be reportable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> moves practice across town? Must practitioner notify other Hospital of educational leave of absence or the determination to voluntarily refrain from practicing? <input type="checkbox"/> Yes <input type="checkbox"/> No

PIP OPTION	IMPLEMENTATION ISSUES
<p><i>“Other”</i></p> <p><i>Wide latitude to utilize other ideas as part of PIP, tailored to specific concerns.</i></p> <p><i>Examples: an educational a</i></p>	
<ul style="list-style-type: none"> • <i>Participate in ----- Peer Learning Session at section</i> 	
<p><i>or department meeting and assess colleagues’ approach to case.</i></p> <ul style="list-style-type: none"> • <i>Study issue and present grand rounds.</i> • <i>Design and use informed consent forms approved by PPEC.</i> • <i>Design and use indication forms approved by PPEC.</i> • <i>Limit inpatient census.</i> • <i>Limit number of procedures in any one day/block schedule.</i> • <i>No elective procedures to be performed after ____ p.m.</i> • <i>All patient rounds done by certain time of day – timely orders, tests, length of stay concerns.</i> • <i>Personally see each patient prior to procedure (rather than using PA, NP, or APRN).</i> • <i>Personally round on patients – cannot rely solely on PA, NP, or APRN.</i> • <i>Utilize individuals from other specialties to assist in PIPs (e.g., cardiologist experiencing difficulties with TEE technical complications mentored by anesthesiologists).</i> 	

APPENDIX E-1: DETAILED FLOW CHART OF PROFESSIONAL PRACTICE EVALUATION PROCESS

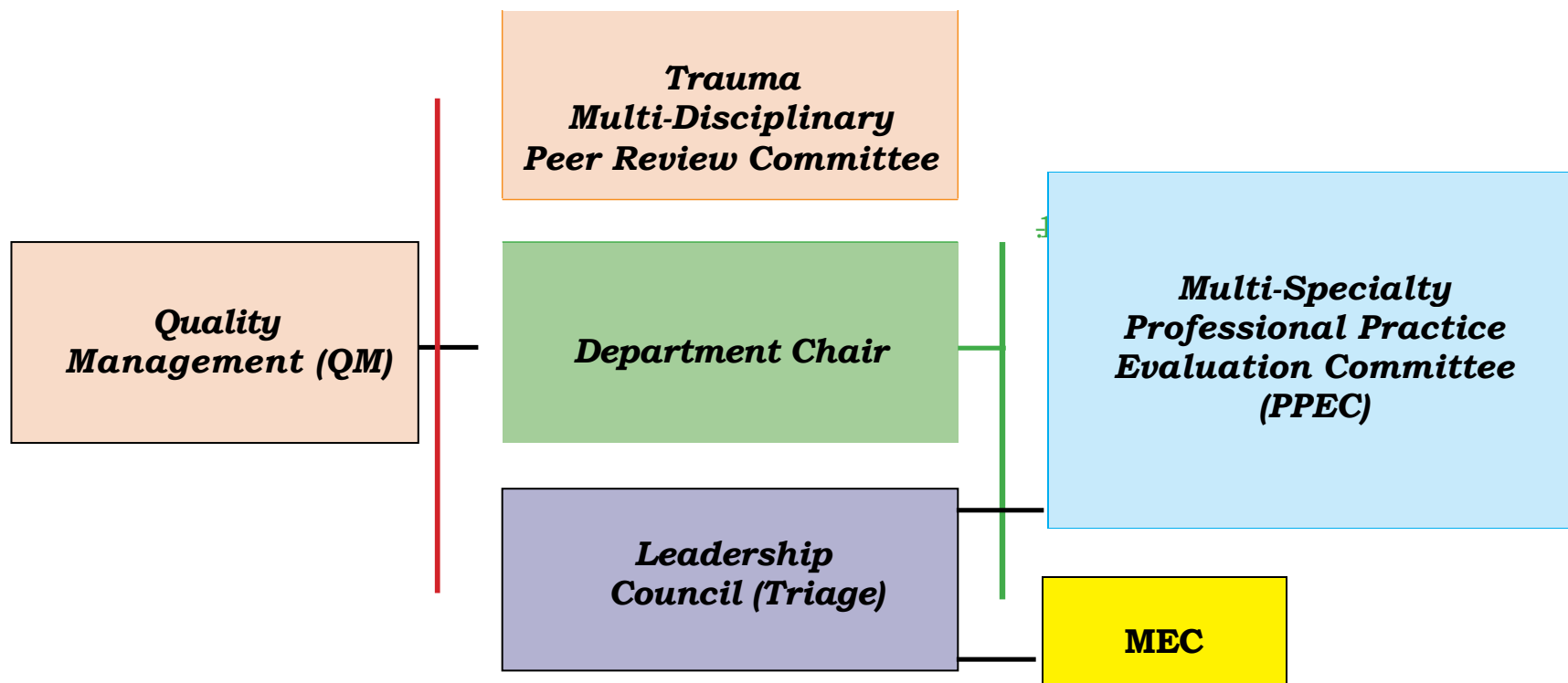


Possible system issues identified at ANY LEVEL shall be referred to the appropriate Valleywise Health department and/or QM.

Any Department Chair or the PPEC may direct that a case be presented in an Educational Session.

HORWSRINGEK

APPENDIX E-2: SIMPLIFIED FLOW CHART OF PROFESSIONAL PRACTICE EVALUATION PROCESS



Possible system issues identified at ANY LEVEL shall be referred to the appropriate VALLEYWISE HEALTH department and/or QM.

Any Department Chair or the PPEC may direct that a case be presented in an Educational Session.

3 | IxcnSpium:ER

APPENDIX F
CONFLICT OF INTEREST GUIDELINES

Potential Conflicts	LEVELS OF PARTICIPATION									
	Provide Information	Individual Reviewer Application/ Case	Committee Member						Hearing Panel	Board
			Department, Specialized, or Trauma Multi-Disciplinary Peer Review	Credentials	Leadership Council	PPEC	MEC	Ad Hoc Investigating		
Family member	Y	N	R	R	R	R	R	N	N	R
Employment relationship with hospital	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Direct competitor	Y	Y	Y	Y	Y	Y	Y	N	N	R
Close friends	Y	Y	Y	Y	Y	Y	Y	N	N	R
History of conflict	Y	Y	Y	Y	Y	Y	Y	N	N	R
Personally involved in care of patient	Y	Y	Y	Y	Y	Y	Y	N	N	R
Reviewed at prior level	Y	Y	Y	Y	Y	Y	Y	N	N	R
Raised the concern	Y	Y	Y	Y	Y	Y	Y	N	N	R

APPENDIX F

CONFLICT OF INTEREST GUIDELINES (*cont'd.*)

Y – (green “Y”) means the Interested Member may serve in the indicated role, no extra precautions are necessary.

Y – (yellow “Y”) means the Interested Member may generally serve in the indicated role. It is legally-permissible for Interested Members to serve in these roles because of the check and balance provided by the multiple levels of review and the fact that the Department Peer Review, Specialized Peer Review Committee, Trauma Multi-disciplinary Peer Review Committee, Credentials Committee, Leadership Council, and PPEC have no disciplinary authority. In addition, the Chair of the Credentials Committee, Department Peer Review, Specialized Peer Review Committee, Trauma Multi-disciplinary Peer Review Committee, Leadership Council, or PPEC always has the authority and discretion to recuse a member in a particular situation if the Chair determines that the Interested Member’s presence would inhibit the full and fair discussion of the issue before the committee, skew the recommendation or determination of the committee, or otherwise be unfair to the practitioner under review.

N – (red “N”) means the individual may not serve in the indicated role.

R – (red “R”) means the individual must be recused in accordance with the rules for

recusal. **Rules for Recusal**

- Interested Members must leave the meeting room prior to the committee’s final deliberation and determination, but may answer questions and provide input before leaving.
- Recusal shall be specifically documented in the minutes.
- Whenever possible, the actual or potential conflict should be raised and resolved prior to the meeting by the committee or Board and the Interested Member shall be informed of the recusal determination in advance
- No Medical Staff member has the RIGHT to demand recusal – that determination is within the discretion of the Medical Staff Leaders.
- Voluntarily choosing to refrain from participating in a particular situation is not a finding or an admission of an actual conflict or any improper influence on the process.

1.f.i. Capital - CER #24-703A



**Maricopa County
Special Health Care District
Behavioral Health Services**

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

DATE: January 12, 2024

TO: Maricopa County Special Health Care District Board of Directors

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

FROM: Rick Parker,
Director of Facilities

SUBJECT: Valleywise Health Central Utility Plant – Buildout Facilities Department offices,
warehouse, breakroom, and locker spaces

Members of the District Board,

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

1. Background / Problem Statement:

The Valleywise Facility Department is being displaced with the decommissioning of the old Central Plant.

2. Benefits / Risk Avoidance:

This project will include the buildout of a new breakroom, a locker room for the team, facility leadership offices, updating existing restrooms, and a new CAD/Plan room for Engineering and Construction team.

- ICRA/ALSM will be implemented during the construction period to ensure we meet our regulatory and fire life safety requirements.
- Contractor will remove 2 existing walls to open the breakroom space.
- Existing window will be walled up and a wall will be added for an office.

- The existing walk-in refrigerator will be decommissioned and removed from the warehouse.
- All ceiling tiles and lighting will be updated in the space.
- All the HVAC Units will be replaced.
- Restroom floors, walls, and ceilings will be refreshed, and new fixtures and dividers will be installed.
- The entire space will be painted.
- The flooring will be replaced.
- Furniture and lockers will be added to complete the project.
- All waste and materials will be removed and disposed of offsite.

3. Solution Options:

The following options are available:

1. Complete the buildout of the Facilities Department space.
 2. Do nothing.
1. Move forward with Install Safety Barriers:
 - a. Building out the facilities space will give the team a place to change clothes, a meeting space, a breakroom, a warehouse to store parts, a workshop, offices for the leadership, and a CAD/plan room for all our blueprints and floor plans.
 2. Do nothing will result in the following:
 - a. Facilities will not have a necessary space to function as a department.

4. Recommendation:

Buildout the Facilities Department

5. Financial Assumptions:

- Funds Requested: **\$498,265.90**
- Funds requested from Emergency Capital

From: [Compliance 360](#)
To: [Melanie Talbot](#)
Subject: CER Approval Request: Facilities Department Buildout
Date: Wednesday, January 24, 2024 10:58:00 AM

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, Stephen](#)
To [Talbot, Melanie](#);
Subject CER Approval Request: Facilities Department Buildout
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button.




Add comments as necessary.

Approve/Reject Contract

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

Attachments

Name	DescriptionType	Current File / URL
0048602282.PDF	File	 0048602282.PDF
Copy of Facilities Department Build Out.xlsm	File	  Copy of Facilities Department Build Out.xlsm
Investment Memo - Facilities Department Build Out.docx	File	  Investment Memo - Facilities Department Build Out.docx
01.12.24_2611 Facilities Renovations_GDM177892.pdf	File	 01.12.24_2611 Facilities Renovations_GDM177892.pdf
23-24-0015 VW Warehouse Facilities Space Remodel REV 1 .pdf	File	 23-24-0015 VW Warehouse Facilities Space Remodel REV 1 .pdf
Valleywise maintenance breakroom 2611 0124.pdf	File	 Valleywise maintenance breakroom 2611 0124.pdf
Valleywise 1st floor remodel 2611 0124.pdf	File	 Valleywise 1st floor remodel 2611 0124.pdf
FP_23092 Valleywise Facilities TI_2023-1114.pdf	File	 FP_23092 Valleywise

90-24-181-1 90-24-181-1A Design Professional Agreement- Valleywise Health 2611 E. Roosevelt Bldg Ten	File	Facilities TI_2023-1114.pdf  90-24-181-1 90-24-181-1A Design Professional Agreement- Valleywise Health 2611 E. Roosevelt Bldg Tenant Improvement-Executed.pdf
Facilities Department Buildout	Contract	  Copy of Facilities Department Build Out.xlsm

Contract Information

Division	Capital Division
Folder	Capital Equipment Requests (CERs)
Status	Pending Approval
Title	Facilities Department Buildout
Contract Identifier	Emergency
Contract Number	24-703 A
Primary Responsible Party	Charles, Derrick J.
Departments	Maryvale Hospital - Maintenance
Product/Service Description	
Request Details	The Facilities Department is being displaced with the decommissioning of the old central plant. This buildout will renew an existing space to meet the needs of the facilities department and ensure they can function as a department.

1. Background / Problem Statement:

The Valleywise Facility Department is being displaced with the decommissioning of the old Central Plant.

2. Benefits / Risk Avoidance:

This project will include the buildout of a new breakroom, a locker room for the team, facility leadership offices, updating existing restrooms, and a new CAD/Plan room for Engineering and Construction team.

- ICRA/ALSM will be implemented during the construction period to ensure we meet our regulatory and fire life safety requirements.
- Contractor will remove 2 existing walls to open the breakroom space.
- Existing window will be walled up and a wall will be added for an office.
- The existing walk-in refrigerator will be decommissioned and removed from the warehouse.
- All ceiling tiles and lighting will be updated in the space.
- All the HVAC Units will be replaced.
- Restroom floors, walls, and ceilings will be refreshed, and new fixtures and dividers will be installed.
- The entire space will be painted.
- The flooring will be replaced.

- Furniture and lockers will be added to complete the project.
- All waste and materials will be removed and disposed of offsite.

3. Solution Options:

The following options are available:

1. Complete the buildout of the Facilities Department space.
2. Do nothing.

1. Move forward with Install Safety Barriers:

a. Building out the facilities space will give the team a place to change clothes, a meeting space, a breakroom, a warehouse to store parts, a workshop, offices for the leadership, and a CAD/plan room for all our blueprints and floor plans.

2. Do nothing will result in the following:

a. Facilities will not have a necessary space to function as a department.

4. Recommendation:

Buildout the Facilities Department

5. Financial Assumptions:

- Funds Requested: \$498,265.90
- Funds requested from Emergency Capital

Notes

Funding Source Emergency

Evaluation Process

Category

Annual Value \$498,265.90

Budgeted Travel Type No

Primary Vendor

Responses

Member Name	Status	Comments
Parker, Ricky L.	Approved	
Hegedus, Erin T.	Approved	
Melton, Christopher C.	Approved	Approve. Please ensure that the required SDB Task Order is prepared and signed, prior to moving forward with the PO.
Christiansen, Lia K.	Approved	
White, Michael	Approved	
Agnew, Claire F.	Approved	
Purves, Stephen A.	Approved	
Talbot, Melanie L.	Current	

1.f.ii. Capital - CER #24-439



**Maricopa County
Special Health Care District
Behavioral Health Services**

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

DATE: January 30, 2024

TO: Maricopa County Special Health Care District Board of Directors

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

FROM: Rick Parker,
Director of Facilities

SUBJECT: Replacement of the Mesa Behavioral Health Center Roof

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

1. Background / Problem Statement:

At the Mesa Behavioral Health Center, the main roof is at the end of useful life. This is resulting in frequent leaks and water damage to the interior of the building allowing for the growth of mold, resulting in costly clean-up and repairs. This could also lead to a situation that poses a public health risk. Due to the age and condition of this roof, it is no longer practical or fiscally responsible to continue repairing and maintaining this roof.

2. Benefits / Risk Avoidance:

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

- Install a completely new roofing system that will continue the roofing membrane up the parapet walls and terminate under a new wall cap system creating a continuous waterproof barrier.

The benefit of this project is as stated below:

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

3. Solution Options:

The following options are available:

1. Replace the entire roof.
 2. Do nothing.
-
1. Move forward with replacing the roof:
 - a. Extend the life of the building.
 - b. Allow us to provide a safer and cleaner environment for care.
 - c. Improve the public outlook of the building and bring the building up to Valleywise standard.
 - d. Reduce costly downtimes of patient care areas for repairs due to water intrusion.
 2. Move forward with these improvements will:
 - a. Extend the life of the building.
 - b. Allow us to provide a safer cleaner environment of care.
 - c. Reduce costly down times of patient care areas for repairs due to water intrusions.
 3. Do nothing will result in the following:
 - a. Increase potential disruption to operations and critical patient care.
 - b. Increase building structure damage.
 - c. Increased environmental Health and safety risks which will increase the potential for patient and staff illness.
 - d. Increased cost of mold abatement and building repairs.
 - e. Outdated appearance of the building.
 - f. Increase costly downtime to patient care areas.

4. Recommendation:

Complete a full new roofing system install.

5. Financial Assumptions:

- Funds Requested: **\$958,000.00**
- Funds requested from Approved Capital 2023/2024 Budget

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Monday, February 12, 2024 9:08 AM
To: Melanie Talbot
Subject: CER Approval Request: Mesa Beavioral Health Roof Replacement

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, Stephen](#)
To [Talbot, Melanie](#);
Subject CER Approval Request: Mesa Beavioral Health Roof Replacement
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button.

Add comments as necessary.

Approve/Reject Contract

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

Attachments

Name	DescriptionType	Current File / URL
Investment Memo - Mesa Behavioral Health Center Roof Replacement (Updated Version).docx	File	 Investment Memo - Mesa Behavioral Health Center Roof Replacement (Updated Version).docx
Copy of Mesa Behavioral Health Center Roof Replacement.xlsm	File	 Copy of Mesa Behavioral Health Center Roof Replacement.xlsm
VALLEYWISE HEALTH DESERT VISTA ROOF REPLACEMENT MOD BIT BUR.doc	File	 VALLEYWISE HEALTH DESERT VISTA ROOF REPLACEMENT MOD BIT BUR.doc
Mesa Beavioral Health Roof Replacement	Contract	 Copy of Mesa Behavioral Health Center Roof Replacement.xlsm

Contract Information

Division Capital Division
Folder Capital Equipment Requests (CERs)
Status Pending Approval
Title Mesa Beavioral Health Roof Replacement
Contract Identifier Budgeted

Contract Number 24-439

Primary Responsible
Party Charles, Derrick J.

Departments MAINTENANCE - DESERT VISTA

Product/Service
Description

Request Details At the Mesa Behavioral Health Center, the main roof is at the end of useful life. This is resulting in frequent leaks and water damage to the interior of the building allowing for the growth of mold, resulting in costly clean-up and repairs. This could also lead to a situation that poses a public health risk. Due to the age and condition of this roof, it is no longer practical or fiscally responsible to continue repairing and maintaining this roof.

*** Facilities is planning to use the full capital 2023/2024 budget to pay for phase 1 of the roofing project and submit a second CER using the 2024/2025 capital budget to cover phase 2. ****

Notes

Funding Source Routine

Evaluation Process

Category

Annual Value \$958,000.00

Budgeted Travel Type Yes

Primary Vendor

Responses

Member Name	Status	Comments
Parker, Ricky L.	Approved	
Hegedus, Erin T.	Approved	This vendor does have a cooperative agreement with Valleywise Health as a cooperative agreement is based on a Contract awarded by the Mohave Cooperative.
Melton, Christopher C.	Approved	
Christiansen, Lia K.	Approved	
White, Michael	Approved	
Agnew, Claire F.	Approved	
Purves, Stephen A.	Approved	
Talbot, Melanie L.	Current	

2. Quarterly Quality Report and Metrics Dashboard including but not limited to Patient Safety and Hospital Consumer Assessment of Healthcare Providers and Systems Results

Date: February 28, 2024

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

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

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

Subject: Quality and Infection Control Indicators FY24 Quarter 2

Hand Hygiene –

- Hand hygiene compliance is above benchmark. Currently 98% compliance during FY24 Q2. FY24 YTD (Year to Date) is 98%.
- The number of observations during FY24 Q2 increased to 13254 from 12728. FY24 YTD has 25982 observations.

CLABSI (Central Line Associated Blood Stream Infection) – FY24 Q2 Standardized Infection Ratio (SIR) was better than benchmark at 0.231. FY24 benchmark is set at <0.589, and Valleywise Health FY24 YTD is at 0.291.

- 1 case of CLABSI during FY24 Q2: Burn Center

CAUTI (Catheter Associated Urinary Tract Infections) – FY24 Q2 SIR was better than benchmark at 0.0. FY24 benchmark is set at <0.650, and Valleywise Health FY24 YTD is at 0.277.

- 0 cases of CAUTI during FY24 Q2.

MRSA – FY24 Q2 had 0 cases to report. FY24 SIR benchmark is set at <0.726, and Valleywise Health FY24 YTD is at 0.354.

C. difficile – FY24 Q2 SIR was below the benchmark at 0.289. FY24 benchmark is set at <0.520, and Valleywise Health FY24 YTD is at 0.336.

- 3 cases of healthcare-onset C. difficile infection occurred during FY24 Q2: 1- MICU South, 1- Progressive Care and 1-4 East Short Stay. Case investigations were performed.

Severe Sepsis and Septic Shock – FY24 Q2 was better than benchmark at 89%, FY 24 benchmark is set at >59%, and Valleywise Health FY24 YTD is at 93%.

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

- ACCEPT has been implemented throughout organization and continue to be hardwired into the culture.
- Voice of the Customer weekly rounding began November 8, 2023, and alternates every other Wednesday and Thursday to ensure participation.
- Patient Experience Initiative Collaborative with FQHCs, Specialty and Inpatient leaders are actively meeting with action plans in place.
- Service Ambassadors still active within organization to help promote service excellence within the departments.

Patient Safety Update

Patient Safety Improvements

- Culture of Safety – Leaders developing specific Action Plans based upon department scores. TeamSteps to be implemented throughout the organization. Just Culture classes continue to be offered.
- Medication Events –
 - Bar Code Medication Administration FY24 Q2 ended at 96% with a FY24 benchmark set at >95%, and Valleywise Health FY24 YTD is at 96%.
 - CPOE: Computerized Physician Order Entry Percent FY24 Q2 ended at 97% with a FY24 benchmark set at >85% and Valleywise Health FY24 YTD is at 97%.
 - Current medication safety improvements are focusing on the following:
 - ECRI best practices and guidance to help improve processes around medication safety.
 - Alaris Pump Library
 - Monitoring of critically timed medications.
- Patient Safety Indicators (PSI) not meeting benchmark for FY24 Q2 is PSI 8- Inhospital fall with fracture, 9-Perioperative hemorrhage, 13-Postoperative Sepsis, 14- Postoperative Wound Dehiscence and 15-Abdominopelvic accidental puncture.
 - Analysis of each case (1) for FY24 YTD
 - No trends noted for FY24 Qtr 2
- Prolonged restraints monitoring-
 - Tracking the absolute number of prolonged restraints (>5 days) for each unit. No trends noted at this time.

Inpatient Care & Safety		Reporting Program	Benchmark	FY23 Year to Date	Desired Direction	Jul 2023	Aug 2023	Sep 2023	Qtr 1 (FY 2024)	Oct 2023	Nov 2023	Dec 2023	Qtr 2 (FY 2024)	Qtr 3 (FY 2024)	Qtr 4 (FY 2024)	FY24 Year to Date
Patient Safety																
Prolonged Restraint: absolute number of prolonged restraint events (>5 days) - ICU units	DNV	TBD	~	↓		21	16	19	56	15	23	14	52			108
SICU						5	1	6	12	5	4	3	12			24
MICU South						5	7	4	16	8	12	7	27			43
Burn ICU						11	8	8	27	1	7	3	11			38
Incident Decision Unit (IDU 1)						0	0	0	0	0	0	1	1			1
NICU						0	0	0	0	0	0	0	0			0
PICU						0	0	1	1	1	0	0	1			2
Prolonged Restraint: absolute number of prolonged restraint events (>5 days) - Medical/Surgical units	DNV	TBD	~	↓		4	2	5	6	1	17	8	26			37
MedOnc						1	0	3	4	1	3	5	9			13
Progressive Care/4E Short Stay/MICU West						2	0	0	2	0	12	2	14			16
Surgical/Trauma						1	1	2	4	0	2	1	3			7
Burn Adult/Peds						0	0	0	0	0	0	0	0			0
Incident Decision Unit 3						0	1	0	1	0	0	0	0			1

- Workgroup actively reviewing Non-Violent 4-point locked restraint usage and action items developed.
- Falls –A drill down analysis is conducted on falls with injuries that occurs within the facilities with process improvement initiatives implemented as needed.

Nurse Staffing – Patient Safety Indicators

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

February 28, 2024

Quarterly Quality/Patient Safety/Patient Experience Dashboard

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

© 2019 Valleywise Health. All rights reserved. Internal use.

Quality Metrics

Quality Dashboard		Reporting Program	Benchmark	FY23 Year to Date	Desired Direction	Jul 2023	Aug 2023	Sep 2023	Qtr 1 (FY 2024)	Oct 2023	Nov 2023	Dec 2023	Qtr 2 (FY 2024)	Qtr 3 (FY 2024)	Qtr 4 (FY 2024)	FY24 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	9.76	NA	9.75	11.33	10.64	10.55	10.58	10.06	10.32	10.32				10.43
Overall worked ED hours per patient visit (incl. adult, pediatric and burn)**	LF	3.05	1.64	NA	1.82	1.83	1.94	1.86	2.08	2.12	2.28	2.16				2.01
Pre-op/PACU worked hours per total cases**	LF	5.65	3.58	NA	4.31	4.08	4.65	4.34	4.68	4.81	4.72	4.73				4.53
Process of Care Measures; *included in Leapfrog																
SEP-1: Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	CMS-HIQR	> 59%	84%	↑	100%	100%	86%	96%	80%	100%	80%	89%				93%
Numerator					8	11	6	25	4	8	4	16				41
Denominator					8	11	7	26	5	8	5	18				44
Emergency Department (ED-2) median time (minutes) from Admit Decision Time to ED Departure Time for Admitted Patients	CMS-HIQR	≤ 135 mins	97	↓	152	120	96	80	119	87	120	102				120
Mortality - Rolling Twelve Months (monthly)																
Hospital-Wide Inpatient, risk-adjusted Mortality Index		≤ 1.00	0.94	↓	1.11	0.87	1.12	1.04	1.13	0.76	0.95	0.97				1.01
Numerator					42	23	19	84	23	13	21	57				141
Denominator					38	26	17	81	20	17	22	59				140

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

Quality Metrics

Quality Dashboard														Reporting Program	Benchmark	FY23 Year to Date	Desired Direction	Jul 2023	Aug 2023	Sep 2023	Qtr 1 (FY 2024)	Oct 2023	Nov 2023	Dec 2023	Qtr 2 (FY 2024)	Qtr 3 (FY 2024)	Qtr 4 (FY 2024)	FY24 Year to Date
CMS Readmission Project																												
READM-HWR: Hospital-wide all cause unplanned 30-day readmissions rate (CDB1540)	CMS-HIQR	< 14.6%	6.5%	⬇️	8.6%	8.6%	8.7%	✅ 8.6%	5.4%	8.5%	656.8%	✅ 5.4%			✅ 8.2%													
SAVE HEARTS in ARIZONA REGISTRY & EDUCATION (AZ SHARE)																												
STEMI: Door-to-Balloon (D2B) ≤ 90 mins	AZDHS	≤ 90 mins	106	⬇️	175	117	No Cases	❌ 146	83	76	No Cases	✅ 82			❌ 114													
Behavioral Health																												
HBIPS-5A - Multiple antipsychotic medications at discharge with appropriate justification (Overall) Percent Compliance	CMS	> 64%	100%	⬆️	100%	100%	100%	✅ 100%	100%	75%	100%	✅ 91%	Retired as of 1/1/2024		✅ 98%													
Ambulatory			CYTD																									
Controlling High Blood Pressure	HRSA	> 63.40%	56.29%	⬆️	58.15%	59.19%	59.10%	⌀	59.03%	58.07%	58.07%				🕒 58.07%													

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

Quality Metrics

Inpatient Care & Safety		Reporting Program	Benchmark	FY23 Year to Date	Desired Direction	Jul 2023	Aug 2023	Sep 2023	Qtr 1 (FY 2024)	Oct 2023	Nov 2023	Dec 2023	Qtr 2 (FY 2024)	Qtr 3 (FY 2024)	Qtr 4 (FY 2024)	FY24 Year to Date
Quality /Regulatory Metrics																
PSI																
PSI-03: Pressure ulcer rate (stage 3, 4 & unstageable)	CMS	≤ 0.67	0.51	↓	0.00	0.00	0.00	0.00	0.00	2.04	0.00	0.66				0.32
Numerator					0	0	0	0.00	0	1	0	1				1
Denominator					554	529	498	1581	498	491	535	1524				3105
PSI-06: Iatrogenic pneumothorax rate	CMS	≤ 0.19	0.25	↓	1.33	0.00	0.00	0.46	0.00	0.00	0.00	0.00				0.23
Numerator					1	0	0	1	0	0	0	0				1
Denominator					750	743	685	2178	712	684	727	2123				4301
PSI-08: In-hospital fall rate with fracture	CMS	≤ 0.27	0.00	↓	0.00	0.00	0.00	0.00	0.00	1.44	1.33	0.92				0.46
Numerator					0	0	0	0	0	1	1	2.00				2
Denominator					756	756	685	2197	727	693	752	2172.00				4369

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

Quality Metrics

Operative & Procedural Services	Reporting Program	Benchmark	FY23 Year to Date	Desired Direction	Jul 2023	Aug 2023	Sep 2023	Qtr 1 (FY 2024)	Oct 2023	Nov 2023	Dec 2023	Qtr 2 (FY 2024)	Qtr 3 (FY 2024)	Qtr 4 (FY 2024)	FY24 Year to Date
Quality /Regulatory Metrics															
PSI															
PSI-04: Death Among Surgical Patients with serious treatable complications per 1,000 surgical discharges	CMS	≤ 140.52 (overall)	✖ 184.21	↓	272.73	142.86	166.67	✖ 208.33	125.00	0.00	125.00	✔ 83.33			⚠ 145.83
Numerator					3	1	1	5	1	0	1	2			7
Denominator					11	7	6	24	8	8	8	24			48
PSI-09: Perioperative hemorrhage or hematoma rate per 1,000 surgical discharges	CMS	≤ 2.25	✔ 1.43	↓	5.41	0.00	6.37	✖ 3.80	6.13	6.06	0.00	✖ 4.01			✖ 3.90
Numerator					1	0	1	2	1	1	0	2			4
Denominator					185	185	157	527	163	165	171	499			1026
PSI-10: Postoperative acute kidney injury requiring dialysis rate per 1,000 surgical discharges	CMS	≤ 0.90	✔ 0.00	↓	0.00	0.00	0.00	✔ 0.00	0.00	0.00	0.00	✔ 0.00			✔ 0.00
PSI-11: Postoperative respiratory failure rate per 1,000 elective surgical discharges	CMS	≤ 6.27	✔ 0.00	↓	0.00	0.00	0.00	✔ 0.00	0.00	0.00	0.00	✔ 0.00			✔ 0.00

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

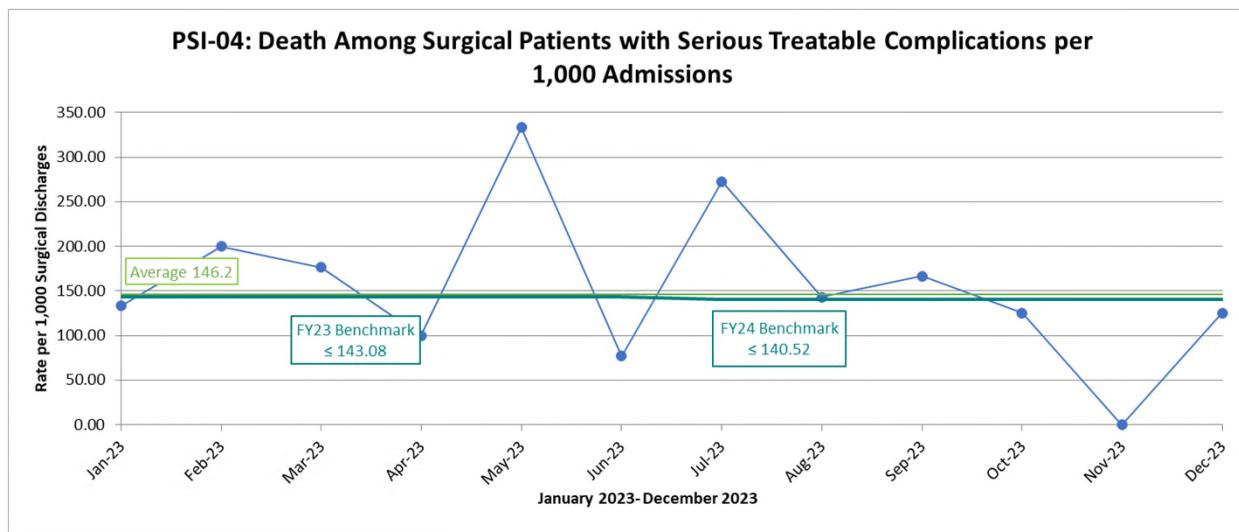
Quality Metrics

Operative & Procedural Services	Reporting Program	Benchmark	FY23 Year to Date	Desired Direction	Jul 2023	Aug 2023	Sep 2023	Qtr 1 (FY 2024)	Oct 2023	Nov 2023	Dec 2023	Qtr 2 (FY 2024)	Qtr 3 (FY 2024)	Qtr 4 (FY 2024)	FY24 Year to Date
PSI															
PSI-12: Postoperative PE or DVT rate per 1,000 surgical discharges	CMS	≤ 3.23	3.47	↓	0.00	0.00	6.13	1.80	0.00	0.00	5.52	1.86			1.83
PSI-13: Postoperative sepsis rate per 1,000 elective surgical discharges	CMS	≤ 3.91	4.85	↓	0.00	0.00	30.30	11.49	0.00	34.48	0.00	14.08			12.66
Numerator					0	0	1	1	0	1	0	1			2
Denominator					25	29	33	87	25	29	17	71			158
PSI-14: Postoperative wound dehiscence rate per 1,000 abdominopelvic surgery discharges	CMS	≤ 1.58 (overall)	11.21	↓	0.00	0.00	34.48	8.85	25.00	0.00	0.00	9.35			9.09
Numerator					0	0	1	1	1	0	0	1			2
Denominator					45	39	29	113	40	40	27	107			220
PSI-15: Abdominopelvic accidental puncture or laceration rate per 1,000 abdominopelvic surgery discharges	CMS	≤ 0.97	0.00	↓	0.00	0.00	8.33	2.28	19.11	0.00	0.00	6.70			4.51
Numerator					0	0	1	1	3	0	0	3			4
Denominator					154	165	120	439	157	162	129	448			887

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

Measure *Not* meeting Benchmark

Measure	Benchmark	November 2023	December 2023	FY24 Q2	FYTD 2024
PSI-04: Death Among Surgical Patients with Serious Treatable Complications per 1,000	≤ 140.52 (overall)	0.00	125.00	83.33	145.83*



Analysis: 1 case in December 2023

- 63 y.o. Nontraumatic intracerebral hemorrhage in cerebellum. Increasingly acidotic and requiring more vasopressor support. Patient's family placed patient on comfort care.

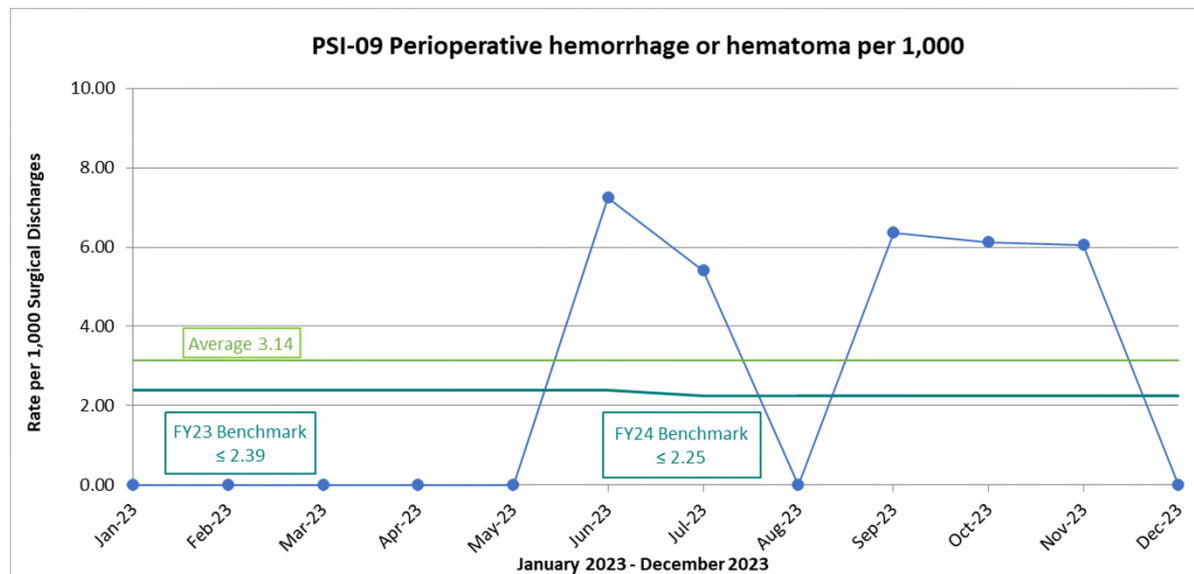
Action: No opportunity identified as the family placed patient on comfort care.

* FYTD 24: 7 events (7/48)

© 2019 Valleywise Health. All rights reserved. Internal use.

Measure *Not* Meeting Benchmark

Measure	Benchmark	November 2023	December 2023	FY24 Q2	FYTD 2024
PSI-09: Perioperative hemorrhage or hematoma per 1,000	≤ 2.25	6.06	0.00	4.01	3.90*



Analysis: 1 case in November 2023

- 34 y.o. Trauma level 2 motor vehicle. Patient underwent exploration of right chest wound from prior chest tube, control of muscular hemorrhage washout hematoma, drain placement and wound closure.

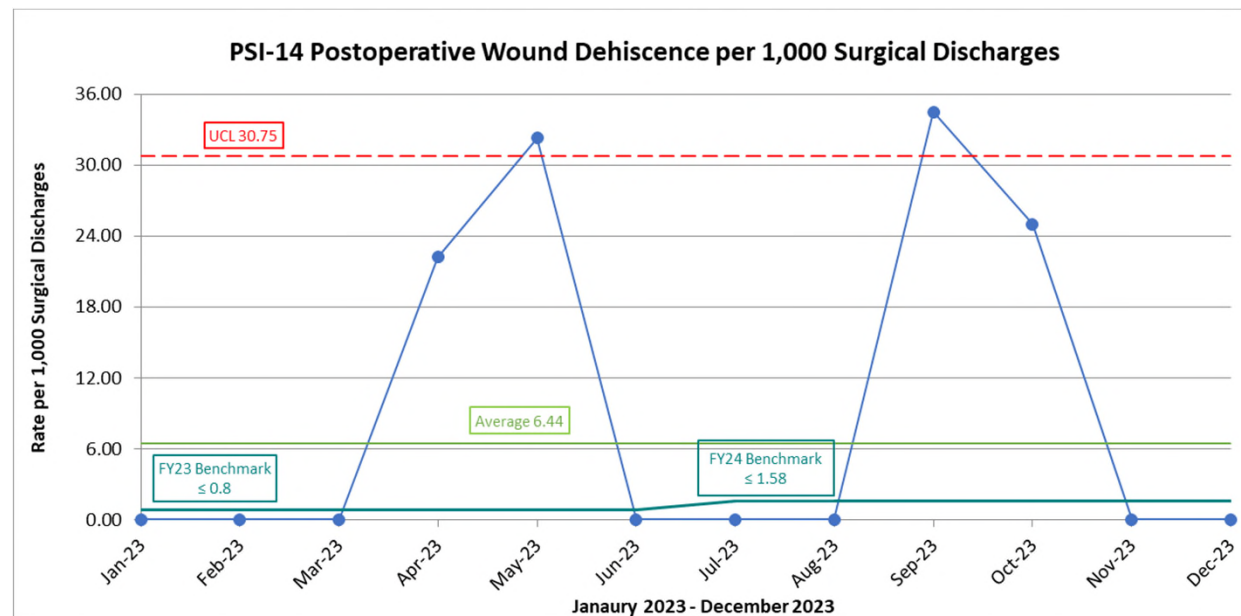
Action: Continue to monitor measure for actional items

* FYTD 24: 4 events (4/1026)

© 2019 Valleywise Health. All rights reserved. Internal use.

Measure *Not* Meeting Benchmark

Measure	Benchmark	November 2023	December 2023	FY24 Q2	FYTD 2024
PSI-14: Postoperative Wound Dehiscence rate per 1,000	≤ 1.58	0.00	0.00	9.35	9.09*



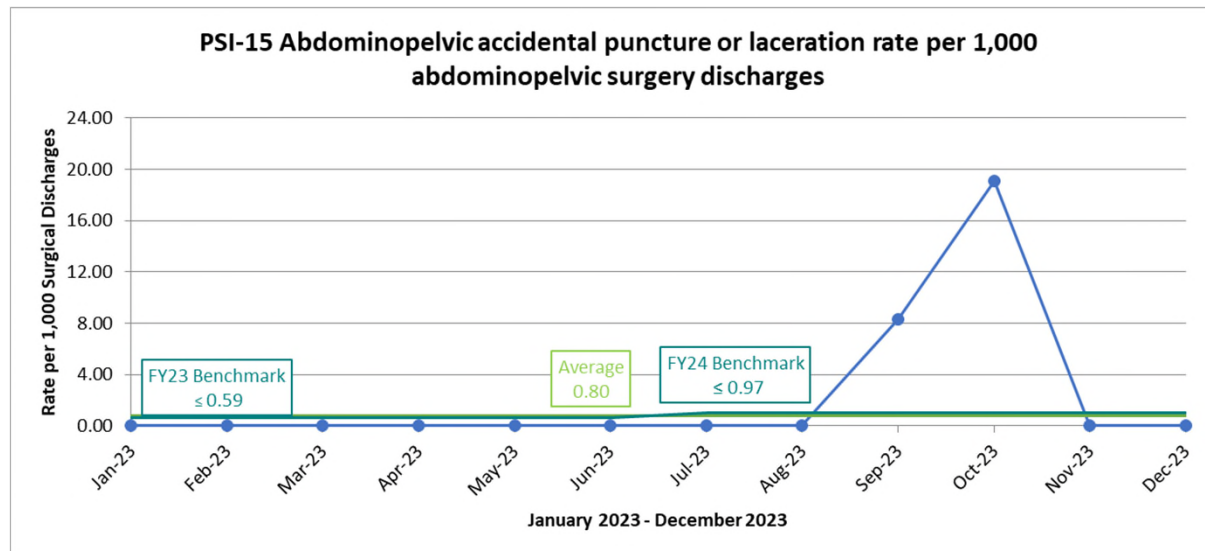
Analysis: No cases in November or December 2023

Action: Track and trend

* FYTD 24: 2 events (2/220)

Measure *Not* Meeting Benchmark

Measure	Benchmark	November 2023	December 2023	FY24 Q2	FYTD 2024
PSI-15: Abdominopelvic accidental puncture or laceration rate per 1,000	≤ 0.97	0.00	0.00	6.71	4.51*



Analysis: No cases in November or December 2023

Action: Track and trend

* FYTD 24: 4 events (4/887)

Service Excellence: HCAHPS

HCAHPS Stoplight Report



February 12, 2024

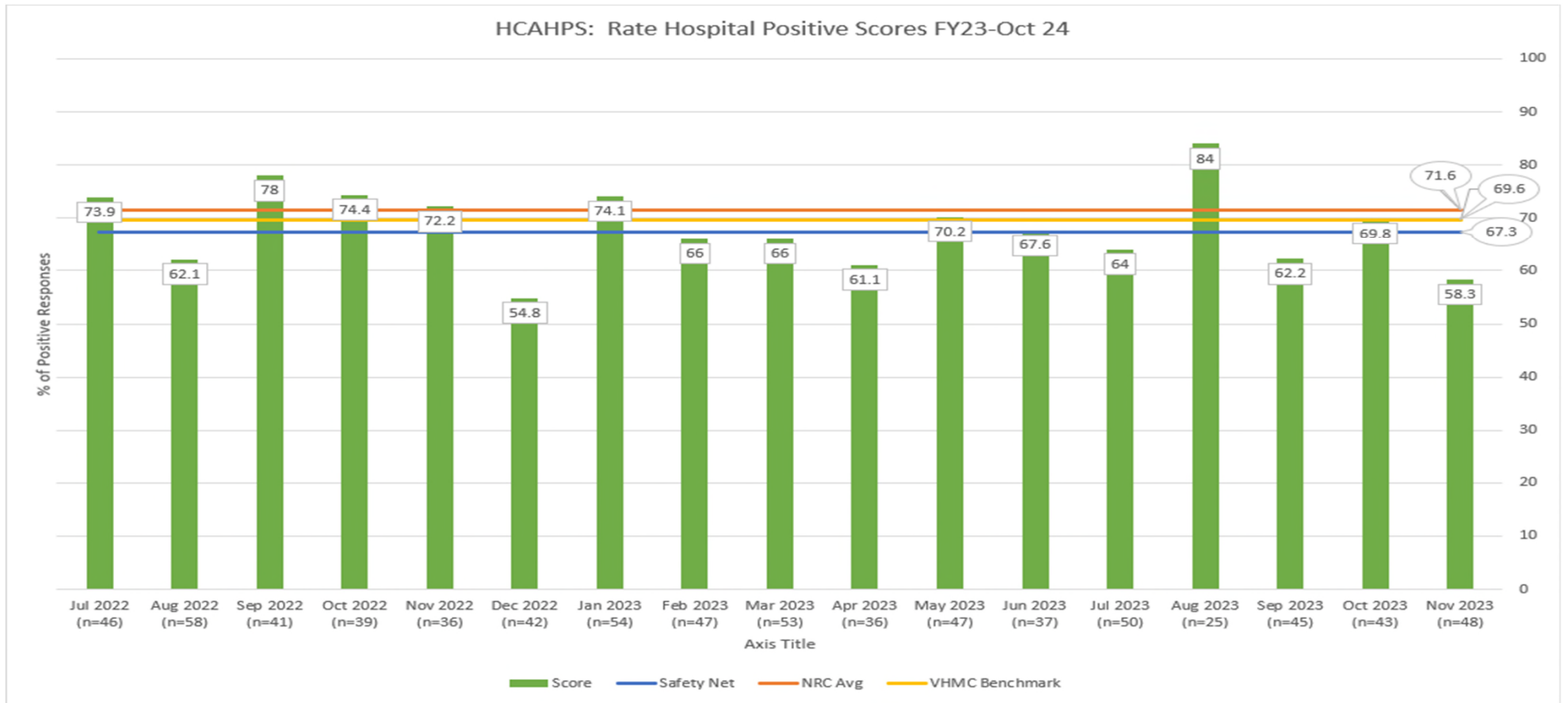
Overall	Benchmarks	HCAHPS		
	FY 2025 CMS Achievement Threshold*	Qtr 4 FY2023	Qtr 1 FY2024	Qtr 2 FY2024‡
Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?	71.7% (n=300)	66.7% (n=120)	67.5% (n=120)	62.5% (n=120)

Key Drivers	FY 2025 CMS Achievement Threshold*	Qtr 4 FY2023	Qtr 1 FY2024	Qtr 2 FY2024‡
Communication About Meds	63.1% (n=300)	64.6% (n=72)	59.9% (n=76)	65.4% (n=68)
Care Transitions	51.8% (n=300)	60.5% (n=121)	52.7% (n=122)	59.4% (n=120)
Communication with Nurses	79.4% (n=300)	78.2% (n=120)	75.2% (n=123)	74.5% (n=119)

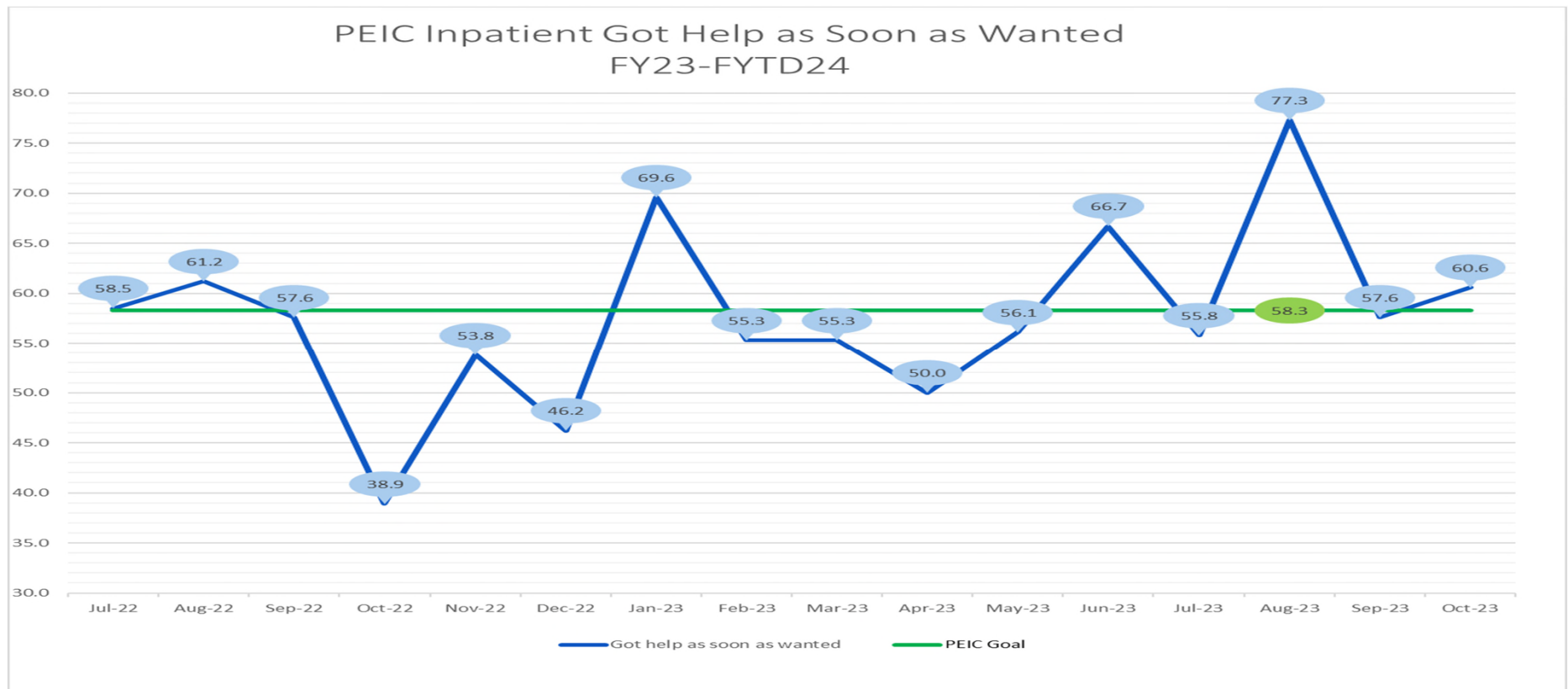
■ Blue - score is significantly greater than the NRC Average
■ Green - score is equal to or greater than the NRC Average, but may not be significantly
■ Yellow - score is less than the NRC Average, but may not be significantly
■ Red - score is significantly less than the NRC Average

μ - Warning: n-size is low! ‡ - Data is not final and subject to change. * - Benchmark that is used to determine the color on each line. PR=Percentile Rank

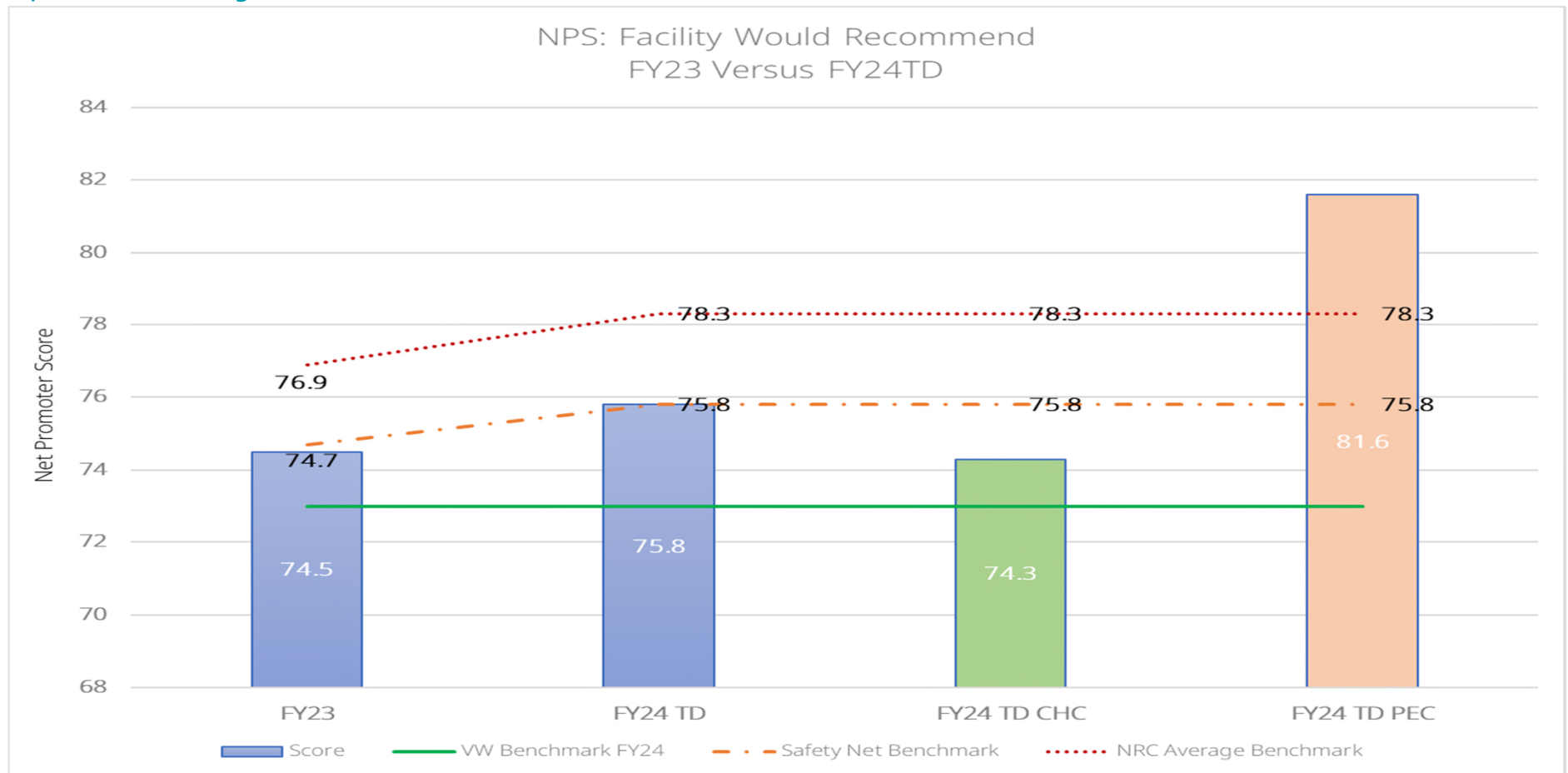
HCAHPS – Rate Hospital- Scores



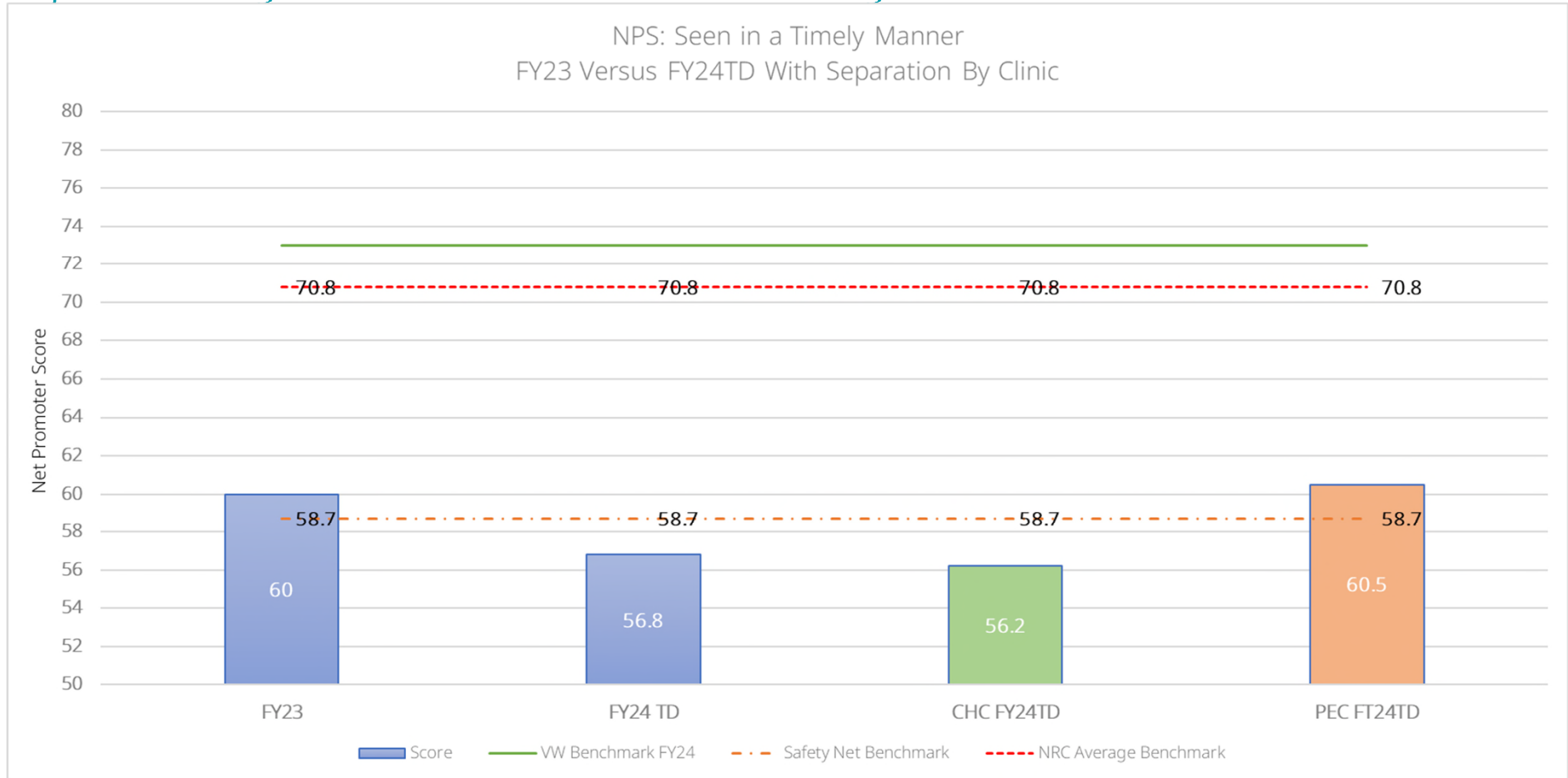
Trend – FY23-Q1FY24 – “Got Help as Soon as Wanted”



Specialty – Would Recommend FYTD-24

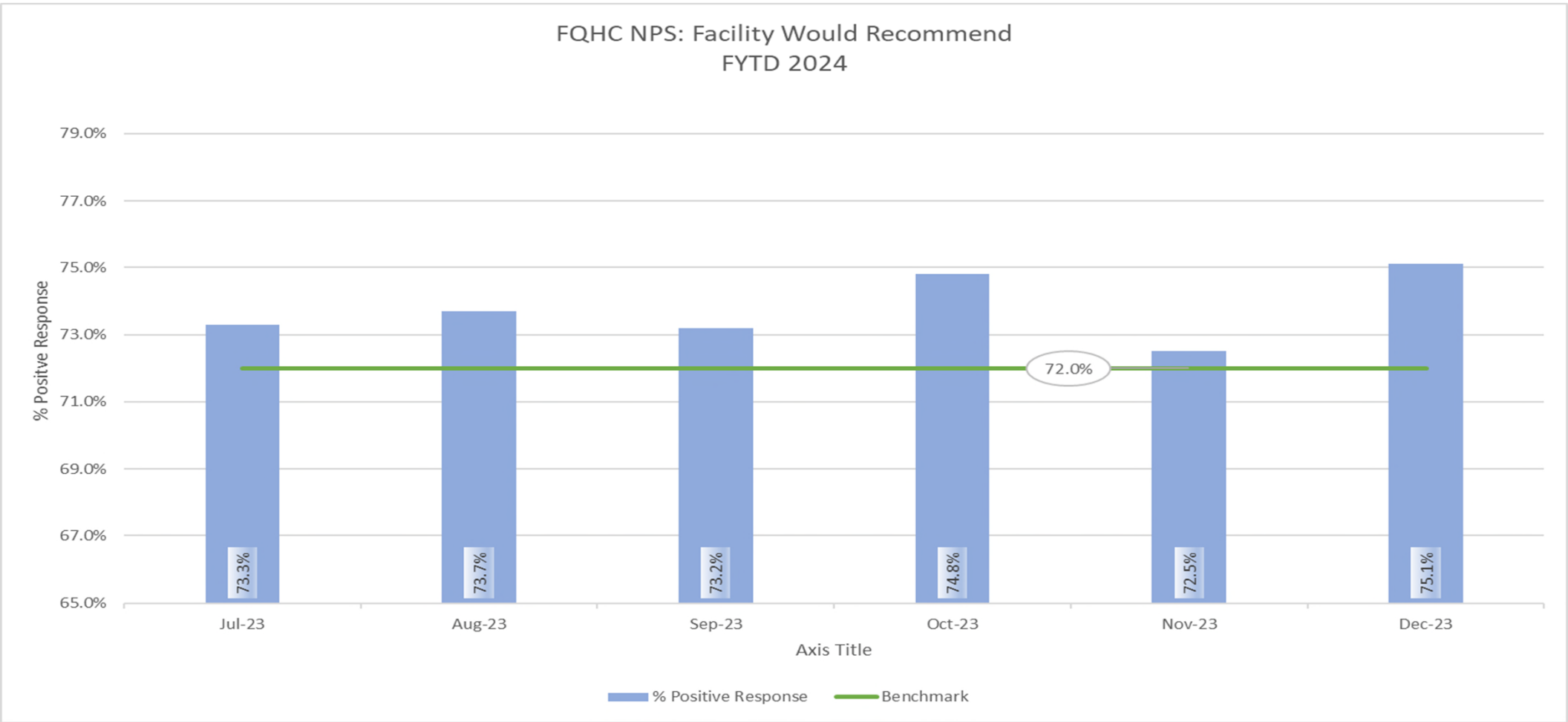


Specialty – Seen In A Timely Manner



Overview of Combined Score - Phoenix CHC, Peoria CHC, and FQHC

Dec n-size - 2,372



FQHC Positive Responses – Reg Staff Helpful

PEIC FQHC

Favorite

Subscribe

Export

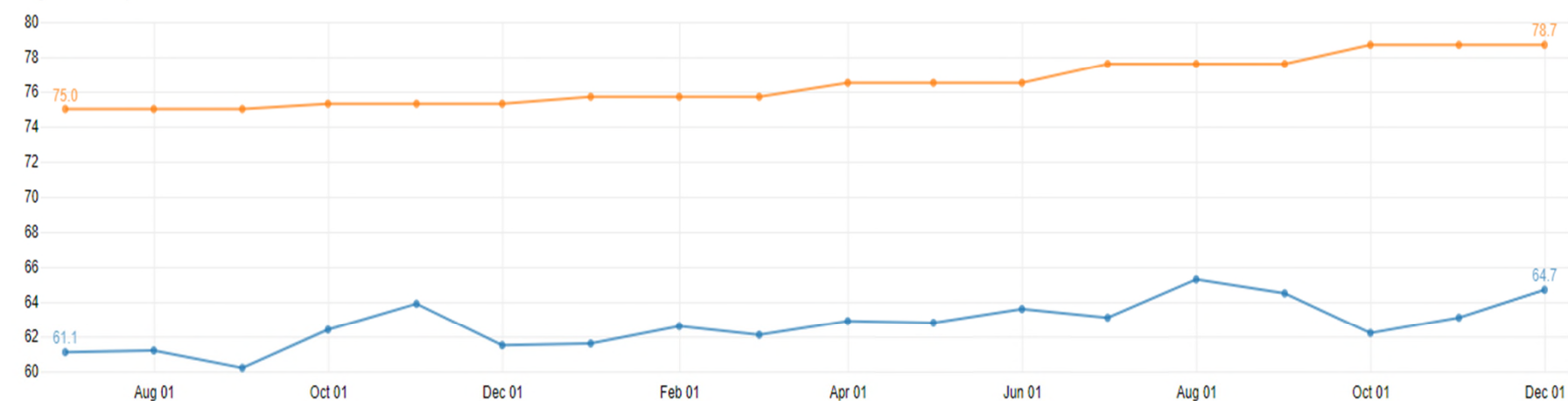
Jul 01, 2022 - Dec 31, 2023

Respondents

34,56

Benchmark % of Positive

Reg. staff helpful



	Jul 01	Aug 01	Sep 01	Oct 01	Nov 01	Dec 01	Jan 01	Feb 01	Mar 01	Apr 01	May 01	Jun 01	Jul 01	Aug 01	Sep 01	Oct 01	Nov 01	Dec 01
% of Positive	61.1	61.2	60.2	62.4	63.9	61.5	61.6	62.6	62.1	62.9	62.8	63.6	63.1	65.3	64.5	62.2	63.1	64.7
	n = 1,523	n = 1,778	n = 1,693	n = 1,652	n = 1,614	n = 1,419	n = 1,679	n = 1,506	n = 1,923	n = 1,797	n = 1,730	n = 1,917	n = 2,195	n = 2,568	n = 2,261	n = 2,619	n = 2,344	n = 2,347

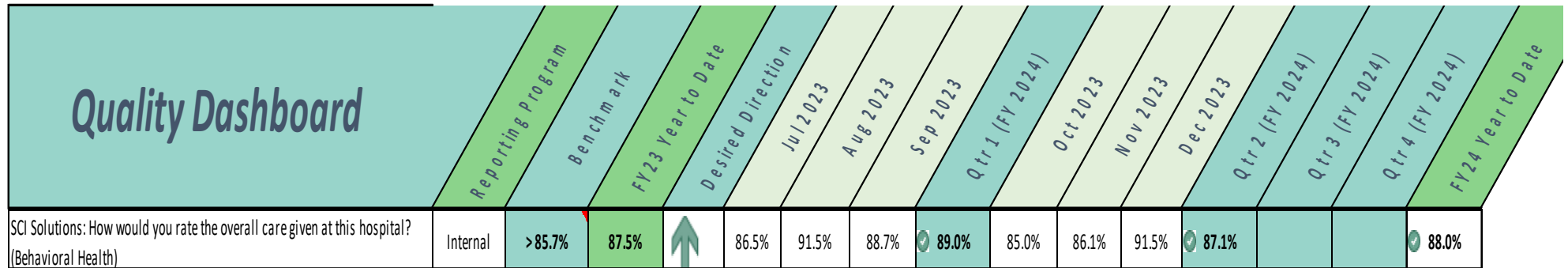
© 2019 Valleywise Health. All rights reserved. Internal use.

17

Action Items:

- Created smaller, collaborative groups that are working towards measurable improvements (Inpatient, Specialty Clinics, FQHCs)
 - **Inpatient Specific Items:**
 - Reviewed the configuration of call light system in each department
 - Rounded on units to review the call light system in use
 - Discussion of the potential to implement hourly rounding on each unit
 - **Specialty Clinics:**
 - Managing perceptions of patients by education
 - Communication board
 - Touchpoint wait times via Epic
 - **FQHCs:**
 - Reviewing comments on a regular basis
 - Ensuring Registration Leadership are receiving the correct information
 - Work with registration leadership

Inpatient Behavioral Health – Patient Experience



Open Action Items/Barriers

- Input from unit staff is frequently solicited for any ideas that will improve the therapeutic environment for patients.
- Add music therapy, explore yoga therapy, and increase the number of meals off the unit (Mesa and Phoenix)



© 2019 Valleywise Health. All rights reserved. Internal use.

3. Quarterly Infection Control Metrics Dashboard

February 28, 2024

Quarterly Infection Control Dashboard

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

© 2019 Valleywise Health. All rights reserved. Internal use.

Infection Control

Infection Prevention & Control	Reporting Program	Bench mark	FY23 Year to Date	Desired Direction	Jul 2023	Aug 2023	Sep 2023	Qtr 1 (FY 2024)	Oct 2023	Nov 2023	Dec 2023	Qtr 2 (FY 2024)	Qtr 3 (FY 2024)	Qtr 4 (FY 2024)	FY24 Year to Date
Quality /Regulatory Metrics															
Hand Hygiene Compliance (Percent)	LeapFrog / DNV	≥ 97%	95%	↑	98%	99%	98%	98%	95%	97%	99%	98%			98%
Numerator					3901	5802	2815	12518	2792	3488	6678	12958			25476
Denominator					3983	5875	2870	12728	2930	3581	6743	13254			25982
Central Line Associated Blood Stream Infection (CLABSI) Standardize Infection Ratio (SIR)	CMS-VBP	≤ 0.589	0.240	↓	0.000	0.718	0.743	0.450	0.000	0.842	0.000	0.231			0.291
CLABSI Observed Number					0	1	1	2	0	1	0	1			3
CLABSI Expected Number					1.704	1.393	1.345	4.442	1.611	1.187	1.529	4.327			10.311
Catheter Associated Urinary Tract Infections (CAUTI) (SIR)	CMS-VBP	≤ 0.650	0.262	↓	0.000	0.655	0.700	0.403	0.000	0.000	0.000	0.000			0.277
CAUTI Observed Number					0	1	1	2	0	0	0	0			3
CAUTI Expected Number					2.014	1.527	1.428	4.968	1.252	1.365	1.537	4.154			10.821

Data Not Available ~

Equal or greater than benchmark ✓

Less than 10% negative variance ⚠

Greater than 10% negative variance ✖

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

Infection Control

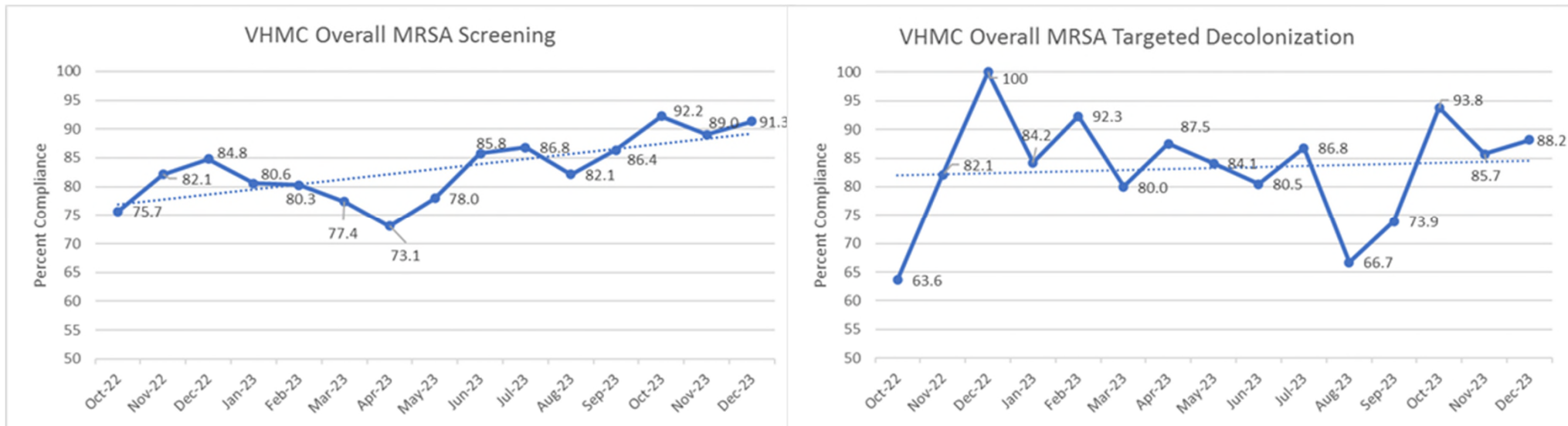
Infection Prevention & Control		Reporting Program	Bench mark	FY23 Year to Date	Desired Direction	Jul 2023	Aug 2023	Sep 2023	Qtr 1 (FY 2024)	Oct 2023	Nov 2023	Dec 2023	Qtr 2 (FY 2024)	Qtr 3 (FY 2024)	Qtr 4 (FY 2024)	FY 24 Year to Date
Quality /Regulatory Metrics																
MRSA Bacteremia (SIR); HO-MRSA BSI Events	CMS-VBP	≤ 0.726	0.000	↓	Reported Semi-annually								0.418	Reported Semi-		0.354
MRSA Bacteremia Observed Number					1	0	0	1	0	0	0	0				1
MRSA Bacteremia Expected Number					*	*	*	1.195	*	*	*	1.196				2.823
Clostridium difficile (C. diff) SIR; Facility Wide-IN	CMS-VBP	≤ 0.520	0.502	↓	Reported Quarterly				0.383	Reported Quarterly				0.289		0.336
C. difficile Observed Number					1	0	3	4	1	1	1	3				7
C. difficile Expected Number					*	*	*	10.451	*	*	*	10.373				20.824
Surgical Site Infections (SSI) - Colon Surgery (SIR)	CMS-VBP	≤ 0.717	0.423	↓	Reported Semi-annually								1.421	Reported Semi-		1.421
SSI Colon Observed Number					1	0	0	1	2	0	0	3				3
SSI Colon Expected Number					0	0	0	0	0	0	0	2.111				2.111
Surgical Site Infections (SSI) - Abdominal Hysterectomy (SIR)	CMS-VBP	≤ 0.738	*	↓	Reported Semi-annually								0.000	Reported Semi-		0.000

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

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

Measures of Success - MRSA

- MRSA Sir is only calculated twice a year (December and June): **December 0.418**
- FY23 (July 2022 to June 2023) the total of MRSA cases observed was 0 with an SIR 0
- MRSA cases observed from July 2023 to December 2023 - 1
- 3 Epic reports created in to assists with monitoring of MRSA screening & decolonization (1 created on 9/20/23 and 2 created on 10/27/23). Epic chat sent to provider when orders needed.





© 2019 Valleywise Health. All rights reserved. Internal use.

4. Behavioral Health Programs and Services at Valleywise Health

Behavioral Health Updates

February 2024

Presented by
Gene Cavallo
Senior VP
Behavioral Health Services

Martha Steiner
VP of Behavioral Health
Nursing and Clinical Care

Inpatient Behavioral Health

- We currently operate 16 of the 18 licensed inpatient psychiatric units across our three Valleywise Behavioral Health Centers
 - This translates into 344 available beds of the 411 total licensed beds
 - 83.70% of beds in use
- Valleywise Behavioral Health Center Desert Vista
 - 5 adult units open (112 beds)
 - 1 adolescent unit open (14 beds)
- Valleywise Behavioral Health Center Phoenix
 - As of 12/18/23:
 - All 4 adult units are open (93 beds)
- Valleywise Behavioral Health Center Maryvale
 - 6 adult units open (135 beds)
 - Unit 401 opened with a partial capacity of 15 beds (1 patient per room) on 2/21/2024
 - 2 adult units remain closed (48 beds)

Capacity Management

COVID and Flu

- We continue to test all new admissions for COVID in hopes of preventing exposure to other patients and staff members
- Despite these efforts, we have continued to experience COVID outbreaks
- We have also had to quarantine units for outbreaks of Influenza A and B
- December was a particularly challenging month with many units and patients requiring isolation
- We have seen a decrease of infections in January and February, but have still had at least one quarantined unit at any given time

Enhancement of the patient milieu

- Off-unit groups include activities in the social club, outdoor areas (weather permitting), and the indoor gym (Desert Vista only)
- Yoga began in January
- On-unit groups consist of RN & BHT groups, therapy groups, music therapy, and recreational activities such as leisure, karaoke, life skills, and pet therapy
- There is still no mingling of patients from different units

Capacity Management

- Every shift, Nursing House Supervisors at each inpatient BH facility generate a report outlining patient movement plans, as well as the number and location of empty beds
- Daily Tier II Meetings focus on capacity management and throughput
 - Review blocked beds (clinical & maintenance)
 - Review *empty beds at midnight* and 7:00 a.m.
 - Review # of planned discharges
 - Review # of pending admissions
 - Identify strategies to improve patient movement, discharges, and admissions
 - Review staffing and realign resources to maximize available bed capacity and manage acuity

Inpatient Behavioral Health: 3-Year Comparison

	12 Months Ending Dec 2021	12 Months Ending Dec 2022	12 Months Ending Dec 2023	January 2024 Actual	January 2024 Budget
Admissions	5,073	3,666	4,342	384	397
Average Daily Census	293	253	273	295	300
Staffed Units/ALOS	17 units 21.0 days	14 units 25.2 days	15 units 23.0 days	15 units 23.8 days	15 units 23.5 days
Occupancy Rate	80.94%	80.06%	80.29%	86.76%	88.23%

New Employee Hires/Separations

New Employees	Onboarded	
July - September	131	
October -December	89	
Employee Separations July - September	<u>71 Total Separations</u> 39 - Quit without notice 12 - Quit with appropriate notice 8 - Probationary release 10 - Termed for cause 2 - Other	+ 60
Employee Separations October - December	<u>58 Total Separations</u> 20 - Quit without notice 14 - Quit with appropriate notice 6 - Probationary release 14 - Termed for cause 4 - Other	+ 31

BHT Updates

BHT Vacancies	August	September	October	November	December
	58	64	67	73	69 + 21 FTEs Needed to Open 401 at Reduced Capacity

BHT Travelers	October	November	December
	9	12	25

BHT Retention Action Plans

- Restarted Shared Governance Council
- Celebrating diversity and inclusivity
 - Art projects and international potluck
- Expanded the BHT Clinical Ladder in January
 - Eliminated MHW position & changed entry level to BHT I
 - Expanded the ladder to include BHT IV
 - Promoted all current BHTs up one level
 - Updated job descriptions & post
 - Recruit externally for BHT I & BHT II
 - Experienced BHT IIs can be hired at a higher rate than BHT I

RN Updates

RN Vacancies	August	September	October	November	December
	47	18	23	18	18

	November	December
RN Specialty Pool (works full time hours)	7	7
RN Travelers	21	19

Grow Our Own	Nurse Extern to New Grad
October-December	10

Challenges & Successes

Challenges

- Decreased bed capacity has led to concentrated acuity (because the highest need patients get priority)
 - Increased number of 1:1s (patients on special precautions) requires additional staff
 - High acuity of patients needing to be admitted often require 1:1, further impacting the need for more staff
- Need to hold admissions when critical staffing shortages occur
 - Managing discharges/admissions with staffing shortages
 - Ambo delays decrease predictability of patients arriving before midnight
- Quarantines due to COVID positive patients & Flu results in additional blocked beds
- Hiring process: We have experienced some delays from interviews to onboarding

Successes

- SOAR Program beginning to have an impact, but mostly on nurses
 - Decreased RN vacancies and decreased use of RN travelers
- Specialty Clinical Pool Nurses work full-time hours where needed (all 3 locations)

Employee Retention and Turnover

BH voluntary turnover for 12 months ending December 2021, 2022, 2023

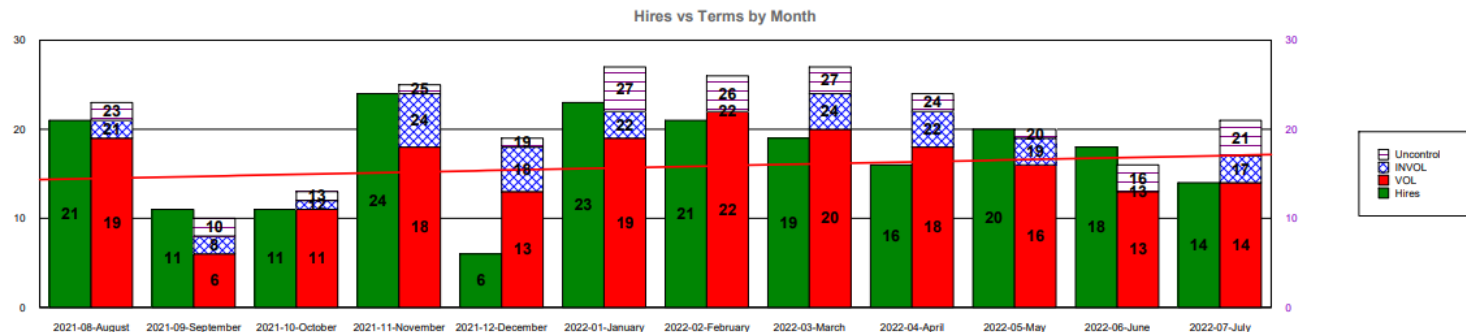
- Overall voluntary turnover
 - 23.44% 27.11% 20.73%
- RN voluntary turnover
 - 28.34% 34.57% 15.80%
- BHT voluntary turnover
 - 23.54% 27.01% 24.64%

First year RN turnover

- 61.10% 67.92% 44.69%

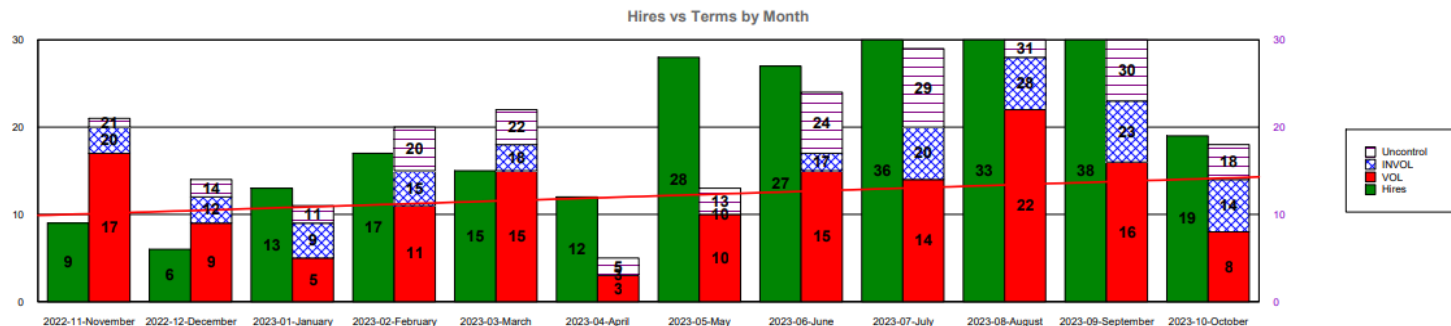
July - 2022	Avg Emps	Avg Emps 1Yr	Hires	VOL	VOL 1 Yr	VOL 1st Yr %	INVOL	Uncontrol	Retire	VOL%	INVOL%	Uncon %	Total%
Administrative	2.08	0.25	0	0	0	0.00 %	0	0	0	0.00 %	0.00 %	0.00 %	0.00 %
Clinical (Non-Licensed)	33.08	12.00	11	8	1	0.69 %	2	3	0	2.02 %	0.50 %	0.76 %	3.27 %
Clinical Licensed	3.58	0.67	0	1	0	0.00 %	0	0	0	2.33 %	0.00 %	0.00 %	2.33 %
Management & Supervision	1.67	0.00	0	0	0	0.00 %	0	0	0	0.00 %	0.00 %	0.00 %	0.00 %
Professional	0.83	0.50	0	0	0	0.00 %	0	0	0	0.00 %	0.00 %	0.00 %	0.00 %
RN	13.00	2.92	3	5	0	0.00 %	1	1	0	3.21 %	0.64 %	0.64 %	4.49 %
Total	54.25	16.33	14	14	1	0.51 %	3	4	0	2.15 %	0.46 %	0.61 %	3.23 %

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	26.17	5.08	1	4	2	39.34 %	0	0	0	15.29 %	0.00 %	0.00 %	15.29 %
Clinical (Non-Licensed)	391.67	130.58	153	101	58	44.42 %	28	23	0	25.79 %	7.15 %	5.87 %	38.81 %
Clinical Licensed	45.58	6.67	4	11	1	15.00 %	0	0	0	24.13 %	0.00 %	0.00 %	24.13 %
Management & Supervision	18.92	0.83	0	0	0	0.00 %	0	1	0	0.00 %	0.00 %	5.29 %	5.29 %
Professional	8.17	4.83	5	2	1	20.69 %	0	0	0	24.49 %	0.00 %	0.00 %	24.49 %
RN	172.42	43.58	41	71	36	82.60 %	5	5	0	41.18 %	2.90 %	2.90 %	46.98 %
Total	662.92	191.58	204	189	98	51.15 %	33	29	0	28.51 %	4.98 %	4.37 %	37.86 %



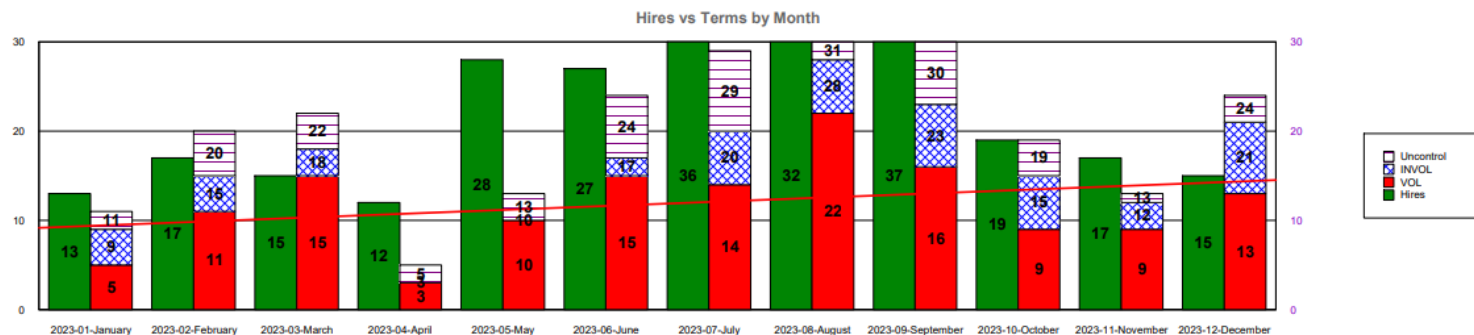
October - 2023	Avg Emps	Avg Emps 1Yr	Hires	VOL	VOL 1 Yr	VOL 1st Yr %	INVOL	Uncontrol	Retire	VOL%	INVOL%	Uncon %	Total%
Administrative	2.67	0.58	3	0	0	0.00 %	0	0	0	0.00 %	0.00 %	0.00 %	0.00 %
Clinical (Non-Licensed)	35.92	16.83	9	6	5	2.48 %	6	4	0	1.39 %	1.39 %	0.93 %	3.71 %
Clinical Licensed	3.67	0.83	0	0	0	0.00 %	0	0	0	0.00 %	0.00 %	0.00 %	0.00 %
Management & Supervision	1.67	0.17	0	1	1	50.00 %	0	0	0	5.00 %	0.00 %	0.00 %	5.00 %
Professional	1.00	0.33	0	0	0	0.00 %	0	0	0	0.00 %	0.00 %	0.00 %	0.00 %
RN	16.42	6.00	7	1	1	1.39 %	0	0	0	0.51 %	0.00 %	0.00 %	0.51 %
Total	61.33	24.75	19	8	7	2.36 %	6	4	0	1.09 %	0.82 %	0.54 %	2.45 %

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	28.00	5.50	8	8	5	90.91 %	1	1	0	28.57 %	3.57 %	3.57 %	35.71 %
Clinical (Non-Licensed)	401.75	153.67	183	102	50	32.54 %	39	39	0	25.39 %	9.71 %	9.71 %	44.80 %
Clinical Licensed	43.33	7.92	2	5	2	25.26 %	1	0	0	11.54 %	2.31 %	0.00 %	13.85 %
Management & Supervision	19.75	1.42	4	3	2	141.18 %	0	0	0	15.19 %	0.00 %	0.00 %	15.19 %
Professional	11.17	4.17	2	0	0	0.00 %	0	0	0	0.00 %	0.00 %	0.00 %	0.00 %
RN	162.67	38.42	54	27	19	49.46 %	3	9	0	16.60 %	1.84 %	5.53 %	23.98 %
Total	666.67	211.08	253	145	78	36.95 %	44	49	0	21.75 %	6.60 %	7.35 %	35.70 %



December - 2023	Avg Emps	Avg Emps 1Yr	Hires	VOL	VOL 1 Yr	VOL 1st Yr %	INVOL	Uncontrol	Retire	VOL%	INVOL%	Uncon %	Total%
Administrative	2.75	0.67	0	0	0	0.00 %	0	0	0	0.00 %	0.00 %	0.00 %	0.00 %
Clinical (Non-Licensed)	35.00	16.67	11	10	8	4.00 %	8	0	0	2.38 %	1.90 %	0.00 %	4.29 %
Clinical Licensed	3.75	0.92	1	0	0	0.00 %	0	1	0	0.00 %	0.00 %	2.22 %	2.22 %
Management & Supervision	1.67	0.17	0	0	0	0.00 %	0	0	0	0.00 %	0.00 %	0.00 %	0.00 %
Professional	1.00	0.33	0	1	1	25.00 %	0	0	0	8.33 %	0.00 %	0.00 %	8.33 %
RN	17.33	7.00	3	2	2	2.38 %	0	2	0	0.96 %	0.00 %	0.96 %	1.92 %
Total	61.50	25.75	15	13	11	3.56 %	8	3	0	1.76 %	1.08 %	0.41 %	3.25 %

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	28.92	5.67	8	6	4	70.59 %	1	1	0	20.75 %	3.46 %	3.46 %	27.67 %
Clinical (Non-Licensed)	409.92	162.08	187	101	55	33.93 %	44	38	0	24.64 %	10.73 %	9.27 %	44.64 %
Clinical Licensed	43.83	8.17	4	5	2	24.49 %	1	1	0	11.41 %	2.28 %	2.28 %	15.97 %
Management & Supervision	20.00	1.67	3	2	2	120.00 %	0	0	0	10.00 %	0.00 %	0.00 %	10.00 %
Professional	11.42	3.75	1	1	1	26.67 %	0	0	0	8.76 %	0.00 %	0.00 %	8.76 %
RN	170.92	44.75	65	27	20	44.69 %	3	10	0	15.80 %	1.76 %	5.85 %	23.40 %
Total	685.00	226.08	268	142	84	37.15 %	49	50	0	20.73 %	7.15 %	7.30 %	35.18 %



Assertive Community Treatment

The Assertive Community Treatment (ACT) program, based at Valleywise Behavioral Health Center Desert Vista, opened for business on August 1, 2016

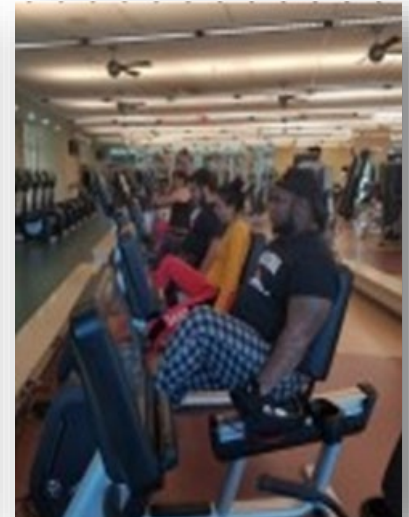
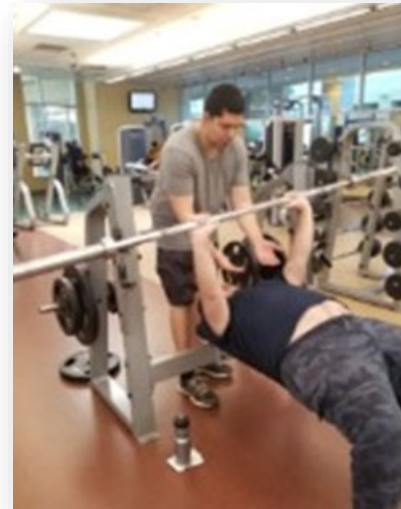
- Currently serving 97 enrolled members (maximum capacity of 100).
- Our Independent Living Skills specialist is celebrating 60 days on the job and has been a great addition to the team. She has already received very strong praise from several members and their families.
- The Housing Specialist position has been filled but we are still recruiting for a Clinical Support Specialist.
- Continuing to expand group and community activities for members. Two new weekly groups have begun that have had strong member turnout.
- Recruitment is underway for a Clinical Coordinator for a new ACT Team which will be located at the Maryvale Hospital.
- Construction on this new outpatient Behavioral Health Clinic space is nearly complete and we anticipate being able to see patients as early as April or May.



First Episode Center (Avondale and Mesa)

This evidence-based program, which Valleywise began in February 2017, has expanded to two locations: Avondale Community Health Center and our new Mesa First Episode Center, which opened in June 2023.

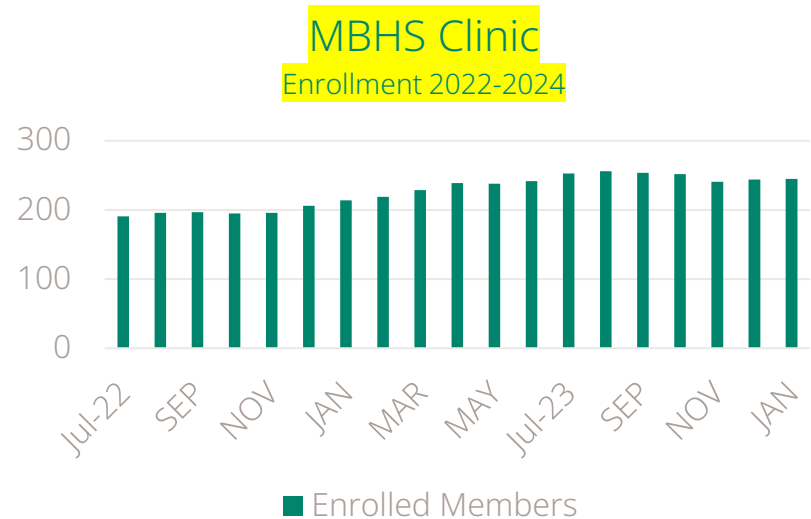
- Avondale FEC currently at 88 members (capacity 90).
- Mesa FEC now has 36 members. A new Clinical Coordinator has been hired and recruitment continues for additional staff to manage growing enrollment.
- We have arranged for our members to use the Kroc Center, which includes fitness, swimming, sports and other activities.
- First Episode has partnered with Junior Achievement of Arizona to begin new workshops focused on finance and educational tools beginning in March 2024.



Mesa Behavioral Health Specialty Clinic

Mesa Behavioral Health Specialty Clinic opened in February 2019.

- Membership has reached 245 members including 35 members who are on Navigator (lower need) status. Program capacity is 300.
- Mesa Specialty has welcomed their new outpatient medical director/psychiatrist Dr. Ernest Miller.
- Continuing to add new groups as the team grows, including WRAP group, Walking Group, Self-care Workshop, Employment Groups, Relapse Prevention, Sounds of Recovery, Social Skills, Art Group, and an Emotional Sobriety Group.



Integrated Behavioral Health Program

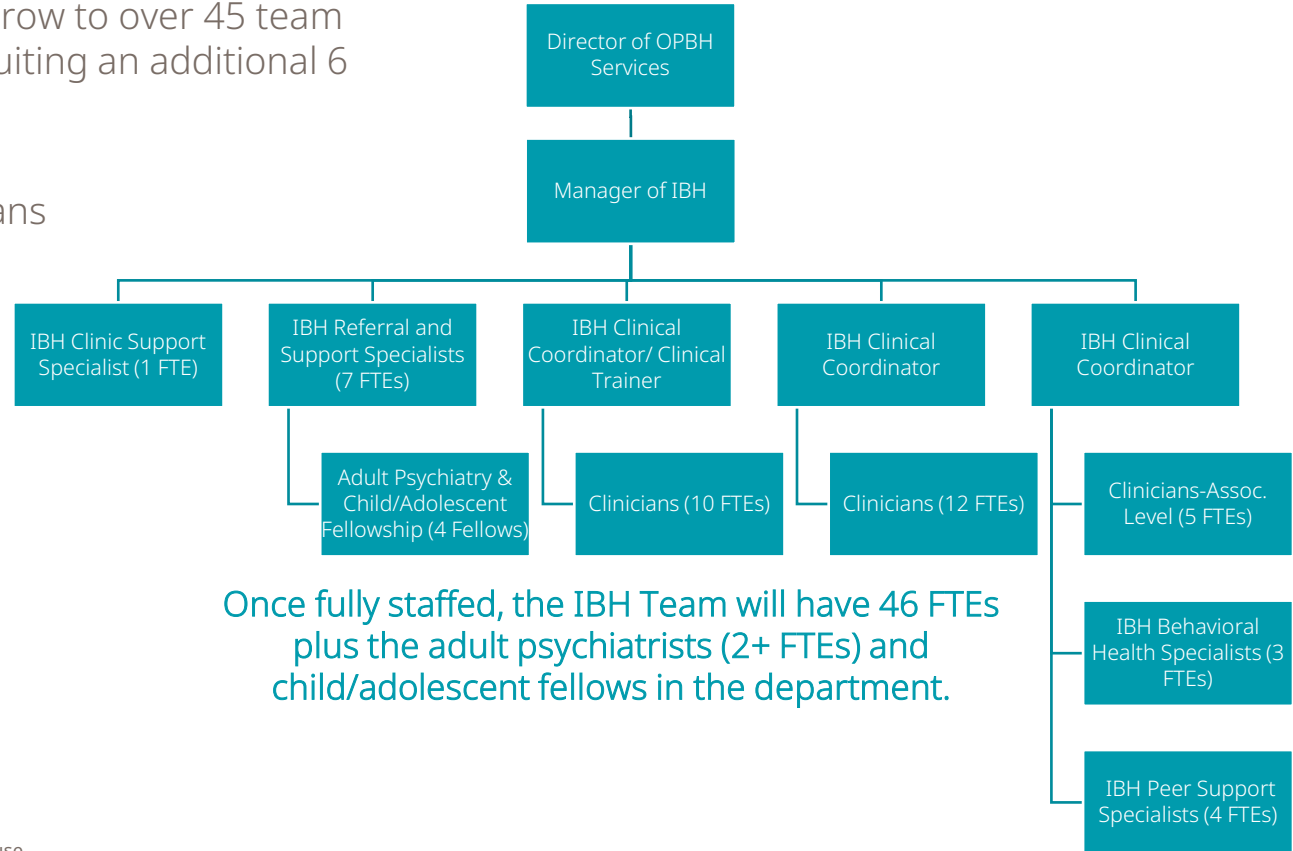


IBH team has continued to grow to over 45 team members and currently recruiting an additional 6 positions including:

- 4 – Clinicians
- 2 – Associate Level Clinicians

Currently 29 positions are partially or fully supported with grant and/or Foundation funds.

Since the start of the IBH program in 2017, seven positions have successfully transitioned to become 100% self-sustaining.



Going to the MAT to Fight OUD

Total Award – \$2.6M for 5-Year Period (9/21- 9/26)

Provide prevention, treatment, and recovery assistance for *at least 605* low-income, racially/ethnically diverse and at-risk individuals who battle prescription drug and opioid addiction.

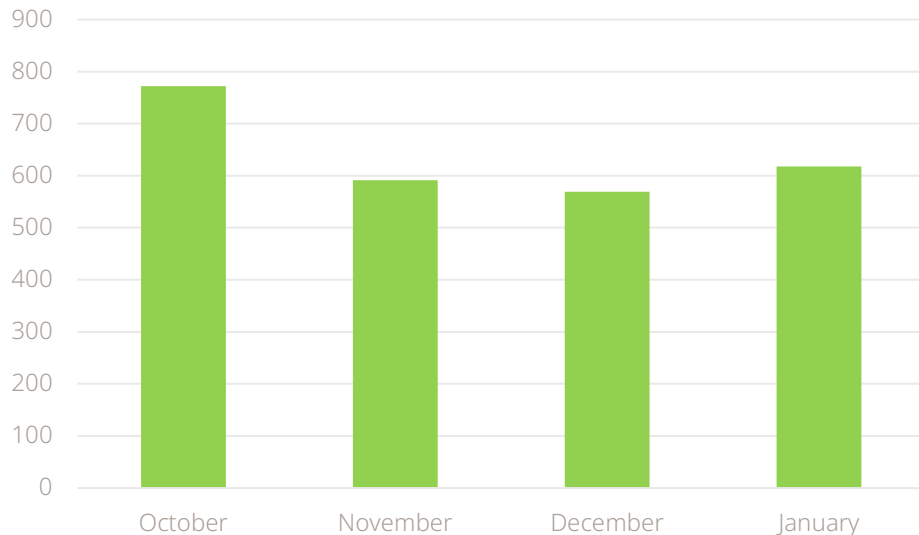
- Our Medication Assisted Treatment (MAT) services have expanded from 1 clinic to 6 clinics. In the next quarter, projected to be in 4 additional clinics with 9 medical providers.
- Continuing to see gradual increase in the number of patients receiving MAT services and supports, currently at 91 patients, up from 48 patient last quarter.
- We currently have 4 grant funded IBH Peer Support Specialists that have been hired to assist in the engagement of patients.
- Funding will be used to expand IBH office space at Avondale Community Health Center.

More than five people die every day from opioid overdoses in Arizona.

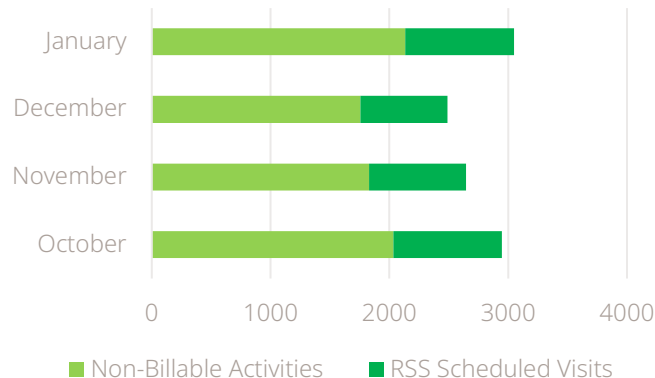
Integrated Behavioral Health Referrals

Over 2,500 Valleywise Health patients have been referred to IBH over the past 4 months. This is an average of 630 per month.

Referrals to IBH



Non-Billable Activities and RSS Scheduled Visits



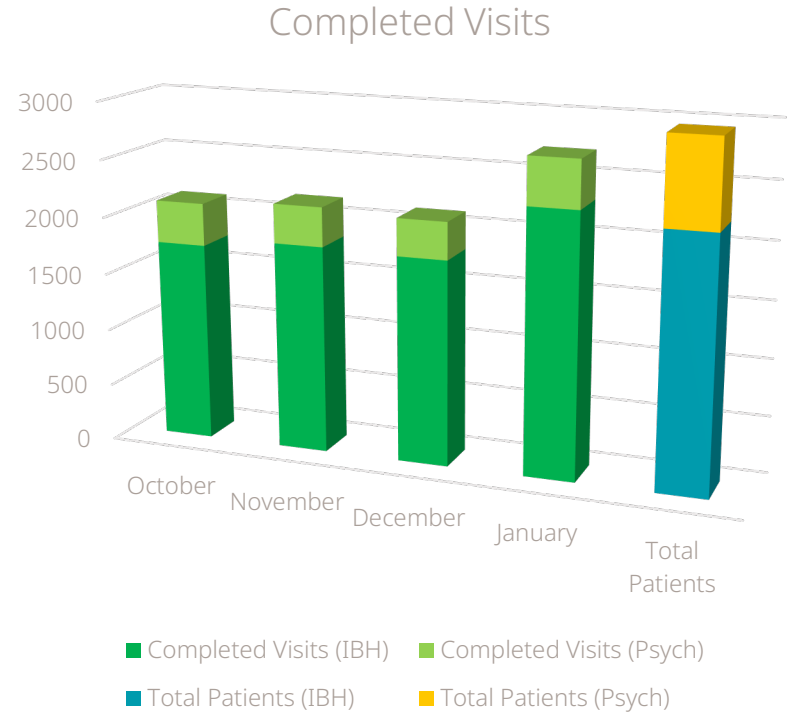
- The Referral Support Specialist (RSS) Team scheduled over 3,379 appointments for the IBH psychiatrists and fellows.
- The IBH team (Clinicians, BHSs & RRS) including completed 7,750 non-billable activities (i.e., scheduling and patient outreach).

Integrated Behavioral Health (IBH) Visits

In the past 4 months:

- the IBH psychiatrists and fellows have completed 1,488 visits.
- the IBH team completed 7,654 visits.
- the IBH team helped 2,201 patients and Psychiatry 755 patients.

** It is important to note that some patients are seen by both the Psychiatry team and the IBH team.*



Updates on Behavioral Health Projects

New Outpatient BH Clinics for Individuals with Serious Mental Illness:

- Desert Vista:
 - The construction of the new building is underway, with final completion anticipated by May 28, 2024.
 - Most of the parking lot replacement and expansion is completed with remainder anticipated by mid-April 2024.

Maryvale Hospital:

- The transformation of the former O/R suite is anticipated to be completed by March 15, 2024.
- Expanded parking to accommodate the additional staff members for both inpatient and outpatient is underway.

Open the Remaining Two Inpatient Units at the Maryvale Hospital:

- We believe we can open another unit in the summer of 2024.
- The final unit will open once we have been able to recruit enough direct care staff, medical staff and social work staff.
 - Likely no earlier than Spring of 2025.



Thank you

5. Legislative Update

February 28, 2024

Legislative & Governmental Relations

Michael Fronske
Director of Legislative and Government Affairs

Current Statistics of Session

Day	52
Bills posted	1629
Bills passed	1
Bills vetoed	0
Bills signed	1
Resolutions passed	6

Legislative Deadlines

JANUARY 2024

Monday 1/8 Session Begins

~~Thursday 1/11 House 7-bill Introduction Limit Begins at (5:00 p.m.)~~

~~Tuesday 1/16 Senate Bill Request Deadline (5:00 p.m.)~~

~~Monday 1/22 Senate Bill Intro Set Preparation Deadline (5:00 p.m.)~~

~~Monday 1/29 Senate Bill Introduction Deadline (5:00 p.m.)~~

FEBRUARY 2024

~~Friday 2/2 House Bill Request Deadline (5:00 p.m.)~~

~~Monday 2/5 House Bill Introduction Deadline (5:00 p.m.)~~

~~Friday 2/16 Last Day to Hear SBs in Senate Committees~~

~~Friday 2/16 Last Day to Hear HBs in House Committees~~

MARCH 2024

Friday 3/22 Last Day to Hear SBs in House Committees

Friday 3/22 Last Day to Hear HBs in Senate Committees

APRIL 2024

Friday 4/12 Last Day for Conference Committees (By Senate and House Rule)

Tuesday 4/16 100th Day of Session

State Legislation and Issues

Budget Process

The Executive predicts a \$900M deficit, JLBC predicts a \$1.7B deficit

The Governor's \$16B Budget was released on January 12th

Key health related issues include:

- \$24M to improve health care licensing systems
- Establish a Prescription Drug Affordability Division in ADOI
- \$24M for medical school initiatives in all three state universities

The Legislature is Currently Working from a Baseline Budget

State Legislation and Issues

61 Bills Sent Out for Comment (39 Moving)
50 Bills on Monitor List

Bills We Are Tracking Closely:

- SB 1037 AHCCCS; comprehensive dental care (Awaiting 3rd read in the Senate)
- HB 2290 Certificates of operation; interfacility transfers (Failed in committee)
- HB 2035 Insurance; claims; appeals; provider credentialing (Passed the House)
- HB2078 Advisory committee; subcommittee; exemption (Not heard in committee)
- HCR 2060 Lawful presence; e-verify program; penalties (Passed the House 31-28)
- SB 1402 Healthcare; costs; reimbursement (Awaiting consent COW)

Action Items

Request to Support or Oppose Bills and Amendments with Timely Feedback to the Board

Request to Oppose:

HB 2744 Involuntary treatment; guardians; agents; rights (Awaiting 3rd Reading)

SB 1578 Involuntary treatment; substance abuse (Awaiting COW)

Federal Issues

Continue to work with our Congressional Delegation on these key issues:

- Support H.R. 7397 Reinforcing Essential Health Systems for Communities Act which includes a designation for Essential Hospitals that was introduced February 15th
- Continue to protect 340B funding, and protect against hospital site-neutral payment cut proposals



6. Financial and Statistical Information - January 2024



Financial and Statistical Information

for the month ending
January 31, 2024



Table of Contents	Page no.
Summary financial highlights	1
Graphs - Admission, ED visits, Ambulatory visits	3
Graphs - Payor mix	7
Income Statement - MTD & YTD	9
Balance Sheet	13
Traffic light indicators - volume and financial	16
Stats / Volume	20
Income Statement indicators - MTD & YTD	22
Financial highlights - detail	26
Health plan sale proceeds (net)	33



Financial Highlights – January 2024

Patient Activity

Total admissions in January were 5.3% over budget and 15.6% higher than January of last year. Inpatient acute admissions for the month were 8.3% over budget and 16.2% higher than last January. Behavioral health admissions were 3.3% under budget for the month and 13.6% higher than January 2023. Emergency department visits were 16.5% over budget for the month and 9.5% higher than January of last year. Ambulatory visits were 0.5% over budget for the month and 10.4% higher than the same month in the prior year.

Operating Revenue

Net patient service revenues were 6.3% over budget for the month and were 0.8% lower on a year-to-date basis. Other revenues were 13.7% over budget for the month, primarily in revenues related to Health II program, 340B revenue, sales at retail pharmacies, and grant/research & foundation program revenues. Overall total operating revenues were 8.0% over budget primarily in patient service revenues.

Operating Expense

Total operating expenses were 3.5% over budget for January. Labor expense, which includes salaries, benefits, and contract labor, were 2.3% under budget for the month. Majority of negative variances were in clinical areas; acute units, and behavioral units. Also, our first mock move took place inside of January leading to an increase in start-up costs. Net medical service fees were 1.2% over budget for the month primarily due to higher than budgeted staffing costs. Supplies were 23.7% over budget primarily in surgery related medical supplies (implants) due to increase surgery cases, pharmaceuticals (specialty drugs), laboratory supplies, and furniture & equipment under \$5,000. Purchased services were 23.3% over budget primarily in laundry & dry cleaning services, management fees, consulting & management, other professional services, translation and interpreting services, other services, and advertising services. Lastly, all other expenses excluding depreciation were 13.0% over budget for the month primarily in risk management related expenses, medical equipment rental, and repairs & maintenance expenses.

Non-Operating Revenue (Expense)

In total, net non-operating revenues and expenses were 7.5% under budget for the month of January, primarily due to capital related grant revenue and operating related grant revenue.



Cash and Cash Equivalents (including investments)

	January 24	June 23
Operating / General Fund	\$152.4M	\$241.2M
Bond related – Restricted	\$84.2M	\$166.5M
Total cash and cash equivalents (including investments)	\$236.7M	\$407.7M

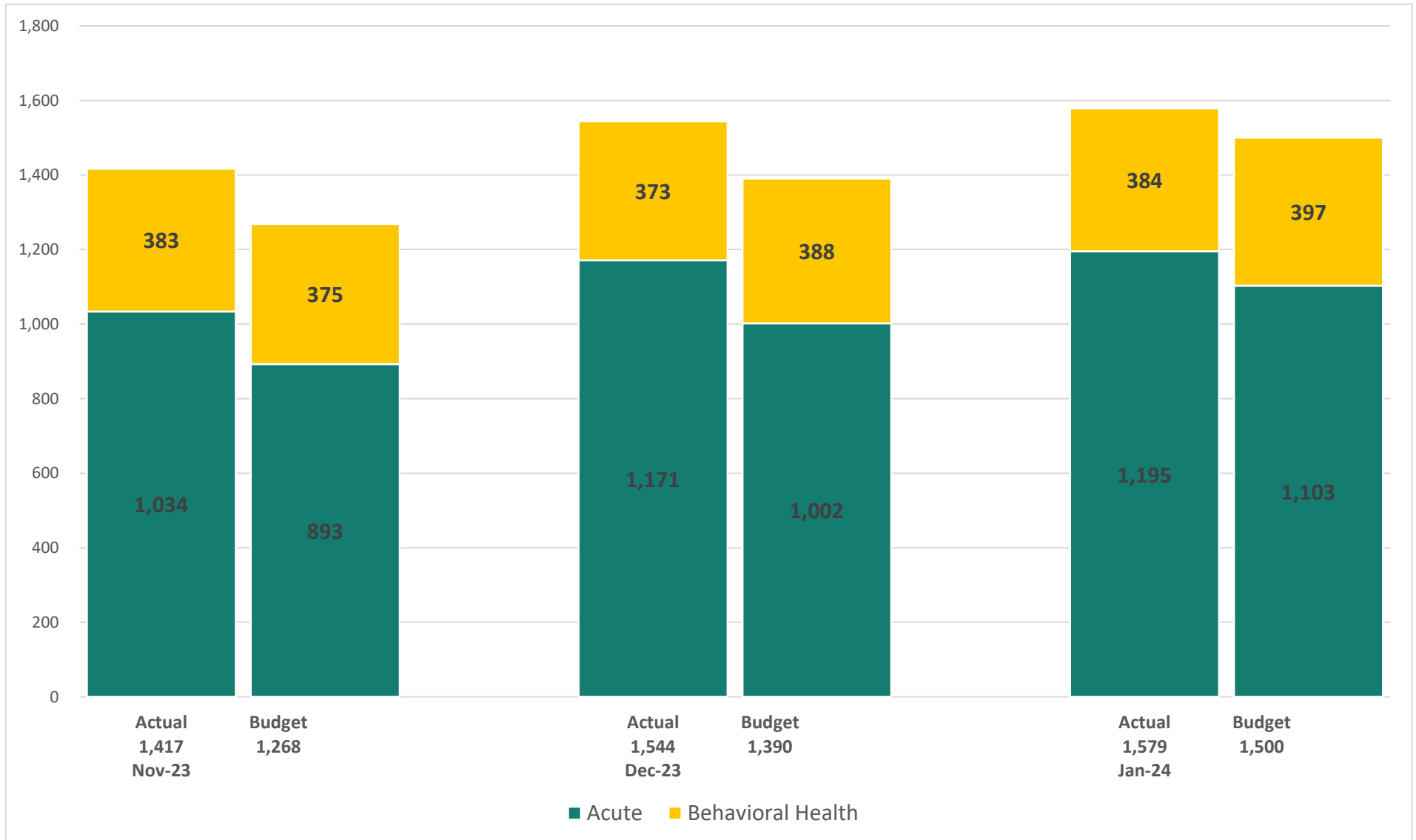
Select Ratios

	FY2024 YTD Actual	YTD Budget
Liquidity		
Days cash on hand (unrestricted)	66.7	89.7
Days in Accounts Receivable	75.6	60
Current Ratio (excludes Bond funds)	2.1	3.7

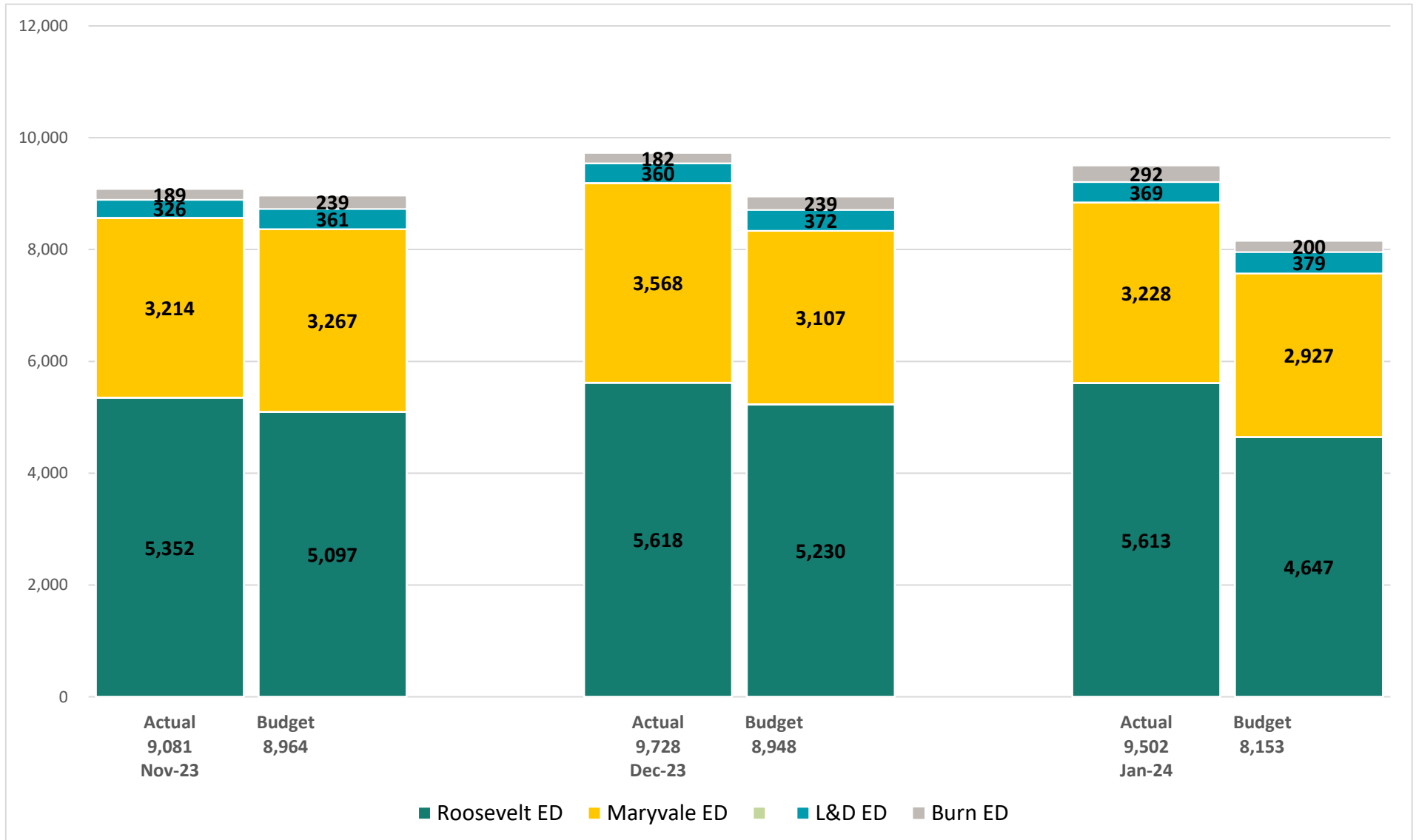
	FY2024 YTD Actual	YTD Budget
Profitability		
Operating Margin (%)	(30.2)	(29.2)
Excess Margin – normalized (%)	(8.0)	(7.7)
Productivity		
FTE/AOB w/o Residents	4.20	4.26

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

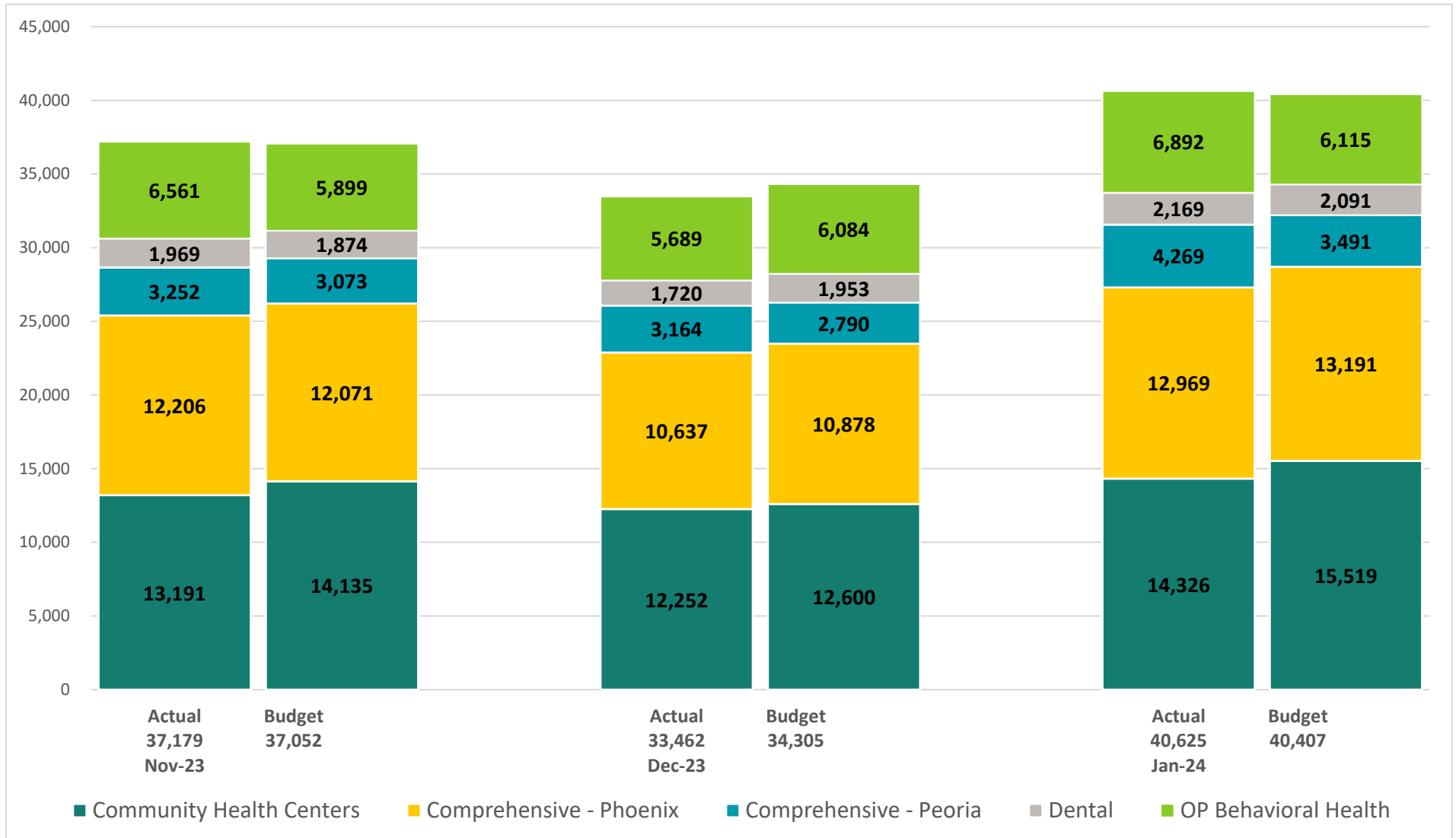
Fiscal Year 2024 Admissions



Fiscal Year 2024 Emergency Department Visits

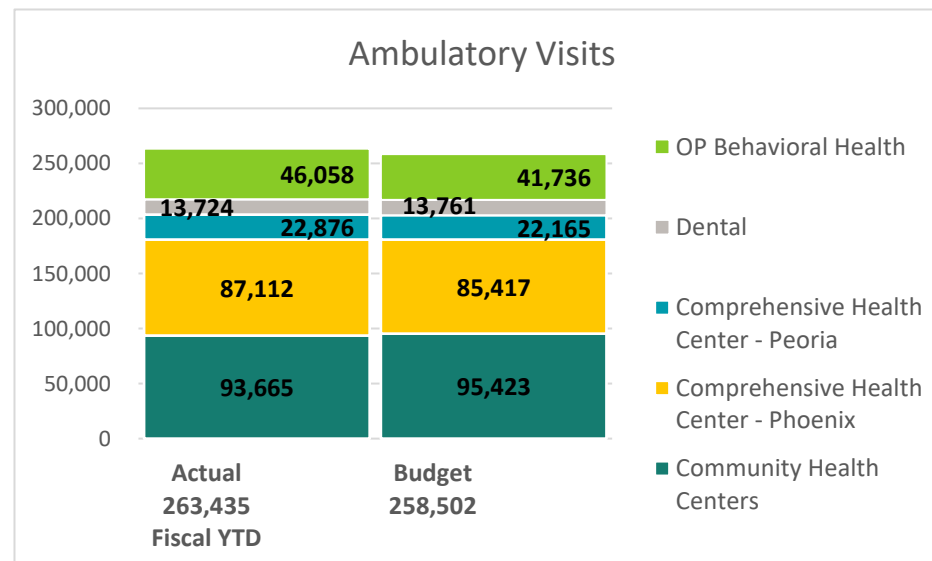
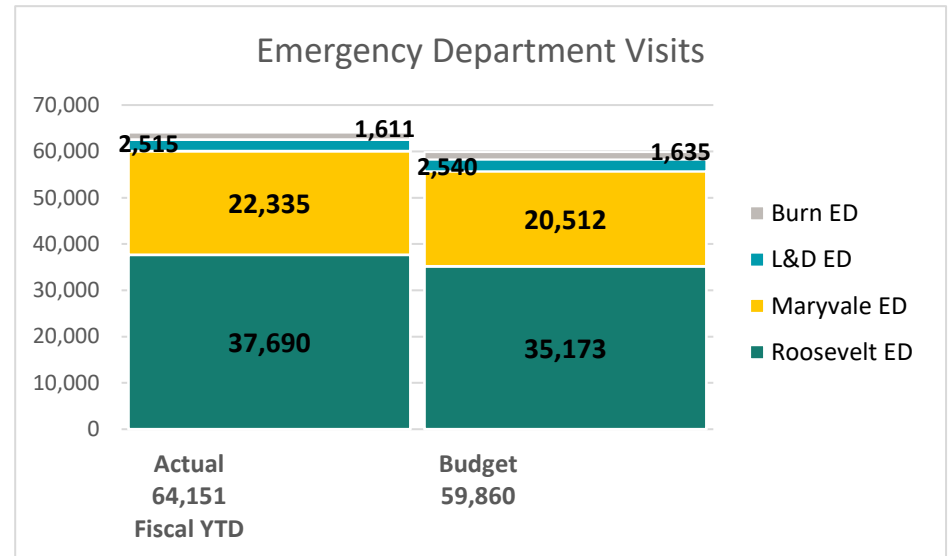
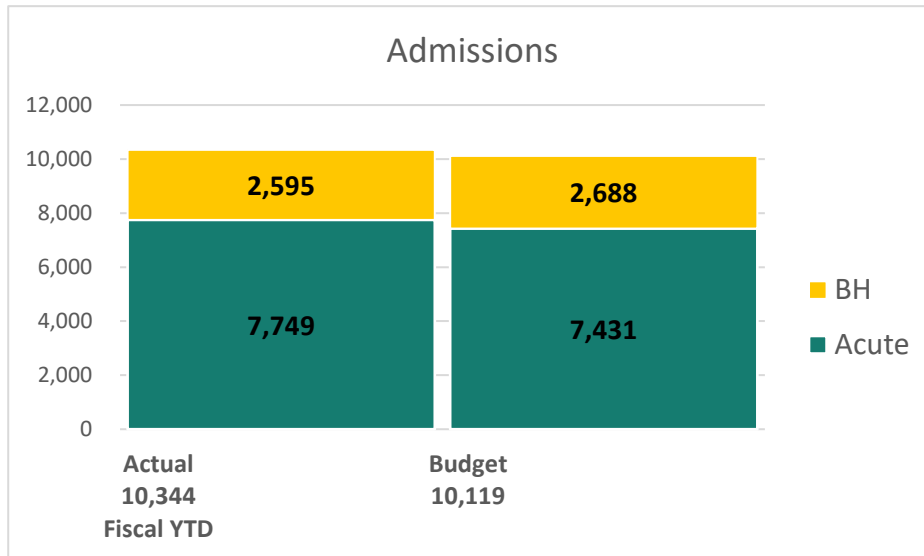


Fiscal Year 2024 Ambulatory Visits



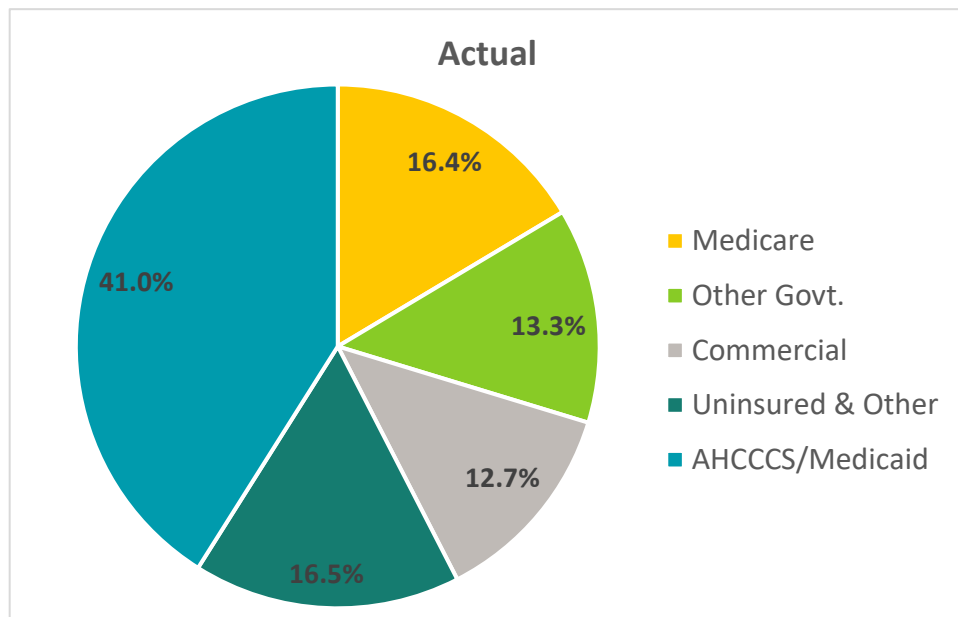
* Includes Telehealth visits -- 4,742 (November 2023) || 4,200 (December 2023) || 5,093 (January 2024)

Fiscal Year 2024 Year-to-Date Volume Summary

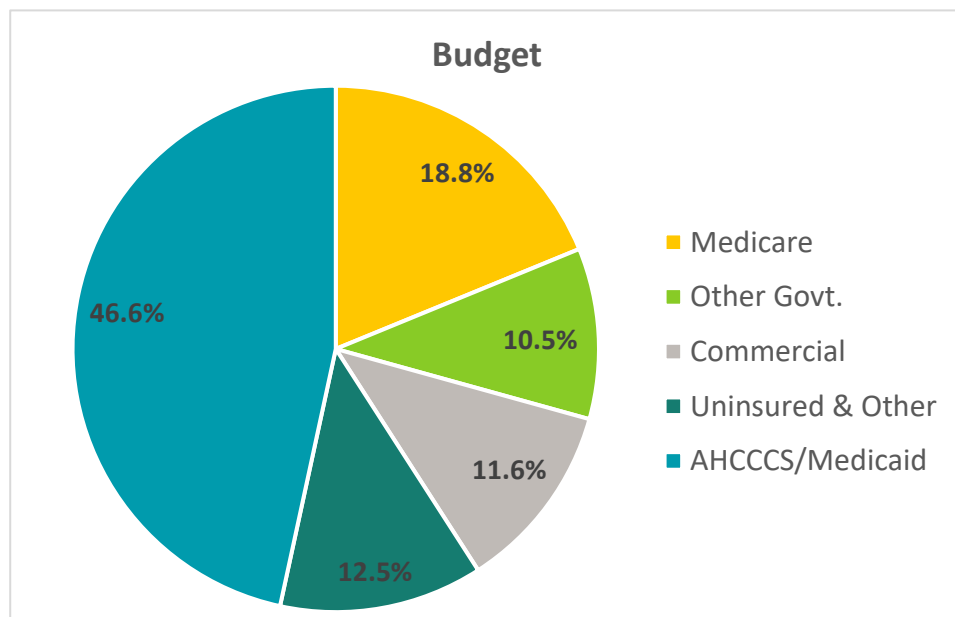


* Includes 32,655 Telehealth visits in FY 2024

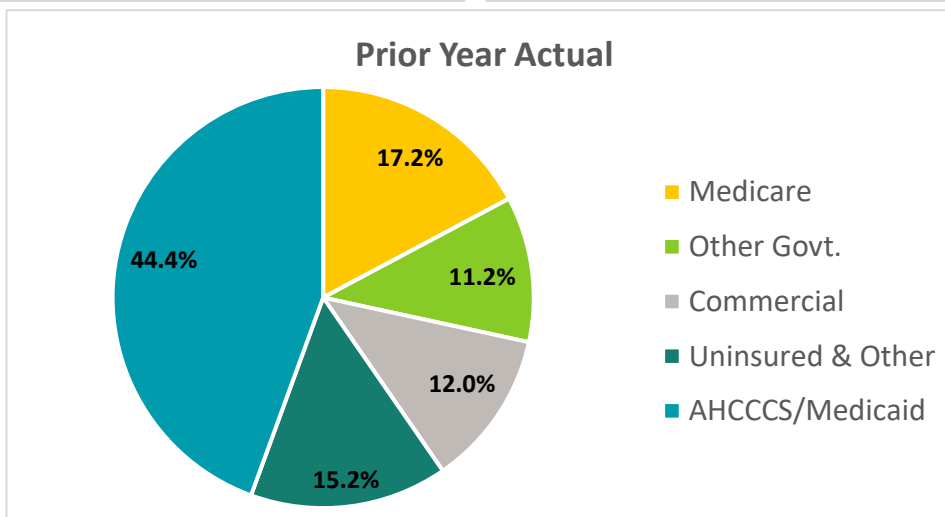
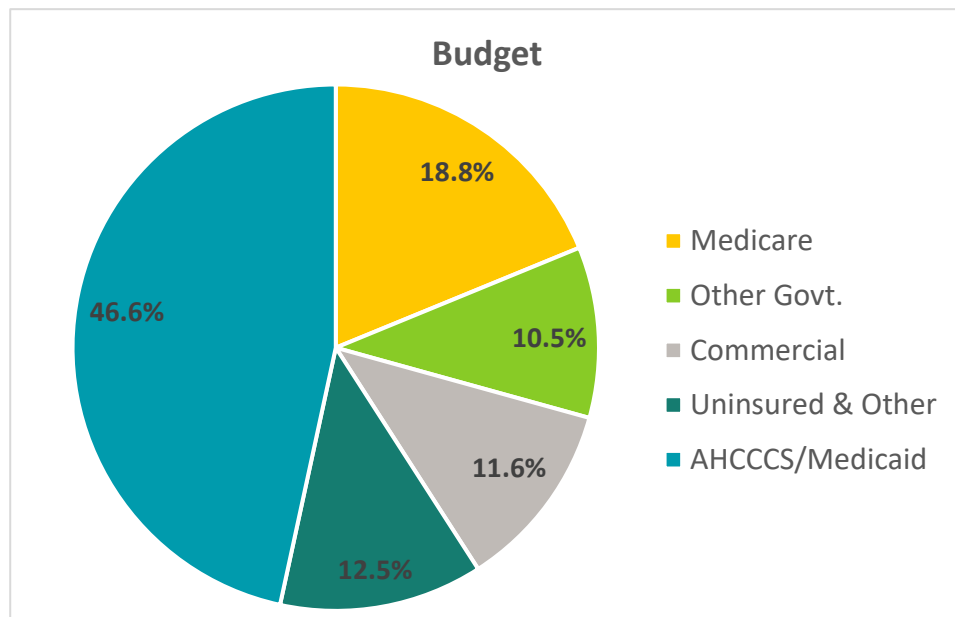
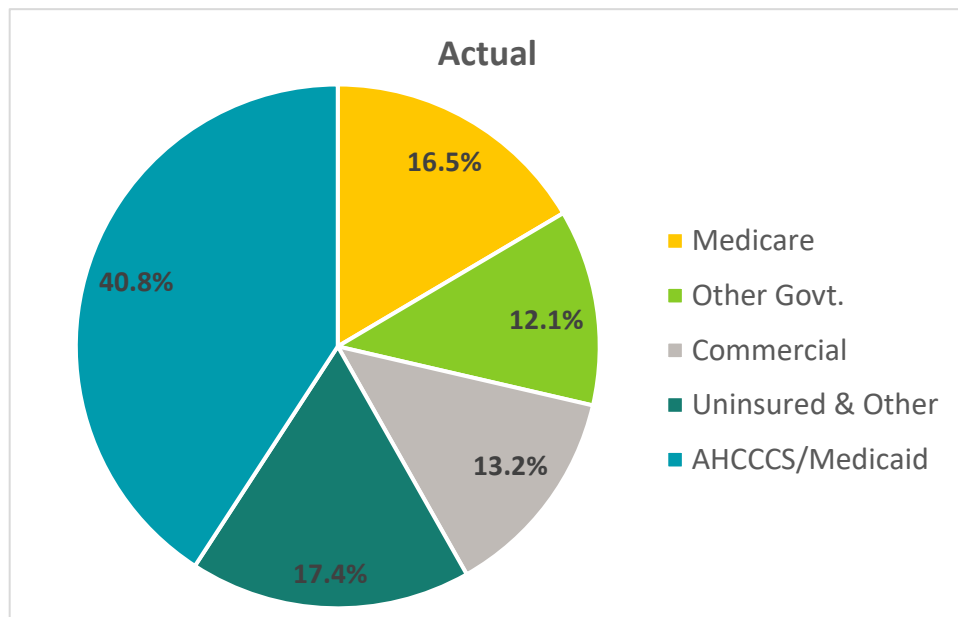
Fiscal Year 2024 Patient Revenue Source by Gross Revenue



Actual Gross Revenue is
month of January 31, 2024



Fiscal Year 2024 Patient Revenue Source by Gross Revenue



Actual Gross Revenue is
YTD as of January 31, 2024

Prior Year Gross Revenue is
all of fiscal year 2023



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF REVENUES AND EXPENSES

For the Period Ending January 31, 2024

	Jan-24 Actual	Jan-24 Budget	Jan-24 Variance	Jan-24 % Change	Prior Year Same Month Jan-23	Prior Year Same Month Variance	Prior Year Same Month % Change
Net Patient Service Revenue	\$ 45,887,358	\$ 43,151,931	\$ 2,735,427	6.3 %	\$ 40,048,956	\$ 5,838,403	14.6 %
Other Revenue	14,763,267	12,981,921	1,781,345	13.7 %	15,644,421	(881,154)	(5.6 %)
Total Operating Revenue	60,650,625	56,133,852	4,516,772	8.0 %	55,693,377	4,957,248	8.9 %
OPERATING EXPENSES							
Salaries and Wages	29,803,794	30,958,903	1,155,108	3.7 %	26,296,776	(3,507,018)	(13.3 %)
Contract Labor	5,217,362	5,908,989	691,627	11.7 %	7,892,727	2,675,365	33.9 %
Employee Benefits	9,798,580	8,988,988	(809,592)	(9.0 %)	8,346,306	(1,452,275)	(17.4 %)
Medical Service Fees	9,782,624	9,669,936	(112,688)	(1.2 %)	9,052,949	(729,674)	(8.1 %)
Supplies	10,027,146	8,108,813	(1,918,333)	(23.7 %)	8,154,420	(1,872,726)	(23.0 %)
Purchased Services	5,693,098	4,617,244	(1,075,855)	(23.3 %)	3,916,949	(1,776,149)	(45.3 %)
Repair and Maintenance	2,090,448	1,851,302	(239,147)	(12.9 %)	2,063,751	(26,697)	(1.3 %)
Utilities	659,762	635,764	(23,998)	(3.8 %)	607,403	(52,359)	(8.6 %)
Rent	686,347	473,780	(212,567)	(44.9 %)	466,657	(219,690)	(47.1 %)
Other Expenses	2,545,689	2,331,873	(213,816)	(9.2 %)	2,048,670	(497,019)	(24.3 %)
Provider Assessment	0	0	0	0.0 %	0	0	0.0 %
Depreciation	5,883,841	5,883,841	(0)	(0.0 %)	3,677,251	(2,206,590)	(60.0 %)
Total Operating Expense	82,188,691	79,429,431	(2,759,260)	(3.5 %)	72,523,859	(9,664,832)	(13.3 %)
Operating Income (Loss)	(21,538,066)	(23,295,579)	1,757,513	7.5 %	(16,830,482)	(4,707,584)	(28.0 %)
NONOPERATING REVENUES (EXPENSES)							
NonCapital Grants	620,056	509,403	110,653	21.7 %	501,790	118,266	23.6 %
NonCapital Transfers from County/State	295,658	295,658	0	0.0 %	295,658	0	0.0 %
Investment Income	544,202	577,742	(33,540)	(5.8 %)	517,641	26,561	5.1 %
Other NonOperating Revenues (Expenses)	(387,603)	675,945	(1,063,548)	(157.3 %)	(646,733)	259,130	40.1 %
Interest Expense	(1,416,729)	(1,416,729)	0	0.0 %	(2,453,383)	1,036,654	42.3 %
Tax Levy	12,452,350	12,452,350	0	0.0 %	10,767,838	1,684,513	15.6 %
Total NonOperating Revenues (Expenses)	12,107,934	13,094,369	(986,436)	(7.5 %)	8,982,811	3,125,123	34.8 %



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF REVENUES AND EXPENSES

For the Period Ending January 31, 2024

	Jan-24 Actual	Jan-24 Budget	Jan-24 Variance	Jan-24 % Change	Prior Year Same Month Jan-23	Prior Year Same Month Variance	Prior Year Same Month % Change
Excess of Revenues over Expenses	\$ (9,430,133)	\$ (10,201,210)	\$ 771,077	7.6 %	\$ (7,847,671)	\$ (1,582,461)	(20.2 %)
Bond-Related Revenues and Expenses	(3,253,251)	(3,356,776)	103,524	3.1 %	(998,924)	(2,254,327)	(225.7 %)
Increase (Decrease) in Net Assets (normalized)	\$ (12,683,384)	\$ (13,557,985)	\$ 874,602	6.5 %	\$ (8,846,595)	\$ (3,836,788)	(43.4 %)



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF REVENUES AND EXPENSES

For the Seven Periods Ending January 31, 2024

	Jan-24 YTD Actual	Jan-24 YTD Budget	Jan-24 YTD Variance	YTD Jan-24 % Change	YTD Prior Year Jan-23	YTD Prior Year Variance	YTD Prior Year % Change
Net Patient Service Revenue	\$ 300,263,654	\$ 302,668,458	\$ (2,404,804)	(0.8 %)	\$ 288,202,901	\$ 12,060,753	4.2 %
Other Revenue	102,517,226	90,912,030	11,605,196	12.8 %	87,803,277	14,713,949	16.8 %
Total Operating Revenue	402,780,880	393,580,488	9,200,393	2.3 %	376,006,178	26,774,702	7.1 %
OPERATING EXPENSES							
Salaries and Wages	191,785,457	182,626,276	(9,159,181)	(5.0 %)	172,344,043	(19,441,413)	(11.3 %)
Contract Labor	41,831,315	45,314,425	3,483,111	7.7 %	49,519,030	7,687,715	15.5 %
Employee Benefits	57,196,402	53,901,867	(3,294,535)	(6.1 %)	50,931,838	(6,264,564)	(12.3 %)
Medical Service Fees	58,346,532	66,915,443	8,568,911	12.8 %	60,873,177	2,526,644	4.2 %
Supplies	68,134,569	57,109,001	(11,025,568)	(19.3 %)	57,113,601	(11,020,968)	(19.3 %)
Purchased Services	34,687,926	33,151,782	(1,536,144)	(4.6 %)	31,219,845	(3,468,081)	(11.1 %)
Repair and Maintenance	13,278,372	12,707,412	(570,961)	(4.5 %)	12,811,970	(466,403)	(3.6 %)
Utilities	5,393,971	4,904,978	(488,993)	(10.0 %)	5,093,184	(300,787)	(5.9 %)
Rent	4,016,716	3,310,817	(705,900)	(21.3 %)	3,562,420	(454,296)	(12.8 %)
Other Expenses	17,270,702	16,117,640	(1,153,062)	(7.2 %)	13,136,278	(4,134,424)	(31.5 %)
Provider Assessment	0	0	0	0.0 %	5,891,876	5,891,876	100.0 %
Depreciation	32,477,314	32,477,314	0	0.0 %	25,220,546	(7,256,768)	(28.8 %)
Total Operating Expense	524,419,277	508,536,954	(15,882,323)	(3.1 %)	487,717,807	(36,701,469)	(7.5 %)
Operating Income (Loss)	(121,638,397)	(114,956,466)	(6,681,930)	(5.8 %)	(111,711,629)	(9,926,767)	(8.9 %)
NONOPERATING REVENUES (EXPENSES)							
NonCapital Grants	6,838,620	5,338,140	1,500,480	28.1 %	3,275,908	3,562,712	108.8 %
NonCapital Transfers from County/State	2,069,606	2,069,606	0	0.0 %	2,069,606	0	0.0 %
Investment Income	5,143,953	4,044,196	1,099,756	27.2 %	3,785,325	1,358,628	35.9 %
Other NonOperating Revenues (Expenses)	(1,892,096)	(4,049,406)	2,157,310	53.3 %	(6,484,429)	4,592,333	70.8 %
Interest Expense	(9,963,681)	(9,963,681)	(0)	(0.0 %)	(17,147,516)	7,183,835	41.9 %
Tax Levy	87,166,453	87,166,453	0	0.0 %	76,390,447	10,776,006	14.1 %
Total NonOperating Revenues (Expenses)	89,362,854	84,605,308	4,757,546	5.6 %	61,889,341	27,473,513	44.4 %



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF REVENUES AND EXPENSES

For the Seven Periods Ending January 31, 2024

	Jan-24 YTD Actual	Jan-24 YTD Budget	Jan-24 YTD Variance	YTD Jan-24 % Change	YTD Prior Year Jan-23	YTD Prior Year Variance	YTD Prior Year % Change
Excess of Revenues over Expenses	\$ (32,275,542)	\$ (30,351,158)	\$ (1,924,384)	(6.3 %)	\$ (49,822,288)	\$ 17,546,746	35.2 %
Bond-Related Revenues and Expenses	(23,349,412)	(23,450,854)	101,442	0.4 %	(7,047,680)	(16,301,732)	(231.3 %)
Increase (Decrease) in Net Assets (normalized)	\$ (55,624,955)	\$ (53,802,012)	\$ (1,822,942)	(3.4 %)	\$ (56,869,969)	\$ 1,245,014	2.2 %



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF NET POSITION

January 31, 2024

	<u>1/31/2024</u>	<u>6/30/2023</u>
ASSETS		
Current Assets		
Cash and Cash Equivalents		
Cash - Care System	\$ 152,448,917	\$ 241,214,127
Cash and Short-Term Investment	152,448,917	241,214,127
Cash - Bond	84,205,557	166,504,192
Cash and Short-Term Investment - Bond	84,205,557	166,504,192
Total Cash and Cash Equivalents	236,654,474	407,718,319
Patient A/R, Net of Allowances	99,773,739	85,709,368
Other Receivables and Prepaid Items	65,989,294	42,225,086
Estimated Amounts Due from Third-Party Payors	83,624,512	50,640,640
Due from Related Parties	1,818,583	3,376,279
Other Current Assets	2,516,402	2,516,402
Total Current Assets	490,377,003	592,186,093
Capital Assets, Net	821,058,275	796,596,154
Other Assets		
Long-Term Portion - Right to use Assets	5,005,017	5,005,017
Total Other Assets	5,005,017	5,005,017
Total Assets	1,316,440,295	1,393,787,264
Deferred Outflows	56,462,313	56,462,313
Total Assets and Deferred Outflows	<u>\$ 1,372,902,608</u>	<u>\$ 1,450,249,577</u>



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF NET POSITION




January 31, 2024

	<u>1/31/2024</u>	<u>6/30/2023</u>
LIABILITIES AND NET POSITION		
Current Liabilities		
Current Maturities of Long-Term Debt	\$ 34,905,910	\$ 43,216,702
Accounts Payable	75,050,450	75,381,153
Accrued Payroll and Expenses	36,247,608	28,158,703
Medical Claims Payable	18,070,273	18,892,539
Due to Related Parties	354,282	1,434
Other Current Liabilities	<u>73,192,728</u>	<u>80,724,270</u>
Total Current Liabilities	237,821,252	246,374,801
Long-Term Debt		
Bonds Payable	604,228,401	640,746,278
Other Long-Term Debt	<u>5,005,017</u>	<u>5,005,017</u>
Total Long-Term Debt	609,233,418	645,751,296
Long-Term Liabilities	356,444,644	356,444,644
Total Liabilities	1,203,499,315	1,248,570,741
Deferred Inflows	18,778,412	18,778,412
Net Position		
Invested in Capital Assets, Net of Related Debt	781,147,347	748,374,435
Temporarily Restricted	49,499,432	49,521,120
Unrestricted	<u>(680,021,897)</u>	<u>(614,995,130)</u>
Total Net Position	150,624,882	182,900,424
Total Liabilities, Deferred Inflows, and Net Position	<u>\$ 1,372,902,608</u>	<u>\$ 1,450,249,577</u>












Supplemental Information

Valleywise Health
Financial and Statistical Information
31-Jan-24













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	1,195	1,103	92	8.3%		7,749	7,431	318	4.3%		7,687	62	0.8%	
Length of Stay (LOS)	5.6	4.5	(1.2)	(26.5%)		5.4	5.3	(0.1)	(1.4%)		5.2	(0.1)	(2.9%)	
Patient Days	6,736	4,916	1,820	37.0%		41,713	39,466	2,247	5.7%		40,232	1,481	3.7%	



Acute - Observation Days and Admits

Observation Days	587	521	67	12.8%		4,779	4,121	658	16.0%		4,281	498	11.6%	
Observation Admission - Transfer to Inpatient	216	186	30	16.1%		1,486	1,512	(26)	(1.7%)		1,565	(79)	(5.0%)	
Observation Admission Only	332	306	26	8.5%		2,631	2,490	141	5.7%		2,575	56	2.2%	
Total Admissions - Acute plus Observation Only	1,527	1,409	118	8.4%		10,380	9,921	459	4.6%		10,262	118	1.1%	
















Behavioral Health

Admissions	384	397	(13)	(3.3%)		2,595	2,688	(93)	(3.5%)		2,303	292	12.7%	
Length of Stay (LOS)	23.8	23.5	(0.4)	(1.6%)		24.0	23.5	(0.5)	(1.9%)		24.5	0.5	1.9%	
Patient Days	9,151	9,315	(164)	(1.8%)		62,259	63,264	(1,005)	(1.6%)		56,321	5,938	10.5%	
Valleywise Behavioral Health Center-Phoenix	2,660	2,135	525	24.6%		16,967	14,807	2,160	14.6%		12,291	4,676	38.0%	
Valleywise Behavioral Health Center-Mesa	3,181	3,514	(333)	(9.5%)		21,739	24,513	(2,774)	(11.3%)		22,252	(513)	(2.3%)	
Valleywise Behavioral Health Center-Maryvale	3,310	3,666	(356)	(9.7%)		23,553	23,944	(391)	(1.6%)		21,778	1,775	8.2%	
















Combined (Acute + Behavioral Health)




Adjusted Admissions	3,010	2,926	85	2.9%		20,403	19,066	1,337	7.0%		19,034	1,370	7.2%	
Adjusted Patient Days	30,288	27,757	2,531	9.1%		205,083	193,563	11,520	6.0%		183,961	21,122	11.5%	

Case Mix Index

Total Hospital	1.53	1.55	(0.02)	(1.3%)		1.55	1.55	0.00	0.0%		1.57	(0.02)	(1.3%)	
Acute (Excluding Newborns)	1.59	1.75	(0.16)	(9.1%)		1.67	1.75	(0.08)	(4.6%)		1.79	(0.12)	(6.7%)	
Behavioral Health	1.34	1.26	0.08	6.3%		1.29	1.26	0.03	2.4%		1.25	0.04	3.2%	
Medicare	1.80	2.10	(0.30)	(14.3%)		2.03	2.10	(0.07)	(3.3%)		2.20	(0.17)	(7.7%)	
AHCCCS	1.61	1.82	(0.21)	(11.5%)		1.67	1.82	(0.15)	(8.2%)		1.83	(0.16)	(8.7%)	

Ambulatory

Valleywise Community Health Centers Visits	14,326	15,519	(1,193)	(7.7%)		93,665	95,423	(1,758)	(1.8%)		99,192	(5,527)	(5.6%)	
Valleywise Comprehensive Health Center-Phoenix Visits	12,969	13,191	(222)	(1.7%)		87,112	85,417	1,695	2.0%		84,726	2,386	2.8%	
Valleywise Comprehensive Health Center-Peoria Visits	4,269	3,491	778	22.3%		22,876	22,165	711	3.2%		21,570	1,306	6.1%	
Dental Clinics Visits	2,169	2,091	78	3.7%		13,724	13,761	(37)	(0.3%)		13,434	290	2.2%	
OP Behavioral Health Visits	6,892	6,115	777	12.7%		46,058	41,736	4,322	10.4%		38,739	7,319	18.9%	

Total Ambulatory Visits :	40,625	40,407	218	0.5%		263,435	258,502	4,933	1.9%		257,661	5,774	2.2%	
----------------------------------	---------------	---------------	------------	-------------	---	----------------	----------------	--------------	-------------	---	----------------	--------------	-------------	---




Valleywise Health
Financial and Statistical Information
31-Jan-24

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	73%	70%	3.5%	4.9%	<div></div>	71%	70%	1.4%	2.1%	<div></div>	70%	1.4%	2.0%	<div></div>
Total Main OR Surgical Minutes - Roosevelt	75,780	74,932	848	1.1%	<div></div>	529,935	479,566	50,369	10.5%	<div></div>	511,500	18,435	3.6%	<div></div>
Main OR Minutes per Case - Roosevelt	112	115	2.5	2.2%	<div></div>	115	115	(0.4)	(0.4%)	<div></div>	113	(2.5)	(2.2%)	<div></div>
Total Main OR Surgeries - Roosevelt	674	652	22	3.4%	<div></div>	4,592	4,171	421	10.1%	<div></div>	4,531	61	1.3%	<div></div>
OP Surgeries - Peoria	102	96	6	6.3%	<div></div>	560	631	(71)	(11.3%)	<div></div>	283	277	97.9%	<div></div>
Total Surgeries - Roosevelt (Main OR) and Peoria	776	748	28	3.7%	<div></div>	5,152	4,802	350	7.3%	<div></div>	4,814	338	7.0%	<div></div>
Endoscopy Procedures - Roosevelt	238	259	(21)	(8.1%)	<div></div>	1,818	2,109	(291)	(13.8%)	<div></div>	1,891	(73)	(3.9%)	<div></div>
Endoscopy Procedures - Peoria	127	106	21	19.6%	<div></div>	766	679	87	12.7%	<div></div>	743	23	3.1%	<div></div>
Total Endoscopy Procedures - Roosevelt and Peoria	365	365	(0)	(0.0%)	<div></div>	2,584	2,788	(204)	(7.3%)	<div></div>	2,634	(50)	(1.9%)	<div></div>
Deliveries	170	177	(7)	(4.0%)	<div></div>	1,184	1,443	(259)	(17.9%)	<div></div>	1,461	(277)	(19.0%)	<div></div>
Trauma Visits (subset of ED Visits)	141	154	(13)	(8.4%)	<div></div>	1,070	1,160	(90)	(7.8%)	<div></div>	1,187	(117)	(9.9%)	<div></div>
Emergency Department (ED)	9,502	8,153	1,349	16.5%	<div></div>	64,151	59,860	4,291	7.2%	<div></div>	60,787	3,364	5.5%	<div></div>
Roosevelt ED	5,613	4,647	966	20.8%	<div></div>	37,690	35,173	2,517	7.2%	<div></div>	35,577	2,113	5.9%	<div></div>
Maryvale ED	3,228	2,927	301	10.3%	<div></div>	22,335	20,512	1,823	8.9%	<div></div>	21,081	1,254	5.9%	<div></div>
L&D ED	369	379	(10)	(2.6%)	<div></div>	2,515	2,540	(25)	(1.0%)	<div></div>	2,475	40	1.6%	<div></div>
Burn ED	292	200	92	46.0%	<div></div>	1,611	1,635	(24)	(1.5%)	<div></div>	1,654	(43)	(2.6%)	<div></div>
% of Total ED Visits Resulting in Admission Roosevelt	12.7%	12.7%	(0.0%)	(0.1%)	<div></div>	12.4%	12.7%	(0.3%)	(2.4%)	<div></div>	12.3%	0.0%	0.2%	<div></div>
% of Total ED Visits Resulting in Admission Maryvale	5.6%	5.2%	0.5%	9.3%	<div></div>	5.1%	5.0%	0.1%	1.8%	<div></div>	5.0%	0.1%	1.7%	<div></div>
% of Acute Patients Admitted Through the ED	94.0%	84.7%	9.3%	10.9%	<div></div>	91.3%	92.1%	(0.8%)	(0.8%)	<div></div>	88.2%	3.1%	3.6%	<div></div>
Left Without Treatment (LWOT) ROOSEVELT	1.6%	<3%	1.4%	46.4%	<div></div>	1.4%	<3%	1.6%	53.0%	<div></div>	1.4%	0.0%	1.4%	<div></div>
Left Without Treatment (LWOT) MARYVALE	1.3%	<3%	1.7%	57.5%	<div></div>	1.1%	<3%	1.9%	63.3%	<div></div>	1.2%	0.1%	(8.3%)	<div></div>
Overall ED Median Length of Stay (minutes) ROOSEVELT	239	<240	1	0.4%	<div></div>	227	<240	13	5.4%	<div></div>	220	(7)	(3.2%)	<div></div>
Overall ED Median Length of Stay (minutes) MARYVALE	156	<220	64	29.1%	<div></div>	158	<220	62	28.2%	<div></div>	181	23	(12.7%)	<div></div>
PSYCH ED Median LOS (minutes) ROOSEVELT	623	<240	(623)	(159.6%)	<div></div>	595	<240	(595)	(147.9%)	<div></div>	636	41	6.4%	<div></div>
PSYCH ED Median LOS (minutes) MARYVALE	992	<240	(992)	(313.3%)	<div></div>	839	<240	(839)	(249.6%)	<div></div>	548	(292)	(53.2%)	<div></div>
Median Time to Treatment (MTT) (minutes) ROOSEVELT	31	<30	(1)	(3.3%)	<div></div>	28	<30	2	6.7%	<div></div>	29	1	3.4%	<div></div>
Median Time to Treatment (MTT) (minutes) MARYVALE	24	<30	6	20.0%	<div></div>	24	<30	6	20.0%	<div></div>	28	4	(14.3%)	<div></div>
Cath Lab Utilization - Room 1	21%	45%	(24.1%)	(53.6%)	<div></div>	23%	45%	(22.0%)	(48.9%)	<div></div>	22%	1.1%	4.9%	<div></div>
Cath Lab Utilization - Room 2	13%	45%	(32.3%)	(71.7%)	<div></div>	18%	45%	(26.7%)	(59.3%)	<div></div>	26%	(7.5%)	(29.0%)	<div></div>
Cath Lab Utilization - IR	125%	65%	59.6%	91.7%	<div></div>	101%	65%	36.0%	55.3%	<div></div>	97%	4.2%	4.4%	<div></div>
CCTA/Calcium Score	21	15	6	40.0%	<div></div>	125	105	20	19.0%	<div></div>	105	20	19.0%	<div></div>
Pediatric ED Visits at Maryvale (under age 18)	586					4,175					4,307	(132)	(3.1%)	<div></div>
Adult ED Visits at Maryvale (age 18 and over)	2,642					18,160					16,774	1,386	8.3%	<div></div>
Maryvale ED to Inpatient OR (under age 18)	3					24					23	1	4.3%	<div></div>
Maryvale ED to Inpatient OR (Total)	53					344					219	125	57.1%	<div></div>
Pediatric ED Visits at Roosevelt (under age 18)	837					5,434					6,255	(821)	(13.1%)	<div></div>
Adult ED Visits at Roosevelt (age 18 and over)	4,776					32,255					29,322	2,933	10.0%	<div></div>

Valleywise Health
Financial and Statistical Information
31-Jan-24




Legend	
Greater than or equal to 100% of Budget	
Within 95% to 100% of Budget	
Less than 95% of Budget	

Current Month			
Actual	Budget	Variance	Var %




Fiscal Year to Date			
Actual	Budget	Variance	Var %

Prior Fiscal Year to Date		
Actual	Variance	Var %




Operating Income / (Loss) in 000s

Valleywise Health	\$	(21,538)	\$	(23,296)	\$	1,758	7.5%		\$	(121,638)	\$	(114,956)	\$	(6,682)	(5.8%)		\$	(111,712)	\$	(9,927)	(8.9%)	
-------------------	----	----------	----	----------	----	-------	------	---	----	-----------	----	-----------	----	---------	--------	---	----	-----------	----	---------	--------	---

Net Income / (Loss) in 000s

Valleywise Health	\$	(9,430)	\$	(10,201)	\$	771	7.6%		\$	(32,276)	\$	(30,351)	\$	(1,924)	(6.3%)		\$	(49,822)	\$	17,547	35.2%	
-------------------	----	---------	----	----------	----	-----	------	---	----	----------	----	----------	----	---------	--------	---	----	----------	----	--------	-------	---

**Net Income / (Loss) in 000s
Normalized**

Valleywise Health	\$	(12,683)	\$	(13,558)	\$	875	6.5%		\$	(55,625)	\$	(53,802)	\$	(1,823)	(3.4%)		\$	(56,870)	\$	1,245	2.2%	
-------------------	----	----------	----	----------	----	-----	------	---	----	----------	----	----------	----	---------	--------	---	----	----------	----	-------	------	---


RATIOS:

Liquidity

		Prior Fiscal Year End			
		Actual	Variance	Var %	
Total Cash and Investments (000s)	\$	152.4	\$	241.9	\$ (89.5) (37.0%) 
Total Days Cash on Hand		66.6		109.2	(42.6) (39.0%) 
Current Ratio		2.1		2.6	(0.5) (19.2%) 
Current Ratio without Bond-related Assets & Liabilities		1.7		2.3	(0.6) (26.1%) 
Days in Accounts Receivable (Hospital only)		75.2		57.7	(17.5) (30.3%) 
EBIDA Debt Service Coverage		0.03		0.70	(0.67) (95.7%) 

Capital Structure

Profitability

Operating Margin	(35.5%)	(41.5%)	6.0%	14.5%		(30.2%)	(29.2%)	(1.0%)	(3%)		(24.3%)	(5.9%)	(24.3%)	
------------------	---------	---------	------	-------	---	---------	---------	--------	------	---	---------	--------	---------	---

Labor

FTE/AOB WO Residents	4.29	4.57	0.29	6.3%		4.20	4.26	0.07	1.5%		4.40	0.20	4.6%	
----------------------	------	------	------	------	---	------	------	------	------	---	------	------	------	---

Current Month			
Actual	Prior Year	Variance	Var %

Rolling Last Twelve Months			
Actual	Prior Year	Variance	Var %

Turnover Rate - Voluntary	1.00%	1.20%	0.20%	16.67%
Turnover Rate - Involuntary	0.27%	0.55%	0.28%	50.91%
Turnover Rate - Uncontrollable	0.54%	0.34%	(0.20%)	(58.82%)
Turnover Rate - Total	1.81%	2.09%	0.28%	13.40%

14.46%	21.10%	6.64%	31.47%
4.24%	4.55%	0.31%	6.81%
4.76%	4.83%	0.07%	1.45%
23.46%	30.48%	7.02%	23.03%

Appendix A

Definition of Financial Indicators

Indicator	Definition	Desired Position Relative to	
		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 or 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 or Maricopa Health Plan. Excludes normal newborns (DRG 795). Excludes discharges with a Behavioral Health patient type.	Up	Above

For ALL Case Mix values -- only Patient Types of Inpatient, Behavioral Health and Newborn are counted (as appropriate). Patient Types of Observation, Outpatient and Emergency are excluded from all CMI calculations at all times.

New individual MS-DRG weights are issued by CMS each year, with an effective date of October 1st.



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

VOLUMES

For the Seven Periods Ending January 31, 2024

	Jan-24 Actual	Jan-24 Budget	Jan-24 Variance	Jan-24 % Change	Prior Year Same Month Jan-23	Prior Year Same Month % Change	Jan-24 YTD Actual	Jan-24 YTD Budget	Jan-24 YTD Variance	YTD Jan-24 % Change	YTD Prior Year Jan-23	YTD Prior Year % Change
ADMISSIONS												
Acute	1,195	1,103	92	8.3 %	1,028	16.2 %	7,749	7,431	318	4.3 %	7,687	0.8 %
Behavioral Health	384	397	(13)	(3.3 %)	338	13.6 %	2,595	2,688	(93)	(3.5 %)	2,303	12.7 %
Valleywise Behavioral Health Center-Phoenix	96	89	7	7.9 %	69	39.1 %	541	620	(79)	(12.7 %)	390	38.7 %
Valleywise Behavioral Health Center-Mesa	154	152	2	1.3 %	130	18.5 %	1,030	1,050	(20)	(1.9 %)	1,024	0.6 %
Valleywise Behavioral Health Center-Maryvale	134	156	(22)	(14.1 %)	139	(3.6 %)	1,024	1,018	6	0.6 %	889	15.2 %
Total	1,579	1,500	79	5.3 %	1,366	15.6 %	10,344	10,119	225	2.2 %	9,990	3.5 %
OBSERVATION ADMISSIONS												
Transferred to Inpatient *	216	186	30	16.1 %	231	(6.5 %)	1,486	1,512	(26)	(1.7 %)	1,565	(5.0 %)
Observation Admission Only	332	306	26	8.5 %	423	(21.5 %)	2,631	2,490	141	5.7 %	2,575	2.2 %
Total Observation Admissions	548	492	56	11.4 %	654	(16.2 %)	4,117	4,002	115	2.9 %	4,140	(0.6 %)
TOTAL ADMISSIONS AND OBSERVATION ONLY												
Total	1,911	1,806	105	5.8 %	1,789	6.8 %	12,975	12,609	366	2.9 %	12,565	3.3 %
ADJUSTED ADMISSIONS												
Total	3,010	2,926	85	2.9 %	2,694	11.8 %	20,403	19,066	1,337	7.0 %	19,034	7.2 %
PATIENT DAYS												
Acute	6,736	4,916	1,820	37.0 %	5,446	23.7 %	41,713	39,466	2,247	5.7 %	40,232	3.7 %
Behavioral Health	9,151	9,315	(164)	(1.8 %)	8,559	6.9 %	62,259	63,264	(1,005)	(1.6 %)	56,321	10.5 %
Valleywise Behavioral Health Center-Phoenix	2,660	2,135	525	24.6 %	1,992	33.5 %	16,967	14,807	2,160	14.6 %	12,291	38.0 %
Valleywise Behavioral Health Center-Mesa	3,181	3,514	(333)	(9.5 %)	3,310	(3.9 %)	21,739	24,513	(2,774)	(11.3 %)	22,252	(2.3 %)
Valleywise Behavioral Health Center-Maryvale	3,310	3,666	(356)	(9.7 %)	3,257	1.6 %	23,553	23,944	(391)	(1.6 %)	21,778	8.2 %
Total	15,887	14,231	1,656	11.6 %	14,005	13.4 %	103,972	102,730	1,242	1.2 %	96,553	7.7 %
AVERAGE DAILY CENSUS												
Acute	217	159	59	37.0 %	176	23.7 %	194	184	10	5.7 %	187	3.7 %
Behavioral Health	295	300	(5)	(1.8 %)	276	6.9 %	290	294	(5)	(1.6 %)	262	10.5 %
Valleywise Behavioral Health Center-Phoenix	86	69	17	24.6 %	64	33.5 %	79	69	10	14.6 %	57	38.0 %
Valleywise Behavioral Health Center-Mesa	103	113	(11)	(9.5 %)	107	(3.9 %)	101	114	(13)	(11.3 %)	103	(2.3 %)
Valleywise Behavioral Health Center-Maryvale	107	118	(11)	(9.7 %)	105	1.6 %	110	111	(2)	(1.6 %)	101	8.2 %
Total	512	459	53	11.6 %	452	13.4 %	484	478	6	1.2 %	449	7.7 %
ADJUSTED PATIENT DAYS												
Total	30,288	27,757	2,531	9.1 %	27,615	9.7 %	205,083	193,563	11,520	6.0 %	183,961	11.5 %

* Already included in 'Acute Admissions'.



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

VOLUMES

For the Seven Periods Ending January 31, 2024

	Jan-24 Actual	Jan-24 Budget	Jan-24 Variance	Jan-24 % Change	Prior Year Same Month Jan-23	Prior Year Same Month % Change	YTD Jan-24 YTD Actual	YTD Jan-24 YTD Budget	YTD Jan-24 YTD Variance	YTD Jan-24 % Change	YTD Prior Year Jan-23	YTD Prior Year % Change
OPERATING ROOM SURGERIES - ROOSEVELT												
Inpatient	400	383	17	4.4 %	340	17.6 %	2,574	2,450	124	5.1 %	2,669	(3.6 %)
Outpatient	274	269	5	1.9 %	262	4.6 %	2,018	1,721	297	17.3 %	1,862	8.4 %
Total	674	652	22	3.4 %	602	12.0 %	4,592	4,171	421	10.1 %	4,531	1.3 %
Inpatient Minutes	47,985	47,190	795	1.7 %	41,430	15.8 %	321,270	302,015	19,255	6.4 %	311,340	3.2 %
Outpatient Minutes	27,795	27,742	53	0.2 %	27,750	0.2 %	208,665	177,551	31,114	17.5 %	200,160	4.2 %
Total	75,780	74,932	848	1.1 %	69,180	9.5 %	529,935	479,566	50,369	10.5 %	511,500	3.6 %
OPERATING ROOM SURGERIES - PEORIA												
Outpatient	102	96	6	6.3 %	50	104.0 %	560	631	(71)	(11.3 %)	283	97.9 %
Outpatient Minutes	6,960	4,759	2,201	46.2 %	4,320	61.1 %	41,085	33,692	7,393	21.9 %	26,190	56.9 %
ENDOSCOPY PROCEDURES - ROOSEVELT												
Inpatient	74	80	(6)	(8.0 %)	85	(12.9 %)	555	655	(100)	(15.2 %)	594	(6.6 %)
Outpatient	164	179	(15)	(8.2 %)	180	(8.9 %)	1,263	1,454	(191)	(13.2 %)	1,297	(2.6 %)
Total	238	259	(21)	(8.1 %)	265	(10.2 %)	1,818	2,109	(291)	(13.8 %)	1,891	(3.9 %)
ENDOSCOPY PROCEDURES - PEORIA												
Outpatient	127	106	21	19.6 %	99	28.3 %	766	679	87	12.7 %	743	3.1 %
DELIVERIES												
Total	170	177	(7)	(4.0 %)	191	(11.0 %)	1,184	1,443	(259)	(17.9 %)	1,461	(19.0 %)
ED VISITS												
Roosevelt	5,613	4,647	966	20.8 %	5,086	10.4 %	37,690	35,173	2,517	7.2 %	35,577	5.9 %
Maryvale	3,228	2,927	301	10.3 %	3,004	7.5 %	22,335	20,512	1,823	8.9 %	21,081	5.9 %
Labor & Delivery	369	379	(10)	(2.6 %)	351	5.1 %	2,515	2,540	(25)	(1.0 %)	2,475	1.6 %
Burn	292	200	92	46.0 %	238	22.7 %	1,611	1,635	(24)	(1.5 %)	1,654	(2.6 %)
Total	9,502	8,153	1,349	16.5 %	8,679	9.5 %	64,151	59,860	4,291	7.2 %	60,787	5.5 %
AMBULATORY VISITS												
Valleywise Community Health Centers	14,326	15,519	(1,193)	(7.7 %)	13,906	3.0 %	93,665	95,423	(1,758)	(1.8 %)	99,192	(5.6 %)
Valleywise Comprehensive Health Center-Phoenix	12,969	13,191	(222)	(1.7 %)	12,453	4.1 %	87,112	85,417	1,695	2.0 %	84,726	2.8 %
Valleywise Comprehensive Health Center-Peoria	4,269	3,491	778	22.3 %	3,089	38.2 %	22,876	22,165	711	3.2 %	21,570	6.1 %
Outpatient Behavioral Health	6,892	6,115	777	12.7 %	5,313	29.7 %	46,058	41,736	4,322	10.4 %	38,739	18.9 %
Dental	2,169	2,091	78	3.7 %	2,008	8.0 %	13,724	13,761	(37)	(0.3 %)	13,434	2.2 %
Total	40,625	40,407	218	0.5 %	36,769	10.5 %	263,435	258,502	4,933	1.9 %	257,661	2.2 %



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Period Ending January 31, 2024

	Jan-24 Actual	Jan-24 Budget	Jan-24 Variance	Jan-24 % Change	Prior Year Same Month Jan-23	Prior Year Same Month Variance	Prior Year Same Month % Change
Net Patient Service Revenue per APD	\$ 1,515	\$ 1,555	(\$ 40)	(2.5 %)	\$ 1,450	\$ 65	4.5 %
Salaries	\$ 29,803,794	\$ 30,958,903	\$ 1,155,108	3.7 %	\$ 26,296,776	(\$ 3,507,018)	(13.3 %)
Benefits	9,798,580	8,988,988	(809,592)	(9.0 %)	8,346,306	(1,452,275)	(17.4 %)
Contract Labor	5,217,362	5,908,989	691,627	11.7 %	7,892,727	2,675,365	33.9 %
Total Labor Costs	\$ 44,819,737	\$ 45,856,880	\$ 1,037,143	2.3 %	\$ 42,535,808	(\$ 2,283,928)	(5.4 %)
Supplies	\$ 10,027,146	\$ 8,108,813	(\$ 1,918,333)	(23.7 %)	\$ 8,154,420	(\$ 1,872,726)	(23.0 %)
Medical Service Fees	9,782,624	9,669,936	(112,688)	(1.2 %)	9,052,949	(729,674)	(8.1 %)
All Other *	13,479,677	10,650,747	(2,828,930)	(26.6 %)	12,203,546	(1,276,131)	(10.5 %)
Total	\$ 33,289,446	\$ 28,429,495	(\$ 4,859,951)	(17.1 %)	\$ 29,410,916	(\$ 3,878,531)	(13.2 %)
Total Operating and Non-Operating Expenses *	\$ 78,109,183	\$ 74,286,375	(\$ 3,822,808)	(5.1 %)	\$ 71,946,724	(\$ 6,162,459)	(8.6 %)
* Excludes Depreciation							
Tax Levy							
Property Tax	\$ 8,018,745	\$ 8,018,745	\$ 0	0.0 %	\$ 7,673,441	\$ 345,305	4.5 %
Bonds	4,433,605	4,433,605	0	0.0 %	3,094,397	1,339,208	43.3 %
Total Tax Levy	\$ 12,452,350	\$ 12,452,350	\$ 0	0.0 %	\$ 10,767,838	\$ 1,684,513	15.6 %
Patient Days - Acute	6,736	4,916	1,820	37.0 %	5,446	1,290	23.7 %
Patient Days - Behavioral Health	9,151	9,315	(164)	(1.8 %)	8,559	592	6.9 %
Patient Days - Total	15,887	14,231	1,656	11.6 %	14,005	1,882	13.4 %
Adjusted Patient Days	30,288	27,757	2,531	9.1 %	27,615	2,673	9.7 %
APD Ratio	1.91	1.95	(0.04)	(2.3 %)	1.97	(0.07)	(3.3 %)
Admissions - Acute	1,195	1,103	92	8.3 %	1,028	167	16.2 %
Admissions - Behavioral Health	384	397	(13)	(3.3 %)	338	46	13.6 %
Admissions - Total	1,579	1,500	79	5.3 %	1,366	213	15.6 %
Adjusted Admissions	3,010	2,926	85	2.9 %	2,694	317	11.8 %



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Period Ending January 31, 2024

	Jan-24 Actual	Jan-24 Budget	Jan-24 Variance	Jan-24 % Change	Prior Year Same Month Jan-23	Prior Year Same Month Variance	Prior Year Same Month % Change
Average Daily Census - Acute	217	159	59	37.0 %	176	42	23.7 %
Average Daily Census - Behavioral Health	295	300	(5)	(1.8 %)	276	19	6.9 %
Average Daily Census - Total	512	459	53	11.6 %	452	61	13.4 %
Adjusted Occupied Beds - Acute	414	309	105	33.9 %	346	68	19.6 %
Adjusted Occupied Beds - Behavioral Health	563	586	(23)	(4.0 %)	544	18	3.4 %
Adjusted Occupied Beds - Total	977	895	82	9.1 %	891	86	9.7 %
Paid FTEs - Payroll	3,948	3,851	(97)	(2.5 %)	3,580	(369)	(10.3 %)
Paid FTEs - Contract Labor	431	446	14	3.2 %	527	96	18.2 %
Paid FTEs - Total	4,380	4,297	(83)	(1.9 %)	4,107	(273)	(6.6 %)
FTEs per AOB	4.48	4.80	0.32	6.6 %	4.61	0.13	2.8 %
FTEs per AOB (w/o Residents)	4.29	4.57	0.29	6.3 %	4.40	0.11	2.6 %
Benefits as a % of Salaries	32.9 %	29.0 %	(3.8 %)	(13.2 %)	31.7 %	(1.1 %)	(3.6 %)
Labor Costs as a % of Net Patient Revenue	97.7 %	106.3 %	8.6 %	8.1 %	106.2 %	8.5 %	8.0 %
Salaries and Contract Labor per APD	\$ 1,156	\$ 1,328	\$ 172	12.9 %	\$ 1,238	\$ 82	6.6 %
Benefits per APD	324	324	0	0.1 %	302	(21)	(7.0 %)
Supplies per APD	331	292	(39)	(13.3 %)	295	(36)	(12.1 %)
Medical Service Fees per APD	323	348	25	7.3 %	328	5	1.5 %
All Other Expenses per APD *	445	384	(61)	(16.0 %)	442	(3)	(0.7 %)
Total Expenses per APD *	\$ 2,579	\$ 2,676	\$ 97	3.6 %	\$ 2,605	\$ 26	1.0 %
Salaries and Contract Labor per Adj. Admission	\$ 11,634	\$ 12,602	\$ 968	7.7 %	\$ 12,693	\$ 1,060	8.3 %
Benefits per Adj. Admission	3,255	3,072	(183)	(5.9 %)	3,099	(156)	(5.0 %)
Supplies per Adj. Admission	3,331	2,772	(559)	(20.2 %)	3,027	(304)	(10.0 %)
Medical Service Fees per Adj. Admission	3,250	3,305	56	1.7 %	3,361	111	3.3 %
All Other Expenses per Adj. Admission *	4,478	3,640	(837)	(23.0 %)	4,531	53	1.2 %
Total Expenses per Adj. Admission *	\$ 25,947	\$ 25,391	(\$ 556)	(2.2 %)	\$ 26,711	\$ 764	2.9 %

* Excludes Depreciation



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Seven Periods Ending January 31, 2024

	Jan-24 YTD Actual	Jan-24 YTD Budget	Jan-24 YTD Variance	YTD Jan-24 % Change	YTD Prior Year Jan-23	YTD Prior Year Variance	YTD Prior Year % Change
Net Patient Service Revenue per APD	\$ 1,464	\$ 1,564	(\$ 100)	(6.4 %)	\$ 1,567	(\$ 103)	(6.5 %)
Salaries	\$ 191,785,457	\$ 182,626,276	(\$ 9,159,181)	(5.0 %)	\$ 172,344,043	(\$ 19,441,413)	(11.3 %)
Benefits	57,196,402	53,901,867	(3,294,535)	(6.1 %)	50,931,838	(6,264,564)	(12.3 %)
Contract Labor	41,831,315	45,314,425	3,483,111	7.7 %	49,519,030	7,687,715	15.5 %
Total Labor Costs	\$ 290,813,174	\$ 281,842,568	(\$ 8,970,606)	(3.2 %)	\$ 272,794,911	(\$ 18,018,263)	(6.6 %)
Supplies	\$ 68,134,569	\$ 57,109,001	(\$ 11,025,568)	(19.3 %)	\$ 57,113,601	(\$ 11,020,968)	(19.3 %)
Medical Service Fees	58,346,532	66,915,443	8,568,911	12.8 %	60,873,177	2,526,644	4.2 %
All Other *	86,503,465	84,205,715	(2,297,750)	(2.7 %)	95,347,518	8,844,053	9.3 %
Total	\$ 212,984,566	\$ 208,230,159	(\$ 4,754,407)	(2.3 %)	\$ 213,334,296	\$ 349,730	0.2 %
Total Operating and Non-Operating Expenses *	\$ 503,797,740	\$ 490,072,727	(\$ 13,725,013)	(2.8 %)	\$ 486,129,207	(\$ 17,668,533)	(3.6 %)
* Excludes Depreciation							
Tax Levy							
Property Tax	\$ 56,131,218	\$ 56,131,218	\$ 0	0.0 %	\$ 54,437,809	\$ 1,693,409	3.1 %
Bonds	31,035,235	31,035,235	0	0.0 %	21,952,639	9,082,597	41.4 %
Total Tax Levy	\$ 87,166,453	\$ 87,166,453	\$ 0	0.0 %	\$ 76,390,447	\$ 10,776,006	14.1 %
Patient Days - Acute	41,713	39,466	2,247	5.7 %	40,232	1,481	3.7 %
Patient Days - Behavioral Health	62,259	63,264	(1,005)	(1.6 %)	56,321	5,938	10.5 %
Patient Days - Total	103,972	102,730	1,242	1.2 %	96,553	7,419	7.7 %
Adjusted Patient Days	205,083	193,563	11,520	6.0 %	183,961	21,122	11.5 %
APD Ratio	1.97	1.88	0.09	4.7 %	1.91	0.07	3.5 %
Admissions - Acute	7,749	7,431	318	4.3 %	7,687	62	0.8 %
Admissions - Behavioral Health	2,595	2,688	(93)	(3.5 %)	2,303	292	12.7 %
Admissions - Total	10,344	10,119	225	2.2 %	9,990	354	3.5 %
Adjusted Admissions	20,403	19,066	1,337	7.0 %	19,034	1,370	7.2 %



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Seven Periods Ending January 31, 2024

	Jan-24 YTD Actual	Jan-24 YTD Budget	Jan-24 YTD Variance	YTD Jan-24 % Change	YTD Prior Year Jan-23	YTD Prior Year Variance	YTD Prior Year % Change
Average Daily Census - Acute	194	184	10	5.7 %	187	7	3.7 %
Average Daily Census - Behavioral Health	290	294	(5)	(1.6 %)	262	28	10.5 %
Average Daily Census - Total	484	478	6	1.2 %	449	35	7.7 %
Adjusted Occupied Beds - Acute	383	346	37	10.6 %	357	26	7.3 %
Adjusted Occupied Beds - Behavioral Health	571	554	17	3.0 %	499	72	14.4 %
Adjusted Occupied Beds - Total	954	900	54	6.0 %	856	98	11.5 %
Paid FTEs - Payroll	3,742	3,560	(182)	(5.1 %)	3,454	(287)	(8.3 %)
Paid FTEs - Contract Labor	458	481	23	4.7 %	497	39	7.8 %
Paid FTEs - Total	4,200	4,041	(160)	(3.9 %)	3,952	(249)	(6.3 %)
FTEs per AOB	4.40	4.49	0.08	1.9 %	4.62	0.22	4.7 %
FTEs per AOB (w/o Residents)	4.20	4.26	0.07	1.5 %	4.40	0.20	4.6 %
Benefits as a % of Salaries	29.8 %	29.5 %	(0.3 %)	(1.0 %)	29.6 %	(0.3 %)	(0.9 %)
Labor Costs as a % of Net Patient Revenue	96.9 %	93.1 %	(3.7 %)	(4.0 %)	94.7 %	(2.2 %)	(2.3 %)
Salaries and Contract Labor per APD	\$ 1,139	\$ 1,178	\$ 38	3.3 %	\$ 1,206	\$ 67	5.5 %
Benefits per APD	279	278	(0)	(0.2 %)	277	(2)	(0.7 %)
Supplies per APD	332	295	(37)	(12.6 %)	310	(22)	(7.0 %)
Medical Service Fees per APD	285	346	61	17.7 %	331	46	14.0 %
All Other Expenses per APD *	422	435	13	3.0 %	518	97	18.6 %
Total Expenses per APD *	\$ 2,457	\$ 2,532	\$ 75	3.0 %	\$ 2,643	\$ 186	7.0 %
Salaries and Contract Labor per Adj. Admission	\$ 11,450	\$ 11,955	\$ 505	4.2 %	\$ 11,656	\$ 206	1.8 %
Benefits per Adj. Admission	2,803	2,827	24	0.8 %	2,676	(127)	(4.8 %)
Supplies per Adj. Admission	3,339	2,995	(344)	(11.5 %)	3,001	(339)	(11.3 %)
Medical Service Fees per Adj. Admission	2,860	3,510	650	18.5 %	3,198	339	10.6 %
All Other Expenses per Adj. Admission *	4,240	4,417	177	4.0 %	5,009	770	15.4 %
Total Expenses per Adj. Admission *	\$ 24,692	\$ 25,704	\$ 1,012	3.9 %	\$ 25,540	\$ 848	3.3 %

* Excludes Depreciation

MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending January 31, 2024

OPERATING REVENUE

Patient Days, Admissions and Adjusted Patient Days

Acute Care	Actual	Budget	Variance	%Variance
MTD - Patient Days	6,736	4,916	1,820	37.0%
YTD - Patient Days	41,713	39,466	2,247	5.7%
MTD - Admissions	1,195	1,103	92	8.3%
YTD - Admissions	7,749	7,431	318	4.3%
MTD - Average Length of Stay (ALOS)	5.6	4.5	(1.2)	-26.5%
YTD - Average Length of Stay (ALOS)	5.4	5.3	(0.1)	-1.4%
MTD - Average Daily Census (ADC)	217	159	59	37.0%
YTD - Average Daily Census (ADC)	194	184	10	5.7%
Behavioral Health	Actual	Budget	Variance	%Variance
MTD - Patient Days	9,151	9,315	(164)	-1.8%
YTD - Patient Days	62,259	63,264	(1,005)	-1.6%
MTD - Admissions	384	397	(13)	-3.3%
YTD - Admissions	2,595	2,688	(93)	-3.5%
MTD - Average Length of Stay (ALOS)	23.8	23.5	(0.4)	-1.6%
YTD - Average Length of Stay (ALOS)	24.0	23.5	(0.5)	-1.9%
MTD - Average Daily Census (ADC)	295	300	(5)	-1.8%
YTD - Average Daily Census (ADC)	290	294	(4)	-1.5%
Adjusted Patient Days (APD)	Actual	Budget	Variance	%Variance
Month-to-Date	30,288	27,757	2,531	9.1%
Year-to-Date	205,083	193,563	11,520	6.0%

Net patient service revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 45,887,358	\$ 43,151,931	\$ 2,735,427	6.3%
Year-to-Date	\$ 300,263,654	\$ 302,668,458	\$ (2,404,804)	-0.8%
Month-to-Date Per APD	\$ 1,515	\$ 1,555	\$ (40)	-2.5%
Year-to-Date Per APD	\$ 1,464	\$ 1,564	\$ (100)	-6.4%

Other operating revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 14,763,267	\$ 12,981,921	\$ 1,781,345	13.7%
Year-to-Date	\$ 102,517,226	\$ 90,912,030	\$ 11,605,196	12.8%

The majority of the negative variance for the month is in the ; while the majority of the positive variances are in 340(b) program, Health II, other miscellaneous operating revenue, retail pharmacies revenues, other incentives, offsetting revenue grants/research & foundation.

Total operating revenues

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 60,650,625	\$ 56,133,852	\$ 4,516,772	8.0%
Year-to-Date	\$ 402,780,880	\$ 393,580,488	\$ 9,200,393	2.3%

MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending January 31, 2024

OPERATING EXPENSES

Salaries and wages

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 29,803,794	\$ 30,958,903	\$ 1,155,108	3.7%
Year-to-Date	\$ 191,785,457	\$ 182,626,276	\$ (9,159,181)	-5.0%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's - Payroll</i>	3,948	3,851	(97)	-2.5%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's - Payroll (w/o Residents)</i>	3,946	3,847	(99)	-2.6%

	Actual	Budget	Variance	%Variance
<i>Salaries per FTE's - Payroll</i>	\$ 7,548	\$ 8,039	\$ 491	6.1%

Contract labor

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 5,217,362	\$ 5,908,989	\$ 691,627	11.7%
Year-to-Date	\$ 41,831,315	\$ 45,314,425	\$ 3,483,111	7.7%

	Actual	Budget	Variance	%Variance
<i>FTE's - Contract Labor incl Outsource</i>	431	446	14	3.1%

	Actual	Budget	Variance	%Variance
<i>FTE's - Contract Labor</i>				
Nursing operations - Acute	124	135	11	8.1%
Revenue Cycle	-	-	-	-100.0%
Behavioral Health	51	31	(20)	-65.4%
Information Technology	-	-	-	-100.0%
Support Services	4	10	6	62.6%
Interns & Residents	193	202	9	4.5%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's - Payroll & Contract Labor</i>	4,380	4,297	(83)	-1.9%

	Actual	Budget	Variance	%Variance
<i>Adjusted Occupied Beds (AOB)</i>	977	895	82	9.1%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's per AOB</i>	4.48	4.80	0.32	6.6%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's per AOB (w/o Residents)</i>	4.28	4.57	0.29	6.2%

Employee benefits

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 9,798,580	\$ 8,988,988	\$ (809,592)	-9.0%
Year-to-Date	\$ 57,196,402	\$ 53,901,867	\$ (3,294,535)	-6.1%

The primary negative variances for the month are in the net medical expenses, and the paid leave accrual.

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending January 31, 2024**

Benefits as a % of salaries

	Actual	Budget	Variance	%Variance
Month-to-Date	32.9%	29.0%	-3.8%	-13.2%
Year-to-Date	29.8%	29.5%	-0.3%	-1.0%

Medical service fees

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 9,782,624	\$ 9,669,936	\$ (112,688)	-1.2%
Year-to-Date	\$ 58,346,532	\$ 66,915,443	\$ 8,568,911	12.8%

The majority of the negative variance for the month is in DMG staffing fees; while the majority of the positive variance for the month is in APSI related payment.

Supplies

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 10,027,146	\$ 8,108,813	\$ (1,918,333)	-23.7%
Year-to-Date	\$ 68,134,569	\$ 57,109,001	\$ (11,025,568)	-19.3%

The negative variances for the month are primarily in surgery related medical supplies (implants), pharmaceuticals, and laboratory supplies.

Purchased services

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 5,693,098	\$ 4,617,244	\$ (1,075,855)	-23.3%
Year-to-Date	\$ 34,687,926	\$ 33,151,782	\$ (1,536,144)	-4.6%

The major negative variances for the month are in laundry & dry cleaning services, management fees, consulting & management fees, other professional fees, translation & interpreting services, other services, and advertising services.

Other expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 5,982,246	\$ 5,292,718	\$ (689,528)	-13.0%
Year-to-Date	\$ 39,959,761	\$ 37,040,846	\$ (2,918,915)	-7.9%

The major negative variances for the month are in risk management expenses, repair & maintenance, and rent expense. The major positive variance for the month is in other miscellaneous expenses.

Depreciation

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 5,883,841	\$ 5,883,841	\$ (0)	0.0%
Year-to-Date	\$ 17,911,582	\$ 32,477,314	\$ 14,565,732	44.8%

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending January 31, 2024**

Total operating expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 82,188,691	\$ 79,429,431	\$ (2,759,260)	-3.5%
Year-to-Date	\$ 509,853,545	\$ 508,536,954	\$ (1,316,591)	-0.3%

Operating income (loss)

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ (21,538,066)	\$ (23,295,579)	\$ 1,757,513	7.5%
Year-to-Date	\$ (107,072,665)	\$ (114,956,466)	\$ 7,883,802	6.9%

Non-operating revenues (expenses)

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 12,107,934	\$ 13,094,369	\$ (986,436)	-7.5%
Year-to-Date	\$ 89,362,854	\$ 84,605,308	\$ 4,757,546	5.6%

The major positive variance for the month is in capital related grant revenues; while majority of the negative variances are in local match related expenses.

Excess of revenues over expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ (9,430,133)	\$ (10,201,210)	\$ 771,077	-7.6%
Year-to-Date	\$ (17,709,810)	\$ (30,351,158)	\$ 12,641,348	-41.7%

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending January 31, 2024**

ASSETS

Cash and cash equivalents - Delivery system

Jan-24	Jun-23	Change	% change
\$ 152,448,917	\$ 241,214,127	\$ (88,765,210)	-36.8%

Cash and cash equivalents - Bond (restricted)

Jan-24	Jun-23	Change	% change
\$ 84,205,557	\$ 166,504,192	\$ (82,298,636)	-49.4%

Paid \$40.7M in principal and interest in July 2023 related to the 3rd and 4th bond offerings.

Patient A/R, net of allowances

Jan-24	Jun-23	Change	% change
\$ 99,773,739	\$ 85,709,368	\$ 14,064,371	16.4%

Other receivables and prepaid items

Jan-24	Jun-23	Change	% change
\$ 65,989,294	\$ 42,225,086	\$ 23,764,208	56.3%

FY24 other receivables / prepaids includes:

\$20.1M in prepaids/deposits

\$12.3M in inventories

\$11.9M receivables from grants & research sponsors

\$10.7M in Health II

\$3.4M due from other receivables

\$2.6M due from Wellpartner/340B program

\$2.1M in Psych subsidy

\$1.5M in retail pharmacy receivable

\$654K due from other hospital - resident rotation

\$602K due from Home Assist Health

\$200K due from Health Foundation

Estimated amounts due from third party payors

Jan-24	Jun-23	Change	% change
\$ 83,624,512	\$ 50,640,640	\$ 32,983,872	65.1%

FY24 due from third party payors includes:

\$80.8M due from AHCCCS for GME - FY2024

\$2.5M due from AHCCCS for DSH - FY2024

\$379K due from First Things First

Due from related parties

Jan-24	Jun-23	Change	% change
\$ 1,818,583	\$ 3,376,279	\$ (1,557,695)	-46.1%

FY24 due from related parties includes:

\$1.8M due from Public Health Ryan White Part A programs

Other Current Assets

Jan-24	Jun-23	Change	% change
\$ 2,516,402	\$ 2,516,402	\$ -	0.0%

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending January 31, 2024**

Capital Assets, net

Jan-24	Jun-23	Change	% change
\$ 821,058,275	\$ 796,596,154	\$ 24,462,121	3.1%

Other Assets

Jan-24	Jun-23	Change	% change
\$ 5,005,017	\$ 5,005,017	\$ -	0.0%

Deferred outflows

Jan-24	Jun-23	Change	% change
\$ 56,462,313	\$ 56,462,313	\$ -	0.0%

LIABILITIES AND NET POSITION

Current maturities of long-term debt

Jan-24	Jun-23	Change	% change
\$ 34,905,910	\$ 43,216,702	\$ (8,310,792)	-19.2%

FY24 current maturities includes:

\$32.4M in Bond current portion and interest payable

\$2.5M in current portion - Lease Liability

Accounts payable

Jan-24	Jun-23	Change	% change
\$ 75,050,450	\$ 75,381,153	\$ (330,703)	-0.4%

FY24 accounts payable includes:

\$47.7M in vendor related expense accruals/estimates

\$4.9M due to DMG for annual recon and pass thru payments

\$22.4M in vendor approved payments

Accrued payroll and expenses

Jan-24	Jun-23	Change	% change
\$ 36,247,608	\$ 28,158,703	\$ 8,088,905	28.7%

Medical claims payable

Jan-24	Jun-23	Change	% change
\$ 18,070,273	\$ 18,892,539	\$ (822,266)	-4.4%

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending January 31, 2024**

Due to related parties

Jan-24	Jun-23	Change	% change
\$ 354,282	\$ 1,434	\$ 352,848	24608.6%

Timing of tax levy revenue accrual and actual collection received.

Other current liabilities

Jan-24	Jun-23	Change	% change
\$ 73,192,728	\$ 80,724,270	\$ (7,531,542)	-9.3%

FY24 other current liabilities includes:

\$28.1M in deferred income (Health Foundation)
\$13.5M in deferred income (MC ARPA)
\$8.8M in deferred income (FQHC)
\$7.5M in patient credit balances
\$6.1M in settlement reserved for Medicare

\$4.6M in other deferred income (TIP, Optum, APSI)
\$3.0M in deferred income for grants, research, & study residuals
\$921K in capitation payments
\$385K in unclaimed/stale dated checks
\$219K in other deferred income (Target distribution/High impact areas)

Bonds payable

Jan-24	Jun-23	Change	% change
\$ 604,228,401	\$ 640,746,278	\$ (36,517,877)	-5.7%

Reclassified current maturities portion of Bond payable

Other long-term debt

Jan-24	Jun-23	Change	% change
\$ 5,005,017	\$ 5,005,017	\$ -	0.0%

Long-term portion of lease liability

Long-term liabilities

Jan-24	Jun-23	Change	% change
\$ 356,444,644	\$ 356,444,644	\$ -	0.0%

Pension liability per ASRS report - GASB68

Deferred inflows

Jan-24	Jun-23	Change	% change
\$ 18,778,412	\$ 18,778,412	\$ -	0.0%

Net position

Jan-24	Jun-23	Change	% change
\$ 150,624,882	\$ 182,900,424	\$ (32,275,541)	-17.6%



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	1,207,534.39	
	Bank interest income received - YTD	<u>85,315.87</u>	36,255,644.29
LESS:	Consulting services expense	(547,601.00)	
	Valleywise Health Foundation Funding	(5,750,000.00)	
	Bank charges - transfer fees	<u>(50.00)</u>	(6,297,651.00)
Ending balance as of January 31, 2024		<u><u>\$</u></u>	<u><u>29,957,993.29</u></u>

7. Care Reimagined Update

February 26, 2024

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



632 Design & Construction Professionals Engaged



7 Decommission sites



Expanding High Quality Care



Over **27,724** total views on The Vine

Completion to Date:

Valleywise Health Medical Center Campus	90%
Valleywise Behavioral Health Center Maryvale	100%
Ambulatory Peoria	100%
South Phoenix/Laveen	100%
North Phoenix	100%
Mesa	100%
West Maryvale	100%

Approximately 14,323,446 Accumulative Man Hours For All Projects

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
Valleywise Behavioral Health Center-Phoenix (Annex)			N/A						N/A			

Valleywise Health Medical Center Campus

Budget alignment and escalation: Valleywise Health approved an alternate funding source for \$20M plus the cost of the additional beds. Industry material and labor shortages, and project changes have impacted the cost and schedule for the ACH, as well as future site and demolition work packages.

The project teams are making every effort to maintain the Go Live date of 4/11/24. Kitchell received a Temporary Certificate of Occupancy (TCO) for staff and stock on 2/2/24.

Valleywise Health Medical Center Campus

2601 E. Roosevelt St. Phoenix, AZ 85008

Vanir Project Director: Mike Miller
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. The new Central Utility Plant was built with an immediate connection to the existing site buildings for combined annual energy savings throughout the site construction duration.

Decommissioning of existing buildings, current Valleywise Health Medical Center, CAC (Administration Building), Hogan, and Central Energy Plant, to be phased post-Medical Center go-live. The laundry building decommissioning made way for the Piper Pavilion currently nearing completion (phased occupancy).

VHMC Acute Care & Ancillary Facilities Timeline

Final Design Completion	Dec 2020
Construction Contract-Substantial Completion	Oct. 30, 2023
Substantial Completion Based on Approved Change Orders	November 29, 2023
Substantial Completion Based on Observed Construction Progress (Estimated)	March 30, 2024
Activation/Licensing	Sept. 2023-April 2024
"Go-Live"	April 11, 2024

CONSTRUCTION UPDATE:

- All elevators have been certified except elevators 1, 3, and 4. These elevators are currently being inspected for certification.
- An initial Balance Report has been submitted for all air handling units except AHU 3-6 and the balance contractor is working to achieve the final pressure balance throughout the building
- Inspection of the fire dampers continues on level 2
- Temporary Certificate of Occupancy (TCO) was achieved on 2/2/24

EQUIPMENT & ACTIVATION UPDATE:

- Activation planning is ongoing and relocation planning is underway
- **NEXT 30 DAYS:**
 - Lab automation line installation with final connections is scheduled to be completed in February
 - Med gas testing and certification is projected to be complete in February
 - Activation is underway in Pharmacy, Central Sterile, and Surgery

Estimate at Completion	Paid to Date	Billed to Date	Percent Spent
\$616.6M	\$537.1M	\$551.4M	89%
Days w/o Incident	Manhours	Percent Complete	
928*	24,421	98%*	
*without loss of time		90%**	
		* Construction Complete	
		**Overall Complete	245/364

Valleywise Health Medical Center Campus

2601 E. Roosevelt St. Phoenix, AZ 85008



Valleywise Health Medical Center Campus

2601 E. Roosevelt St. Phoenix, AZ 85008

Level 2, Nuc Med Equipment



Level 2, Cath/Procedure Equipment



Level 1, ED Digital RAD



Valleywise Health Medical Center Campus

2601 E. Roosevelt St. Phoenix, AZ 85008

Acute Care Hospital

- Site fencing was removed and relocated on 2/5/24
- Phase 4B underground electrical is complete
- Steris light and boom start-up and commissioning are underway
- Access control integration is underway throughout the building
- Punch item corrections continue on all levels

Level 3, Lab



Level 2, Pyxis Equipment



Level 6, NICU



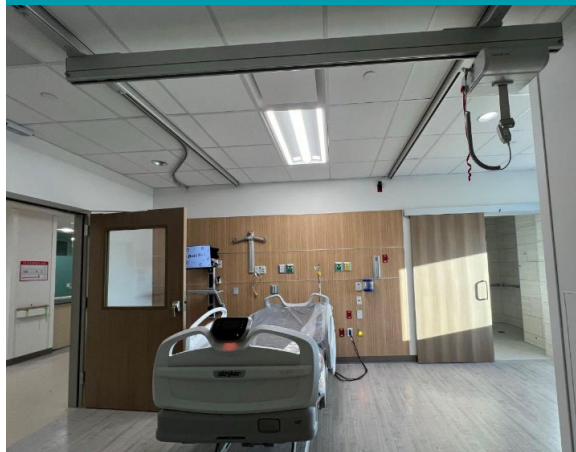
Valleywise Health Medical Center Campus

2601 E. Roosevelt St. Phoenix, AZ 85008

Level 4, Whiteboard Install



Level 8, Patient Lift



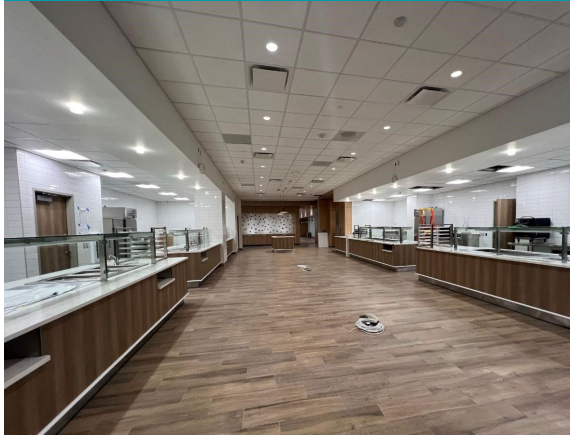
Level 9, Care Team Station



Valleywise Health Medical Center Campus

2601 E. Roosevelt St. Phoenix, AZ 85008

Level 1, Café Progress



Level 4, Waiting Area



Level 1, Nourishment Station



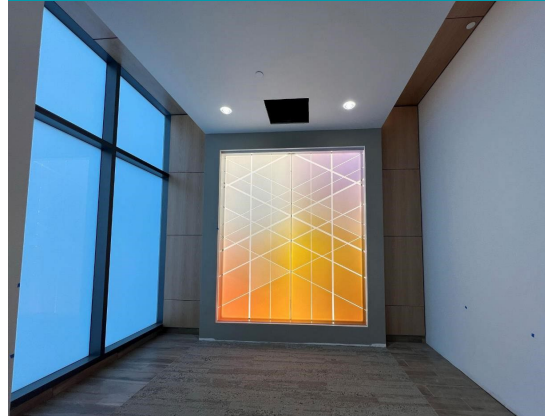
Valleywise Health Medical Center Campus

2601 E. Roosevelt St. Phoenix, AZ 85008

Level 1, Waiting Area Lighting



Level 1, Chapel



Level 3, Microbiology Lab Eyewash



February 26, 2024

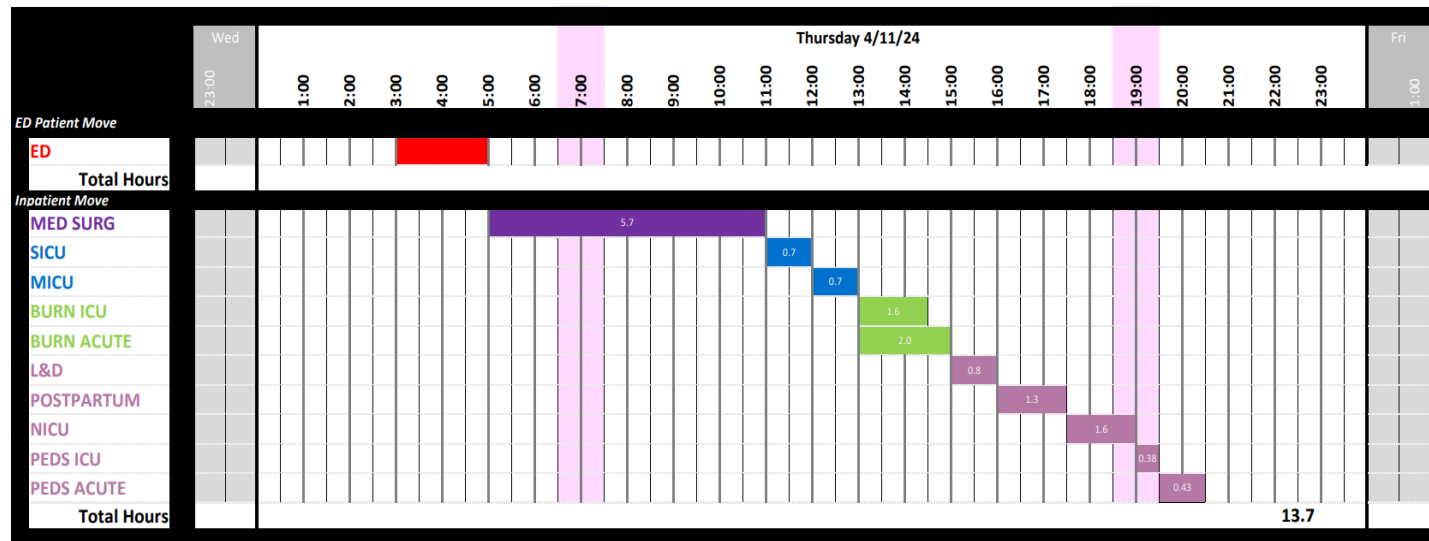
Care Reimagined Updates

Move Management Updates

Valleywise Health Medical Center Campus

2601 E. Roosevelt St. Phoenix, AZ 85008

PATIENT MOVE SCHEDULE



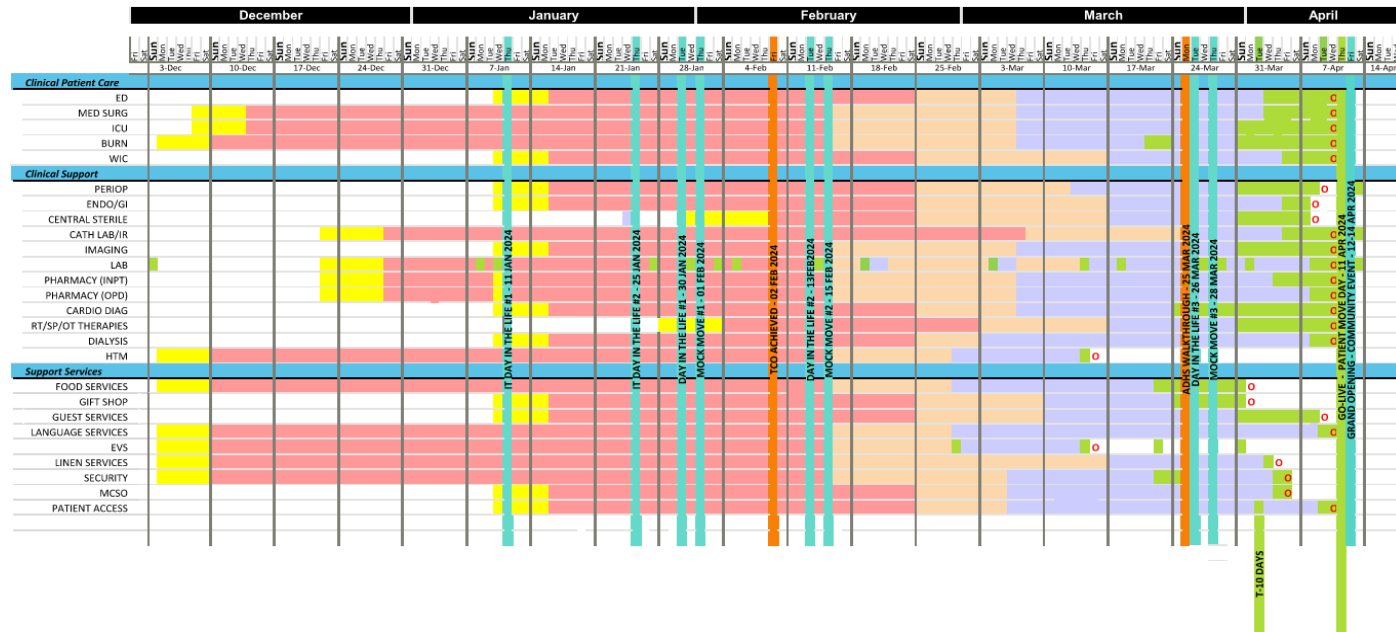
OPERATIONAL ASSUMPTIONS:

- Opening day activities will begin at 3:00am
- Support and Ancillary services will move prior to the Go-Live date and will be available to support dual operations through the duration of the patient move.
- Emergency Department (ED) services in the legacy MMC will close at 3:00 am while the ED services in the Acute Care Hospital (ACH) will open at 3:00 am.
- Any ED patients will be moved over at 3:00am.
- The following departments will be open in the ACH and available to provide services as needed starting at 3:00am: Burn ED, Perioperative, IR/Cath Lab, L & D, NICU, and Dialysis.
- The current assumption is that the inpatient move will take 13 hours. However, the patient move team will continue to validate staffing assumptions for the patient move, which may impact the move duration for each unit.

Valleywise Health Medical Center Campus

Overview of Move Schedule

2601 E. Roosevelt St. Phoenix, AZ 85008



OPENING DAY ASSUMPTIONS:

- Perioperative: Emergent cases only during week leading up to Go-Live. 4 ORs will be operational in ACH at 3 am on Go-Live date (including Burn, Robotics, Trauma, and General Surgery); 7 ORs will continue to be operational at Legacy Tower (moves will follow last patient). Resume normal OR schedule on day after Go-Live.
- Women's Services will pause elective inductions during week leading up to Go-Live. One C-Section room will be operational in ACH at 3 am on Go-Live date with general OR as a back-up option.
- Endo will do emergent cases only on Go-Live date.
- Outpatient Pharmacy will temporarily operate in the CHC, with curbside pick up available, the week prior to Go-Live, when Outpatient Pharmacy opens in the ACH.
- Comprehensive code cart plan will be in place for move day to support patient relocations with code teams supporting dual operations in ACH and Legacy Tower.

Day in the Life (DIL)

Outcomes Summary

Day in the Life Impact

Day in the Life (DIL) #1

21

Scenarios

200+

Participants
Involved

8

Hours

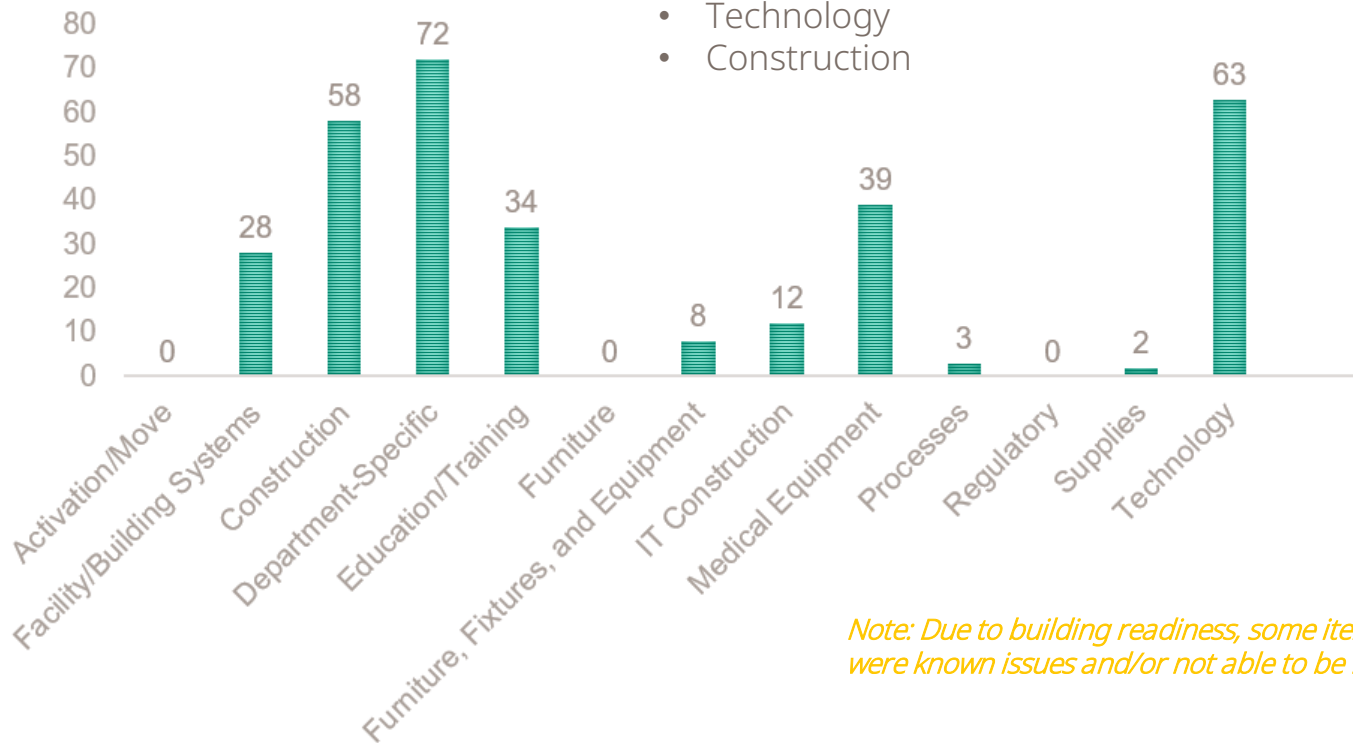


Action Items Identified (by Category)

Day in the Life (DIL) #1

Of the **319** action items identified, the majority fell within the following categories:

- Department-Specific
- Technology
- Construction



Note: Due to building readiness, some items identified were known issues and/or not able to be fully tested

Mock Move

Outcomes Summary

Mock Move Impact

Mock Move #1

30

"Mock"
Patients
Moved

200+

Participants
Involved

7

Hours

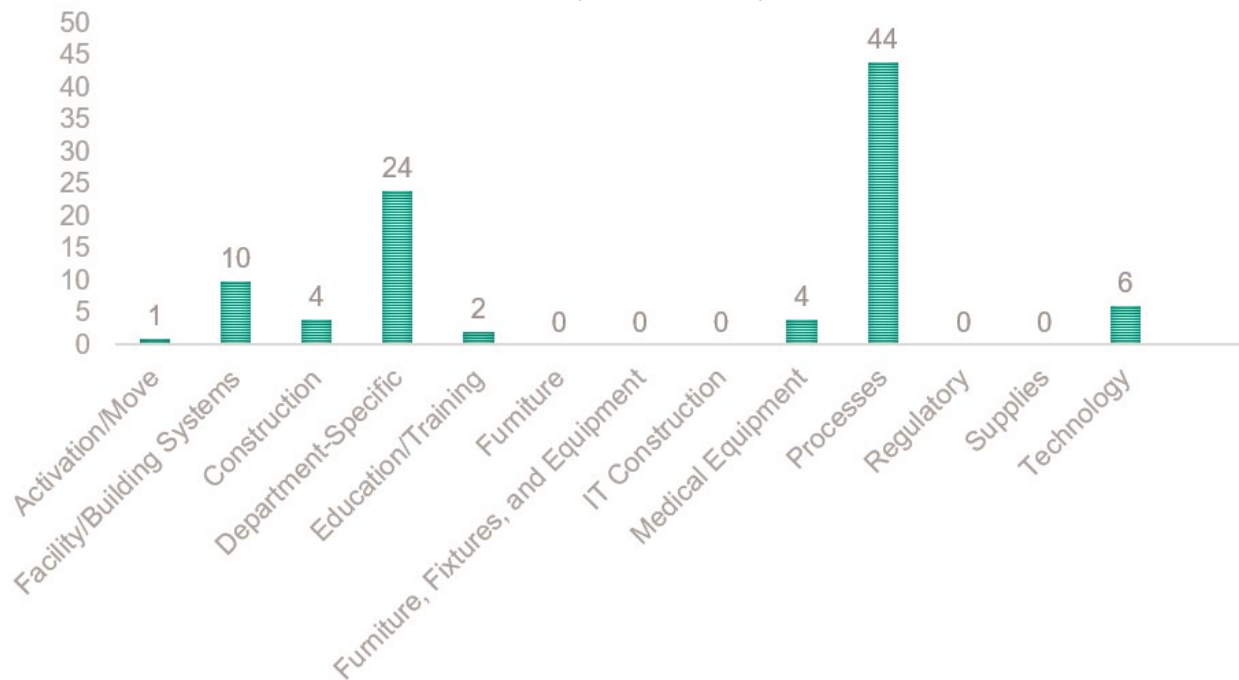


Action Items Identified (by Category)

Mock Move #1

Of the 95 action items identified, the majority fell within the following categories:

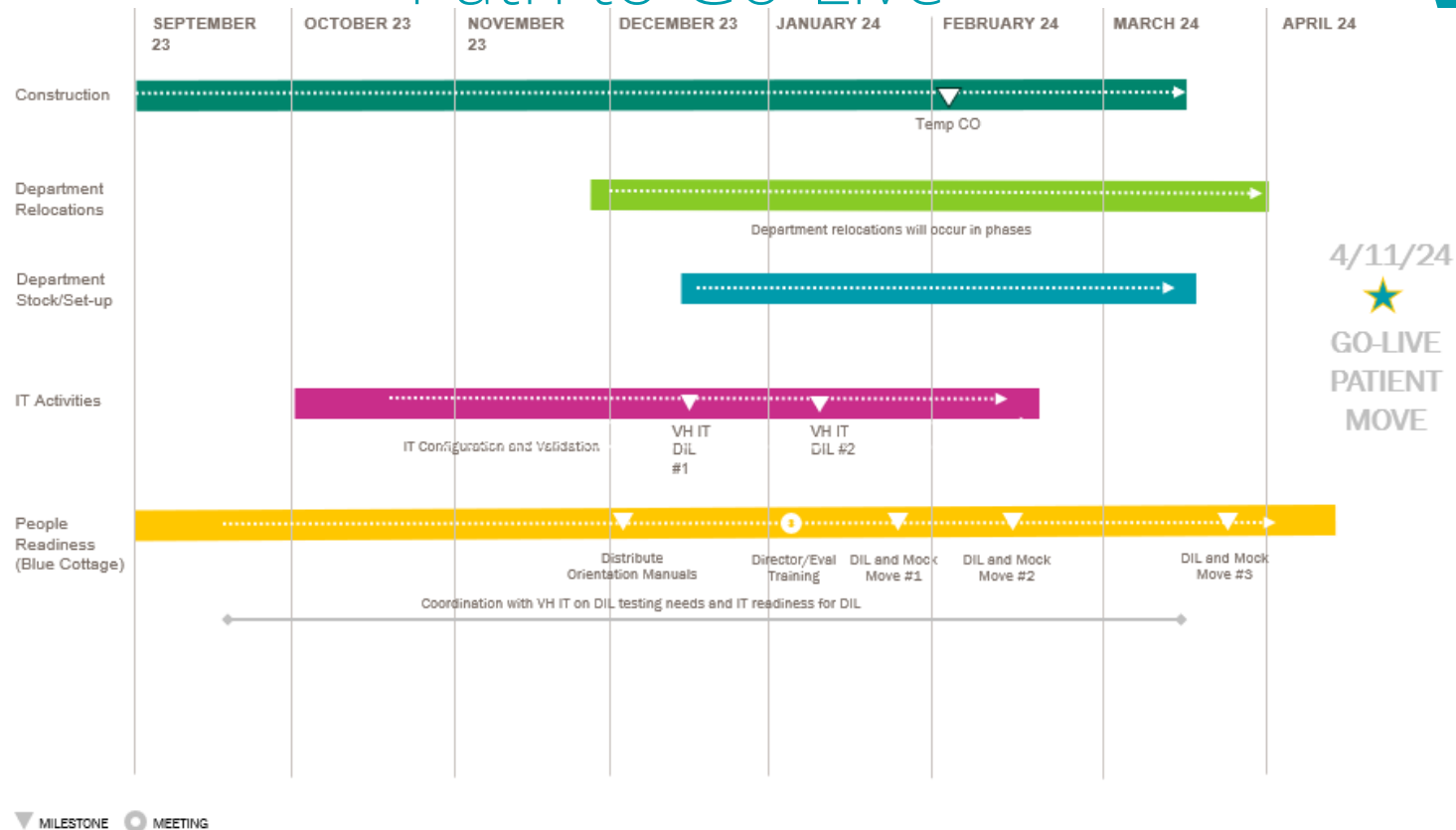
- Processes
- Department-Specific



DIL and Mock Move - Exercise Photos



Valleywise Health Medical Center Campus Path to Go-Live



Valleywise Health Medical Center Campus

Jan/Feb 2024 :

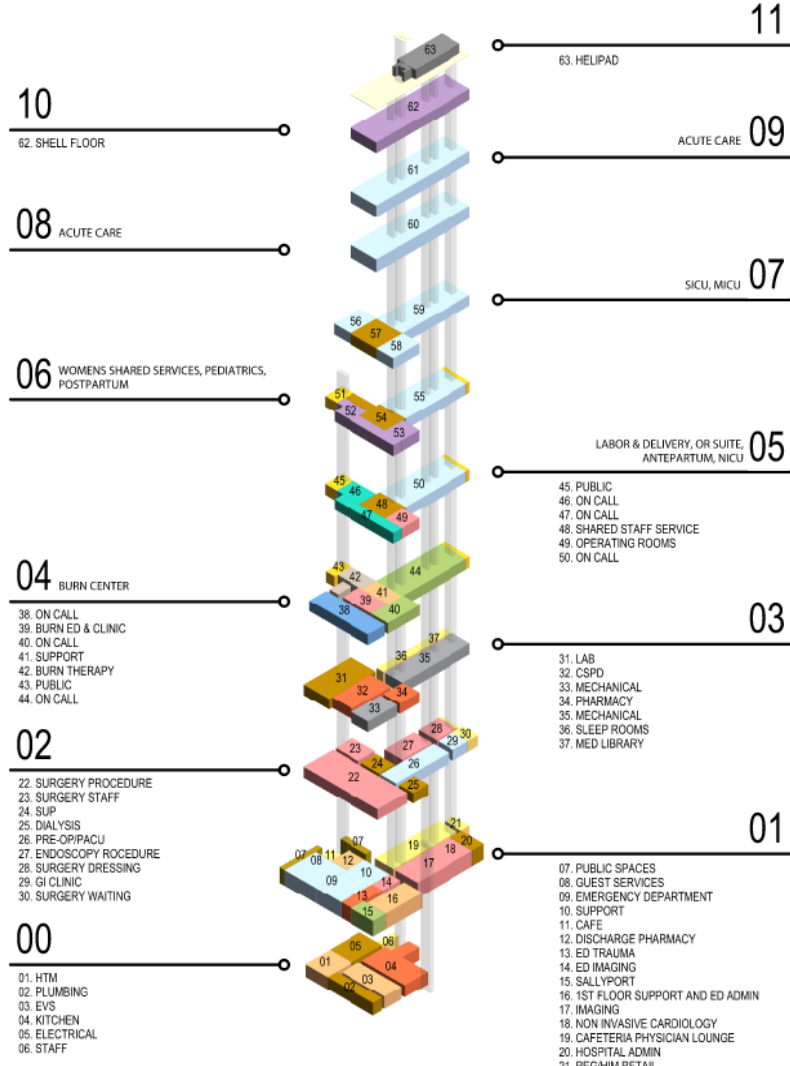
- Continue installation of lab automation lines for microbiology and the core lab
- Continue deployment of new equipment from the warehouse into final locations
- Finish the migration of the existing microbiology and molecular lab departments to the new lab in ACH
- Finalize the equipment travel route during the patient move
- Participate and support the Day in the Life exercises

Feb/Mar 2024:

- Conduct "Pack and Tag" seminars with all departments and distribute the Relocation Guides
- Continue deployment of new equipment from the warehouse into final locations
- Finish the migration of the existing histology, cytology and pathology labs to the new lab in ACH
- Start the migration of the existing Chemistry, Hematology and Core Lab operations to the new lab in ACH
- Participate and support the Day in the Life exercises

Valleywise Health Medical Center Campus

Departmental stacking diagram



Valleywise Health – Virginia G. Piper Charitable Trust Pavilion

2609 E. Roosevelt St. Phoenix, AZ 85008

Vanir Project Manager: Shannon Lobdell

Programming: Blue Cottage

CM at Risk: Kitchell Contractors Inc.

Architect: Cuningham Group Architecture Inc.

Project Information:

The Piper Pavilion scope comprises 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

Piper Pavilion Timeline

Final Design Completion	January 2021
Construction Completion	Nov 2023
Temporary Certificate of Occupancy (TCO) 1 st and 2 nd Floors	June 2023
Warehouse "Go Live"	June 2023
Temporary Certificate of Occupancy (TCO) 3 rd Floor	July 2023
Temporary Certificate of Occupancy (TCO) 4 th and 6 th Floors	August 2023
Activation (including 5 th Floor)	June –February 2024
Final Certificate of Occupancy (Completion of 5 th Floor)	November 2, 2023
5 th Floor Move-In	TBD

CONSTRUCTION UPDATE:

- Punch list activities are complete on level 5
- Final paint touch-up is underway on level 5

EQUIPMENT & ACTIVATION UPDATE:

Level 5 activation activities have begun

NEXT 30 DAYS:

- Activation activities on level 5 will continue

Estimate at Completion	Paid to Date	Billed to Date	Percent Spent
\$49.8M	\$45.6M	\$46.8M	94%
Days w/o Incident	Manhours	Percent Complete	
747**	1,235**	99%	

** No updates since Substantial Completion

Valleywise Health – Virginia G. Piper Charitable Trust Pavilion

2609 E. Roosevelt St. Phoenix, AZ 85008



Valleywise Health – Virginia G. Piper Charitable Trust Pavilion

2609 E. Roosevelt St. Phoenix, AZ 85008

Level 5, Open Office



Level 5, Office



Level 5, Conference Rm



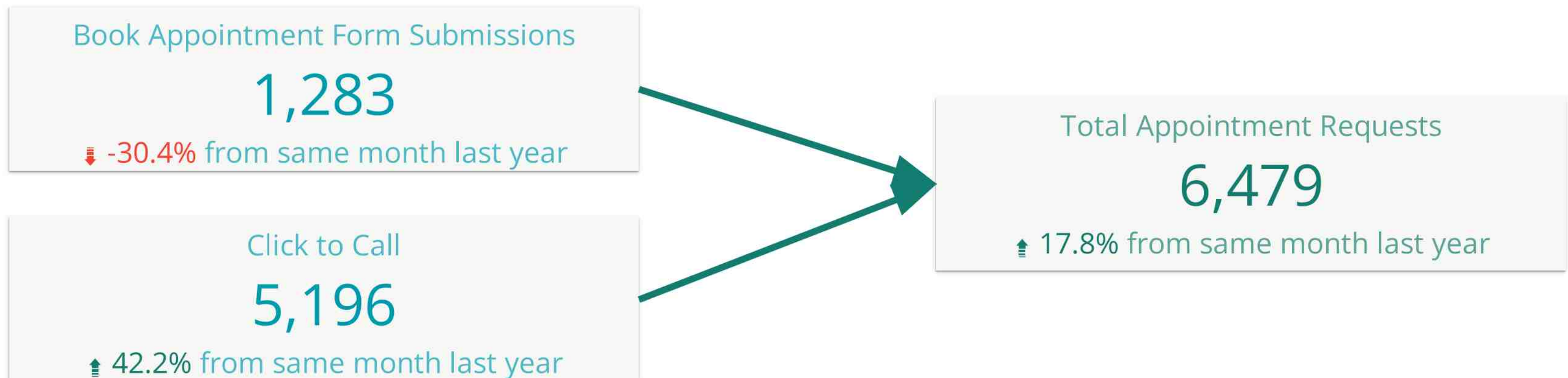
Conclusion – Discussion – Q&A – Next Steps



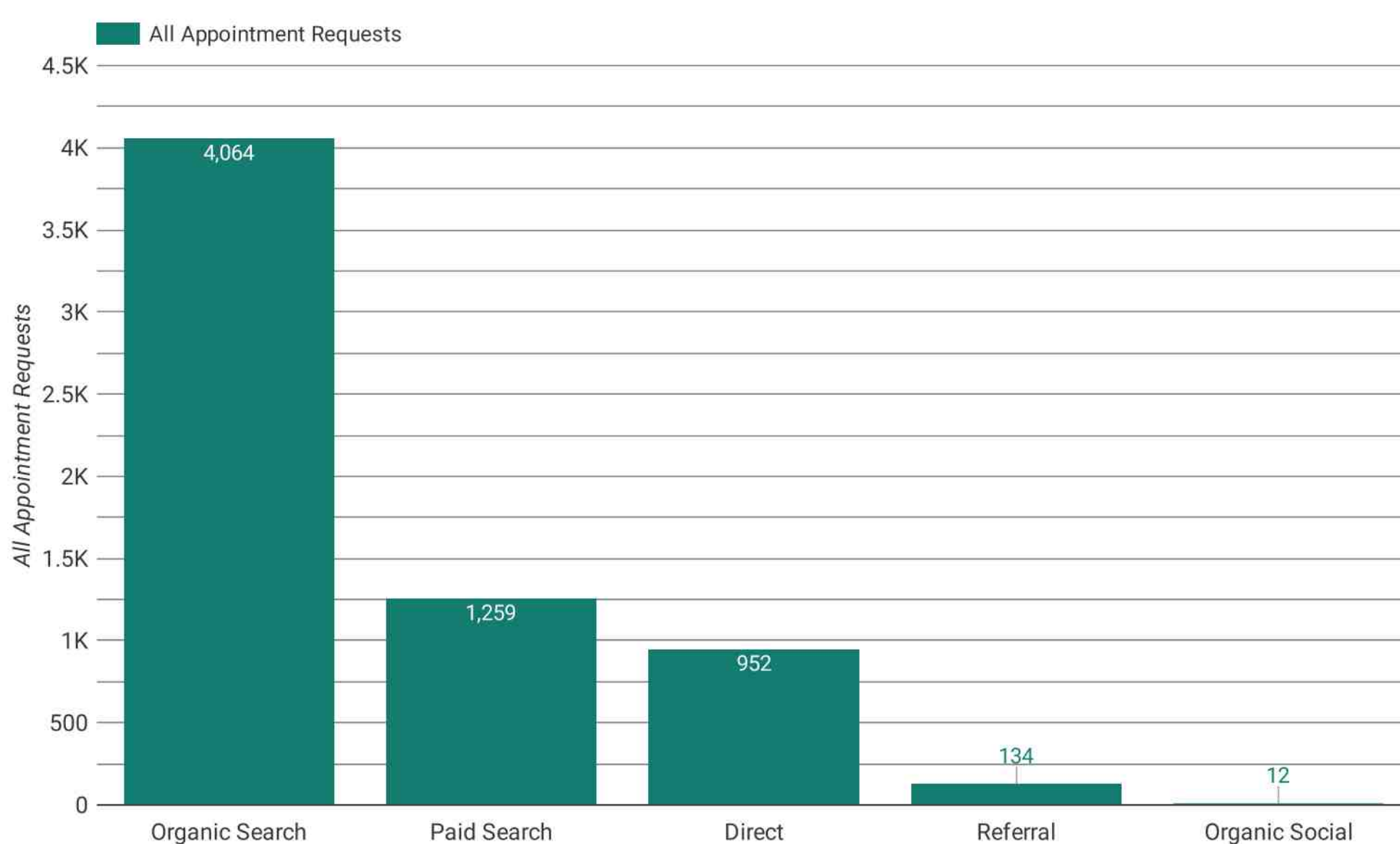
8.a. Reports to the Board - Monthly Marketing and Communications Report (January 2024)

Jan 1, 2024 - Jan 31, 2024

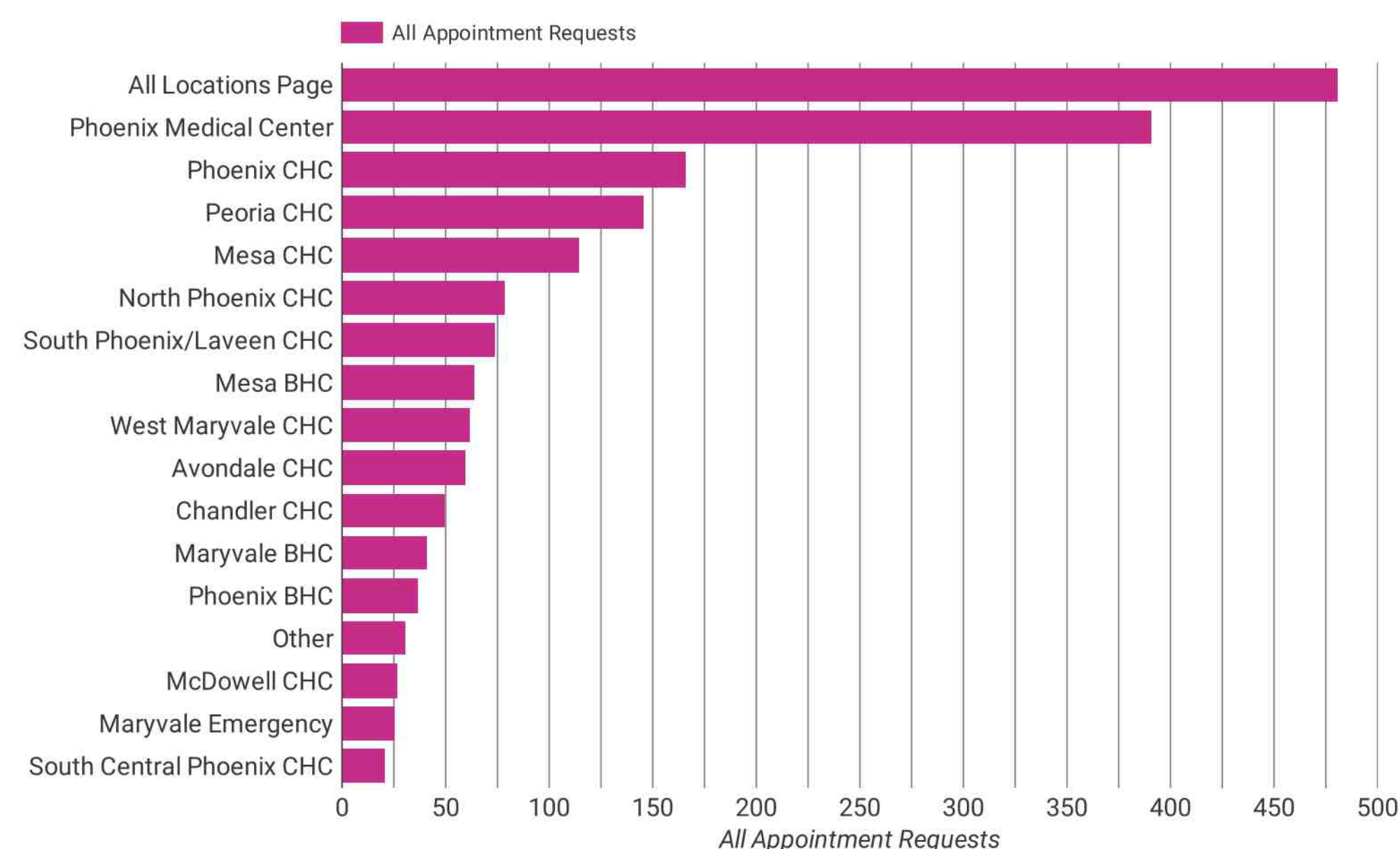
How Many People Are Visiting Valleywise



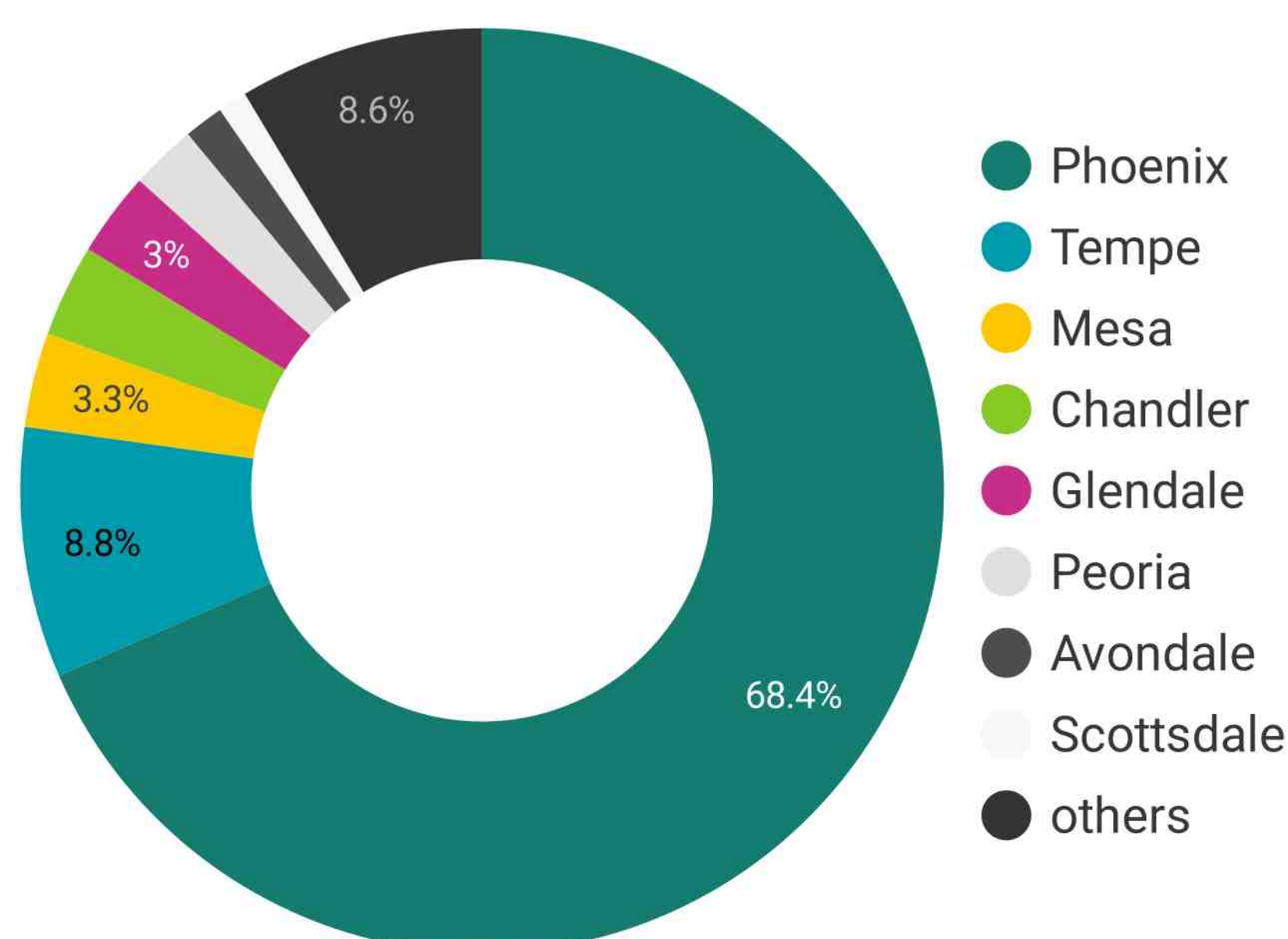
What Marketing Channels Are Driving Visits?



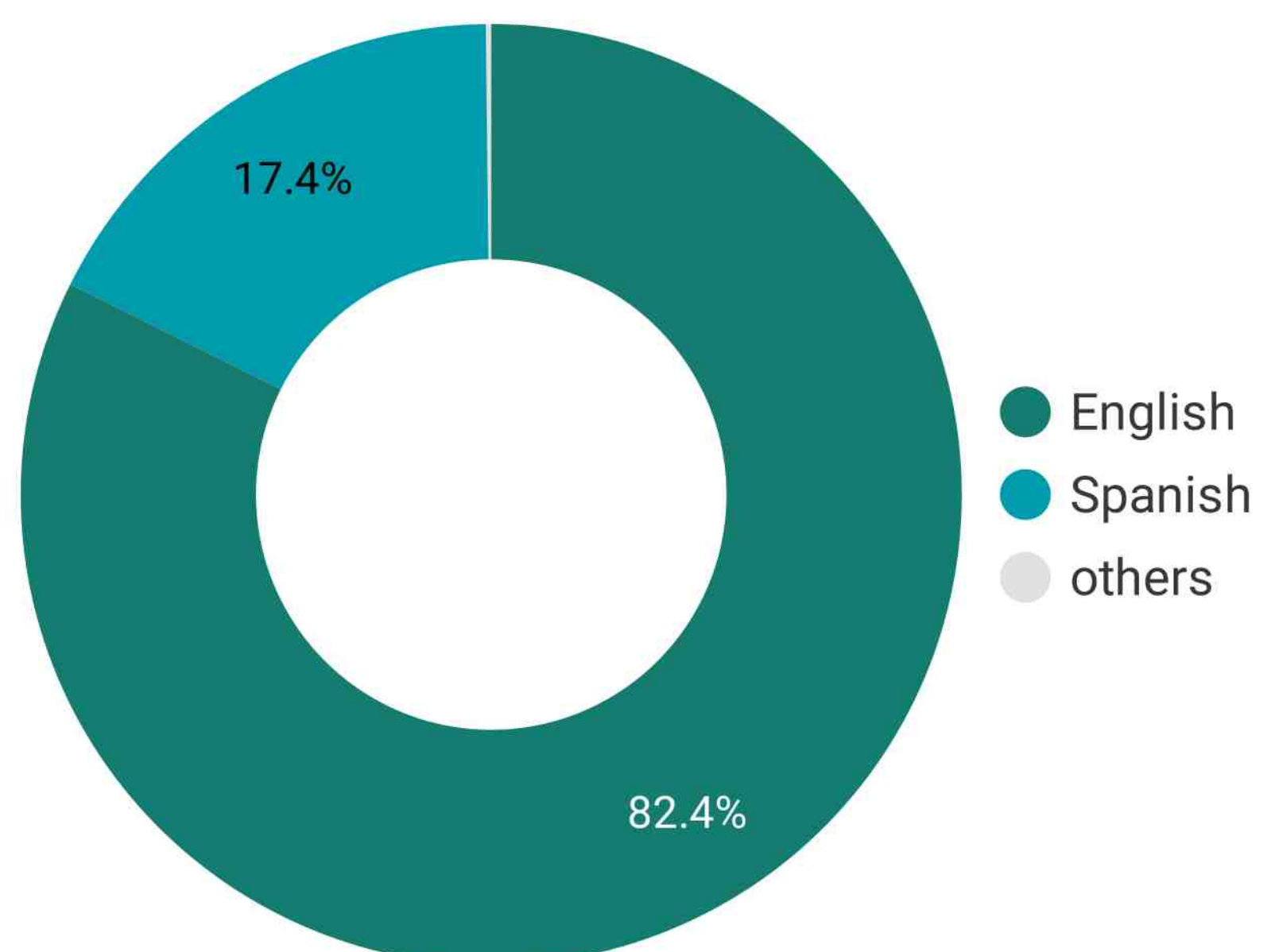
Location Pages Viewed Before Requesting an Appointment



Where Are People in Arizona Making Appointments From?

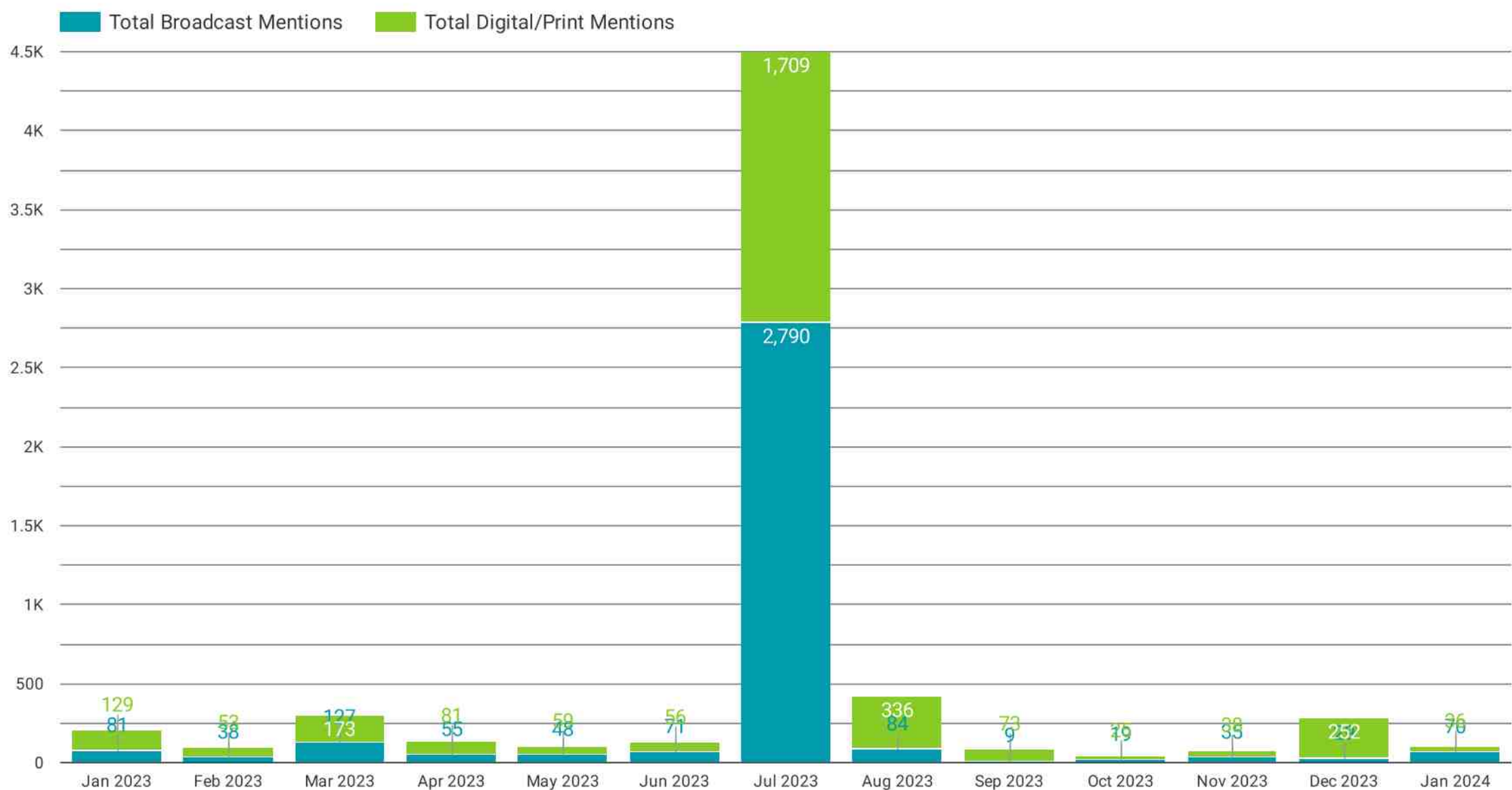
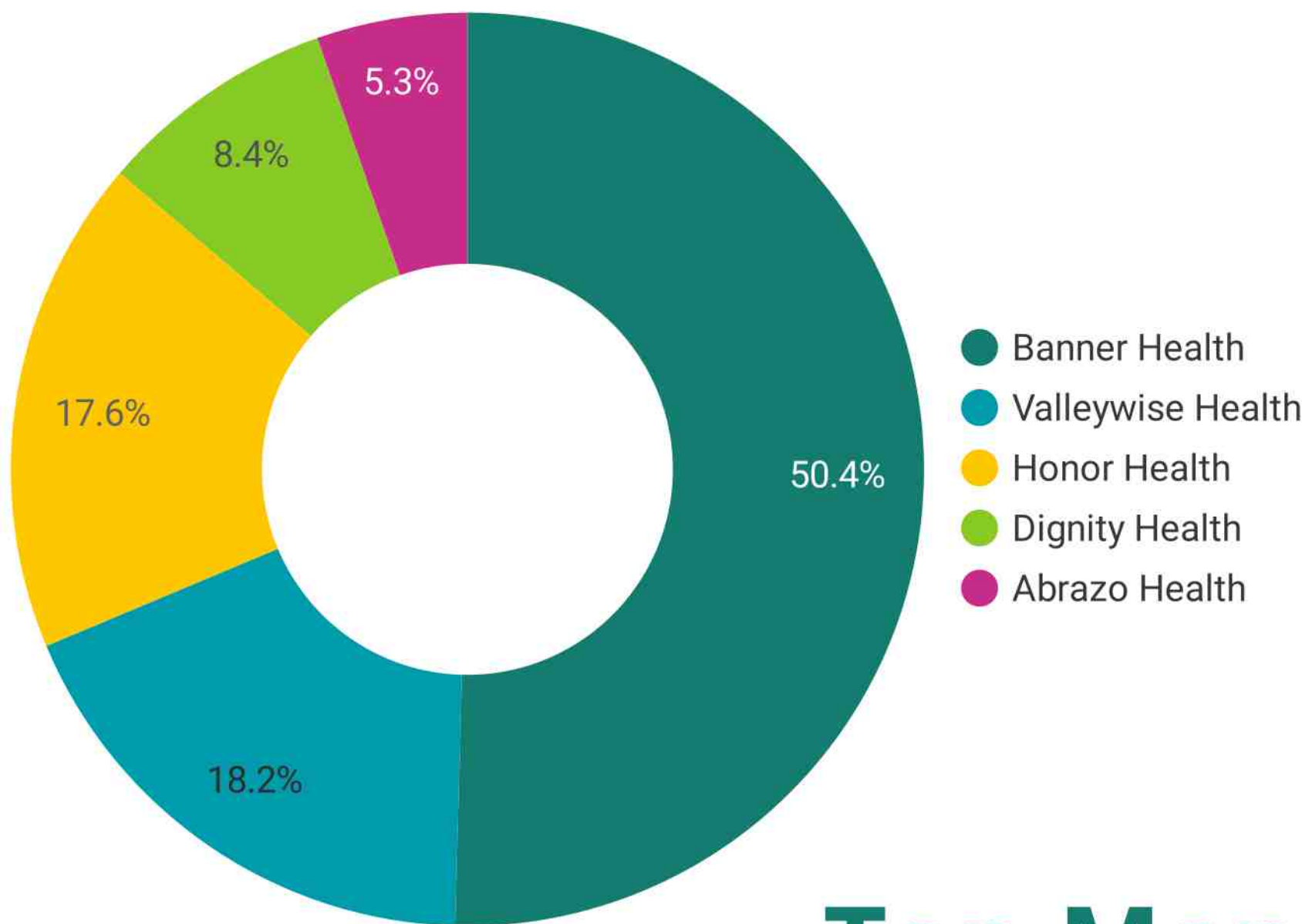


What Language Do They Speak?



Share of Voice

Total News Mentions by Month



Top Mentions in the News

Date ^	Media Outlet	Local/National	Topic
Jan 8, 2024	La Voz	Local	Casos de COVID, otras enfermedades respiratorias aumentan en Arizona. Lo que debe saber
Jan 11, 2024	Becker's Hospital Review	National	Valleywise Health's \$463M replacement hospital nears opening
Jan 20, 2024	AZ Central	Local	What to know about the new \$463 million Valleywise Health hospital on Roosevelt Street in Phoenix
Jan 23, 2024	Becker's Hospital Review	National	36 hospitals and health systems with great psychiatry and mental health programs 2023

ETPLACE
Place Classifieds

azcentral.

Local Sports Things To Do Best of the Desert Politics Advertise Obituaries eNewspaper Legals

NOTICIAS

Casos de COVID, otras enfermedades respiratorias aumentan en Arizona. Lo que debe saber

Stephanie Innes
La Voz
Published 7:31 a.m. MT Jan. 8, 2024

US experiencing increase in COVID, flu and RSV
COVID-19, influenza and RSV cases are on the rise. "As we enter the winter months, people are spending more time indoors and we tend to see an increase in respiratory infections," said Dr. Maria van Marikow, director of the department of epidemic and pandemic preparedness and prevention at the World Scientific News.

Read in English

Un número cada vez mayor de arizonenses se siente enfermo con síntomas como tos, dolor de garganta y fiebre y los expertos médicos dicen que no es demasiado tarde para vacunarse contra el COVID-19, la gripe o el VSR (virus respiratorio sincitia) para mayor protección.

Newsletters Events Virtual Events Webinars Partner Content Podcasts Lists Print M

Physicians Leadership Strategy Executive Moves Transaction & Valuation HR Capital Nursing Oncology Patient Experience Pharmacy Care Coordination Legal & Regulatory Compensation Payer Relationships

Valleywise Health's \$463M replacement hospital nears opening

Andrew Cass - Thursday, January 11th, 2024

Phoenix-based Valleywise Health Medical Center will open its new, \$463 million hospital April 11, the Arizona Republic reported Jan. 10.

The new hospital will replace a 53-year-old facility that is getting torn down, according to the report. The new 673,000-square-foot, 10-story hospital was constructed next to the old facility.

Construction on the new hospital began during the first year of the COVID-19 pandemic, which sparked design changes, according to the report. Entire floors can be turned into negative pressure rooms to prevent contaminating other areas of the hospital with dangerous pathogens, such as the virus that causes COVID-19.

The new facility will have 240 beds, down from 345 in the current hospital, reflecting the growth of outpatient treatment, according to the report. There is space for additional beds if needed, however.

The Diane & Bruce Halle Arizona Burn Center will take up a whole floor in the new hospital and will have a physical and occupational rehabilitation facility and hyperbaric oxygen for wound treatment.

Subscribe to the following topics: [Hospital construction](#) [Arizona](#) [Phoenix](#)

Latest articles on Capital:
Wisconsin medical center doubles labor and delivery beds amid area hospital closures
Why the Orlando area is a hotbed for freestanding ERs
Children's Health, UT Southwestern to build \$5B, 33-acre pediatric campus

azcentral.

Sports Things To Do Best of the Desert Politics Advertise Obituaries eNewspaper Legals

What to know about the new \$463 million Valleywise Health hospital on Roosevelt Street in Phoenix

Stephanie Innes
Arizona Republic
Published 6:01 a.m. MT Jan. 10, 2024 | Updated 9:16 a.m. MT Jan. 10, 2024

Maricopa County's public health system is set to open April 11 a new, \$463 million hospital at Roosevelt and 24th streets in Phoenix, replacing a 53-year-old facility that's getting torn down.

The current Valleywise Health Medical Center, which is the health system's flagship hospital, is cramped, outdated and roughly one-third the size of the new, 673,000 square-foot 10-story hospital, which has been constructed on land next to the old one over the past four years.

Newsletters Events Virtual Events Webinars Partner Content Podcasts Lists Print M

Physicians Leadership Strategy Executive Moves Transaction & Valuation HR Capital Nursing Oncology Patient Experience Pharmacy Care Coordination Legal & Regulatory Compensation Payer Relationships

36 hospitals and health systems with great psychiatry and mental health programs | 2023

Anna Falvey, Claire Wallace and Callie Leighton - Updated Tuesday, January 23rd, 2024

Becker's is delighted to name 36 hospitals and health systems with great psychiatry and mental health programs.

The following hospitals and health systems, understanding that mental health is just as integral to overall wellbeing as physical health, provide services that support patients' psychiatric, emotional and behavioral needs. These programs blend medication, education, therapy and novel treatment methods to address this critical yet often overlooked healthcare demand.

Note: This list is not exhaustive and is not an endorsement of included organizations or healthcare providers. Organizations cannot pay for inclusion on this list. We extend a special thank you to Rhoda Weiss for her contributions to this list. Organizations are presented in alphabetical order.

We accepted nominations for this list. Contact Anna Falvey at afalvey@beckershealthcare.com with questions or comments.

AdventHealth (Altamonte Springs, Fla.), AdventHealth leverages its network of hospitals and team of expert psychiatrists to address behavioral health issues ranging from addiction to eating disorders to depression. Patients benefit from a team of psychiatrists and psychotherapists, who assist in creating holistic treatment plans. Treatments are individualized and combine education, medication and novel therapies. Therapies offered include electroconvulsive therapy, inpatient and outpatient options, psychosocial interventions, mood stabilizers and more. In partnership with Dr. Philipa Charles, AdventHealth for Children created the AdventHealth for Children Mental Health Program, a unique pediatric and young adult mental and behavioral health program in Central Florida. AdventHealth has also launched a "Be a Mindleader" campaign with Heart of Florida United Way, designed to remove the stigma associated with mental health challenges.

Advocate Health (Charlotte, N.C.), Advocate Health offers inpatient, outpatient and short-term intensive day treatment for patients with mental health or substance abuse issues. Conditions treated run the gamut from anxiety disorders and family conflict to schizophrenia and bipolar disorder. The multidisciplinary teams available create personalized programs with a focus on education, symptom management and coping skills. Classes, support groups, one-on-one counseling and medication are provided for the benefit of the patient and impacted

How People Are Engaging with Our Newsletters

Community E-News

Family Resource Center

McDowell Clinic

Open Rate
22.4%

↑ 3.34% from previous month

Open Rate
37.2%

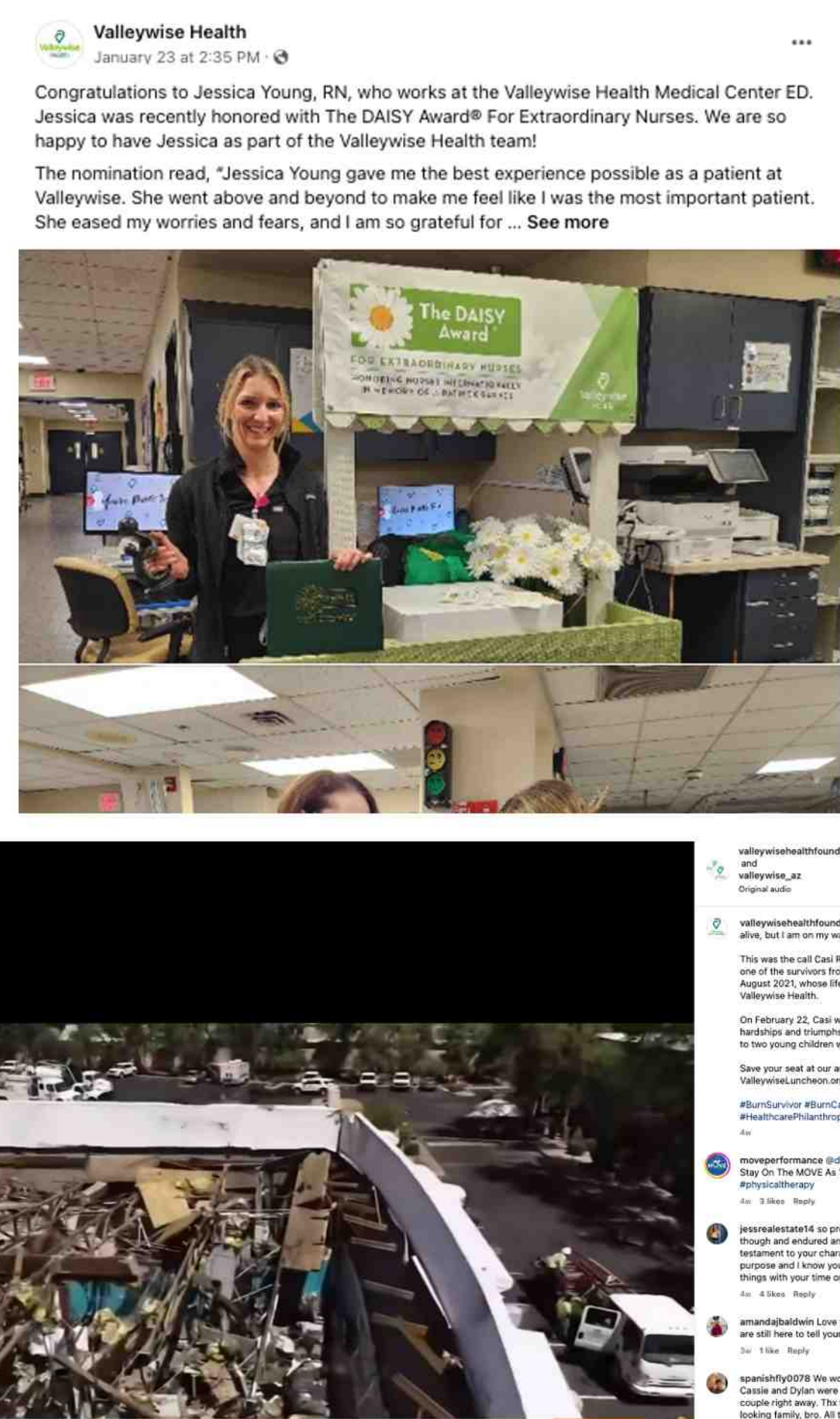
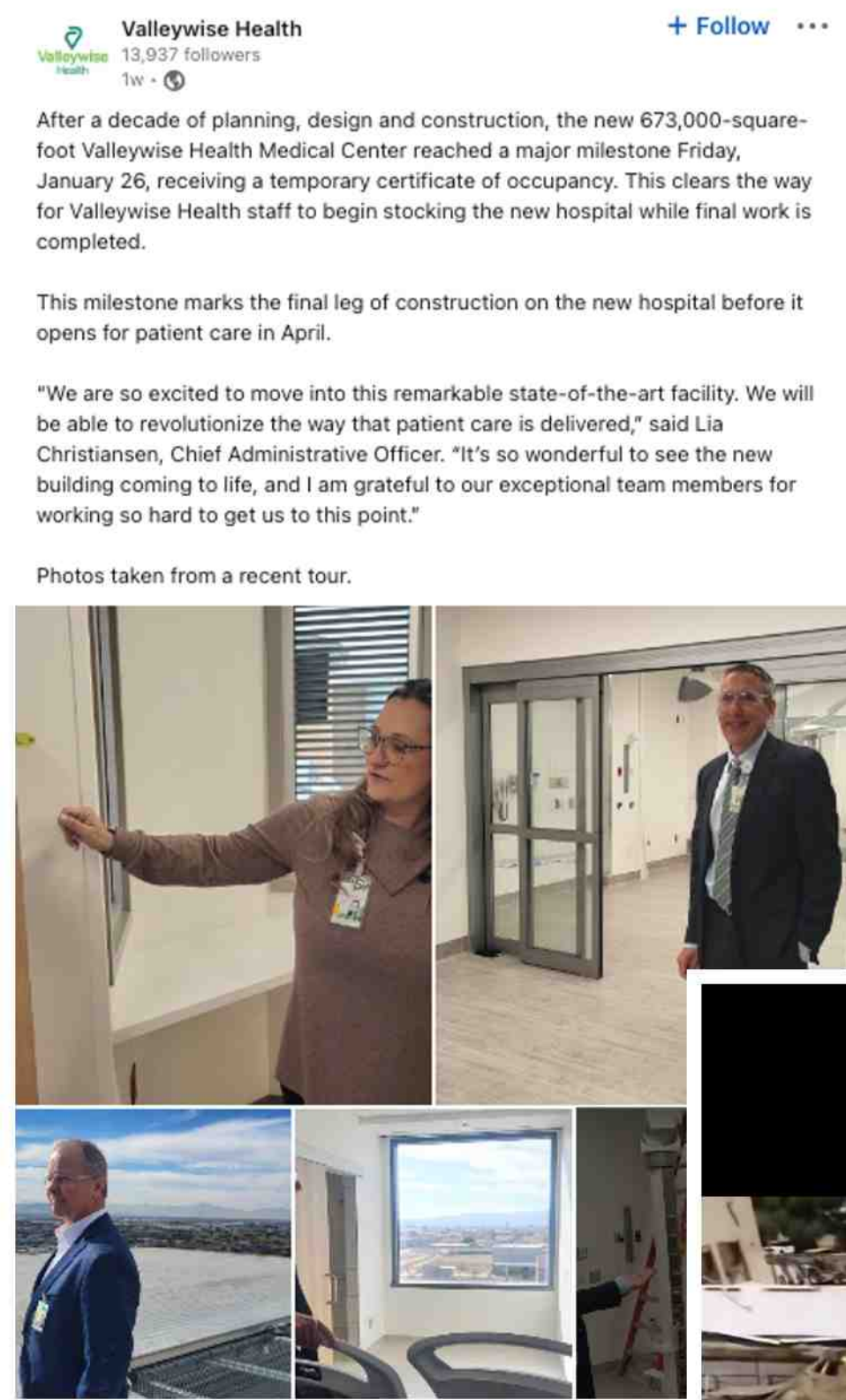
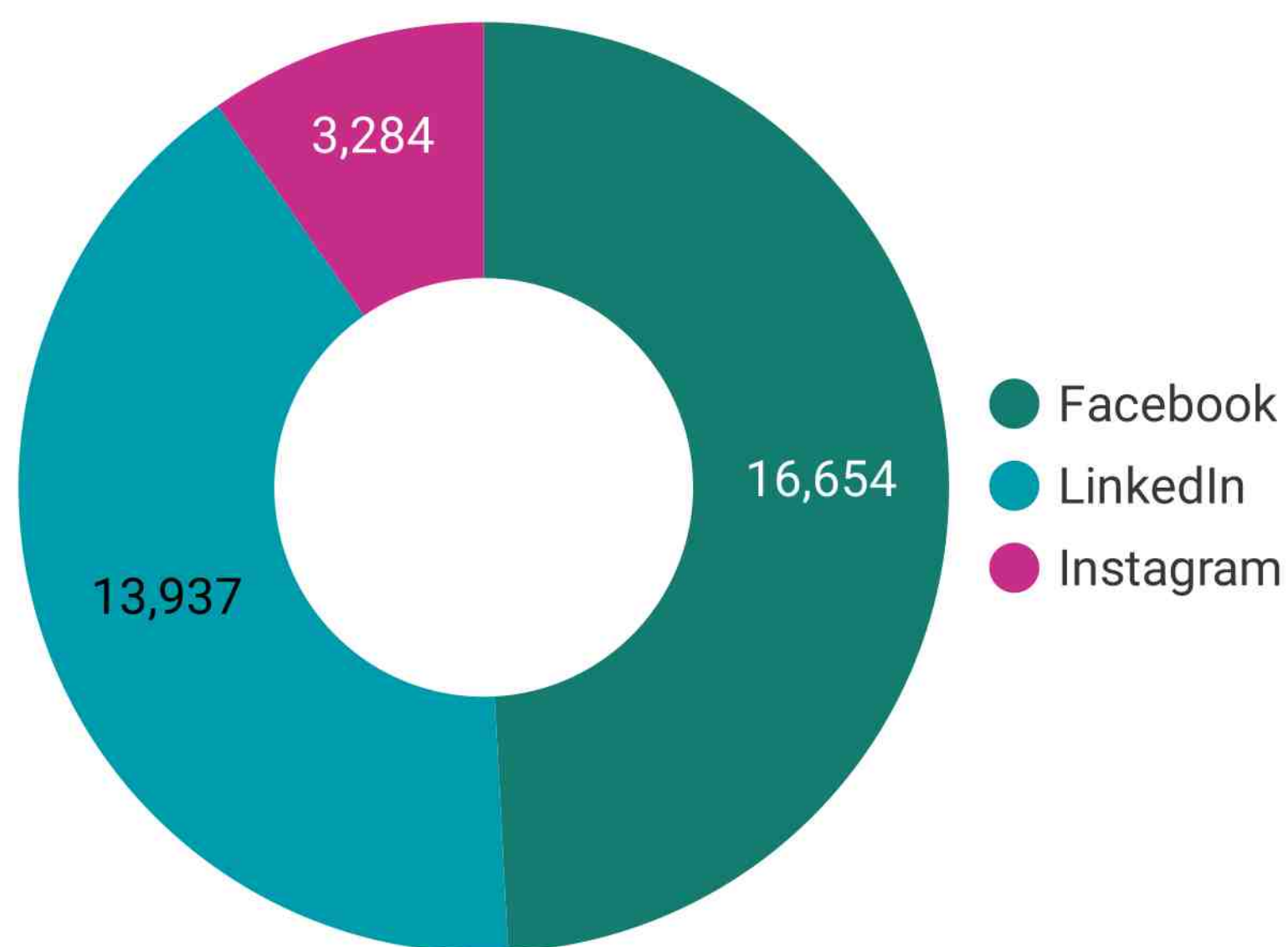
↑ 7.22% from previous month

Open Rate
23.2%

↑ 5.41% from previous month

Social Media

Total Followers



Community Outreach

Partner Engagement

Meetings
9

Participants
476

DES Community Engagement Partnership
Guadalupe Partnership Council
Maricopa County Public Health – Building Bridges to Health Committee
Maricopa Family Support Alliance
MesaCAN

Events

4

Approximate Reach
450

Academies of Math & Science Health and Resource Fair 85 families
Child Crisis AZ Resource Fair 55 families
Community Connection Fair at Edison Eastlake 300 families
Discover U Elementary Health & Science Fair 50 families

Business Development

Events
0

Meetings
4

Greater Phoenix Chamber of Commerce
Greater Phoenix Equality Chamber
WESTMARC

**8.b. Reports to the Board - Monthly Care Reimagined Capital Purchases
Report (January 2024)**



Care Reimagined – Spend report (January 2024)

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		NOV'23	DEC'23	JAN'24	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				\$ 40,417
ALTURA	19-930				\$ 204,410
AMICO	19-930				\$ 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				\$ 180,457
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				\$ 164,493
CARDINAL HEALTH	19-930				\$ 2,070
CAREFUSION	19-930				\$ 269,605
CDW Government	19-930				\$ 296,946
CENTURYLINK	19-930				\$ 12,532
CHEMDAQ	19-930				\$ 21,874
City of Peoria					\$ 80,987
CME	19-930				\$ 1,731,072
COOPER ATKINS	19-930				\$ 33,020
COOPER SURGICAL	19-930				\$ 11,787
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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		NOV'23	DEC'23	JAN'24	Cumulative Total
DATA INNOVATIONS LLC					\$ 14,285
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				\$ 4,264,076
GE PRECISION HEALTHCARE LLC	19-930				\$ 42,646
GLOBAL SURGICAL	16-930				\$ 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				\$ 49,105
Hobbs and Black Associates Inc					\$ 3,224,039
Hobbs and Black Associates Inc	19-930				\$ 35,773
Hologic	19-907				\$ 673,682
HP INC	19-930				\$ 134,737
Hye Tech Network					\$ 1,015,724
INTELLIGENT HEARING	19-930				\$ 4,185
INTERMETRO INDUSTRIES					\$ 147,669
J AND J HEALTHCARE SYSTEMS	19-930				\$ 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				\$ 571,470
MDM COMMERCIAL	19-930				\$ 43,692
MEDIVATORS					\$ 8,982
MEDTRONIC	19-930				\$ 12,909
MIZUHO ORTHOPEDICS	19-930				\$ 2,347
MONOPRICE INC	19-930				\$ 757

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		NOV'23	DEC'23	JAN'24	Cumulative Total
NATUS MEDICAL	19-930				\$ 35,088
NCI INC					\$ 9,262
Ninyo and Moore Geotechnical and Environment					\$ 131,484
NUAIER	19-930				\$ 13,123
OIEC MEDICAL SYSTEMS	19-930				\$ 250,893
Okland Construction Company	19-930				\$ 43,421,603
Olympus	19-930				\$ 592,862
OWENS AND MINOR	19-930				\$ 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
PHILIPS HEALTHCARE	19-930				\$ 29,975
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				\$ 49,859
SMITHS MEDICAL	19-930				\$ 12,972
SPEEDIE AND ASSOCIATES					\$ 2,637
SPHERE COMMERCE					\$ 1,577
Steris	19-930				\$ 387,839
Stryker Communications	19-921				\$ 683,239
Stryker Communications	19-930				\$ 8,397
STRYKER SALES CORPORATION	19-930				\$ 300,593
TBCX					\$ 156,758
THUNDERBIRD GRANT	19-930				\$ (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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		NOV'23	DEC'23	JAN'24	Cumulative Total
West Valley Fidelity National Title - Land Purchase (Grand Ave/Cotton)					\$ 5,595,598
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)		\$ -	\$ -	\$ -	\$ 69,114,874.76
Alliance Land Surveying LLC	19-942				\$ 1,825
Great American Title (escrow/property tax) - Chandler	19-942				\$ 1,195,064
SPEEDIE AND ASSOC	19-942				\$ 3,600
Ninyo and Moore Geotechnical and Environment	19-942				\$ 70,599
TOTAL Chandler FHC (CHAN)		\$ -	\$ -	\$ -	\$ 1,271,088.42
Fidelity National Title (escrow) - Miller&Main	19-944				\$ 1,989,756
AMAZON	19-944				\$ 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				\$ 36,138
ALTURA COMMUNICATIONS	19-944				\$ 18,826
CENTURYLINK	19-944				\$ 19,853
CITY OF MESA	19-944				\$ 92,022
GE PRECISION HEALTHCARE	19-944				\$ 34,138
GE HEALTHCARE IITS USA CORP	19-944				\$ 134,394
CME	19-944				\$ 139,688
COOPER ATKINS CORPORATION	19-944				\$ 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				\$ 1,027,447
DANIELS MOVING & STORAGE	19-944				\$ 15,825
HELMER INC	19-944				\$ 18,323
HP INC	19-944				\$ 23,058
HOLOGIC INC	19-944				\$ 349,945
HYE TECH NETWORK AND SECURITY SOLUTIONS	19-944				\$ 143,092
FILLMASTER	19-944				\$ 1,494

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		NOV'23	DEC'23	JAN'24	Cumulative Total
INTERMETRO INDUSTRIES	19-944				\$ 13,859
JENSEN HUGHES	19-944				\$ 7,031
Maricopa County - Envionmental Services Dept	19-944				\$ 1,485
Maricopa County Planning	19-944				\$ 64,615
MDM COMMERCIAL	19-944				\$ 6,997
MONOPRICE	19-944				\$ 335
OKLAND CONSTRUCTION	19-944		\$ 10.00		\$ 9,989,592
THE CBORD GROUP INC	19-944				\$ 2,826
TEMP ARMOUR	19-944				\$ 9,947
THE GRAPHS MEDICAL PHYSICS	19-944				\$ 2,450
SCRIPTPRO USA	19-944				\$ 104,544
SMITHCRAFT SIGNS	19-944				\$ 106,105
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
CROSSPOINT COMMUNICATIONS					\$ 8,161
FIDELITY NATIONAL TITLE AGENCY INC					\$ 557
VANIR CONSTRUCTION MANAGEMENT INC					\$ 1,190,675
TOTAL Mesa FHC (MESA)		\$ -	\$ 10.00	\$ -	\$ 16,154,452.01
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				\$ 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					\$ 830,810
TOTAL Central Phoenix FHC (PHXM)		\$ -	\$ -	\$ -	\$ 5,031,435.57
DIBBLE ENGINEERING	19-929				\$ 6,904

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		NOV'23	DEC'23	JAN'24	Cumulative Total
ABBOTT RAPID DIAG	19-929				\$ 190
ALLEGIANCE CORP	19-929				\$ 1,591
ALTURA COMMUNICATION	19-929				\$ 52,314
BONNY PIONTKOWSKI	19-929				\$ 1,645
BPG TECHNOLOGIES	19-929				\$ 28,099
CAPSULE TECH	19-929				\$ 57,185
CITY OF PHOENIX	19-929				\$ 1,262
COOPER ATKINS	19-929				\$ 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				\$ 162,064
FED EX FREIGHT	19-929				\$ 376
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				\$ 17,086
HYE TECH NETWORK	19-929				\$ 152,885
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				\$ 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
Stryker Communications	19-929				\$ 12,626
Sundt Construction Inv	19-929				\$ 9,303,374
THE GRAPHS MEDICAL PHYSICS, INC.	19-929				\$ 700
TEMP ARMOUR	19-929				\$ 9,897
TRANSACT COMMERCIAL	19-929				\$ 279,878
THE CBORD GROUP	19-929				\$ 2,794

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		NOV'23	DEC'23	JAN'24	Cumulative Total
AMAZON					\$ 136
EXTENDATA SOLUTIONS					\$ 11,706
MONOPRICE INC					\$ 513
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)		\$ -	\$ -	\$ -	\$ 15,716,277.76
Cox Communications	19-928				\$ 4,489
Cox Communications					\$ (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
BONNY PIONTKOWSKI	19-928				\$ 1,645
BPG Technologies	19-928				\$ 28,048
CAPSULE TECH	19-928				\$ 56,193
CDW GOVERNMENT INC	19-928				\$ 21,760
Centurylink	19-928				\$ 24,539
CITY OF PHOENIX	19-928				\$ 218,063
CME	19-928				\$ 184,168
COOPER ATKINS	19-928				\$ 6,576
CROSSPOINT COMMUNICATION	19-928				\$ 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				\$ 12,772
Hye Tech Network	19-928				\$ (59,083)
INTERMETRO INDUSTRIES	19-928				\$ 19,591
JENSEN HUGHES	19-928				\$ 11,464
LOVITT & TOUCHE	19-928				\$ 3,144
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-928				\$ 51,046

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		NOV'23	DEC'23	JAN'24	Cumulative Total
MDM COMMERCIAL	19-928				\$ 5,429
MONOPRICE	19-928				\$ 526
NATUS	19-928				\$ 2,130
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				\$ 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)		\$ -	\$ -	\$ -	\$ 14,007,963.47
CDW GOVERNMENT INC	19-946				\$ 56,372
ADVANCE INNOVATIVE SOLUTIONS	19-946				\$ 4,623
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
CARDINAL HEALTH	19-946				\$ 8,996
CAPSULE TECH	19-946				\$ 56,272
CITY OF PHOENIX	19-946				\$ 40,670
CME	19-946				\$ 156,950
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				\$ 168,532

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		NOV'23	DEC'23	JAN'24	Cumulative Total
HYE TECH	19-946				\$ 138,754
HP INC	19-946				\$ 29,510
INTERMETRO INDUSTRIES	19-946				\$ 15,951
JENSEN HUGHES	19-946				\$ 9,999
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-946		\$ (1,913.00)		\$ 60,744
MARICOPA COUNTY ENVIRONMENTAL SERVICES	19-946				\$ 1,490
MARICOPA COUNTY RECORDER	19-946				\$ 30
MDM COMMERCIAL	19-946				\$ 5,546
MONOPRICE	19-946				\$ 522
MOBILE COMMUNICATIONS AMERICA INC	19-946				\$ 8,161
NATUS MEDICAL	19-946				\$ 1,141
Ninyo and Moore Geotechnical and Environment	19-946				\$ 11,400
Okland Construction Company	19-946				\$ 9,433,806
OLYMPUS	19-946				\$ 1,211
SALT RIVER PROJECT	19-946				\$ 25,648
SMITHCRAFT SIGNS	19-946				\$ 106,985
SPEEDIE AND ASSOC	19-946				\$ 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)		\$ -	\$ (1,913.00)	\$ -	\$ 14,579,914.85

\$ - \$ (1,903.00) \$ - \$ 135,876,006.83

Note: Prior months amount paid are hidden

Functional Area - Behavioral Health Services					
Adams and WENDT					\$ 118,891
ADVANCED INN VATIVE SOLUTIONS					\$ 11,735
Advanced Egress Solutions	19-912				\$ 3,090

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		NOV'23	DEC'23	JAN'24	Cumulative Total
Airclean Systems	19-912				\$ 4,457
Allscripts Healthcare	18-913				\$ 5,760
Allscripts Healthcare	19-909				\$ 225,345
Altura Communications	19-909				\$ 477,526
Altura Communications	19-939				\$ 91,807
Altura Communications	18-913				\$ 1,340
Amazon	19-909				\$ 1,080
AMT Datasouth	19-912				\$ 4,124
ARC Products LLC	19-912				\$ 58,715
ARIZONA DEPT OF HEALTH	19-939				\$ 150
Arizona Lock and Safe					\$ 1,025
Armstrong Medical	19-912				\$ 36,470
Arrington Watkins Architects					\$ 301,274
Arrow International	19-912				\$ 610
Baxter Healthcare Corp	19-912				\$ 5,368
Bayer Healthcare	18-920				\$ 74,376
BEL-Aire Mechanical					\$ 40,215
Burlington Medical	19-912				\$ 3,028
CAPSA SOLUTIONS	19-909				\$ 5,936
CAPSA SOLUTIONS	19-912				\$ (25)
Capsule Tech	19-912				\$ 143,422
CAPSULE TECH INC	18-913		\$ 10,481.06		\$ -
Cardinal Health	19-912				\$ 85,931
CDW Government	19-909				\$ 275,954
CDW Government	19-938				\$ 48,448
CDW Government	19-939				\$ 161,925
CME	19-912				\$ 185,907
Comprehensive Risk Services					\$ 547,333
Coviden	19-912				\$ 11,817
Crosspoint Communications					\$ 25,724
Datcard Systems	19-909				\$ 18,821
EXTENDATA SOLUTIONS	19-909				\$ 500
KRONOS INC	19-909				\$ 196
MDM COMMERCIAL ENTERPRISES INC	19-909				\$ 1,400
RETAIL MANAGEMENT SOLLUTIONS	19-909				\$ (5,961)
THE CBORD GROUP INC	19-909				\$ (1,234)
CME	18-918				\$ 68
MEDTRONIC USA INC	18-918				\$ 59

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		NOV'23	DEC'23	JAN'24	Cumulative Total
THE CBORD GROUP INC	18-918				\$ 14
GE MEDICAL SYSTEMS ULTRASOUND PRIMARY	18-918				\$ 527,736
GE MEDICAL SYSTEMS ULTRASOUND PRIMARY	18-922				\$ 219,671
Delynn Consultant	19-940				\$ 114,187
DLR Group Inc					\$ 4,222,015
EMD Millpore	19-912				\$ 7,175
ENDOSCOPE SERVICES	19-912				\$ 32,270
Epstexas Storage	19-912				\$ 633
EQ2 LLC	19-912				\$ 67,500
Ethos Evacuation	19-912				\$ 10,130
ETL REPONSE	19-912				\$ 29,482
EXTENDATA SOLUTIONS					\$ 66,659
Felix Storch Inc					\$ 5,796
FERGUSON ENTERPRISES	19-912				\$ 3,571
First American Title - Maryvale Hospital					\$ 7,582,335
Follett	19-912				\$ 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
Global Equipment	19-912				\$ 2,003
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				\$ 3,900
JENSEN HUGHES INC	18-913				\$ 11,538
VALLEY SYSTEMS	18-913				\$ 9,952
Grainger	19-912				\$ 63,690
Graybar Electric					\$ 5,586

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		NOV'23	DEC'23	JAN'24	Cumulative Total
GUEST COMMUNICATIONS	19-912				\$ 17,130
Haemonetics	19-912				\$ 83,854
HD Supply Facilities Maintenance Ltd	19-912				\$ 39,937
Helmer Inc	19-912				\$ 144,487
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				\$ (4,480)
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
Intersan Manufacturing	19-912				\$ 3,603
Jensen Hughes					\$ 2,750
Kronos Inc					\$ 72,000
Lanmor Services Inc					\$ 1,952
LOGIQUIP	19-912				\$ 1,059
MARICOPA COUNTY PLANNING AND DEVELOPMENT					\$ 299,669
MARICOPA COUNTY PLANNING AND DEVELOPMENT	18-913				\$ (19,806)
MARKETLAB	19-912				\$ 10,824
MCG HEALTH LLC					\$ 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				\$ 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
OEC Medical Systems	19-904				\$ 80,529
OMC INVESTERS LLC					\$ 11,518

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		NOV'23	DEC'23	JAN'24	Cumulative Total
OMC INVESTERS LLC	19-912				\$ 117
Owens and Minor	19-912				\$ 56,788
PAC VAN					\$ (790)
PAC VAN					\$ 1,295
Parks Medical	19-912				\$ 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
QRS Calibrations	19-912				\$ 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
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				\$ 4,464
Stryker Communications	19-910				\$ (14,174)
Stryker Communications	19-910				\$ 5,103
Stryker Communications	19-920				\$ 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				\$ 26,421
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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		NOV'23	DEC'23	JAN'24	Cumulative Total
UMF Medical	19-912				\$ 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				\$ 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)		\$ -	\$ 10,481.06	\$ -	\$ 79,088,184.52
Adams and Wendt	19-936				\$ 114,235
APS	19-936				\$ (14,700)
AIRPARK SIGNS					\$ 1,305
Arizona Department of Health	19-936				\$ 1,050
AFFILIATED ENGINEERS	19-936				\$ 394,767
BUREAU VERITAS	19-936				\$ 28,125
Engineering Economics	19-936		\$ 151,297.00	\$ 61,453.00	\$ 63,807
GOODMANS	19-936				\$ 109,429
Grainger	19-936				\$ 5,504
JENSEN HUGHES	19-936				\$ 15,462
KITCHELL	19-936				\$ 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)		\$ -	\$ 151,297.00	\$ 61,453.00	\$ 9,776,304.24
		\$ -	\$ 161,778.06	\$ 61,453.00	\$ 88,864,489

Note: Prior months amount paid are hidden

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		NOV'23	DEC'23	JAN'24	Cumulative Total
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
OPTIV SECURITY INC	16-900				\$ (25)
Perimeter, Internal security	16-900				\$ 67,213
Perimeter, Internal security	18-907				\$ 151,310
Perimeter, Internal security	18-910				\$ 44,235
Perimeter, Internal security	18-912				\$ 51,561
Epic 2014 Monitors (Phase 1)	16-933				\$ 341,470
Epic 2014 Monitors (Phase 2)	17-905				\$ 474,480
LCM	16-937				\$ 199,936
SEIMS	17-912				\$ 235,134
SEIMS	18-911				\$ 14,468
ESB Framework Enablement	18-914				\$ 1,111,233
Clinical Image Repository	18-915				\$ 1,271,214
Imprivata Identity	18-916				\$ 576,880
Chartmaxx Infrastructure Upgrade	19-906				\$ 859,682
Imprivata ConfirmID	19-911				\$ 137,295
ESB (Tibco) - Infrastructure	19-918				\$ 34,861
PWIM Global Monitor Software - additional funding required to support impleme	16-924				\$ 35,400
AMICO ACCESSORIES	16-908				\$ (704)
Patient monitors - High Acuity	16-908				\$ 6,240,243
NHR NEWCO HOLDINGS LLC	16-908				\$ (339)
NHR NEWCO HOLDINGS LLC	16-910				\$ (86)
Stretcher replacement	16-912				\$ 395,538
IVUS - intravascular ultrasound for placement of stents	16-922				\$ 128,371
VOLCANO CORPORATION	16-922				\$ (323)
EDWARDS LIFESCIENCES LLC	16-928				\$ (116)
Vigileo Monitors (8)	16-928				\$ 96,132
VANIR CONSTRUCTION	16-928				\$ 463,755
Balloon Pumps	16-920				\$ 149,197
MAQUET MEDICAL SYSTEMS USA	16-920				\$ (2,897)
Zeiss - Cirrus HD opthal camera	16-919				\$ 60,654
Vivid Q BT12 Ultrasound	16-931				\$ 55,019

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		NOV'23	DEC'23	JAN'24	Cumulative Total
MINDRAY DS USA INC	16-931				\$ (19)
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
MIZUHO ORTHOPEDIC SYSTEMS INC	NO PO				\$ (52)
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				\$ (4,056)
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
FOLLETT CORPORATION	16-911				\$ (880)
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
Chandler ADA Doors	18-042				\$ 5,867
Glendale Digital X-Ray unit and Sensors (Panoramic Digital AND Nomad digital)	16-917				\$ 63,217
Chandler Dental Digital Radiology - Panoramic x-ray	16-915				\$ 63,564
CHC - Digital Panoramic x-ray	16-916				\$ 60,419
CHC Dental Replace CHairs Lights, Compressor and Deliverey Units	18-905				\$ 127,642

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		NOV'23	DEC'23	JAN'24	Cumulative Total
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	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				\$ 164,096
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
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				\$ 138,061
AMICO ACCESSORIES	17-903				\$ (55)
ASCOM WIRELESS SOLUTIONS	17-903				\$ (35)
EXTENDATA SOLUTIONS	17-903				\$ (92)
3rd Floor Behavioral Health/Medical Unit Remodel	17-903				\$ 2,570,464
CREATIVE COMMUNICATIONS	17-903				\$ (23)
OWENS AND MINOR	17-903				\$ (230)
PATIENT TELEPHONE SUPPLY LLC	17-903				\$ (22)
22 Behavioral Health Beds for 3rd Floor MMC	17-907				\$ 188,527
SIZEWISE RENTALS	17-907				\$ (3,377)
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
KRONOS INC	18-903				\$ (37)
HP INC	16-923				\$ (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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		NOV'23	DEC'23	JAN'24	Cumulative Total
IPv4XChange (ARIN Based Transfer Escrow Payment)	16-923				\$ 7,040
MARSH & MCLENNAN AGENCY LLC	16-923				\$ 15,000
MARSH & MCLENNAN AGENCY LLC	17-916				\$ (15,000)
Vanir Construction Management (Planning Phase)	17-915				\$ 749,971
Vanir Construction Management (\$48M) (\$48,300,501 - Entire Project)	17-916				\$ 4,580,656
Vanir Construction Management (Planning Phase)	16-923	\$ 256,790.85	\$ 424,345.78		\$ 1,286,190
IPMO Modular Building	17-902				\$ 329,631
Dickenson Wright PLLC	16-923				\$ 181,495
GE HEALTHCARE	19-918				\$ (32,261)
Sims Murrar 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				\$ 792,042
EPIC replatform and upgrade to 2016 (see attached for detail)	17-900				\$ 7,675,491
Guidesoft	17-900				\$ (27,373)
Reimbursement for Capital Expenditures	N/A				\$ 36,000,000
OCULUS SURGICAL INC					\$ (52)
Vcore Technology					\$ (68,550)
Other exp/recon items					\$ 677
TOTAL TRANCH 1		\$ 256,790.85	\$ 424,345.78	\$ -	\$ 92,162,645.12
Bond issuance costs					\$ 817,684
BPG Technologies LLC					\$ 288,397
Dickinson Wright PLLC					\$ 323,597
Hye Tech Nework and Security Solutions					\$ 3,795,099
Goodmans					\$ 4,790
GOODMANS	16-923				\$ (2,921)
JRC DESIGN	19-955				\$ 282,995
Lovitt & Touche INC	16-923				\$ 75,000
Lovitt & Touche INC	19-934	\$ 8,191.00		\$ 8,189.17	\$ 4,168,537
PAC VAN INC	19-934				\$ 80,395
MARSH & MCLENNAN AGENCY LLC	19-934	\$ 569,974.00			\$ 653,165
LOVITT & TOUCHE INC	19-951				\$ 505
PAC-VAN	19-955				\$ 71,160
Payroll/Supplies/Misc Expenses					\$ 8,068,292
Sims Murrar LD					\$ 30,441
Sims Murrar LD	19-955				\$ 9,433
Vanir Construction Management (\$48M) (\$48,300,501 - Entire Project)					\$ 21,497,247

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		NOV'23	DEC'23	JAN'24	Cumulative Total
World Wide Technology Co Inc					\$ 448,569
Zurich North America	16-923				\$ 60,512
AFFILIATED ENGINEERS INC					\$ 38,348
BALLARD SPAHR					\$ 288,544
BLUETREE NETWORK INC					\$ 178,563
CARASOFT 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 TRAURIG, 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					\$ 900
US BANK - CORPORATE TRUST SERVICES					\$ 600
Valleywise					\$ 1,509
VANIR CONSTRUCTION MANAGMENT INC					\$ (4,789,354)
WALMART.COM					\$ 549
WOODRUFF CONSTRUCTION					\$ 17,015
TOTAL Enterprise		\$ 578,165.00	\$ -	\$ 8,189.17	\$ 41,230,003.83

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		NOV'23	DEC'23	JAN'24	Cumulative Total
Adams and Wendt	19-935				\$ 32,697
APS	19-935				\$ (335,303)
Affiliated Engineers Inc	19-935				\$ 1,587,215
Affiliated Engineers Inc	19-935				\$ 2,068,896
Arnold Machinery	19-935				\$ 34,209
ARIZONA DEPARTMENT OF HEALTH	19-935				\$ 150
ALTURA COMMUNICATIONS SOLUTIONS LLC	19-935				\$ 5,749
BPG TECHNOLOGIES LLC	19-935				\$ 2,774
CABLE SOLUTIONS LLC	19-935				\$ 80,880
CDW GOVERNMENT INC	19-935				\$ 337
CENTERLINE MECHANICAL	19-935				\$ 24,522
CITY OF PHOENIX	19-935				\$ 2,296
ELONTEC LLC	19-935				\$ 3,414
ENGINEERING ECONOMICS	19-935				\$ 135,362
GOODMANS	19-935				\$ 12,143
HYE TECH	19-935			\$ 17,862.01	\$ 2,078,861
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
Soft Computer Consultants	19-935				\$ 5,250
SMITHCRAFT SIGNS	19-935				\$ 5,782
Speedie snd Assoc	19-935				\$ 29,245
SOUTHWEST GAS	19-935				\$ 121,938
SYNTELLIS PERFORMANCE SOLUTIONS LLC	19-935				\$ 28,000
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)		\$ -	\$ -	\$ 17,862.01	\$ 63,540,154.59
ADAMS AND WENDT	19-949				\$ 65,342
ADAMS AND WENDT	19-948				\$ 32,968

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		NOV'23	DEC'23	JAN'24	Cumulative Total
ADAMS AND WENDT	19-947				\$ 71,561
ADAMS AND WENDT	19-951				\$ 90,538
ADAMS AND WENDT					\$ 6,600
ADVANCED INSTRUMENTS LLC	19-947				\$ 30,605
ACIST MEDICAL SYSTEMS INC	19-947	\$ 150,700.00			\$ 150,700
ACCUVEIN INC	19-947				\$ 28,925
HYE TECH NETWORK	19-947				\$ 2,953,494
HYE TECH NETWORK	19-951				\$ 14,702
ADAMS AND WENDT	19-953				\$ 5,460
ADAMS AND WENDT	19-948				\$ 2,596
AFFILIATED ENGINEERS	19-948				\$ 396,165
AFFILIATED ENGINEERS	19-954				\$ 1,050
AFFILIATED ENGINEERS					\$ 1,092
ANCO SANITATION	19-948				\$ 1,450
ATLANTIC RELOCATIONS	19-948				\$ 49,125
ALLEGIANCE CORPORATION	19-947	\$ 1,558.42			\$ 14,858
ABBOTT LABORATORIES INC	19-947				\$ 178,515
ALTURA COMMUNICATIONS	19-947				\$ 34,924
AMAZON	19-947				\$ 965
ARMSTRONG MEDICAL INDUSTRIES INC	19-951				\$ 2,151
ARMSTRONG MEDICAL INDUSTRIES INC	19-947	\$ 10,755.00			\$ 10,755
AMICO ACCESSORIES	19-951				\$ 43,425
BAKER SERVICES	19-951				\$ 2,950
BAKER SERVICES	19-947				\$ 4,600
BUNNELL INC	19-947				\$ 82,940
BPG TECH	19-948				\$ 182,186
BPG TECH	19-947				\$ 7,339
BPG TECH	19-951				\$ 23,013
B BRAUN MEDICAL INC	19-947	\$ 58,963.14			\$ 58,963
BAYER HEALTHCARE LLC	19-947		\$ 55,065.00		\$ 55,065
CABLE SOLUTIONS	19-947	\$ 369,557.69		\$ 383,746.27	\$ 7,768,169
CABLE SOLUTIONS	19-951	\$ 23,838.50	\$ 53,412.47	\$ 686.34	\$ 1,089,912
CARL ZEISS MEDITEC INC	19-947				\$ 1,086,286
C-SCAN TECHNOLOGIES	19-947	\$ 5,407.50			\$ 12,513
CAPSULE TECH	19-951				\$ 8,708
CAPSULE TECH	19-947	\$ 154,563.80			\$ 154,564
CDW G	19-947	\$ 66,217.30	\$ 3,338.02	\$ 12,835.28	\$ 1,368,373
CDW G	19-951				\$ 1,024

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		NOV'23	DEC'23	JAN'24	Cumulative Total
CENTURY LINK	19-951				\$ 6,706
CENTRAK INC	19-947	\$ 5,275.08		\$ 147,621.20	\$ 973,988
CITY OF PHOENIX	19-947				\$ 84,493
CITY OF PHOENIX	19-948				\$ 9,525
CME	19-948				\$ 21,924
CME	19-951				\$ 7,046
CME	19-947	\$ 113,396.89	\$ 2,468.14	\$ 16,766.80	\$ 827,878
CUNINGHAM ARCHITECT	19-947	\$ 60,000.00	\$ 541,059.13	\$ 39,883.35	\$ 32,417,308
CUNINGHAM ARCHITECT	19-951				\$ 40,640
CUNINGHAM ARCHITECT	19-937				\$ 73,619
CLIMATEC LLC	19-947				\$ 8,322
CONNECWIVITY WIRELESS INC	19-947		\$ 30,202.29		\$ 1,364,094
CONNECWIVITY WIRELESS INC	19-951		\$ 593.84		\$ 188,390
CONNECTIVITY WIRELESS SOLUTIONS	19-951			\$ 20,421.72	\$ 111,636
CONNECTIVITY WIRELESS SOLUTIONS	19-947			\$ 46,524.72	\$ 99,256
COOPER ATKINS CORPORATION	19-947	\$ 32,350.16			\$ 32,350
CARASOFT TECHNOLOGY					\$ 2,520
CS MEDICAL LLC	19-947				\$ 27,880
DATEX OHMEDA	19-951				\$ 708,780
DANIELS MOVING	19-948				\$ 18,756
DYNAMIC INSTALLATION	19-948				\$ 23,932
DYNAMIC INSTALLATION	19-951				\$ 501
DISTRICT MEDICAL GROUP	19-948				\$ 89,356
ECD SYSTEMS	19-947		\$ 154,624.00	\$ 38,802.11	\$ 1,834,041
ECD SYSTEMS	19-951	\$ 1,590.28			\$ 40,938
ENDOSCOPE SERVICES	19-951	\$ 3,945.50	\$ 4,866.38		\$ 16,503
ENGINEERING ECONOMICS	19-951				\$ 62,767
ENGINEERING ECONOMICS	19-947				\$ 508,258
ENDOSOFT LLC	19-947				\$ 73,920
EVOQUA WATER TECHNOLOGIES	19-947		\$ 97,291.23		\$ 97,291
EXCESSIVE CARTS	19-948				\$ 23,182
EPIC SYSTEMS CORPORATION	19-947				\$ 5,000
FISHER HEALTHCARE	19-947	\$ 3,793.09			\$ 245,295
FC HOSPITALITY	19-948				\$ 216,732
Follett	16-923				\$ 63,102
Follett	19-947	\$ 20,722.67	\$ (32.86)		\$ 53,753
FILLMASTER SYSTEMS LLC	19-947				\$ 1,495
GOODMANS					\$ 101,011

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		NOV'23	DEC'23	JAN'24	Cumulative Total
GOODMANS	19-951				\$ 30,993
GOODMANS	19-947	\$ 250,793.83	\$ 3,146.50		\$ 2,040,747
GENERAL DEVICES LLC	19-947			\$ 20,595.00	\$ 20,595
GRAINGER	19-947	\$ 11,458.94		\$ 39,390.08	\$ 135,530
GRAINGER	19-951				\$ 29,011
GE MEDICAL SYSTEMS	19-947		\$ (81,131.60)		\$ -
GE HEALTHCARE	19-947	\$ 1,223,549.90	\$ 172,900.55	\$ 2,924,749.41	\$ 4,655,926
GE PRECISION HEALTHCARE LLC	19-947	\$ 1,061,848.56	\$ 61,549.91		\$ 1,246,470
GETINGE USA SALES LLC	19-947				\$ 721,318
Helmer Inc	19-947		\$ 33,737.57	\$ 237,896.07	\$ 317,605
HILL ROM	19-951				\$ 16,453
HILL ROM	19-947		\$ 59,816.88		\$ 185,040
HP INC	19-947	\$ 74,770.79		\$ 128,603.64	\$ 203,899
HOLOGIC INC	19-947				\$ 4,000
HOME DEPOT - Buyers Log	19-948				\$ 587
HYE TECH NETWORK AND SECURITY SOLUTIONS	19-951			\$ 2,295.80	\$ 64,438
HYE TECH NETWORK AND SECURITY SOLUTIONS	19-947				\$ 746,692
Innerface Architectural Signage	19-948				\$ 13,927
Innerface Architectural Signage	19-951				\$ 833
INTERMETRO INDUSTRIES CORPORATION	19-947		\$ 27,461.99	\$ 42,945.20	\$ 322,435
INTERMETRO INDUSTRIES CORPORATION					\$ 1,351
INDOFF INCORPORATED	19-947			\$ 29,784.00	\$ 29,784
INNERSPACE	19-947			\$ 104,101.18	\$ 104,101
JENSEN HUGHES	19-947				\$ 82,763
JENSEN HUGHES	19-951				\$ 41,127
KRONOS INC	19-947				\$ 6,444
KITCHELL	19-947	\$ 3,187,658.00	\$ 1,484,899.42	\$ 3,344,687.47	\$ 300,867,292
KITCHELL	19-937				\$ 667,452
KITCHELL	19-948				\$ 11,950,855
KITCHELL	19-951	\$ 833,679.23	\$ 89,839.27	\$ 93,306.00	\$ 33,998,619
KITCHELL	19-954				\$ 8,373
LANMOR	19-947			\$ 100,000.00	\$ 933,283
LANMOR	19-948				\$ 4,547
LANMOR	19-951				\$ 124,428
LEVEL 3 AUDIO VISUAL	19-947				\$ 636,289
LEVEL 3 AUDIO VISUAL	19-951				\$ 265,798
LEICA MICROSYSTEMS INC	19-947			\$ 367,342.45	\$ 367,342
MCMASTER CARR	19-947			\$ 809.86	\$ 810

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		NOV'23	DEC'23	JAN'24	Cumulative Total
MASIMO AMERICAS INC	19-947		\$ 22,485.93		\$ 22,486
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-951				\$ 289,918
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-947				\$ 2,044,437
MARICOPA COUNTY PLANNING AND DEVELOPMENT		\$ 190.00			\$ 6,211
MARICOPA COUNTY ENVIRONMENTAL SERVICES	19-947				\$ 3,550
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-948				\$ 3,308
MEDLINE INDUSTRIES INC	19-947				\$ 4,538
MINDRAY DS USA INC	19-947		\$ 6,835.38		\$ 270,878
MIZUHO ORTHOPEDICS SYSTEMS INC	19-947				\$ 183,505
MDM COMMERCIAL	19-951				\$ 14,695
MDM COMMERCIAL	19-947		\$ 235,074.70	\$ 66,920.00	\$ 335,977
MDM COMMERCIAL	19-950				\$ 748
MOBILE COMMUNICATIONS AMERICA INC	19-947				\$ 5,738
MONOPRICE INC	19-947	\$ 15,476.95			\$ 15,477
MIHS PAYROLL		\$ 91,597.02	\$ 202,887.76		\$ -
NINYO AND MOORE	19-947				\$ 11,200
NINYO AND MOORE	19-947				\$ 6,824
NINYO AND MOORE	19-951				\$ 16,293
NCI INC	19-947				\$ 19,725
NATUS MEDICAL INC	19-947				\$ 60,912
OHIO MEDICAL LLC	19-947				\$ 238,474
OHIO MEDICAL LLC	19-951				\$ 1,029
OLYMPUS AMERICA INC	19-947		\$ 31,244.44		\$ 31,244
OFFSITE EQUIPMENT STORAGE	19-948				\$ 650
OEC MEDICAL SYSTEMS INC	19-947			\$ 207,774.00	\$ 207,774
PAC-VAN	19-947				\$ 7,220
POHLE NV CENTER INC	19-948				\$ 11,904
PERRY BAROMEDICAL CORPORATION	19-947				\$ 270,269
PHILIPS HEALTHCARE	19-947	\$ 3,575,331.13			\$ 3,575,331
PATIENT TELEPHONE SUPPLY	19-947	\$ 3,825.00			\$ 3,825
PERIGEN	19-947			\$ 43,499.20	\$ 43,499
RECLASS UTILITIES ALLOCATION TO CONSTRUCTION PROJECTS	19-951				\$ (34,000)
RECLASS UTILITIES ALLOCATION TO CONSTRUCTION PROJECTS	19-947				\$ 34,000
RMJ Electrical Contractors					\$ 551
SIEMENS HEALTHCARE DIAGNOSTICS	19-947				\$ 3,180,400
SKYTRON	19-947				\$ 239,934
SKYTRON	19-951				\$ 13,430
SKYTRON					\$ (207,963)

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		NOV'23	DEC'23	JAN'24	Cumulative Total
SMITHCRAFT SIGNS	19-947				\$ 34,085
SMITHCRAFT SIGNS	19-951				\$ 54,388
SMITHCRAFT SIGNS	20-404			\$ 52,405.00	\$ 468,253
SPEEDIE AND ASSOC	19-947		\$ 5,645.00	\$ 24,965.00	\$ 326,283
SPEEDIE AND ASSOC	19-951		\$ 190.00		\$ 55,190
STERIS CORPORATION	19-947	\$ 9,370.00	\$ -	\$ 52,027.00	\$ 5,281,851
STERIS CORPORATION	19-951				\$ 110,622
SCRIPTPRO USA INC	19-947				\$ 146,801
STRYKER SALES CORPORATION	19-951			\$ 2,757.36	\$ 52,056
STRYKER SALES CORPORATION	19-947	\$ 288,716.34	\$ 4,237,583.92	\$ 489,269.08	\$ 5,021,421
STRYKER COMMUNICATIONS	19-947				\$ 1,339,235
SWISSLOG	19-947				\$ 2,500
SIRVA MOVE MANAGEMENT	19-947				\$ 368,989
TEMP ARMOUR	19-951				\$ 6,649
Valley Systems	19-948				\$ 756
Valley Systems	19-951				\$ 1,018
Speedie and Assoc	19-947				\$ 80,881
Speedie and Assoc	19-951				\$ 28,802
Speedie and Assoc	19-948				\$ 1,120
SRP	19-947				\$ 500
WAXIE SANITARY SUPPLY	19-947				\$ 840
UTILITY ALLOCATION	19-947	\$ 114,000.00	\$ 54,000.00		\$ 1,346,500
UTILITY ALLOCATION					\$ 18,500
VYAIR MEDICAL 211 INC	19-947		\$ 62,815.30		\$ 62,815
THOMAS PRINTWORKS					\$ 4,069
THOMAS PRINTWORKS	19-947				\$ 530
Trademark Visual	19-948				\$ 2,576
THE BAKER COMPANY	19-947				\$ 148,103
TRANSACTT COMMERCIAL INTERIORS	19-951			\$ 1,030.66	\$ 16,188
TRANSACT COMMERCIAL FURNISHINGS INC	19-947			\$ 2,760.33	\$ 2,760
TRANSACT COMMERCIAL FURNISHINGS INC	19-951			\$ 2,760.33	\$ 2,760
ORANGE FACTOR IMAGING PHYSICISTS LLC		\$ 6,400.00			\$ 6,400
ZURICH NORTH AMERICA		\$ 827.19		\$ 12,184.93	\$ -
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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

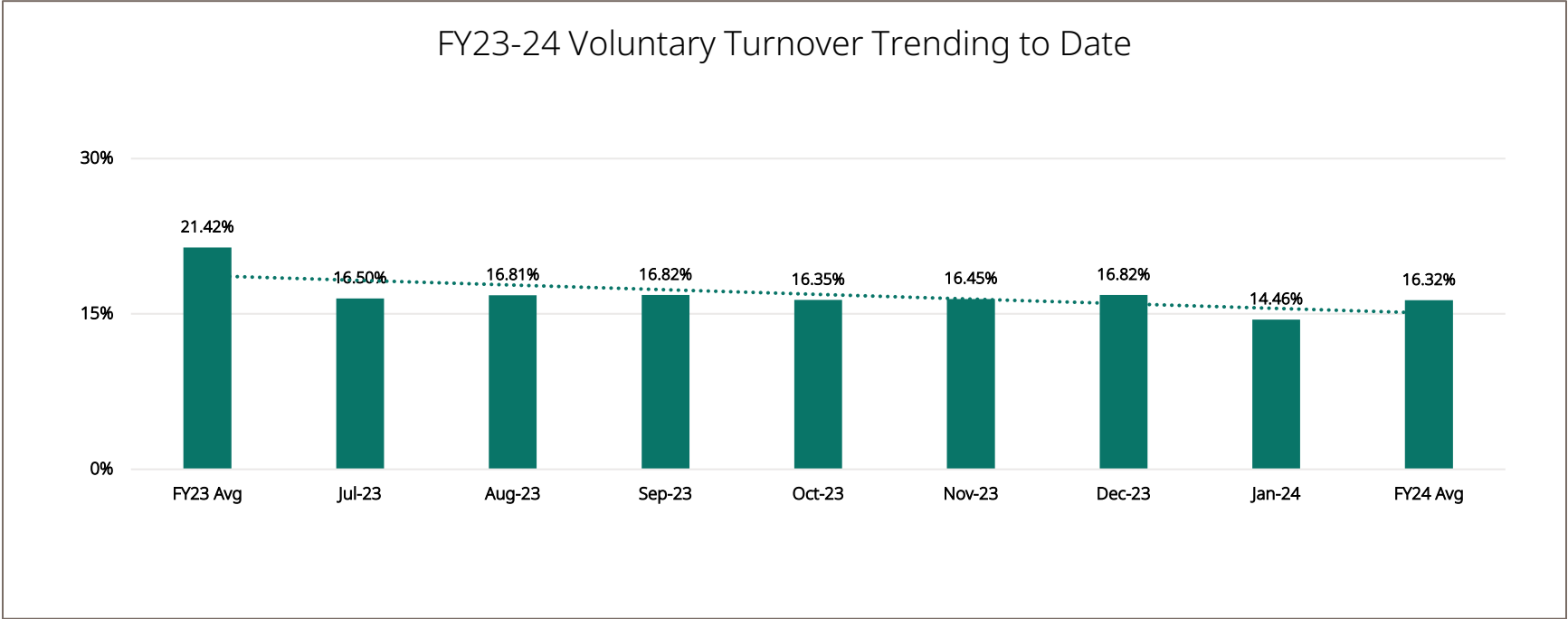
Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		NOV'23	DEC'23	JAN'24	Cumulative Total
INTERMETRO INDUSTRIES CORPORATION					\$ 833
LOVITT & TOUCHE INC					\$ 505
MARICOPA COUNTY TREASURER					\$ 7,310
SKYLINE BUILDERS AND RESTORATION INC					\$ 122,769
STRYKER SALES CORPORATION					\$ 384,697
TEMPE DIABLO LLC					\$ 33,132
TUCSON BUSINESS INTERIORS INC					\$ 447,192
VANIR CONSTRUCTION MANAGEMENT INC					\$ 13,605,364
WORLD WIDE TECHNOLOGY HOLDINGS CO LLC					\$ 35,500
TOTAL Roosevelt Campus Site Development Plan (RSVT)		\$ 11,832,127.90	\$ 7,653,870.56	\$ 9,102,146.84	\$ 458,033,921.04
Bond Proceeds received to date:		\$ 12,667,083.75	\$ 8,078,216.34	\$ 9,128,198.02	\$ 654,966,724.58
\$935,805,959					
TOTAL MONTHLY SPENT AMOUNT		\$ 12,667,083.75	\$ 8,238,091.40	\$ 9,189,651.02	\$ 879,707,220
VARIANCE: Bond Proceeds amount vs CER amount issued					-
REMAINING Cash for disbursement		\$73,526,481	\$65,288,389	\$56,098,738.44	\$56,098,738.44

8.c. Reports to the Board - Monthly Valleywise Health Employee Turnover Report (January 2024)

Human Resources Voluntary Turnover Data

January 2024

Valleywise Health January 2024 Employee Turnover



Valleywise Health's T/O By Division

Valleywise Health Turnover Report for January 2024 by Division								
Division/Department	Avg Emps	Hires	Vol Terms	Vol Term %	Invol Terms	Invol Term %	Uncon Terms	Uncon Term %
Ambulatory January Totals	508	13	8	1.57%	1	0.20%	0	0.00%
Behavioral Health January Totals	789	38	11	1.39%	1	0.13%	10	1.27%
Medical Center January Totals	2,402	56	18	0.75%	8	0.33%	10	0.42%
ALL Valleywise Health January Totals	3,699	107	37	1.00%	10	0.27%	20	0.54%
January Annualized Turnover								
Ambulatory Annualized Totals	508	102	57	11.22%	18	3.54%	16	3.15%
Behavioral Health Annualized Totals	789	243	141	17.87%	49	6.21%	55	6.97%
Medical Center Annualized Totals	2,402	520	336	13.99%	88	3.66%	105	4.37%
ALL Valleywise Health Annualized Totals	3,699	865	535	14.46%	157	4.24%	176	4.76%

*Per Diem staff are excluded from these totals & percentages



8.d. Reports to the Board - Quality Management Council Meeting Minutes (January 2024)



Meeting Minutes

Quality Management Council

01/08/2024 • 3:30 PM – 4:30PM • WebEx

A = Absent E = Excused G = Guest P = Phone

CHAIR/FACILITATOR	Dr. White and Sherry Stotler, CNO							
MEMBERS/ATTENDEES	Christelle Kassis, MD	A	Dorinne Gray, RN	P	Mary Harden, RN		Tony Dunnigan, MD	
	Christina Smarik Snyder, MD	A	Susan Willars		Michael White, MD	P	Gene Cavallo	P
	Crystal Garcia, RN	P	Heather Burton, RN		Amanda De Los Reyes	P	Claire Agnew, CFO	
	Dale Schultz	P	Jo-el Detzel		Nelson Silva-Craig, RN		Martha Steiner, RN	
	Dan Hobohm, MD	P	Kelly Summers	P	Sherrie Beardsley, RN		Lia Christiansen. CAO	P
	Jeffrey Stowell, MD	P	LT. Slaughter Jr.		Sherry Stotler, RN	P	Carol Olsen, MD	P
	David Wisinger, MD	A	Michelle Barker		Steve Purves, CEO	P	Tina Sheppard	
	Paul Pugsley, MD	P	Merima Bucaj, DO		Gaby Iskander, MD	P	Helena Hoover	
	Alexzandra Hollingworth	P	Michelle Barker					

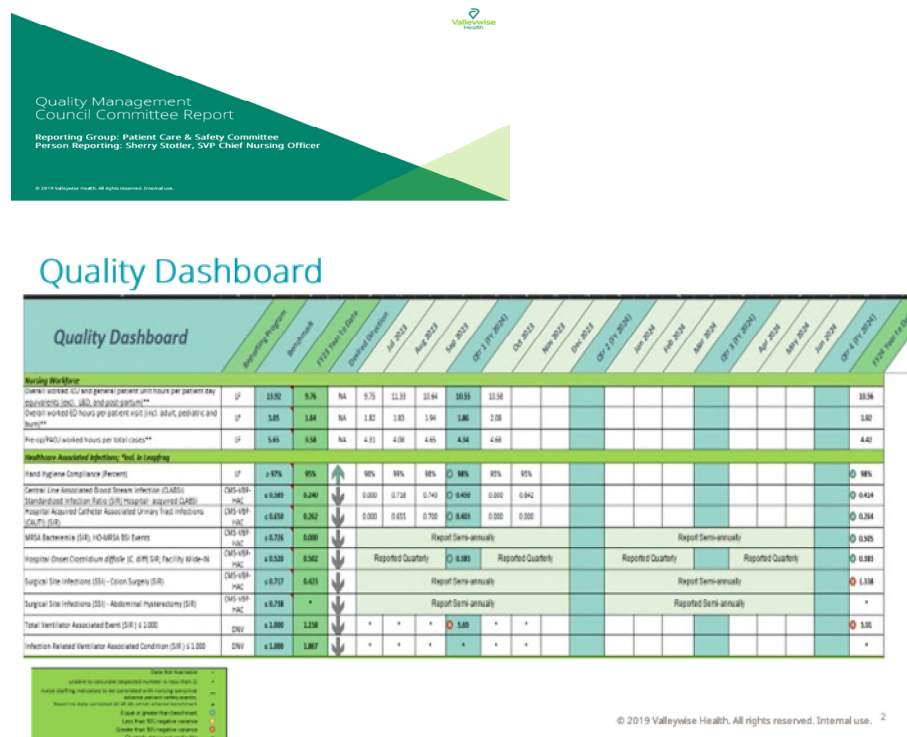
PURPOSE: Quality and Patient Safety Improvement

CALL TO ORDER

	Topic	Findings/Discussion	Conclusion/Action	Responsible
	Approval of Minutes	January Meeting Minutes	Minutes were Approved	Committee
	Consent Agenda	Motion Approval for consented agenda items	Consent agenda items were approved	Committee

II. Standing Reports

	Topic	Findings/Discussion	Responsible
--	-------	---------------------	-------------



- The slide shows the doing well from the nursing workforce into our infection control and having one in the year for the first quarter but doing well over all. With one fee in November pening update.

Quality Dashboard

Quality Dashboard		Q1 2024		Q2 2024		Q3 2024		Q4 2024		Q1 2025		Q2 2025		Q3 2025		Q4 2025		Q1 2026		Q2 2026		Q3 2026		Q4 2026		Q1 2027		Q2 2027		Q3 2027		Q4 2027		Q1 2028		Q2 2028		Q3 2028		Q4 2028		Q1 2029		Q2 2029		Q3 2029		Q4 2029		Q1 2030		Q2 2030		Q3 2030		Q4 2030		Q1 2031		Q2 2031		Q3 2031		Q4 2031		Q1 2032		Q2 2032		Q3 2032		Q4 2032		Q1 2033		Q2 2033		Q3 2033		Q4 2033		Q1 2034		Q2 2034		Q3 2034		Q4 2034		Q1 2035		Q2 2035		Q3 2035		Q4 2035		Q1 2036		Q2 2036		Q3 2036		Q4 2036		Q1 2037		Q2 2037		Q3 2037		Q4 2037		Q1 2038		Q2 2038		Q3 2038		Q4 2038		Q1 2039		Q2 2039		Q3 2039		Q4 2039		Q1 2040		Q2 2040		Q3 2040		Q4 2040		Q1 2041		Q2 2041		Q3 2041		Q4 2041		Q1 2042		Q2 2042		Q3 2042		Q4 2042		Q1 2043		Q2 2043		Q3 2043		Q4 2043		Q1 2044		Q2 2044		Q3 2044		Q4 2044		Q1 2045		Q2 2045		Q3 2045		Q4 2045		Q1 2046		Q2 2046		Q3 2046		Q4 2046		Q1 2047		Q2 2047		Q3 2047		Q4 2047		Q1 2048		Q2 2048		Q3 2048		Q4 2048		Q1 2049		Q2 2049		Q3 2049		Q4 2049		Q1 2050		Q2 2050		Q3 2050		Q4 2050		Q1 2051		Q2 2051		Q3 2051		Q4 2051		Q1 2052		Q2 2052		Q3 2052		Q4 2052		Q1 2053		Q2 2053		Q3 2053		Q4 2053		Q1 2054		Q2 2054		Q3 2054		Q4 2054		Q1 2055		Q2 2055		Q3 2055		Q4 2055		Q1 2056		Q2 2056		Q3 2056		Q4 2056		Q1 2057		Q2 2057		Q3 2057		Q4 2057		Q1 2058		Q2 2058		Q3 2058		Q4 2058		Q1 2059		Q2 2059		Q3 2059		Q4 2059		Q1 2060		Q2 2060		Q3 2060		Q4 2060		Q1 2061		Q2 2061		Q3 2061		Q4 2061		Q1 2062		Q2 2062		Q3 2062		Q4 2062		Q1 2063		Q2 2063		Q3 2063		Q4 2063		Q1 2064		Q2 2064		Q3 2064		Q4 2064		Q1 2065		Q2 2065		Q3 2065		Q4 2065		Q1 2066		Q2 2066		Q3 2066		Q4 2066		Q1 2067		Q2 2067		Q3 2067		Q4 2067		Q1 2068		Q2 2068		Q3 2068		Q4 2068		Q1 2069		Q2 2069		Q3 2069		Q4 2069		Q1 2070		Q2 2070		Q3 2070		Q4 2070		Q1 2071		Q2 2071		Q3 2071		Q4 2071		Q1 2072		Q2 2072		Q3 2072		Q4 2072		Q1 2073		Q2 2073		Q3 2073		Q4 2073		Q1 2074		Q2 2074		Q3 2074		Q4 2074		Q1 2075		Q2 2075		Q3 2075		Q4 2075		Q1 2076		Q2 2076		Q3 2076		Q4 2076		Q1 2077		Q2 2077		Q3 2077		Q4 2077		Q1 2078		Q2 2078		Q3 2078		Q4 2078		Q1 2079		Q2 2079		Q3 2079		Q4 2079		Q1 2080		Q2 2080		Q3 2080		Q4 2080		Q1 2081		Q2 2081		Q3 2081		Q4 2081		Q1 2082		Q2 2082		Q3 2082		Q4 2082		Q1 2083		Q2 2083		Q3 2083		Q4 2083		Q1 2084		Q2 2084		Q3 2084		Q4 2084		Q1 2085		Q2 2085		Q3 2085		Q4 2085		Q1 2086		Q2 2086		Q3 2086		Q4 2086		Q1 2087		Q2 2087		Q3 2087		Q4 2087		Q1 2088		Q2 2088		Q3 2088		Q4 2088		Q1 2089		Q2 2089		Q3 2089		Q4 2089		Q1 2090		Q2 2090		Q3 2090		Q4 2090		Q1 2091		Q2 2091		Q3 2091		Q4 2091		Q1 2092		Q2 2092		Q3 2092		Q4 2092		Q1 2093		Q2 2093		Q3 2093		Q4 2093		Q1 2094		Q2 2094		Q3 2094		Q4 2094		Q1 2095		Q2 2095		Q3 2095		Q4 2095		Q1 2096		Q2 2096		Q3 2096		Q4 2096		Q1 2097		Q2 2097		Q3 2097		Q4 2097		Q1 2098		Q2 2098		Q3 2098		Q4 2098		Q1 2099		Q2 2099		Q3 2099		Q4 2099		Q1 2100		Q2 2100		Q3 2100		Q4 2100		Q1 2101		Q2 2101		Q3 2101		Q4 2101		Q1 2102		Q2 2102		Q3 2102		Q4 2102		Q1 2103		Q2 2103		Q3 2103		Q4 2103		Q1 2104		Q2 2104		Q3 2104		Q4 2104		Q1 2105		Q2 2105		Q3 2105		Q4 2105		Q1 2106		Q2 2106		Q3 2106		Q4 2106		Q1 2107		Q2 2107		Q3 2107		Q4 2107		Q1 2108		Q2 2108		Q3 2108		Q4 2108		Q1 2109		Q2 2109		Q3 2109		Q4 2109		Q1 2110		Q2 2110		Q3 2110		Q4 2110		Q1 2111		Q2 2111		Q3 2111		Q4 2111		Q1 2112		Q2 2112		Q3 2112		Q4 2112		Q1 2113		Q2 2113		Q3 2113		Q4 2113		Q1 2114		Q2 2114		Q3 2114		Q4 2114		Q1 2115		Q2 2115		Q3 2115		Q4 2115		Q1 2116		Q2 2116		Q3 2116		Q4 2116		Q1 2117		Q2 2117		Q3 2117		Q4 2117		Q1 2118		Q2 2118		Q3 2118		Q4 2118		Q1 2119		Q2 2119		Q3 2119		Q4 2119		Q1 2120		Q2 2120		Q3 2120		Q4 2120		Q1 2121		Q2 2121		Q3 2121		Q4 2121		Q1 2122		Q2 2122		Q3 2122		Q4 2122		Q1 2123		Q2 2123		Q3 2123		Q4 2123		Q1 2124		Q2 2124		Q3 2124		Q4 2124		Q1 2125		Q2 2125		Q3 2125		Q4 2125		Q1 2126		Q2 2126		Q3 2126		Q4 2126		Q1 2127		Q2 2127		Q3 2127		Q4 2127		Q1 2128		Q2 2128		Q3 2128		Q4 2128		Q1 2129		Q2 2129		Q3 2129		Q4 2129		Q1 2130		Q2 2130		Q3 2130		Q4 2130		Q1 2131		Q2 2131		Q3 2131		Q4 2131		Q1 2132		Q2 2132		Q3 2132		Q4 2132		Q1 2133		Q2 2133		Q3 2133		Q4 2133		Q1 2134		Q2 2134		Q3 2134		Q4 2134		Q1 2135		Q2 2135		Q3 2135		Q4 2135		Q1 2136		Q2 2136		Q3 2136		Q4 2136		Q1 2137		Q2 2137		Q3 2137		Q4 2137		Q1 2138		Q2 2138		Q3 2138		Q4 2138		Q1 2139		Q2 2139		Q3 2139		Q4 2139		Q1 2140		Q2 2140		Q3 2140		Q4 2140		Q1 2141		Q2 2141		Q3 2141		Q4 2141		Q1 2142		Q2 2142		Q3 2142		Q4 2142		Q1 2143		Q2 2143		Q3 2143		Q4 2143		Q1 2144		Q2 2144		Q3 2144		Q4 2144		Q1 2145		Q2 2145		Q3 2145		Q4 2145		Q1 2146		Q2 2146		Q3 2146		Q4 2146		Q1 2147		Q2 2147		Q3 2147		Q4 2147		Q1 2148		Q2 2148		Q3 2148		Q4 2148		Q1 2149		Q2 2149		Q3 2149		Q4 2149		Q1 2150		Q2 2150		Q3 2150		Q4 2150		Q1 2151		Q2 2151		Q3 2151		Q4 2151		Q1 2152		Q2 2152		Q3 2152		Q4 2152		Q1 2153		Q2 2153		Q3 2153		Q4 2153		Q1 2154		Q2 2154		Q3 2154		Q4 2154		Q1 2155		Q2 2155		Q3 2155		Q4 2155		Q1 2156		Q2 2156		Q3 2156		Q4 2156		Q1 2157		Q2 2157		Q3 2157		Q4 2157		Q1 2158		Q2 2158		Q3 2158		Q4 2158		Q1 2159		Q2 2159		Q3 2159		Q4 2159		Q1 2160		Q2 2160		Q3 2160		Q4 2160		Q1 2161		Q2 2161		Q3 2161		Q4 2161		Q1 2162		Q2 2162		Q3 2162		Q4 2162		Q1 2163		Q2 2163		Q3 2163		Q4 2163		Q1 2164		Q2 2164		Q3 2164		Q4 2164		Q1 2165		Q2 2165		Q3 2165		Q4 2165		Q1 2166		Q2 2166		Q3 2166		Q4 2166		Q1 2167		Q2 2167		Q3 2167		Q4 2167		Q1 2168		Q2 2168		Q3 2168		Q4 2168		Q1 2169		Q2 2169		Q3 2169		Q4 2169		Q1 2170		Q2 2170		Q3 2170		Q4 2170		Q1 2171		Q2 2171		Q3 2171		Q4 2171		Q1 2172		Q2 2172		Q3 2172		Q4 2172		Q1 2173		Q2 2173		Q3 2173		Q4 2173		Q1 2174		Q2 2174		Q3 2174		Q4 2174		Q1 2175		Q2 2175		Q3 2175		Q4 2175		Q1 2176		Q2 2176		Q3 2176		Q4 2176		Q1 2177		Q2 2177		Q3 2177		Q4 2177		Q1 2178		Q2 2178		Q3 2178		Q4 2178		Q1 2179		Q2 2179		Q3 2179		Q4 2179		Q1 2180		Q2 2180		Q3 2180		Q4 2180		Q1 2181		Q2 2181		Q3 2181		Q4 2181		Q1 2182		Q2 2182		Q3 2182		Q4 2182		Q1 2183		Q2 2183		Q3 2183		Q4 2183		Q1 2184		Q2 2184		Q3 2184		Q4 2184		Q1 2185		Q2 2185		Q3 2185		Q4 2185		Q1 2186		Q2 2186		Q3 2186		Q4 2186		Q1 2187		Q2 2187		Q3 2187		Q4 2187		Q1 2188		Q2 2188		Q3 2188		Q4 2188		Q1 2189		Q2 2189		Q3 2189		Q4 2189		Q1 2190		Q2 2190		Q3 2190		Q4 2190		Q1 2191		Q2 2191		Q3 2191		Q4 2191		Q1 2192		Q2 2192		Q3 2192		Q4 2192		Q1 2193		Q2 2193		Q3 2193		Q4 2193		Q1 2194		Q2 2194		Q3 2194		Q4 2194		Q1 2195		Q2 2195		Q3 2195		Q4 2195		Q1 2196		Q2 2196		Q3 2196		Q4 2196		Q1 2197		Q2 2197		Q3 2197		Q4 2197		Q1 2198		Q2 2198		Q3 2198		Q4 2198		Q1 2199		Q2 2199		Q3 2199		Q4 2199		Q1 2200		Q2 2200		Q3 2200		Q4 2200		Q1 2201		Q2 2201		Q3 2201		Q4 2201		Q1 2202		Q2 2202		Q3 2202		Q4 2202		Q1 2203		Q2 2203		Q3 2203		Q4 2203		Q1 2204		Q2 2204		Q3 2204		Q4 2204		Q1 2205		Q2 2205		Q3 2205		Q4 2205		Q1 2206		Q2 2206		Q3 2206		Q4 2206		Q1 2207		Q2 2207		Q3 2207		Q4 2207		Q1 2208		Q2 2208		Q3 2208		Q4 2208		Q1 2209		Q2 2209		Q3 2209		Q4 2209		Q1 2210		Q2 2210		Q3 2210		Q4 2210		Q1 2211		Q2 2211		Q3 2211		Q4 2211		Q1 2212		Q2 2212		Q3 2212		Q4 2212		Q1 2213		Q2 2213		Q3 2213		Q4 2213		Q1 2214		Q2 2214		Q3 2214		Q4 2214		Q1 2215		Q2 2215		Q3 2215		Q4 2215		Q1 2216		Q2 2216		Q3 2216		Q4 2216		Q1 2217		Q2 2217		Q3 2217		Q4 2217		Q1 2218		Q2 2218		Q3 2218		Q4 2218		Q1 2219		Q2 2219		Q3 2219		Q4 2219		Q1 2220		Q2 2220		Q3 2220		Q4 2220		Q1 2221		Q2 2221		Q3 2221		Q4 2221		Q1 2222		Q2 2222		Q3 2222		Q4 2222		Q1 2223		Q2 2223		Q3 2223		Q4 2223		Q1 2224		Q2 2224		Q3 2224		Q4 2224		Q1 2225		Q2 2225		Q3 2225		Q4 2225		Q1 2226		Q2 2226		Q3 2226		Q4 2226		Q1 2227		Q2 2227		Q3 2227		Q4 2227		Q1 2228		Q2 2228		Q3 2228		Q4 2228		Q1 2229		Q2 2229		Q3 2229		Q4 2229		Q1 22	
-------------------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	---------	--	-------	--

Basis Test Results	
Whether the estimated dependent variable is less than 0	1
Whether coefficient estimates are not correlated with constant	1
Whether predicted values are within acceptable range	1
Residuals sum corrected DF 10 15, which achieved benchmark	1
Equal or greater than benchmark	1
Less than 5%, negative variance	1
Greater than 5%, negative variance	1

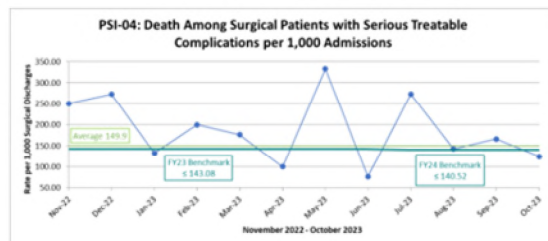
© 2019 Valleywise Health. All rights reserved. Internal use. 3

- The slide shows sepsis and hospital wide morality slightly above and continue to track and trend. Stemi to door to ballon was met in October. One PSI-14 in October and a small group track and trend as well as reviewing our sutures and

PERIOPERATIVE

Measure *Not* meeting Benchmark

Measure	Benchmark	October 2023	FY24 Q1	FYTD 2024
PSI-04: Death Among Surgical Patients with Serious Treatable Complications per 1,000	≤ 140.52 (overall)	125.00	208.33	187.50*



Analysis: 1 case in October 2023

- 65 y.o. presented to ED from care facility for coffee -ground hematemesis. Patient underwent left gastric artery angio embolization, patient became hypotensive and unable to maintain HAP. Patient's family placed patient on comfort care.

Action: No opportunity identified as the family placed patient on comfort care.

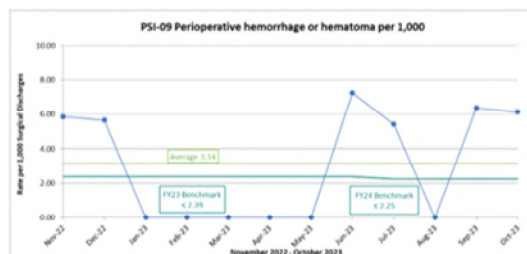
* FYTD 24; 6 events (6/32)

© 2019 Valleywise Health. All rights reserved. Internal use.

- The slide shows

Measure *Not* Meeting Benchmark

Measure	Benchmark	October 2023	FY24 Q1	FYTD 2024
PSI-09: Perioperative hemorrhage or hematoma per 1,000	≤ 2.25	6.13	3.80	4.35*



Analysis: 1 case in October 2023

- 36 y.o. presented to the ED after sustaining a work injury. Imaging demonstrated an acute right tib/fib fracture and patient examined for compartment syndrome. Patient underwent fasciotomy and fixation of fractures. Blood seen in patient's NPWT canister. Patient taken back to OR and had incision irrigated, venous bleeding controlled.

Action: Track and trend

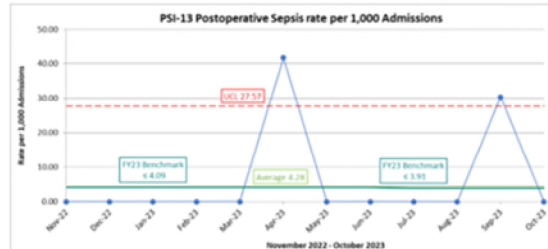
* FYTD24: 3 events (3/690)

© 2019 Valleywise Health. All rights reserved. Internal use.

- The slide shows

Measure *Not* Meeting Benchmark

Measure	Benchmark	October 2023	FY24 Q1	FYTD 2024
PSI-13: Postoperative Sepsis rate per 1,000 Admissions	≤ 3.91	0.00	11.49	8.93*



Analysis: No cases in October 2023. Measure not meeting benchmark FYTD.

Action: Not a trend

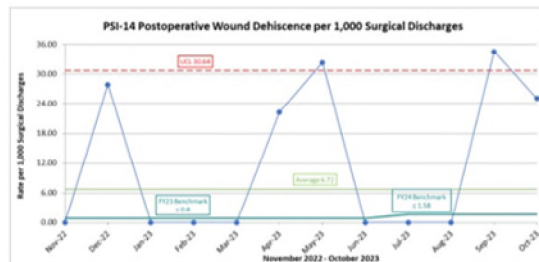
* FYTD24: 1 event (1/112)

© 2019 Valleywise Health. All rights reserved. Internal use.

- The slide shows

Measure *Not* Meeting Benchmark

Measure	Benchmark	October 2023	FY24 Q1	FYTD 2024
PSI-14: Postoperative Wound Dehiscence rate per 1,000	≤ 1.58	25.00	8.85	13.07*



Analysis: 1 case in October 2023

- 49 y.o. Exploratory laparotomy, sigmoidectomy with anastomosis and diverting loop ileostomy. Patient underwent exploratory laparotomy, washout, takedown of dehiscence colorectal anastomosis.

Action: Track and trend

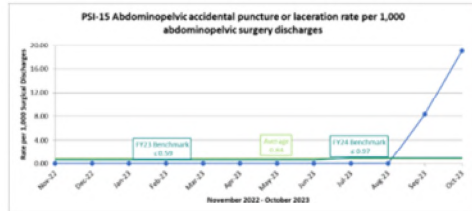
* FYTD24: 2 events (2/153)

© 2019 Valleywise Health. All rights reserved. Internal use.

- The slide shows

Measure *Not* Meeting Benchmark

Measure	Benchmark	October 2023	FY24 Q1	FYTD 2024
PSI-15: Abdominopelvic accidental puncture or laceration rate per 1,000	≤ 0.97	19.11	2.28	6.71*



Analysis: 3 cases in October 2023

- 49 y.o. Colonoscopy, large bowel obstruction. Exploratory laparotomy, sigmoidectomy w/anastomosis, and diverting loop ileostomy.
- Exploratory laparotomy, washout, takedown of dehiscence colorectal anastomosis. Bedside exploratory laparotomy, washout. Repeat bedside exploratory laparotomy, washout, renal laceration occurred and packed. Patient taken to OR for exploratory laparotomy for control of hemorrhage.
- 50 y.o. Exploratory laparotomy. Patient returned to OR with iatrogenic mesenteric injury requiring resection and anastomosis of small intestine.
- 43 y.o. Exploratory laparotomy, sigmoidectomy, and repair of TI serosal tear. Patient returned to OR for end colostomy creation and midline closure.

Action: Track and trend

* FYTD24: 4 events (4/596)

© 2019 Valleywise Health. All rights reserved. Internal use.

- The slide shows

Measure *Not* meeting Benchmark

Measure	Benchmark	October 2023	FY24 Q1	FYTD 2024
Sedation Documentation Compliance	100%	100%	99%	99%



Analysis: October 2023 at 100% compliance.

Action: November Epic Hyperdrive Update – Change in laterality option verbiage. Now includes “Not applicable” as an option.

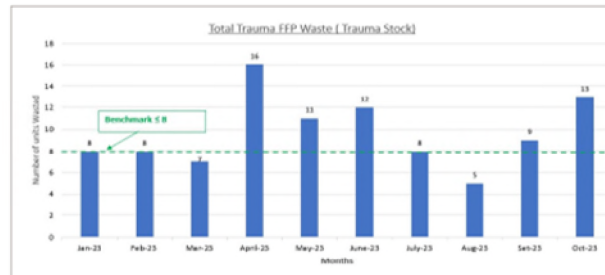
© 2019 Valleywise Health. All rights reserved. Internal use.

- The slide shows

Measures Not Meeting Benchmark

Measure	Benchmark	Sept 23	Oct 23	Qtr 1 FY24	FYTD 24
Total trauma FFP waste (trauma stock)	< 8	9	13	7	9

- We have total 6 thawed FFP Trauma Stock all the time, and if it is not used within 5 days it is discarded due to its shelf life expired.



© 2019 Valleywise Health. All rights reserved. Internal use.

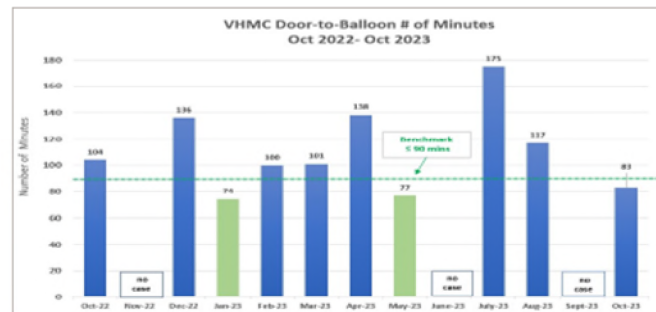
- The slide shows

Measures Not Meeting Benchmark

Measure	Benchmark	Sept 23	Oct 23	Qtr. 1 FY24	FYTD 24
STEMI: Door-to-Balloon (D2B) ≤ 90 mins	≤ 90 mins	No cases	83 mins	146 mins	119mins

STEMI ≤ 90 min

- For Sept, no STEMI cases.
- For Oct, 6 STEMI alerts. Of six, three patients with no intervention excluded. Other 3 patients meeting STEMI criteria.



© 2019 Valleywise Health. All rights reserved. Internal use.

- The slide shows

Measures Analysis and Actions

Analysis:

- For Sept: No STEMI cases.
- For Oct: 6 STEMI alerts. Of 6, three patients with no intervention were excluded from the measure. Rest 3 patients meeting STEMI criteria.
 - One patient with total D -PCI time of 2 hr, 32 min, patient with very atypical presentation significant for neuro deficits worsening neck pain, left eye blindness did not arrive as STEMI.
 - Later assessment and EKG revealed STEMI and once STEMI was activated by that time door to STEMI activation time was already 1 hr, 22 min.
 - CT scan to r/o stroke prior to arrival to Cath lab.
 - No OFI's identified for this case.

OpenAction Items / Barriers

Actions-

Sept-Oct 2023:

- Educations, reminders added to ED huddles.
- STEMI timeline quality board added to display STEMI alert timeline metrics in ED.
- Daily real time follow up for all door to EKG fallouts in ED.
- Cath Lab leaders and ED leadership developed STEMI Packs to reduce prep time.

Barriers-

- Transfer from MVE ED adding delay time, transportation delay.

© 2019 Valleywise Health. All rights reserved. Internal use.

14

- The slide shows

Measures/Not Meeting Benchmark

Measure	Benchmark	Sept 23	Oct 23	Qtr 1 FY24	FYTD 24
READM-30-COPD: Chronic Obstructive Pulmonary Disease 30 -day readmission rate (CDB1534)	≤ 19.3 %	22.2% (2)	10.0%	20.0%	17.1%
ED- 2C: Admit Decision to Depart - Psychiatric Admitted Patients Median Time	≤121 mins	393 min (4)	48 min (1)	623 min	533 min

CDB 1534 / COPD 30 Day - Readmission : For Sept 2 patients readmitted post discharge. No OFI's identified.

- One patient readmitted for respiratory failure secondary to fluid overload and NSTEMI.
- Second patient transferred from Annex facility for hypoxia due to COPD exacerbation, pt with multiple ED visit from Annex for SOB. Was subsequently transferred to respiratory rehab facility for COPD management 09/15/2023.

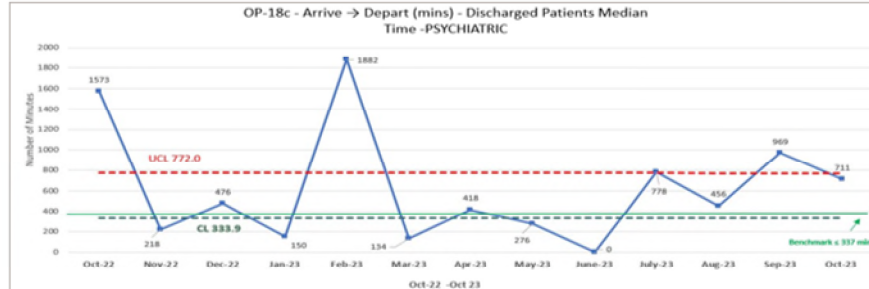
© 2019 Valleywise Health. All rights reserved. Internal use.

15

- The slide shows

Measures Not Meeting Benchmark

Measure	Benchmark	Sept 23	Oct 23	Qtr 1 FY24	FYTD 24
OP-18c - Arrive → Depart (mins) - Discharged Patients Median Time -PSYCHIATRIC	≤ 337 mins	969 mins (1 pt)	711 mins (2 pt)	778 min	745 mins



- The slide shows

Measures Analysis and Actions

Analysis

- OP-18c - Arrive → Depart (mins)- PSYCHIATRIC. Commonalities for delay in discharge.
 - Delay due to transportation issue.
 - Delay due to patients' complex discharge need.
 - Patient recovery time in ED for medical clearance.
 - Deficiency of behavioral health facilities &/or are at capacity.
 - Few of the behavioral health patients are petitioned, sent to Urgent Psychiatric Care for placement and for UPC pts pick up is through PD which also at times contributed to delay in discharge.

Open Action Items / Barriers

Action(s)

Sept- Oct 2023 :

- Utilizing multidisciplinary, multicampus single solution approach to improve VPMC and MVE -ED throughput timeline.
- To reduce ED boarding time implementing process improvements, training, and reviewing staffing practices.
- To reduce ED dwell time and help with community placement for complex need new pts case management has been piloted 7 days a week ED.

Barrier-

- Deficiency of BH facility.
- Out of capacity internally /externally.
- External transport delays.
- Due to complex discharge need.

- The slide shows

Measures ~~Not~~ Meeting Benchmark

Measure	Benchmark	Qtr 1 FY24	Qtr 4 FY23	FYTD 24
Dosimeter Return Rate	≥ 96%	96	95%	96
Staff Radiation Exposure- ALARA Events	0	1	No ALARA event reported	1

ALARA Event :
One ALARA level1 for
the Ortho
department, Physician
.

3rd QUARTER: July-Sept 2023						
		Returns	Missing	Total Badges	Goal 100%	Comments
182225	ANE	85	8	93	91%	
182235	PHY	128	11	139	92%	
182306	ORT	11	1	12	92%	lost badge
182228	DIA	106	2	108	98%	
182238	SPE	32	0	32	100%	
182227	CAT	22	1	23	96%	Known lost badge
182226	CAR	9	0	9	100%	
182229	END	35	1	36	97%	
182233	OR	111	5	116	96%	
182231	NUC	15	0	15	100%	
182236	RAD	79	0	79	100%	
				Total Badges	Total Overall	
Total:		633	29	662	95.62%	

- The slide shows

Measures Analysis and Actions

Analysis

Dosimeter & ALARA :

- Dosimeter return rate for Qtr1 -24 is at 96 %.
- One level -1ALARA reported for Qtr1 -24, physician group ortho.

ALARA Levels:

- ALARA I -125-374 mRem, & ALARA II 375 mRem and up for dosimeter. We also have Ring ALARA, its ALARA range is 1875 mRem to 5625 mRem.

IR/Cath Lab has ALARA level

- Dosimeter ALARA I -1 750 -1249, ALARA II - 1250 mRem and up . They have higher threshold as they work around higher radiation levels regularly .

Open Action Items / Barriers

Action(s): JulSept 2023

- Benchmark changed to 96 % in April 2023 .
- ALARA event update radiology leaders.
- Radiology leaders to working with HR and DMG to collect needed information prior to staff start date for onboarding badge options and process.
- Education on badge compliance to be included in onboarding process for new employees.

Barriers-

- Staff turn over rate and new residents' group understand the process .

- The slide shows

Ambulatory Quality Initiative

© 2014 Valleywide Health. All rights reserved. | 14

Valleywide Health FQHC UDS Quality Measure Report Results: October 2023 CYTD

UDS Clinical Quality Measure	CY 2023	Adjusted Quarterly Ranking 2023**	CY 2022	Adjusted Quarterly Ranking 2022**	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	HP 2020 Goal	2023 UDS National Average	*Target Goal* (2022-2023 National Average)	Variance from Current Target	Intended Direction	Monthly Status (2023 UDS average)
Body Mass Index (BMI) Screening and FollowUp Plan	34.38%	4	66.13%	2	89.54%	91.88%	91.88%	91.92%	91.93%	91.88%	91.79%	91.89%	91.11%	91.14%			N/A*	63.53%	61.04%	11.10%	↑	Green
Cervical Cancer Screening	49.77%	9	51.62%	2	54.80%	54.81%	54.76%	54.84%	55.10%	55.93%	55.83%	56.38%	56.49%	56.49%			N/A*	52.49%	53.99%	2.40%	↑	Green
Childhood Immunization Status (CIS)	47.73%	2	9.48%	4	9.13%	36.63%	38.83%	40.77%	39.78%	39.51%	39.72%	39.07%	38.40%	38.63%			N/A*	38.04%	35.23%	5.40%	↑	Green
Colorectal Cancer Screening	50.85%	1	51.08%	1	37.75%	31.84%	35.97%	37.79%	38.88%	39.98%	40.88%	42.43%	43.24%	44.24%			N/A*	41.93%	42.82%	1.42%	↑	Green
Controlling High Blood Pressure	47.76%	4	53.68%	4	46.19%	48.74%	51.15%	51.49%	51.34%	54.29%	56.13%	58.19%	59.10%	59.03%			N/A*	48.13%	51.40%	-8.97%	↓	Yellow
Diabetes: Hemoglobin A1c Poor Control	31.49%	2	30.18%	9	61.15%	55.74%	49.41%	40.59%	37.28%	34.44%	31.94%	31.56%	30.76%	30.10%			N/A*	51.19%	50.43%	-6.12%	↓	Yellow
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	76.51%	9	75.07%	9	74.28%	75.78%	76.58%	76.54%	76.67%	77.07%	76.87%	76.53%	76.89%	76.85%			N/A*	76.29%	76.49%	0.02%	↑	Green
Screening for Clinical Depression and FollowUp Plan if Positive Screen	48.75%	4	54.67%	4	48.25%	50.10%	52.84%	55.06%	58.34%	62.93%	65.13%	68.52%	70.21%	71.91%			N/A*	47.42%	50.62%	1.89%	↑	Green
Tobacco Use: Screening and Cessation Intervention	47.76%	2	88.88%	2	85.29%	86.69%	87.61%	88.43%	89.77%	89.03%	89.29%	89.61%	89.49%	89.74%			N/A*	82.34%	84.40%	5.34%	↑	Green
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	78.04%	2	79.19%	2	51.04%	54.62%	58.55%	60.61%	63.25%	67.08%	70.28%	73.38%	74.47%	75.10%			N/A*	68.72%	69.93%	5.19%	↑	Green
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	68.43%	4	71.68%	4	74.54%	77.84%	77.70%	77.61%	77.18%	77.88%	76.74%	76.83%	76.63%	76.21%			N/A*	73.18%	76.01%	0.14%	↑	Green
Breast Cancer Screening	58.16%	1	59.88%	1	51.10%	51.68%	54.03%	58.03%	58.79%	57.83%	58.79%	59.33%	60.17%	60.61%			N/A*	46.19%	50.10%	10.11%	↑	Green
HIV Screening	69.14%	1	49.44%	1	68.14%	69.19%	69.03%	67.91%	67.68%	67.83%	67.74%	67.68%	67.51%	67.48%			N/A*	58.49%	60.81%	2.14%	↑	Green

Monthly Status Key	
Target Met or Exceeded	Indication has met or is exceeding the target goal
Approaching Target	Indication is within 10% of the target goal
Improvement	Indication is > 10% outside target goal
Improvement	Indication is NOT meeting the target goal but has shown consistent improvement (3 months or longer). Transient improvement identified in a 12-month or 24-month period

*HP 2020 Objective definition not equivalent to UDS Quality of Care

- The slide shows

UDS Measures Meeting Benchmark - Reporting Year 2023

Measure	UDS 2022 Benchmark	Sept 2023 CYTD	Oct 2023 CYTD
Body Mass Index (BMI) Screening and FollowUp Plan	> 61.04%	92.11%	92.14%
Breast Cancer Screening	> 50.28%	67.55%	67.48%
Cervical Cancer Screening	> 53.99%	56.45%	56.45%
Childhood Immunization Status	> 33.23%	38.40%	38.63%
Colorectal Cancer Screening	> 42.82%	43.24%	44.24%
Diabetes: HbA1c Poor Control	< 30.42%	30.76%	30.30%
HIV Screening	> 43.82%	67.55%	67.48%
Ischemic Vascular Diseases (IVD): Use of Aspirin or Another Antithrombotic	> 76.83%	76.83%	76.85%
Screening for Clinical Depression and FollowUp Plan if Positive Screen	> 70.02%	70.21%	71.91%
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	> 76.07%	76.63%	76.21%
Tobacco Use: Screening and Cessation Intervention	> 84.60%	89.49%	89.74%
Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents	> 69.81%	74.47%	75.20%

- The slide shows

UDS Measures~~Not~~ Meeting BenchmarkReporting Year 2023

Measure	UDS 2022 Benchmark	Sept 2023 CYTD	Oct 2023 CYTD
Controlling High Blood Pressure	> 63.40%	59.10%	59.03%

- Metrics on this page fall below national averages
- Metrics on this page also ~~were not~~ meeting national averages at the end of CY 2022.

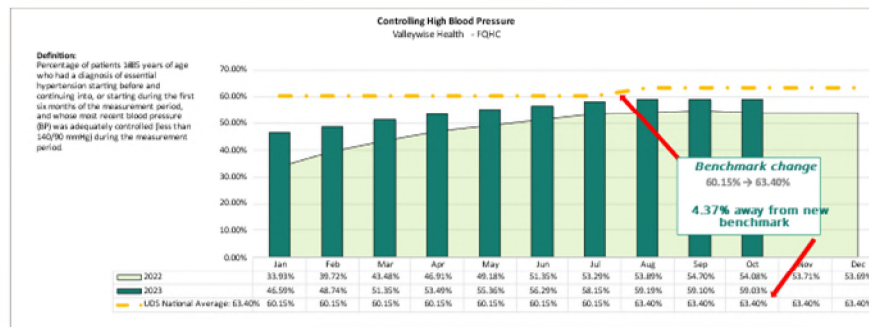
© 2019 Valleywise Health. All rights reserved. Internal use.

23

- The slide shows

Measures~~Not~~ meeting Benchmark

Measure	2022 UDS Benchmark	September 2023 CYTD	October 2023 CYTD
Controlling High Blood Pressure	> 63.40%	59.10%	59.03%



© 2019 Valleywise Health. All rights reserved. Internal use.

24

- The slide shows

Measure Analysis and Actions

Controlling High Blood Pressure

Analysis:

High Blood Pressure BPA Report now being sent out to DYAD teams for review.

- BPA report drilled down to user for purposes of targeting champions and identifying fallouts

Data Note:

- The data includes only values for when the BPA was acknowledged/overridden AND the reason entered was "Will Retake BP".
- No data was included for reason names of the following: patient refused or see comment (there were very few instances regardless)

Action Items :

Action: Utilize BPA Report results to trend users who appear not to be following the process for internal CRL audits.

- Audits to assess for the following:**
we really doing this process but not documenting vs are we just not doing the process?

Barriers: Delay in CRL auditing process
kickoff due to staff changes.

© 2019 Valleywise Health. All rights reserved. Internal use.

25

- The slide shows

Measure Analysis and Actions

Controlling High Blood Pressure

BPA BP Re-Check Leaders Department Level Example

October 2023 Blood Pressure Re-Check Leaders						
ACTION_NAME RSN_NAME	Acknowledge/Override Warning Will Retake BP		awarded when >80% and n-size of at least 5 instances when the BPA was triggered			
Department Name	1st Systolic Count	2nd Systolic Count	% 2nd BP Taken	Quantity	% 2nd BP NOT Taken	Quantity
AVD FAMILY PRACTICE	301	210	84.2%	253	15.8%	48
CHD FAMILY PRACTICE	135	99	83.3%	99	16.7%	56
CHD INTERNAL MEDICINE	147	84	57.1%	84	42.9%	63
GDH FAMILY PRACTICE	107	84	78.9%	84	21.1%	23
MCD FAMILY PRACTICE	80	36	45.0%	36	55.0%	44
MESA FAMILY PRACTICE	195	183	93.8%	183	6.2%	12
MESA INTERNAL MEDICINE	139	84	60.4%	84	39.6%	55
NPX FAMILY PRACTICE	242	195	80.6%	195	19.4%	47
NPX INTERNAL MEDICINE	47	45	95.7%	45	4.3%	2
PEC FAMILY PRACTICE	361	255	70.6%	255	29.4%	106
PEC INTERNAL MEDICINE	89	30	33.7%	30	66.3%	59
PXC INTERNAL MEDICINE	416	287	69.0%	287	31.0%	129
SPL FAMILY PRACTICE	112	61	54.5%	61	45.5%	51
SPL INTERNAL MEDICINE	86	67	77.9%	67	22.1%	19
SPX FAMILY PRACTICE	383	293	76.7%	293	23.3%	89
Grand Total	2859	2056	71.9%	2056	28.1%	803

© 2019 Valleywise Health. All rights reserved. Internal use.

26

- The slide shows

Measures Meeting Benchmark


Measure	Benchmark	Nov 2023	Oct 2023	FY24 QT1	FY24 TD
Bar Code Medication Administration (% Compliance)	> 95%	Quarterly	Quarterly	97%	97%
Rapid Response Average Call to Arrival Time (minutes)	≤ 5.0	1.8	1.9	0.9	1.3
Blood Bank Specimen Labeling Errors, (% Cancellation)	≤ 1.12%	0.91	1.02	0.90%	0.93%
Pain Reassessment (% Compliance)	≥ 90%	92%	93%	92%	92%
OptiLink Compliance- Patient Acuity (%)	≥ 98%	99%	100%	100%	100%
OptiLink Compliance- Patient Assignment (%)	≥ 98%	100%	100%	99%	99%
OptiLink Compliance- Census Projection (%)	≥ 98%	100%	99%	99%	99%

- The slide shows

Measures~~Not~~ Meeting Benchmark

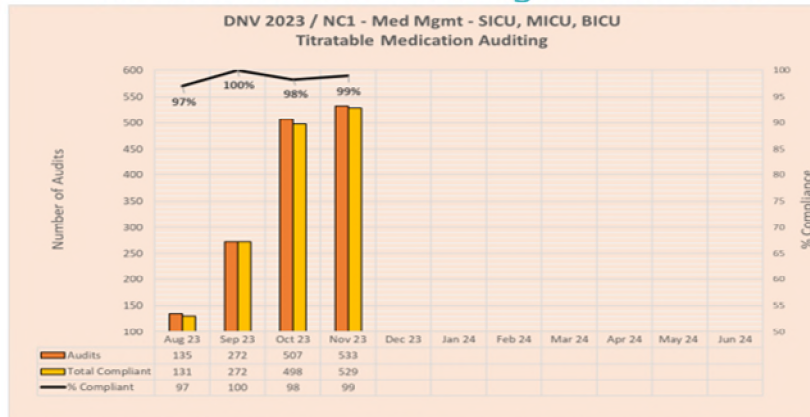
Measure	Benchmark	Nov 2023	Oct 2023	FY24 QT1	FY24 TD
Elopement-Aggressive Patient Safety Program Patient Elopement (Absolute Number)	0	1	0	0	1

- The slide shows

Patient Safety Officer Report		Crystal Garcia
Infection Prevention & Control	<ul style="list-style-type: none"> Infection Prevention & Control will not be presenting at this meeting 	
Patient Experience (Monthly)	<ul style="list-style-type: none"> 	Sherrie Beardsley
Risk Department	<ul style="list-style-type: none"> Risk Department will not be presenting at this meeting 	Dale Schultz
VPP/EOC/EH&W	<p>EOC/VPP</p> <p>Disaster Management</p> <ul style="list-style-type: none"> <p>EH&W</p> <ul style="list-style-type: none"> 	Sherry Stotler
HR Updates	 <p>Human Resources</p> <p><small>© 2019 Valleyview Health. All rights reserved. Internal only.</small></p>	Susan Willars

	<div><p>FY23-24 Voluntary Turnover Trending to Date</p><table><thead><tr><th>Period</th><th>Voluntary Turnover (%)</th></tr></thead><tbody><tr><td>FY23 Aug</td><td>21.43%</td></tr><tr><td>Jul 23</td><td>16.58%</td></tr><tr><td>Aug 23</td><td>16.81%</td></tr><tr><td>Sep 23</td><td>16.80%</td></tr><tr><td>Oct 23</td><td>16.55%</td></tr><tr><td>Nov 23</td><td>14.85%</td></tr></tbody></table><p>© 2019 Valleywise Health. All rights reserved. Internal use.</p></div> <div>34</div>	Period	Voluntary Turnover (%)	FY23 Aug	21.43%	Jul 23	16.58%	Aug 23	16.81%	Sep 23	16.80%	Oct 23	16.55%	Nov 23	14.85%	
Period	Voluntary Turnover (%)															
FY23 Aug	21.43%															
Jul 23	16.58%															
Aug 23	16.81%															
Sep 23	16.80%															
Oct 23	16.55%															
Nov 23	14.85%															
Trauma Services	<ul style="list-style-type: none">• The slide shows• Trauma Services will not be presenting at this meeting	Tina Sheppard/Gaby Iskander														
CMS Memos / DNV Updates/ Regulatory	<div><p>DNV Action Plans</p><p>© 2019 Valleywise Health. All rights reserved. Internal use.</p></div> <div>35</div>	Sherry Stotler/Crystal Garcia														

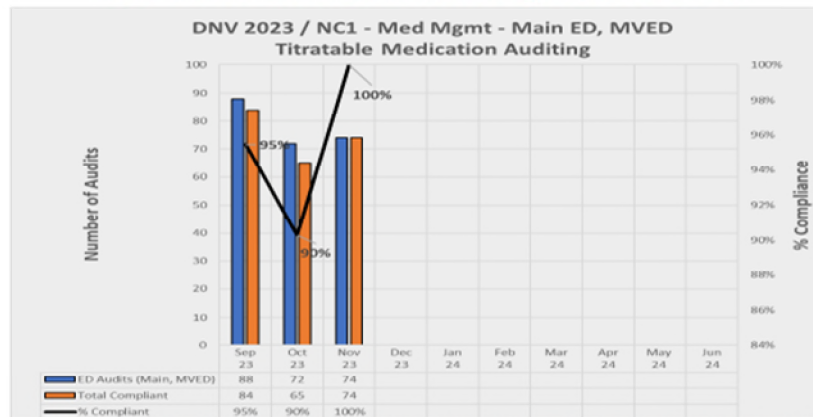
NC-1: Medication Management / ICUs



Nonconformity: Four (4) of four (4) medical records reviewed for titratable medications were not being administered as ordered by the provider.

- The slide shows

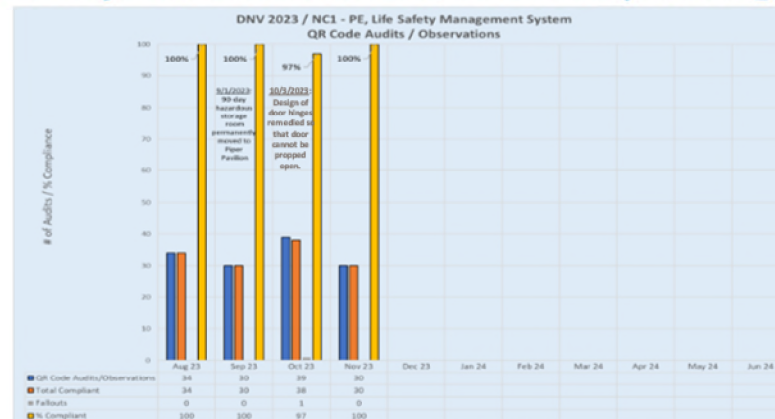
NC-1: Medication Management- EDs



Nonconformity: Four (4) of four (4) medical records reviewed for titratable medications were not being administered as ordered by the provider.

- The slide shows

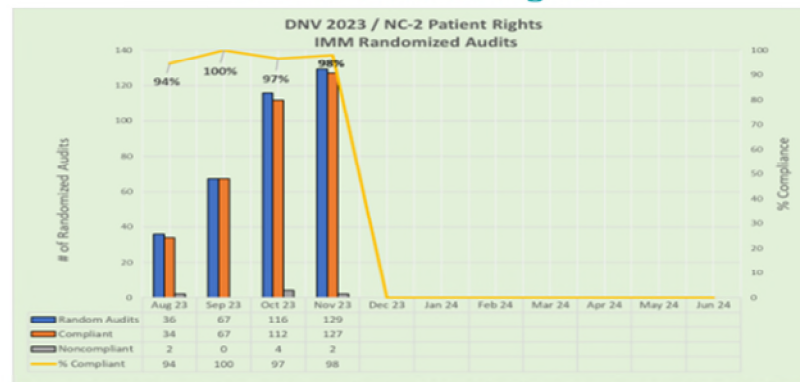
NC-1 Physical Environment, Life Safety Management



Nonconformity: During the Physical Environment/Life Safety tour with staff, the surveyor observed the door to the hazardous collection site being held open by an unapproved device that does not comply with NVPA 101 (2012).

- The slide shows

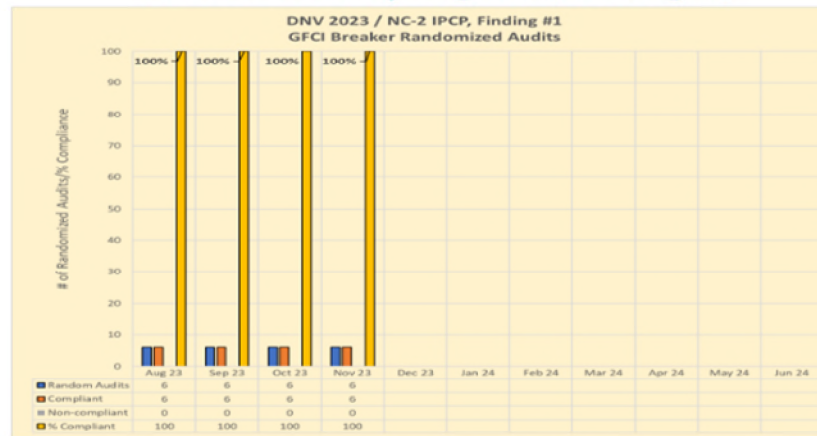
NC-2: Patient Rights



Nonconformity: Hospitals must deliver the first copy of the "Important message from Medicare" (IM) at or near admission, but no later than 2 calendar days following the date of the beneficiary's admission to the hospital.

- The slide shows

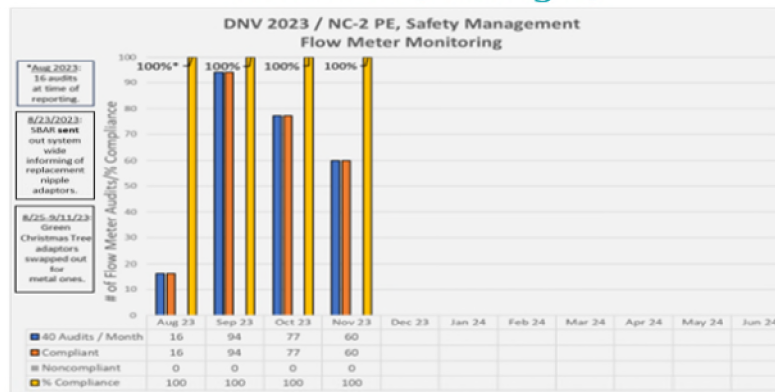
NC-2 PE Safety Mgmt. (Finding 1)



Nonconformity Surveyor observed that a wet bath casting machine was not plugged into a GFCI receptacle.

- The slide shows

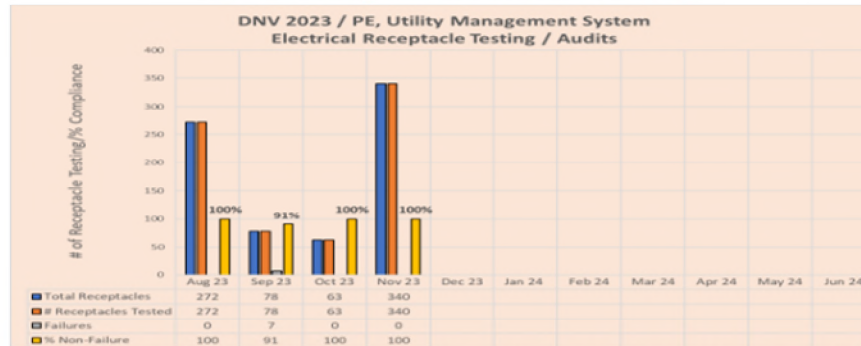
NC-2 IPCP(Finding 2)



Nonconformity DNV identified that the green O2 nipple adaptors used to deliver oxygen to patients via Nasal cannula, nonrebreather, ventimask, and highflow concentration, were being cleaned with Super Sani Cloth wipes between patients. There was no objective evidence the manufacturer's IFU was being followed.

- The slide shows

NC-2 Physical Environment



Nonconformities No objective evidence the hospital has conducted a risk assessment to determine the critical or non-critical category of all Hospital facility equipment (1), risk assessment of all facilities systems (2), testing of all electrical outlets in patient care areas (3). There was no refrigerant leak alarm sign placed outside the chiller room in Maryvale (4). Also noted was the annual calibration of the medical air compressor Carbon Monoxide monitor when the manufacturer's instructions recommend monthly calibration (5).

- The slide shows

Action Plans for
Serious Events

III. Unfinished Business

	Topic	Findings/Discussion	Conclusion/Action	Responsible
B				
A				
B				

IV. New Business

	Topic	Findings/Discussion	Conclusion/Action	Responsible
A				
B				

V. Deferred

	Topic	Findings/Discussion	Conclusion/Action	Responsible
A				
B				

VI. Adjourn

NEXT MEETING

	Date	Time	Location		
	February 5, 2024	3:30 pm – 4:30 pm	WebEx		

**8.e. Reports to the Board - Quarterly Compliance Officer's Activities
Report; Valleywise Health's Finance, Audit and Compliance
Committee Activities Report**

Q2 FY2024 Compliance Officer's Report (and Finance, Audit and Compliance Committee Activities)

Reporting Group: Compliance and Internal Audit
Person Reporting:

L.T. Slaughter, Jr., CPA, CGMA, CHC, CISSP, CISA, MBA
Chief Compliance Officer/Privacy Officer

Reporting period: Q2 FY2024

Q2 FY2024 Compliance Officer's Report

1.0 – November 1, 2023 and February 7, 2024 –
Valleywise Health's Finance Audit and Compliance
Committee (FACC) Activities

2.0 – Q2 FY 2024 Compliance Work Plan

3.0 – Q2 FY 2024 Internal Audit Work Plan

4.0 – Q2 FY 2024 Ethics Line Report

1.0 – November 1, 2023 and February 7, 2024 – Valleywise Health's Finance, Audit and Compliance Committee (FACC) Activities

1.1 – November 1, 2023 – Valleywise Health's Finance, Audit and Compliance Committee (FACC) Activities

TOPIC	DISCUSSION
1. E&Y FY2023 Audit Results Presentation	Brandon Eggleston, E&Y Partner, & Staff, presented the FY2023 Audit Results
2. E&Y FY2023 Financial Audit Report (Draft)	Brandon Eggleston, E&Y Partner, & Staff, presented the FY2023 Financial Audit Report and it was unanimously approved by the Committee. The Committee will be notified of any material changes prior to the Board presentation.
3. Committee Discussion w/External Auditors (Breakout Session)	A private breakout session was held for the Finance Audit & Compliance Committee Members, Chaired by Brandon Eggleston.
4. Monthly Financial Review	Claire Agnew, Chief Financial Officer, reviewed the Valleywise Health financial and statistical information for the month ending September 30, 2023.
5. Code of Conduct & Ethics Status	A DRAFT of the Code of Conduct and Ethics will be sent for approval prior to the November 2023 Board meeting.
6. HCC Compliance Committee Report	L.T. Slaughter, Jr., Chief Compliance Officer, reviewed the Q1 2024 Hospital Compliance Committee report.
7. FDR Compliance Reviews	L.T. Slaughter, Jr. reviewed the <i>First Tier, Downstream, and Related Entities</i> (FDR) report from AETNA. Zero issues of non-compliance were identified.
8. CEO Update	Steve Purves, President and CEO, provided the Committee with an update of key activities

1.2 – February 7, 2024 – Valleywise Health’s Finance, Audit and Compliance Committee (FACC) Activities

TOPIC	DISCUSSION
1. Financial Update	Claire Agnew, Chief Financial Officer, reviewed the Valleywise Health financial and statistical information for the month ending December 31, 2023.
2. Hospital Compliance Committee Update (January 2024)	L.T. Slaughter, Jr., Chief Compliance Officer, reviewed the Q2 2024 Hospital Compliance Committee update.
3. CEO Update	Steve Purves, President and CEO, provided the Committee with an update of key activities.
4. Annual Compliance Training	L.T. Slaughter, Jr., Chief Compliance Officer, conducted the annual compliance training for the FACC.
5. Code of Conduct & Ethics	L.T. Slaughter, Jr. Chief Compliance Officer, had each FACC member sign the Code of Conduct and Ethics.
6. New Tower Tour	The FACC Committee was taken on a tour of the new hospital tower.
7. Lunch & Celebration	The FACC was given a celebration lunch and Valleywise Health Administration thanked them for their service.

2.0 – Q2 FY2024 Compliance Work Plans

2.0 Data Dictionary for the Compliance and Internal Audit Work Plan

ACS – American College of Surgeons – Performs level one trauma verifications reviews.

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

DNV – Der Norske Veritas – Accreditation entity for CMS quality standards.

E&M – Evaluation and Management – Physician professional services.

EMTALA – Emergency Medical Treatment and Labor Act – Medicare rule for treating patients with emergency medical conditions.

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

Public Health Emergency (PHE) – the Secretary of the Department of Health and Human Services (HHS) may, under section 319 of the Public Health Services Act (PHS) determine that a public health emergency, including significant outbreaks of infectious diseases exist.

SAFER Guides – Checklist for electronic medical record systems

340b Drug Pricing Program – Allows qualifying hospitals and clinics that treat low-income and uninsured patients to buy outpatient prescription drugs at a discount of 25 to 50 percent.

2.1 Q2 FY2024 Compliance Work Plan

The FY2024 compliance projects are listed below with proposed timing and estimated hours. Each project will, at a minimum, include a focus on the adequacy of compliance with regulations, as well as the identification of value-added recommendations. The FY2024 compliance work plan represents compliance activities based on the results of the risk assessment and may be subject to change based on changes in risk, priorities and Valleywise Health initiatives throughout the fiscal year.

Project Name	Audit Timing	Est. Audit Hours	Current Status	Completion Status	Initial Risk Rating	Post Review Ranking
Risk Assessment and Selection Q1						
CQ1.1 Hospital Accreditation (DNV) and FQHC structure (HRSA) (R15) (R23)	Q1	100 Hours	Monitored the DNV review and planning for the FQHC operational site visit (OSV),	Ongoing	5	2
CQ1.2 Behavioral Health - Timed Out Patients/Monitoring of Patients (OBSERV Smart Post-Implementation)/Electronic Filing (R2)(R16)	Q1	150 Hours	Working the Behavioral Health Committee to monitor Court Ordered Evaluations (COE) and Court Ordered Treatment (COT)	Ongoing	5	2.5
CQ1.3 Pharmacy 340b and 797 Compliance (R21)	Q1	100 Hours	Monitoring 340b and 797 compounding compliance	Ongoing	5	3
CQ1.4 Public Information Requests (R14)	Q1	75 Hours	Monitoring public information requests.	Ongoing	5	3
Risk Re-assessment and Selection Q2						
CQ2.1 New Tower - EPIC Updates/Supply Chain/Audio Visual Controls/Accreditation DNV (R9)(R15)(R18) (R22)	Q2	150 Hours	Monitoring the tower move's compliance issues.	Ongoing	5	3
CQ2.2 Ending of the Public Health Emergency (PHE) (R12)(R19)	Q2	100 Hours	Monitoring the ending of the PHE.	Ongoing	5	3
CQ2.3 Revenue Cycle/External Referrals/Information Blocking/Price Transparency/No Surprise Act (R6)(R19)(R20) (R25) (R24)	Q2	100 Hours	Meeting with the Information Blocking/Price Transparency and No Surprise Act Committees to ensure compliance.	Ongoing	5	2.5

3.0 – Q2 FY2024 Internal Audit Work Plans

3.1 Q2 FY2024 Internal Audit Work Plan

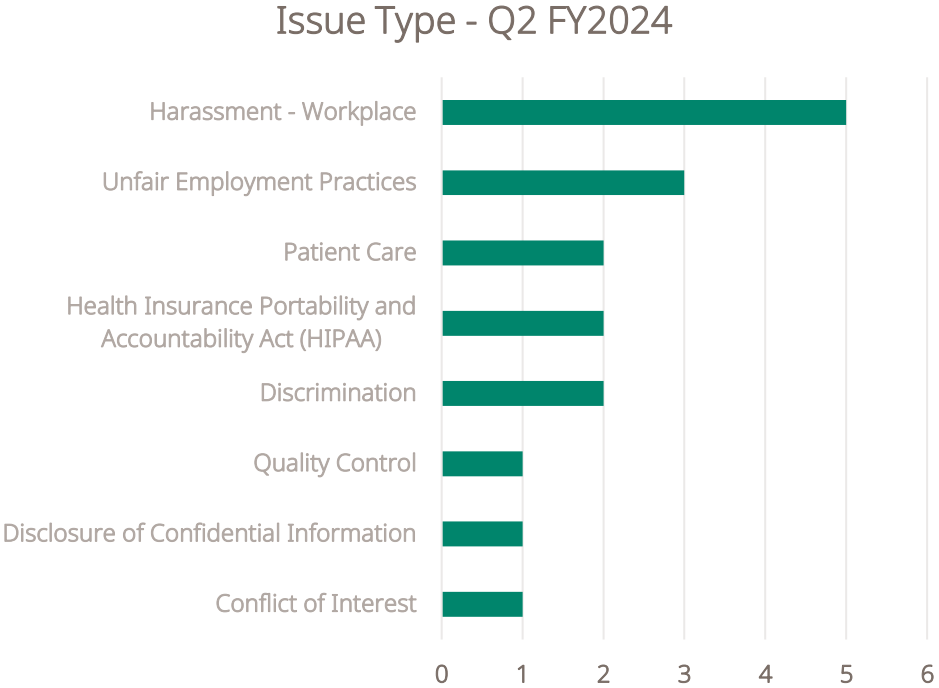
The FY2024 internal audit projects are listed below with proposed timing and estimated hours. Each project will, at a minimum, include a focus on the adequacy of internal controls as well as the identification of value-added recommendations. The FY2024 audit plan represents audits based on the results of the risk assessment and may be subject to change based on changes in risk, priorities and Valleywise Health initiatives throughout the fiscal year.

Project Name	Audit Timing	Est. Audit Hours	Current Status	Completion Status	Initial Risk Rating	Post Review Ranking
Risk Assessment and Selection Q1 (Current State Assessment)						
IQ1.1 Care Re-Imagined (Prop 480) Controls and Monitoring Review (R4)	Q1	100 Hours	Expenditure testing complete and monitoring the opening of the hospital.	Completed	5	2
IQ1.2 Grants (Uniform Guidance) and Research Reviews (R11)	Q1	200 Hours	Monitoring the Schedule of Expenditures and Federal Awards (SEFA) and specifically the Sign-On and Retention (SOAR) Program and Capital Expenditure Requests that are related to federal funds.	On-going	5	3.5
IQ1.3 DMG Contract Review (R7)	Q1	100 Hours	Reviewed the Master Agreement and the new Scopes of Work.	Completed	5	2.5
Risk Re-assessment and Selection Q2						
IQ2.1 Kronos to ADP Payroll Controls (R3)	Q2	150 Hours	Monitoring the issues with the conversion and their root causes. Testing select SOAR items.	On-going	5	3
IQ2.2 Care Re-Imagined (Prop 480) Controls and Monitoring Review (R4)	Q2	100 Hours	Monitoring this quarter's expenditures for opening of the hospital.	On-going	5	2
IQ2.3 Trauma/EMTALA/Dedicated Emergency Department/New Tower (R5) (R13)	Q2	100 Hours	Monitoring trauma and EMTALA compliance.	On-going	5	2
IQ2.4 IT Disaster Recovery/Business Continuity Assessment and SAFER Guidelines (R10)	Q2	100 Hours	Completed the SAFER Guidelines.	Completed	5	2

4.0 – Q2 FY2024 Ethics Line Reports (10/01/2023 through 12/31/2023)

4.1 - Q2 FY2024 Issue Type (Cases that were reported in Q2 FY2024)

Issue	Count (#)
Conflict of Interest	1
Disclosure of Confidential Information	1
Quality Control	1
Discrimination	2
Health Insurance Portability and Accountability Act (HIPAA)	2
Patient Care	2
Unfair Employment Practices	3
Harassment - Workplace	5
TOTAL:	17



4.1 - Q2 FY2024 Relevant Issue Definitions

Conflict of Interest - A conflict of interest is defined as a situation in which a person, such as a public official, an employee, or a professional, has a private or personal interest sufficient to appear to influence the objective exercise of his or her official duties. (Examples include: inappropriate vendor relations, bribery, misuse of confidential information, inappropriate customer relations.

Disclosure of Confidential Information - The unauthorized or illegal disclosure, copying, duplication, misuse or release of confidential or personal data including but not limited to employment, financial, medical and health, customer lists, contracts, business plans, personnel records or other property marked or generally regarded as confidential or trade secrets.

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

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

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

(1) is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and (2) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and (i) that identifies the individual; or (ii) for which there is a reasonable basis to believe the information can be used to identify the individual.

Patient Care - Policies, practices, or individual actions causing unacceptable quality of care given to patients. Includes negligence, medical errors, accidents, and abuse.

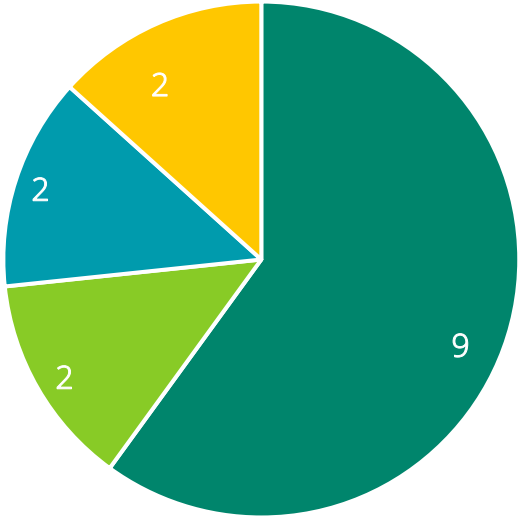
Quality Control - Complaints about product or service quality or effectiveness; allegations of product tampering; violation of policies and practices for manufacturing controls; allegations of non-compliance with product standards or service delivery.

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

4.2 - Q2 FY2024 Action Taken (Cases that were reported in Q2 FY2024)

Action Taken	Count (#)
No Action Necessary	9
No Action Taken*	2
In Process	2
Verbal Feedback/ Coaching	2
Written Warning	2
Total	17

Action Taken - Q2 FY2024



- No Action Necessary

■ No Action Taken

■ In Process

■ Verbal Feedback/ Coaching

4.3 - Q2 FY2024 Average Days to Close (Cases that were closed in Q2 FY2024)

Benchmark:

Average Days to Close Benchmark = 30 days or less

Date	Cases	Average Days Open
Oct 2023	7	9
Nov 2023	5	9
Dec 2023	5	17
Monthly Averages	5	11



8.f. Reports to the Board - Quarterly Valleywise Health Foundation's Report to Valleywise Health's President & Chief Executive Officer



DATE: February 1, 2024
TO: Steve Purves, President and CEO, Valleywise Health
FROM: Nicole Rivet, President and CEO, Valleywise Health Foundation
SUBJECT: Cooperative Service Agreement Quarterly Status Report and Annual Status Report

In accordance with the Cooperative Service Agreement (CSA), this written quarterly status update of the Valleywise Health Foundation's progress of the annual operational goals and financial performance is being provided for your review. The FY2023 unaudited financials are included with this report.

In addition, on an annual basis the Foundation is required to provide a status report on the Return on Investment (ROI) and Cost Per Dollar Raised (CPDR). For FY2023, the ROI was 982%. For every \$1 given by Valleywise Health, \$10 has been returned by the Foundation. In addition, for FY2023, the CPDR was \$0.18.

This will fulfill both the CSA February 1 Quarterly Status Report and the February 8 Annual Status Report requirements. Please contact me if you have any questions.

Valleywise Health Foundation 2024 Operational Plan

Submitted by Nicole Rivet, President & CEO, Valleywise Health Foundation

February 1, 2024

ALL IN Campaign and Support to Valleywise Health

After the formation and ratification of a Cooperative Service Agreement with Valleywise Health, Valleywise Health Foundation began our ALL IN Campaign in 2019. We are thrilled to report that we have successfully surpassed our \$50 million fundraising goal – a goal that was increased twice during the campaign’s four-year period due to the enormous response from and support of our community. To date, we have raised \$54.2 million, with roughly \$5.5 million remaining in outstanding campaign requests. Of this pending amount, we project roughly \$970,000 in additional campaign monies committed before the close of Q1. The Foundation team is proud that we have been able to provide \$33 million in direct support to Valleywise Health for Care Reimagined and many essential programs for the community we serve.

We are grateful to the Health District Board of Directors and the Valleywise Health leadership and staff for their support of our efforts and for their dedication to the Valleywise Health mission. We could not have achieved this incredible milestone without their dedication and partnership.

2024 Operational Strategies Update

Operations:

Valleywise Health Foundation continues to build and refine operational processes that maximize efficiencies, standardize our systems, and strategically leverage our resources. Our goal is to ensure our work reflects best practices in health care philanthropy. Areas of focus include: 1) human resources materials and support; 2) IT support and infrastructure; 3) increased alignment of our Blackbaud CRM system (database) with financial projections and reporting; and 4) creating structures to better promote diversity, equity, and inclusion. During Q1, we are working to strengthen and expand usage of our Blackbaud CRM database system to ensure our record-keeping and donor acknowledgements are current. We are actively recruiting a full-time Donor Database Manager to fill the position that was vacated in early December 2023. We are also engaging our current database management consultant to provide in-depth Blackbaud NXT training to several staff members, who will help ensure we are building appropriate back-up processes. We want to guarantee that we have a “depth of bench” so any future shifts in staffing do not create potential challenges to our business practices.

Our first annual comprehensive performance reviews were distributed on January 26, with all reviews to be completed and signed by the CEO by February 16.

Fundraising and Engagement:

In addition to securing any remaining ALL IN Campaign requests during Q1, the Foundation will continue to build on this momentum by actively engaging current donors and identifying new donors who will support the Valleywise Health mission. Areas of strategic focus include: 1) raising funds to build a hybrid operating room in the new acute care tower; 2) securing matching operating support for the First Episode Centers; 3) increasing the amount of annual unrestricted support; 4) establishing the infrastructure and investment policies to manage endowments; 5) segmenting our communication to personalize the donor experience; and 6) finetuning and implementing a cause-related marketing strategy that will target smaller, Latino-owned businesses.

January successes in our areas of strategic focus include a \$243,000 grant from the Del E. Webb Foundation to support the purchase of imaging equipment that ultimately will be used in the hybrid OR but can be put into use within the new acute care tower immediately upon purchase.

Leadership Development:

The Valleywise Health Foundation team has grown significantly during the past few years, evolving from a team of three to a current team of 13. We currently have two vacancies which we are seeking to fill: a donor database manager and a fundraiser focused on cause marketing. Our team has achieved remarkable results, providing \$10 for each \$1 allocated by the Cooperative Service Agreement (CSA). Building on the efforts we began in 2023 to further develop the strengths of our current team, we had our first senior leadership team retreat on January 26. The senior team has identified key leadership characteristics that we want to elevate during 2024. Once we have formalized and disseminated these goals, managers will work with their respective direct reports to create a more personalized leadership framework that considers their essential job functions. The goal is to build the team's collective skill set to enable a greater return on the health system's investment.

Activities

The Foundation's mission is to raise money for Valleywise Health. That goal will continue to drive our efforts to engage our community. We have two signature events scheduled for 2024: our Women's Luncheon (February 22) and A Night in the Valley (November 9). We will offer additional smaller events that will focus on cultivating and acquiring new donors, stewarding current donors, and generating additional "buzz" around Valleywise Health. The first such event will be our next "Doc Talk" on February 1, which will focus on the opioid crisis. We also are beginning to build a calendar of events that will celebrate the launch of the Herbert Johnson Louis, M.D. Faculty and Resident Education Endowment; these events will happen in late spring.

The last several weeks have been very busy for grant proposal submissions. Recent requests have centered on both unrestricted support and securing matching funds for the \$2.5 million gift we received from the Stardust Foundation to support the First Episode Centers. We must raise an equal match by June 30, 2024; to date we have \$600,000 in matching funds committed.

Our marketing and communications efforts are placing a greater focus on impactful storytelling, with an emphasis on quality over quantity. This work began in earnest during the second half of 2023 and the results are already paying off. The data below underscores the value of emphasizing meaningful stories:

- Our social media impressions in 2023 totaled 1.73 million – a 15% increase from 2022.
- We had 268 earned media mentions in 2022, which reached 320 million people through online, print, TV, and social media. This coverage had a publicity value of \$9.85 million and was a 34% increase from 2022.
- Our 2023 Facebook and Instagram impressions totaled 1.356 million – a 67% increase from 2022.
- Our YouTube impressions totaled 255,400, with a 65% increase on video views.

We are confident that our engagement efforts are drawing more members of our community to our work and anticipate this significant increase in media engagement will eventually translate into more philanthropic support from a wider base of donors.

Valleywise Health Foundation
Key Performance Indicators (Preliminary)
Unaudited

	FYE 2019	FYE 2020	FYE 2021	FYE 2022	YTD December 2023	
Liquidity - Cash and Investments					Actual	
Donor Restricted (Note 1)	\$ 847,020	\$ 1,852,042	\$ 3,828,053	\$ 3,861,726	7,618,171	
Endowment					1,133,580	
Unrestricted	\$ 1,294,677	\$ 1,577,622	\$ 2,535,810	\$ 1,575,486	1,141,344	
Operating Reserve					317,443	
Total Cash and Investments	\$ 2,141,697	\$ 3,429,664	\$ 6,363,863	\$ 5,437,212	10,210,538	

					Actual	Budget
Fundraising						
Total Revenue	\$ 3,524,311	\$ 5,908,124	\$ 14,420,417	\$ 11,675,994	\$ 19,215,928	\$ 14,262,500
Number of Donors	2,107	2135	2,175	2,365	2,506	2,600

Expenses By Category							Actual		Budget	
Support to Valleywise Health	\$ 1,328,515	70%	\$ 2,915,209	78%	\$ 8,981,607	86%	\$ 10,431,542	80%	\$ 10,817,627	75%
Administration	\$ 491,794	17%	\$ 476,160	10%	\$ 577,879	5%	\$ 1,026,507	8%	\$ 785,645	5%
Fundraising	\$ 1,092,559	38%	\$ 1,370,734	15%	\$ 1,793,347	10%	\$ 2,207,980	13%	\$ 2,736,511	19%
Total	\$ 2,912,868	100%	\$ 4,762,103	103%	\$ 11,352,833	101%	\$ 13,666,029	101%	\$ 14,339,783	100%

					Actual		Budget	
Valleywise Health Return on Investment (net)	\$ 328,515	\$ 1,915,209	\$ 7,981,607	\$ 9,394,768	\$ 9,817,627	\$ 8,853,900		
Valleywise Health ROI % (Note 2)	33%	192%	798%	939%	982%	885%		
Cost Per Dollar Raised (Note 3)	\$ 0.45	\$ 0.31	\$ 0.16	\$ 0.28	\$ 0.18	\$ 0.28		

Note 1: Donor restricted funds are held for specific program expenditure. When restrictions are met, the funds are transferred to Valleywise Health as Program Support.

Note 2: Per the 2023-2028 Cooperative Service Agreement, the annual ROI for the Valleywise Health support should be at least 400%.

Note 3: Per the 2023-2028 Cooperative Service Agreement, the annual Cost Per Dollar Raised should not exceed \$0.30.

Valleywise Health Foundation
Statement of Financial Position
Unaudited
As of December 31, 2023

	Jan - Dec 2022	Jan - Dec 2023
ASSETS		
Current Assets		
Cash and Investment Accounts	\$ 5,437,212	\$ 10,210,538
Lease Right of Use - Current	58,648	77,686
Accounts Receivable	338,152	1,056,000
Pledges Receivable Current	617,500	1,503,072
Prepaid Expense	16,448	26,116
Total Current Assets	6,467,960	12,873,411
Total Fixed Assets	63,404	53,909
Other Assets		
Lease Right of Use -Long Term		316,431
Pledges Receivable - non Current	368,585	1,734,124
Security Deposits	5,000	8,400
Total Other Assets	373,585	2,058,955
TOTAL ASSETS	\$ 6,904,949	\$ 14,986,275
LIABILITIES AND NET ASSETS		
Liabilities		
Current Liabilities		
Accrued Accounts Payable	\$ 149,604	\$ 2,663,903
Accrued Salary, Taxes & Pd Leave	341,623	191,285
Deferred Revenue	2,019,000	2,500,000
Lease Liability - current portion	59,493	77,686
Total Current Liabilities	2,569,720	5,432,873
Long-Term Liabilities		
Lease Liability - Deferred Rent		25,597
Lease Liability - Long Term		316,431
Total Long-Term Liabilities	-	342,028
Total Liabilities	2,569,720	5,774,901
Net Assets		
Restricted	2,847,811	6,661,964
Endowment	-	1,133,580
Unrestricted	1,487,418	1,098,387
Operating Reserve		317,443
Total Net Assets	4,335,229	9,211,374
TOTAL LIABILITIES AND NET ASSETS	\$ 6,904,949	\$ 14,986,275

Valleywise Health Foundation
Summarized Statement of Financial Activity
Unaudited
January - December 2023

	Actual	Budget	Over (Under) Budget
Income			
Contributions	\$ 15,202,996	\$ 9,567,500	\$ 5,635,496
Events Income	1,395,162	1,495,000	(99,838)
Grants Revenue	1,266,304	2,200,000	(933,696)
Other Income	351,466	-	351,466
Support From Valleywise Health	1,000,000	1,000,000	-
Total Income	\$ 19,215,928	\$ 14,262,500	\$ 4,953,428
Expenses			
Valleywise Health Program Support	\$ 10,817,627	\$ 9,853,900	\$ 963,727
Administrative Costs	785,645	914,466	(128,821)
Fundraising	2,736,511	3,089,395	(352,884)
Total Expenses	\$ 14,339,783	\$ 13,857,761	\$ 482,022
Increase (Decrease) in Net Assets	\$ 4,876,145	\$ 404,739	\$ 4,471,406

Valleywise Health Foundation
Statement of Financial Activity - Unaudited
January - December 2023

	RESTRICTED			UNRESTRICTED			OPERATING RESERVE	TOTAL		
	Actual	Budget	Over (Under) Budget	Actual	Budget	Over (Under) Budget	Actual	Actual	Budget	Over (Under) Budget
Income										
Contributions	\$ 14,583,360	\$ 8,471,000	\$ 6,112,360	\$ 619,635	\$ 1,096,500	\$ (476,865)		\$ 15,202,996	\$ 9,567,500	\$ 5,635,496
Events Income	-	-	-	1,395,162	1,495,000	(99,838)		1,395,162	1,495,000	(99,838)
Grants Revenue	1,266,304	2,200,000	(933,696)	-	-	-		1,266,304	2,200,000	(933,696)
Other Income	1,580	-	1,580	349,886	-	349,886		351,466	-	351,466
Support From Valleywise Health	-	-	-	1,000,000	1,000,000	-		1,000,000	1,000,000	-
Gift Cost Allocation	(154,854)	-	(154,854)	(162,589)	-	(162,589)	317,443	-	-	-
Total Income	15,696,391	10,671,000	5,025,391	3,202,094	3,591,500	(389,406)	317,443	19,215,928	14,262,500	4,953,428
Expenses										
Valleywise Health Program Support	10,718,868	9,603,900	1,114,968	98,760	250,000	(151,240)		10,817,627	9,853,900	963,727
Administrative Costs	8,428	-	8,428	777,217	914,466	(137,249)		785,645	914,466	(128,821)
Fundraising	21,361	-	21,361	2,715,150	3,089,395	(374,245)		2,736,511	3,089,395	(352,884)
Total Expenses	10,748,657	9,603,900	1,144,757	3,591,126	4,253,861	(662,735)	-	14,339,783	13,857,761	482,022
Increase (Decrease) In Net Assets	\$ 4,947,734	\$ 1,067,100	\$ 3,880,634	\$ (389,032)	\$ (662,361)	\$ 273,329	\$ 317,443	\$ 4,876,145	\$ 404,739	\$ 4,471,406

Valleywise Health Foundation
Program Support to Valleywise Health: January - December 2023

General Program Support

Quarter 1, 2023	AZ Children's Center, Childs Play Needs	775		
	Az Children's Center, various items	1,648		
	Burn Center - Case Manager, Jan - March 2023	30,422		
	Burn Center - Greatest Need	5,000		
	Burn Center, Staff training	1,628		
	Burn Rehab - Staff Training	7,648		
	Caring for the Community - Greatest Need	25,000		
	CHNs Budget Relief	10,000		
	Community Health Resource Fair	4,975		
	Emergency Funding for First Episode Center	5,000		
	Epic Safety Net Grant	115,000		
	ER/ED Professional Development	500		
	Food Pharmacy	125,000		
	Grant for FRC IT for Virtual	50,000		
	Helping Hands for Employees - 22 employees	23,388		
	NICU - Greatest Need	50,000		
	NICU event	3,066		
	Refugee Women's Clinic - VISTA services	5,000		
	Seasons for Sharing for FLC's	10,000		
	Sports Court at Mesa Behavioral Health	50,000		
	STEM Classes	10,000		
	Women's Group at the McDowell Clinic	11,000		
	Total Quarter 1, 2023		\$	545,050
Quarter 2, 2023	Arizona Burn Center Program	2,375		
	Burn Case Manager	34,721		
	Advanced Burn Life Support Course	2,700		
	American Burn Association Conference	15,036		
	Daniel M Caruso Society Resident Award/Expenses	1,449		
	Behavioral Health ACT Program	2,375		
	Literacy Programming Within the Maryvale FRC	9,500		
	Greatest Need	10,000		
	Peoria FRC Staff Underwriting	150,000		
	Behavioral Health Patients - Shoes	1,227		
	Trauma Nurse Certification Course	2,870		
	Community Health and Resource Fairs	3,542		
	Americorps VISTA Program Services	2,315		
	Helping Hands For Employees	26,000		
	Backpack Campaign Expense	803		
	Total Quarter 2, 2023		\$	264,913

Valleywise Health Foundation
Program Support to Valleywise Health: January - December 2023

Quarter 3, 2023	ACT/ SMI Building Mesa	118,750		
	Backpack Campaign 2023	891		
	Program start up costs for FACT program	118,750		
	Education - Care Coordination	95,000		
	FEC program support- for budget relief	47,500		
	New Gaming Equipment - Children's Center	29,737		
	Integrated Behavioral Health- Burn budget relief	25,000		
	Total Quarter 3, 2023		\$	435,628
Quarter 4, 2023	Supplies for AZ Children's Center	297		
	Pt. Gift Bags for World Breastfeeding Week	704		
	Helping Hands for VH Employees	49,372		
	Case Manager for Burn Center	66,143		
	Supplies for Backpack Event	33,699		
	Burn Outreach Event Reimbursement 2023	179.74		
	AZ Children's Center Gaming and Entertainment needs	483.66		
	10th Floor Rough In	400,000.00		
	Refugee program	242,453.00		
	Safety Net Grant	120,000.00		
	NICU Program	47,500.00		
	Greatest Need	65,640.00		
	Nursing Education - Crisis Prevention Institute	20,000.00		
	Mesa FRC	47,500.00		
	Total Quarter 4, 2023		\$	1,093,972
Grand Total General Program Support			\$	2,339,563

Valleywise Health Foundation
Program Support to Valleywise Health: January - December 2023

Care Reimagined Support

Quarter 1, 2023

Burn Center	2,101,757		
Women and Children's - Halo Bassinets	75,000		
Total Quarter 1, 2023		\$	2,176,757

Quarter 2, 2023

Burn Center	648,875		
Caring for the Community	19,500		
Total Quarter 2, 2023		\$	668,375

Quarter 3, 2023

Maricopa County IDA Grant	860,678		
Burn Center	2,175,750		
Education	3,167		
Caring for the Community	965,437		
Total Quarter 3, 2023		\$	4,005,032

Quarter 4, 2023

Burn Center	250,000		
Education	1,000,000		
Caring for the Community	377,900		
Total Quarter 4, 2023		\$	1,627,900

Total Care Reimagined	\$	8,478,064
------------------------------	-----------	------------------

Grand Total - All Support	\$	10,817,627
----------------------------------	-----------	-------------------

8.g. Reports to the Board - Fiscal Year 2023 Non-Privileged Patient Care Competency Report

February 2024

FY2023 Valleywise Health Staff Competency Report

Executive Summary

Goal:

Our goal is to ensure that Valleywise Health has a process and tools in place to assess, develop and recognize an employee's work performance.

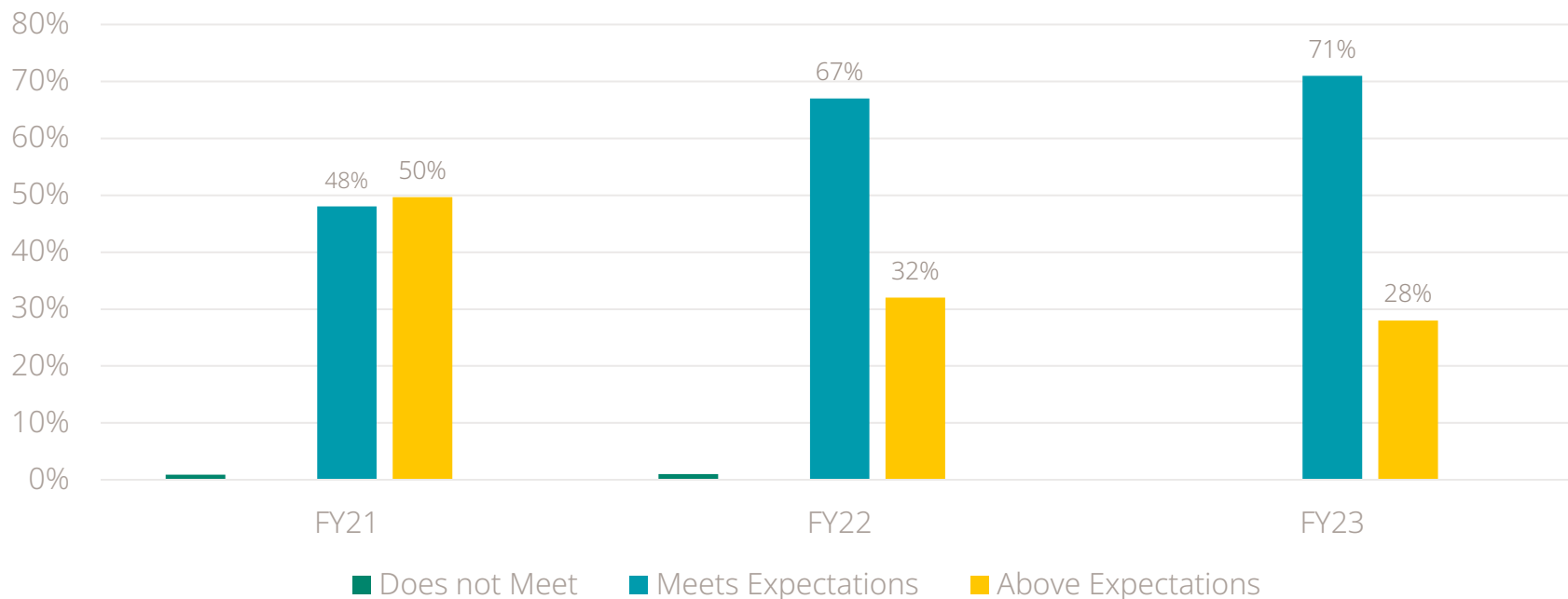
Contents:

- Summary of evaluation ratings by fiscal year.
- Summary of evaluation ratings by facility.
- Overall evaluation ratings.

Overall results:

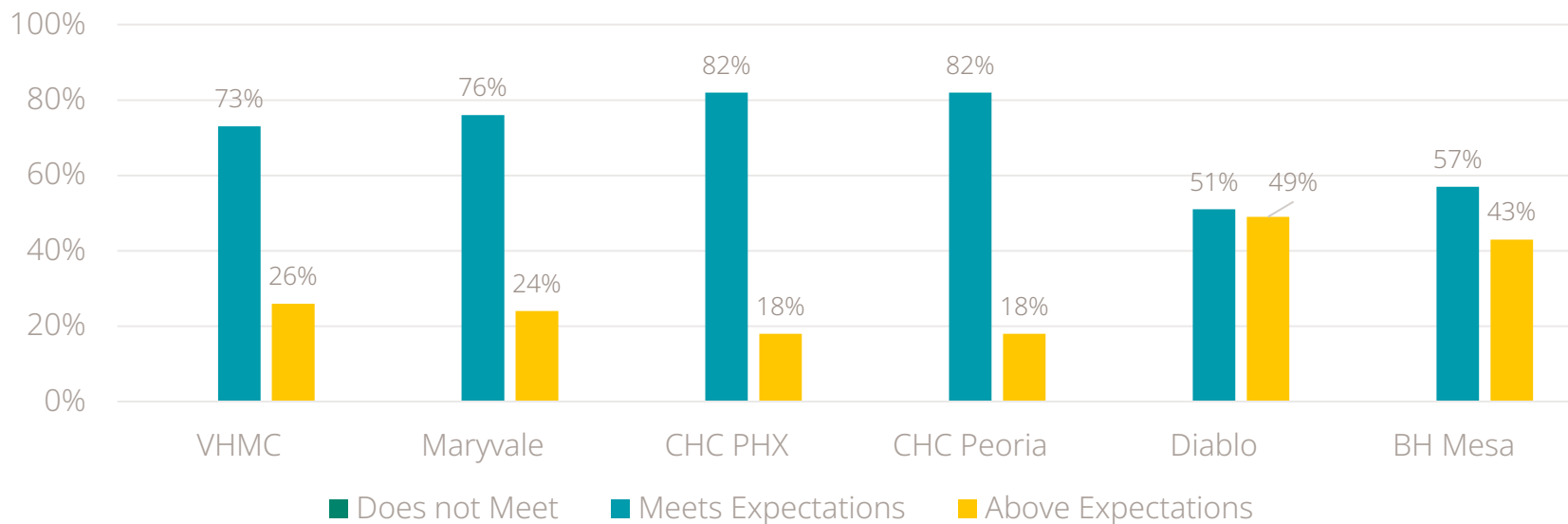
Our current results have 71% of employees in a Meets Expectations shifting away from the “hyper-performers” during the pandemic.

Valleywise Health Summary of Evaluation Ratings by Fiscal Year 2021-2023



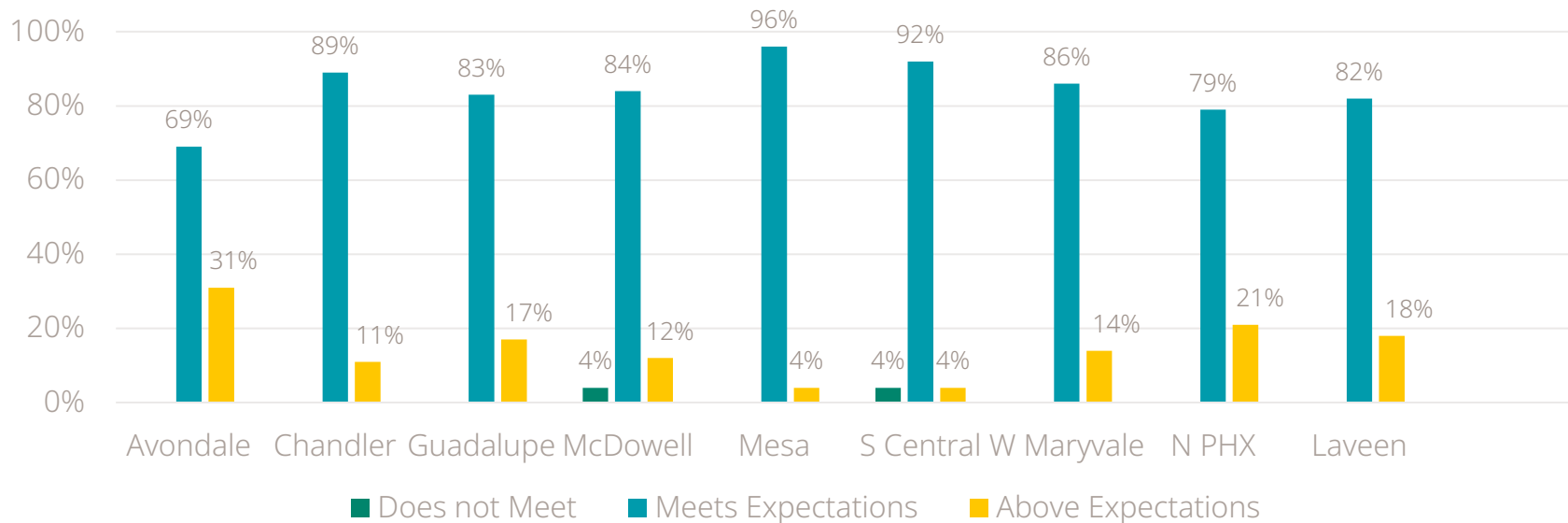
Hospitals and CHC – FY2023

Performance Ratings



Community Health Centers

Performance Ratings



FY2023: Overall Evaluation Ratings

Rating	% of employees
Does not meet expectations	0.6%
Meets expectations	71%
Above expectations	28.4%

Using a 3pt scale, 99%+ employee are in a Meets Expectations or Above Expectations Categories.

