



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 24, 2023
1:00 p.m.

Agenda



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

Valleywise Health Medical Center
2601 East Roosevelt Street
Phoenix, Arizona 85008
Conference and Administration Center
Auditoriums 1 through 4

**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 via the Clerk's Office, Valleywise Health Medical Center, 2601 East Roosevelt, Phoenix, Arizona 85008, Monday through Friday between the hours of 9:00 a.m. and 4:00 p.m. and on the internet at <https://valleywisehealth.org/about/board-of-directors/>. Accommodations for individuals with disabilities, alternative format materials, sign language interpretation, and assistive listening devices are available upon 72 hours advance notice via the Clerk's Office, Valleywise Health Medical Center, 2601 East Roosevelt, Phoenix, Arizona 85008, (602) 344-5177. To the extent possible, additional reasonable accommodations will be made available within the time constraints of the request.

• Valleywise Health Medical Center •
• 2601 East Roosevelt Street • Phoenix, Arizona 85008 •
• Conference and Administration Center • Auditoriums 1 through 4 •

Wednesday, May 24, 2023
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 April 26, 2023
Melanie Talbot, Chief Governance Officer; and Clerk of the Board
 - b. **Contracts:**
 - i. **Approve** amendment #1 to the master services agreement (90-23-099-01) between ADP, Inc., and the Maricopa County Special Health Care District dba Valleywise Health, to add human resources related modules (workforce manager services and performance, recruitment, compensation management and talent activation services) to the agreement
Kelly Summers, CHCIO, Senior Vice President, Chief Information Officer

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

- 1:15 1. Approval of Consent Agenda, cont.:
- b. Contracts, cont.:
- ii. **Approve** new contract (90-23-205-1) between Gilbane Building Company and the Maricopa County Special Health Care District dba Valleywise Health, to provide Construction Manager at Risk (CMAR) services for the Valleywise Behavioral Health Center-Mesa Specialty Clinic utilizing American Rescue Plan Act funding awarded by Maricopa County
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer
 - iii. **Approve** amendment #1 to the facility agreement (MCO-20-012-01) between Humana Behavioral Health Network and the Maricopa County Special Health Care District dba Valleywise Health, to allow members to receive comprehensive outpatient behavioral health services at Valleywise Health facilities
Renee Clarke, MBA, Senior Vice President, Managed Care
 - iv. **Approve** a new contract (MCO-20-035-MSA) between Liberty Dental Plan Corporation and the Maricopa County Special Health Care District dba Valleywise Health, to allow members to receive dental services through Valleywise Health dental providers
Renee Clarke, MBA, Senior Vice President, Managed Care
 - v. **Approve** a new cooperative purchasing agreement (90-23-257-1) between Handyman Maintenance Inc., dba H.M.I., and the Maricopa County Special Health Care District dba Valleywise Health, for landscape services at all Valleywise Health facilities
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer
 - vi. **Approve** a new agreement (90-23-260-1) between Propio LS, LLC, and the Maricopa County Special Health Care District dba Valleywise Health, for language interpretation services for patients through in-person, phone, and video interpretation
Sherry Stotler, MSN, RN, Senior Vice President, Chief Nursing Officer
 - vii. **Approve** an intergovernmental grant agreement (90-23-265-1) between Arizona Office of the Governor and the Maricopa County Special Health Care District dba Valleywise Health, for Arizona Office of the Governor to provide \$5,000,000 in Workforce Innovation and Opportunity Act (WIOA) grant funding and \$5,000,000 in American Rescue Plan Act (ARPA) funding, for a total of \$10,000,000 to Valleywise Health to be used to offset high contract labor costs due to the COVID-19 pandemic; **Authorize** Valleywise Health President and CEO to execute agreement
Warren Whitney, MBA, Senior Vice President, Government Relations
- c. Governance:
- i. **Approve** affidavit appointing Ulista Hoover MD, as Deputy Medical Director in the Department of Psychiatry
Gene Cavallo, MC, LPC, Senior Vice President, Behavioral Health Services
 - ii. **Approve** application of Salina Imam for membership to the Valleywise Community Health Centers Governing Council
Michelle Barker, DHSc, Senior Vice President Ambulatory Services; and Chief Executive Officer Federally Qualified Health Centers

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

- 1:15 1. Approval of Consent Agenda, cont.:
- c. Governance, cont.:
- iii. **Approve** application of Scott Jacobson for membership to the Valleywise Community Health Centers Governing Council
Michelle Barker, DHSc, Senior Vice President Ambulatory Services; and Chief Executive Officer Federally Qualified Health Centers
 - iv. **Approve** single case agreement for \$4,283,247 million: Cigna Claim Authorization: IP0922295900
Amanda De Los Reyes, MBA, CRCR, Vice President, Revenue Cycle
 - v. **Approve** Change in Scope of Service: add Saturday hours at Valleywise Community Health Center-Chandler, effective May 6, 2023
Michelle Barker, DHSc, Senior Vice President Ambulatory Services; and Chief Executive Officer Federally Qualified Health Centers
 - vi. **Authorize** the release of the remaining self-insured retention amount of \$790,864.35 in furtherance of settlement of Valleywise Health Claim Number MM104203041445
Ijana M. Harris, JD, Associate General Counsel
 - vii. **Authorize** Maricopa County Attorney's Office to file an appeal to the Arizona Supreme Court in RE Court of Appeals Mental Health 22-0092
Ijana M. Harris, JD, Associate General Counsel
- d. Medical Staff:
- i. **Approve** Valleywise Health's Medical Staff credentials for May 2023
Mark M. MacElwee, MD, Chief of Staff
 - ii. **Approve** Valleywise Health's Advanced Practice Clinician/Allied Health Professional Staff credentials for May 2023
Mark M. MacElwee, MD, Chief of Staff
 - iii. **Approve** Proposed Revisions to Policy 39027: Practitioner Health
Mark M. MacElwee, MD, Chief of Staff
 - iv. **Approve** Proposed Revisions to the Department of Anesthesiology Delineation of Privileges
Mark M. MacElwee, MD, Chief of Staff
- e. Care Reimagined Capital:
- i. **Approve** capital expenditure request (CER #19-947AL) to purchase Hewlett Packard endpoint devices from World Wide Technology for the new acute care hospital and Piper Pavilion for a cost of \$1,221,455
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer
 - ii. **Approve** capital expenditure request (CER #19-947AM) to purchase telephony devices from Altura for the new acute care hospital and Piper Pavilion for a cost of \$925,400
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer

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

- 1:15 1. Approval of Consent Agenda, cont.:
- e. Care Reimagined Capital, cont.:
 - iii. **Approve** capital expenditure request (CER #19-947AN) for additional cabling infrastructure and cameras from Cable Solutions for the new acute care hospital and Piper Pavilion for an additional cost of \$1,653,700 for an aggregate total cost of \$7,535,317
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer
 - iv. **Approve** amendment #1 to capital expenditure request (CER #19-947ANA) for additional cabling infrastructure and cameras from Cable Solutions for the new acute care hospital and Piper Pavilion for an additional cost of \$444,248 for an aggregate total cost of \$7,979,564
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer
 - v. **Approve** amendment #1 to capital expenditure request (CER #19-947TA) for SIRVA Worldwide Commercial Moving to provide equipment relocation, office relocation and placement services for both new items and existing locations for the new acute care hospital and Piper Pavilion, for an additional cost of \$157,001 for an aggregate total cost of \$574,869
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer
 - f. Capital:
 - i. INTENTIONALLY LEFT BLANK

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
- 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 2023 Legislative Agenda and/or the Maricopa County Special Health Care District's Position Regarding Proposed State and Federal Legislative Items **10 min**
Michael Fronske, Legislative and Governmental Affairs Director

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

- 2:20 6. Discuss and Review Patient Volumes, Revenues, Expenses, Other Assumptions and Capital Targets for Fiscal Year 2024 **10 min**
Matthew Meier, MBA, Vice President, Financial Services
- 2:30 7. Discuss and Review Valleywise Health's April 2023 Financials **15 min**
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer
- 2:45 8. Monthly Update on Care Reimagined Projects **10 min**
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer
- 2:55 9. Review and **Possible Action** on the Following Reports to the Board of Directors: **15 min**
- a. Monthly Care Reimagined Capital Purchases Report (April 2023)
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer
 - b. Monthly Valleywise Health Employee Turnover Report (April 2023)
Susan Lara-Willars, HCS, MBA, Senior Vice President, Chief Human Resources Officer
 - c. Quality Management Council Meeting Minutes (February and April 2023)
Crystal Garcia, MBA/HCM, RN, Vice President, Specialty Services, Quality and Patient Safety
 - d. Quarterly Compliance Officer's Activities Report; Valleywise Health's Finance, Audit and Compliance Committee Activities Report
L.T. Slaughter, CPA, MBA, Chief Compliance Officer
 - e. Quarterly Valleywise Health Foundation's Tasks Status Report to Valleywise Health's President & Chief Executive Officer
Lisa Hartsock, MPH, CFRE, Foundation Relations Executive
 - f. Fiscal Year to Date Operational Dashboard for Valleywise Health's Federally Qualified Health Centers
Michelle Barker, DHSc, Senior Vice President Ambulatory Services; and Chief Executive Officer Federally Qualified Health Centers

3:10 10. Concluding Items **10 min**

a. Old Business:

April 26, 2023

Valleywise Health's Workplace Violence Committee

- Number of workplace violence incidents at Valleywise Health compared to other organizations
- Does the Crisis Prevention Intervention (CPI) include a component to alert authorities of incidents
- Share the Valleywise Health workplace violence policy with the Board

Preliminary Patient Volumes and Capital Targets for FY 2024

- What is the amount of DSH funds that is retained by the state

Board member request for future agenda items

- Future agenda item on Valleywise Health's conflict of interest policy, state statutes that govern the Board, and policies in place for both the District and Valleywise Health Foundation Boards, senior leaders and employees

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

3:10 10. Concluding Items, cont.:

a. Old Business, cont.:

March 22, 2023

Employee Benefits Program

- Report employee feedback to changes related to the benefits program to the Board

Care Reimagined Update

- Provide update on the artwork

February 22, 2023

Quality Metrics Dashboard

- Add the numerator and denominator to PSI 04

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

c. Comments

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

3:20 **Adjourn**



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 24, 2023

Item 1.

Consent Agenda



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 24, 2023

Item 1.a.i.

**Minutes
April 26, 2023**

Minutes

**Maricopa County Special Health Care District
Board of Directors Meeting
Valleywise Health Medical Center
Conference and Administration Center, Auditoriums 1 through 4
April 26, 2023
1:00 p.m.**

DRAFT

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
Mary Rose Garrido Wilcox, Director, District 5 – *participated remotely*

Others Present: Steve 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
Martin C. Demos, JD, Senior Vice President, General Counsel

**Guest Presenters/
Speakers:** Crystal Garcia, RN, MBA, Vice President, Specialty Services, Quality and Patient Safety
Lisa Hartsock, MPH, CFRE, Interim Chief Executive Officer, Valleywise Health Foundation
Michael Fronske, Legislative and Governmental Affairs Director
Matthew Meier, MBA, Vice President, Financial Services

Recorded by: 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. Cornejo called roll. Following roll call, she noted that all five voting members of the Maricopa County Special Health Care District Board of Directors were present, which represented a quorum.

For the benefit of all participants, Ms. Cornejo announced the Board member participating remotely.

Pledge of Allegiance

Director Harden led the Pledge of Allegiance.

Call to the Public

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

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – April 26, 2023**

Mission Statement

Chairman Thomas 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 March 22, 2023
 - b. Contracts:
 - i. Approve a new intergovernmental agreement (IGA) [90-23-225-1 (CTR063883)] between the Arizona Department of Health Services (ADHS) and the Maricopa County Special Health Care District dba Valleywise Health, for funding for the Reproductive Health/Family Planning Program, which provides reproductive health/family planning education, counseling, medical care, screening, and referral services to low-income individuals living in rural and underserved areas
 - ii. Approve amendment #59 to the contract (480-90-18-012-59) between Kitchell Contractors, Inc. of Arizona, Construction Manager at Risk (CMAR), and the Maricopa County Special Health Care District dba Valleywise Health, for project change order (PCCO) numbers 013, and 004R, for miscellaneous revisions in the new acute care hospital and Piper Pavilion for a total amount of \$287,891 (CER #19-947 and CER #19-951; Project A1440 and A10900)
 - iii. Approve amendment #5 to the contract (90-19-192-1-05) between GE Precision Healthcare LLC, and the Maricopa County Special Health Care District dba Valleywise Health, to add equipment and modify equipment to the service agreement
 - iv. Approve amendment #1 to the facility agreement (MCO-20-033-01) between Mercy Care dba Mercy Care, and Mercy Care Advantage, and the Maricopa County Special Health Care District dba Valleywise Health, to add reimbursement terms for outpatient court ordered evaluations
 - v. Approve a new cooperative purchasing agreement (90-23-218-1) between Climatec LLC., and the Maricopa County Special Health Care District dba Valleywise Health, for energy management control system services at Valleywise Health facilities
 - vi. Approve amendment #3 to the agreement (90-20-065-1-03) between 3M Health Information Systems, Inc., and the Maricopa County Special Health Care District dba Valleywise Health, to add medical necessity module to the agreement and extend the agreement for 3 years
 - vii. Rescind intergovernmental agreement (IGA)(90-23-033-1) between the Arizona Health Care Cost Containment System (AHCCCS), and the Maricopa County Special Health Care District dba Valleywise Health, and Approve replacement intergovernmental agreement (IGA)(90-23-239-1) between the Arizona Health Care Cost Containment System (AHCCCS), and the Maricopa County Special Health Care District dba Valleywise Health, to provide matching funds in support of the Targeted Investment 2.0 Program (TIP)

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – April 26, 2023**

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

1. Approval of Consent Agenda, cont.:
 - b. Contracts, cont.:
 - viii. Approve a new cooperative purchasing agreement (90-23-211-1) between Herc Rentals Inc., and the Maricopa County Special Health Care District dba Valleywise Health, for equipment rentals and related products and services at Valleywise Health facilities
 - c. Governance:
 - i. Approve Valleywise Health Foundation’s ALL IN Campaign donor recognition requests
 - ii. Approve affidavit appointing Shaheda Ali, MD, as Deputy Medical Director in the Department of Psychiatry
 - iii. Approve a no objection letter to the proposed property tax reclassification of real and personal property of CEVA Logistics – KORE Power, to be located in foreign trade zone no. 277
 - iv. Authorize the release of the remaining self-insured retention amount of \$980,212.63 in furtherance of settlement of Valleywise Health Claim Number MM104203041445
 - d. Medical Staff:
 - i. Approve Valleywise Health’s Medical Staff credentials for April 2023
 - ii. Approve Valleywise Health’s Advanced Practice Clinician/Allied Health Professional Staff credentials for April 2023
 - iii. Approve Proposed Revisions to Policy 39021: Practitioner Access to Confidential Files
 - e. Care Reimagined Capital:
 - i. Approve capital expenditure request (CER #19-947AH) to purchase Kinevo and Lumera surgical microscopes from Carl Zeiss Meditec USA, Inc. (Zeiss) for the new acute care hospital for a cost of \$1,086,286
 - ii. Approve capital expenditure request (CER #19-947AI) to purchase endoscopy medical equipment from Olympus for the new acute care hospital for a cost of \$1,338,513
 - iii. Approve capital expenditure request (CER #19-947AG) to purchase medical equipment, furniture, fixtures, and equipment from Intermetro Industries Corp., for the new acute care hospital and the Piper Pavilion for a cost of \$1,598,793
 - iv. Approve capital expenditure request (CER #19-947AF) to purchase medical equipment, furniture, fixtures, and equipment, and IT equipment from CME for the new acute care hospital and the Piper Pavilion for a cost of \$2,585,276

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – April 26, 2023**

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

1. Approval of Consent Agenda, cont.:
 - e. Care Reimagined Capital, cont.:
 - v. Approve amendment #2 capital expenditure request (CER #19-947SB) to purchase GE Healthcare mounting racks, gateway server, wall channels, and software adjustment for the new acute care hospital and the Piper Pavilion for an additional \$2,648, resulting in a total cost of \$4,508,684
 - vi. Approve capital expenditure request (CER #19-947AK) to purchase information technology equipment from CDW for the new acute care hospital and Piper Pavilion for a total cost of \$1,470,450
 - vii. Approve capital expenditure request (CER #19-947 AJ) for a Salient NVR device for storage and retrieval capability provided by Cable Solutions, LLC., for the new acute care hospital for a total cost of \$462,161
 - f. Capital:
 - i. INTENTIONALLY LEFT BLANK

Chairman Thomas stated consent agenda item 1.c.iv. would be removed from the consent agenda and would not be discussed or voted on. Consent agenda item 1.d.i. would be removed from the consent agenda, to be discussed and voted on separately.

MOTION: Director Harden moved to approve the consent agenda minus 1.c.iv. and 1.d.i. Vice Chairman Dewane seconded.

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

MOTION: Director Harden moved to approve consent agenda item 1.d.i., Valleywise Health's Medical Staff credentials for April 2023, minus Andrew Frank Rubenstein, MD. Director Brophy McGee seconded.

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

MOTION: Director Wilcox moved to approve the initial medical staff appointment of Andrew Frank Rubenstein, MD. Vice Chairman Dewane seconded.

VOTE: 4 Ayes: Chairman Thomas, Vice Chairman Dewane, Director Brophy McGee,
Director Wilcox
1 Nay: Director Harden
Motion passed.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – April 26, 2023**

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

2. Discuss Valleywise Health's Workplace Violence Committee

Ms. Garcia outlined Valleywise Health's Workplace Violence Committee, highlighting the participating members and the areas represented, such as nursing, security, behavioral health, educators and ambulatory services.

Director Harden noted the lack of physicians on the committee and suggested their inclusion, as they were susceptible to workplace violence, as well.

Ms. Garcia mentioned the trending increase in violence against health care workers, resulting in the passage of Senate Bill (SB) 1311, aimed to prevent assaults on health care workers. The committee was focused on developing a plan to improve occurrence reporting, gathering reliable data, and implementing post-incident briefings to reduce injuries related to workplace violence to meet the new legislation's requirements. The additional requirements included identifying an individual to oversee the program, having appropriate signage posted in public spaces, providing education and training, and reviewing the plan annually.

She outlined the data gathered between calendar years 2020 to present, related to the number of assaults committed by a patient to another patient, as well as assaults committed by a patient to a staff member, noting an increase in assaults to staff. The data was then filtered by the unit in which the incident occurred, with behavioral health recording the highest number of incidents year over year. That data was then categorized by significance, including an event that resulted in the need for treatment or intervention.

Director Wilcox asked how Valleywise Health compared to other hospital systems.

Ms. Garcia stated that there were no established benchmarks distributed to gain insight to occurrences at other facilities, however, she would gather more information and provide that to the Board. The significant increase in workplace violence against health care professionals was well documented.

Mr. Purves concurred, noting the American Hospital Association (AHA) convened a workforce committee, which included a component dedicated to workforce safety. Moving forward, the organization would devote needed resources to protect the staff as they continue to provide health care to the community.

Director Brophy McGee referenced SB 1311 and asked if the legislation provided enough protection for health care professionals.

Mr. Purves stated that the goal was to obtain federal legislation that would grant health care professionals the same protection as flight attendants.

Director Harden understood why the number of occurrences within the behavioral health unit were higher than other services, given the population served. She asked at what point were the police notified to investigate the incident.

Ms. Garcia said that all employees were aware of their right to notify the police and press charges against their assailant.

Ms. Stotler said that when an incident occurs, unit leadership and security were notified and assisted the injured party, informing them of their rights and encouraging them to decide what was best for them.

Mr. Purves stated the patient safety events were then reported during the daily huddles with all levels of management, to identify and monitor any notable trends. He acknowledged the reasons for increased occurrences within the behavioral health units, thus increasing the risk associated with these types of events throughout the entire organization.

Director Brophy McGee asked if there was greater risk for violence against staff in the emergency department, due to intoxicated or incapacitated individuals that were seeking care.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – April 26, 2023**

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

2. Discuss Valleywise Health’s Workplace Violence Committee, cont.

Director Harden acknowledged the nationwide increase in gun violence and mass shootings within schools and hospitals. She asked if the new acute hospital would include metal detectors at entry points.

Mr. Purves confirmed that staff was considering additional safety measures to be included in the new acute care hospital, noting hospitals that have installed metal detectors have reported improved employee morale and increased retention.

Ms. Garcia presented the signage outlining aggressive behaviors that would not be tolerated, which would be placed throughout the organization. She also reviewed the post assault huddle document that would be used to analyze and discuss incidents with the committee to improve processes.

Crisis Prevention Intervention (CPI) training was scheduled to be implemented, which would have different aspects. Behavioral health would receive an in-depth and extensive training related to restraints hold and take-down methods, due to the population served. Inpatient and other areas would receive prevention, verbal intervention, and non-violent crisis intervention trainings.

Director Brophy McGee stated the vast majority of gun violence incidents were committed by prohibited possessors. She asked if the CPI training included a component to report assailants to the appropriate authorities so they could be added to the database for prohibited possessors.

Director Harden noted the process to report individuals to appropriate authorities was outlined in the corresponding policy. **She requested the policy be provided to the Board.**

3. Discuss, Review and Approve an Amended and Restated Cooperative Service Agreement between the Maricopa County Special Health Care District and the Valleywise Health Foundation

Ms. Hartsock stated the revisions for the Amended and Restated Cooperative Service Agreement between the Maricopa County Special Health Care District and the Valleywise Health Foundation were outlined in the included memo.

Director Brophy McGee expressed her appreciation for being provided an in-depth review of the current agreement, as well as the proposed revisions. She commended the Board and management for the decision to approve the current agreement, as the model outlined was beneficial for both parties.

MOTION: Director Brophy McGee moved to approve the amended and restated cooperative services agreement between the Maricopa County Special Health Care District and the Valleywise Health Foundation. Vice Chairman Dewane seconded.

Director Wilcox was pleased with the communication and reports received from the Foundation and was looking forward for the continued status updates.

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

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – April 26, 2023**

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

4. Discussion and Possible Action on Valleywise Health's 2023 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 108 days, noting 164 bills had passed. The Governor had signed 93 bills and vetoed 63 bills.

He outlined the ongoing complications with the legislative session, including the expulsion of Representative Harris on April 12, 2023, causing the majority to lose the ability to pass majority only bills. The legislature adjourned until April 25, 2023. Upon returning, the Senate adjourned until May 3, 2023. He reviewed legislative deadlines, with the July 1, 2023 budget deadline being the only outstanding date.

Of the 42 bills being tracked by staff, 11 were still active. He outlined the bills and explained where they were in the process. Staff was reviewing amendments made to SB 1157, hospital discharge planning, however, they appeared to be reasonable.

He mentioned Mr. Purves attended AHA's annual meeting in Washington, DC, noting a delegation from the Arizona Hospital and Healthcare Association (AzHHA) was also in attendance, ensuring Valleywise Health was well represented. Staff from Congressman Lesko's Washington DC's office recently toured Valleywise Comprehensive Health Center-Peoria, which was important to provide a first-hand perspective of the care provided to the community.

Director Harden stated the Maricopa County Board of Supervisors were responsible for replacing the two vacancies within the legislature. She asked if there was a deadline to complete the task.

Mr. Fronske said there was no statutory deadline to replace the legislators. The Board of Supervisors were doing their due diligence; however, he was unsure of when the process would be finalized.

Director Brophy McGee asked for the status of the continuation of Arizona Health Care Cost Containment System (AHCCCS).

Mr. Fronske stated the AHCCCS continuation had not occurred, anticipating the decision would be determined to coincide with the budget approval.

5. Discuss and Review Preliminary Patient Volumes and Capital Targets for Fiscal Year 2024

Mr. Meier provided an overview of the preliminary patient volumes for the fiscal year (FY) 2024 budget. Total admissions were projected to increase by 9.2%, with increases in both acute and behavioral health settings. Patient days were projected to increase by 7.8%, primarily due to the increase in behavioral health admissions. Emergency department visits were projected to increase by 1.7%, for a total of 105,938 visits.

Ambulatory visits were projected to increase by 3.5%, with all areas expected to experience increases. He noted integrated behavioral health was expected to have the most growth, 11.3%, due to additional providers. Dental visits were projected to remain relatively flat. Visits at Valleywise Comprehensive Health Center-Peoria were projected to increase by 5.2%, due to additional service lines. A moderate increase of 1.5% was projected at Valleywise Comprehensive Health Center-Phoenix. Visits throughout the Valleywise Community Health Centers were projected to increase by 2.3 percent.

Mr. Meier stated surgeries at Valleywise Health Medical Center were projected to increase slightly, while surgeries at Valleywise Comprehensive Health Center-Peoria were projected to increase by 123.7%, due to the addition of pain and eye services. Overall endoscopy procedures at Valleywise Health Medical Center were projected to increase by 11.4%, while the procedures projected to decrease by 5.8% at Valleywise Comprehensive Health Center-Peoria. Deliveries at Valleywise Health Medical Center were projected to increase slightly in the upcoming fiscal year.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – April 26, 2023**

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

5. Discuss and Review Preliminary Patient Volumes and Capital Targets for Fiscal Year 2024, cont.

Director Harden referenced the surgeries at Valleywise Comprehensive Health Center-Peoria and asked if the increase was due to cataract extractions. She also asked if the surgeries would only be performed by attendings.

Dr. White confirmed the increase in surgeries included the addition of cataract extractions, confirming attending physicians would provide the service.

Mr. Meier outlined the process for developing the capital budget, noting \$10 million had been budgeted for routine capital, as well as emergency and contingency budgets. Specific routine capital items had not been finalized. The information would be provided in May 2023.

Director Brophy McGee asked if the Board would receive information related to anticipated payer mix.

Ms. Agnew stated that staff was developing the net revenue and payer mix projections and would provide the information to the Board in a future presentation.

Mr. Purves stated Valleywise Health's financial restraints resulted in a capital budget that was inadequate for an organization of its size and complexity. He explained how broader systematic changes, at the state and federal level, were needed to yield impactful results. Staff would continue to address shortfalls and deficiencies in programs originally designed to assist public hospitals, including the Disproportionate Share Hospital (DSH) funding, which benefited the State's general fund, not Valleywise Health.

Director Harden asked how much of the DSH funds were retained by the state.

Mr. Purves stated that he would confirm the number and provide that to the Board.

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

Ms. Agnew reviewed statistical information for March 2023, noting total admissions missed budget by 5.9%, due, in part to fewer available behavioral health beds and longer lengths of stay. Emergency department visits were better than budget by 21.3% and ambulatory visits were 1.5% better than budget.

On a year-to-date basis, overall admissions missed budget by 1.3%, emergency department visits were 18.5% better than budget, and ambulatory visits were 1.3% better than budget.

She discussed the payer mix, noting increases in other government, specifically Federal Emergency Services (FES). There was also an increase in self-pay, as many patients treated in the emergency department do not have insurance coverage.

The March 2023 income statement was reviewed. Ms. Agnew noted total operating revenue had 12.1% positive variance. The variance was contributed to a positive variance in net patient service revenue and other revenue received from the Health II reconciliation process, the 340B program, the Health II assessment increase, and retail pharmacy revenues.

Operating expenses had 10.9% negative variance. She reviewed the expenses related to medical service fees and supplies, including lab and pharmaceutical expenses, however, the major contributing factor for the negative variance was contract labor.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – April 26, 2023**

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

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

To address the increased costs associated with contract labor, Ms. Agnew outlined the new Sign On and Retention (SOAR) program, which utilized funds received from Maricopa County and the Governor's Office.

Non-operating revenues, including grant funds, and the maintenance and operating tax, were 12.6% better than budget. Net assets, after factoring in non-operating revenue and expenses and removing bond related activity, decreased by \$4,473,533, compared to a budgeted decrease of \$4,602,683, for a positive variance of \$129,151.

She reviewed the year-to-date income statement, noting a decrease in net assets of \$61,846,669, compared to a budgeted loss of \$53,294,285, resulting in an unfavorable variance of \$8,552,385. There were 106.1 days cash on hand and 65.6 days in accounts receivable.

Director Harden noted the number of COVID-19 positive cases that continued throughout the hospital system and asked if increased admissions would result in behavioral health units being quarantined.

Dr. White stated the newest COVID-19 variant was highly contagious, and he reviewed the screening processes in place to properly place patients as they entered the facilities.

Director Harden mentioned the onset of a new drug-resistant fungal infection that was presenting in various regions of the nation and asked what protocols were in place to reduce potential exposure.

Dr. White stated that staff was aware of the infection and monitoring the situation and isolations patients, as appropriate.

Director Harden referenced the SOAR program and requested an update on the number of employees that had opted in.

Ms. Christiansen said that almost 750 current employees were participating in the program. Of those, 453 were registered nurses and 270 were behavioral health technicians. During a recent job fair, 22 individuals opted into the program, including five registered nurses.

7. Monthly Update on Care Reimagined Projects

Ms. Christiansen provided an update on the Care Reimagined projects, noting more than 13.5 million man hours had been accumulated throughout the course of the various projects. She reviewed the timeline, noting the estimated dates staff were working toward. There were no major concerns indicated on the project dashboard.

She provided an updated on the progress of the acute care hospital, stating staff was preparing to make the transition. Change workshops were developed to test the upcoming changes with employees, gather feedback, and overcome reservations about the move.

She highlighted the progress of the Piper Pavilion, noting supply chain was scheduled to transition their operations to the new building in mid-June 2023.

Director Harden asked when the Board meetings would be relocated to the new building.

Ms. Christiansen anticipated the first meeting in the Piper Pavilion would be in September 2023.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – April 26, 2023**

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

8. Review and Possible Action on the Following Reports to the Board of Directors:
 - a. Monthly Care Reimagined Capital Purchases Report (March 2023)
 - b. Monthly Valleywise Health Employee Turnover Report (March 2023)
 - c. Quarterly Employee Engagement Survey Action Plans
 - d. Quarterly Valleywise Community Health Centers Governing Council Structure Report
 - e. Annual Maricopa County Special Health Care District Wide Risk Management Program Report
 - f. Fiscal Year 2022 Non-Privileged Patient Care Competency Report

Chairman Thomas addressed item 8.b., Valleywise Health Employee Turnover Report, and commended staff on the progress made. He also acknowledged item 8.e., Maricopa County Special Health Care District Wide Risk Management Program Report, highlighting the accomplishments achieved throughout the year.

Director Brophy McGee expressed her appreciation to the Risk Management Department and their efforts to keep the campus, patients, and employees safe.

9. Concluding Items

- a. Old Business:

March 22, 2023

Quality – Health Equity Organizational Assessment

- Provide a copy of the social determinants of health screening tool

Employee Benefits Program

- How were the Optum Rx savings calculated?
- Report employee feedback to changes related to the benefits program to the Board

Fiscal Year 2024 Budget Calendar

- Schedule the June 22, 2023 informational budget hearing meeting for the evening with no legal action on the agenda

Legislative Update

- Provide comparison of the number of vetoed bills to previous years

Care Reimagined Update

- Provide update on the artwork

February 22, 2023

Quality Metrics Dashboard

- Add the numerator and denominator to PSI 04

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

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – April 26, 2023**

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

9. Concluding Items, cont.
 - b. Board Member Requests for Future Agenda Items or Reports
 - c. Comments
 - i. Chairman and Member Closing Comment
 - ii. President and Chief Executive Officer Summary of Current Events

Ms. Cornejo reiterated the requests made throughout the meeting.

Director Harden recognized Administrative Professionals Day, expressing her appreciation to staff in those roles.

Chairman Thomas stated that he recently attended The Governance Institute's 2023 Leadership Conference and provided a brief overview of the event. He expressed his gratitude for Valleywise Health's contributions to addressing behavioral health needs throughout Maricopa County.

Director Brophy McGee requested a future discussion related to Valleywise Health's conflict of interest policy, the state statutes that govern the Board. She also asked for a review of related policies in place for Valleywise Health and Valleywise Health Foundation employees, including the Board and senior leaders.

As previously mentioned, Mr. Purves attended the AHA annual meeting in Washington DC. He provided an overview of the association's focus, including hospital financial sustainability as it related to increased contract labor expenses, workforce safety, and legislative advocacy, specifically for preserving Medicare, Medicaid, DSH funding, and the 340B program.

Valleywise Health has participated in the Arizona Partnership of Immunization (TAPI), a non-profit coalition focused on increasing awareness and immunization efforts in Arizona. The Dialysis Departments at Valleywise Comprehensive Health Centers-Phoenix and Peoria received the Top Shot award, for vaccinating 100% of their dialysis patients against COVID-19. Valleywise Community Health Center-McDowell was honored with the 2023 Flash Shot award, for their efforts to protect patients from the Mpox outbreak.

He noted that Ms. Barbara Harding, the former Chief Executive Officer of the Federally Qualified Health Centers, was honored with the Distinguished Service award from the Arizona Alliance of Community Health Centers.

Vice Chairman Dewane stated that he attended the Courage Rising film premiere, presented by the Valleywise Health Foundation. He applauded the determination of the burn survivors that climbed Mount Kilimanjaro and shared their story.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – April 26, 2023**

Adjourn

MOTION: Director Harden moved to adjourn the April 26, 2023 Maricopa County Special Health Care District Board of Directors Formal Meeting. Vice Chairman Dewane seconded.

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

Meeting adjourned at 2:50 p.m.

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



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 24, 2023

Item 1.b.i.

**Contracts
90-23-099-01**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, May 9, 2023 3:21 PM
To: Melanie Talbot
Subject: Contract Approval Request: Addendum #1 - Add HR Modules to the Master Services Agreement ADP, Inc.

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

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Message Information

From [Purves, Steve](#)

To [Talbot, Melanie](#);





Subject Contract Approval Request: Addendum #1 - Add HR Modules to the Master Services Agreement ADP, 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
90-23-099-01 (unsigned).pdf		File	 90-23-099-01 (unsigned).pdf
OIG ADP 2023.pdf		File	 OIG ADP 2023.pdf
SAM ADP 2023.pdf		File	 SAM ADP 2023.pdf
RFBA - HR Capital Mgt Solution (IT).pdf		File	 RFBA - HR Capital Mgt Solution (IT).pdf

Contract Information

Division Contracts Division

Folder Amendments

Status Pending Approval

Title Addendum #1 - Add HR Modules to the Master Services Agreement

Contract Identifier Board - Amendment

Contract Number 90-23-099-01

Primary Responsible Party Pardo, Laela N.

Departments HUMAN RESOURCES,OFFICE OF THE CIO

Product/Service Description Addendum #1 - Add HR Modules to the Master Services Agreement

Action/Background Approve Addendum #1 to the agreement between ADP, Inc. ("ADP") and Maricopa County Special Health Care District dba Valleywise Health to add Human Resources related modules to the Master Services Agreement. Modules being added through this Addendum are ADP Workforce Manager Services and ADP WFN Recruitment & Talent Acquisition Services (Performance, Recruitment, Compensation Management and Talent Activation Services). Effective Date of this Addendum is as of the last date of signature. The anticipated cost of this Addendum is \$624,755.60 (which includes a \$50,000.00 one-time custom report development), for an aggregate agreement cost of \$1,394,415.60. Excluding the one-time custom report development implementation fee, billing for each of the modules begins on the monthly cycle following Go-Live. All other terms and conditions of the agreement remain the same and in full effect. This Addendum is sponsored by Kelly Summers, SrVP & Chief Information Officer.

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

Category Co-op

Effective Date

Term End Date

Annual Value \$624,755.60

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor ADP, Inc.

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	
Arendt, Pat A.	Approved	
Wynn, Diane J.	Approved	
Willars, Susan S.	Approved	
Summers, Kelly R.	Approved	
Demos, Martin C.	Approved	
Christiansen, Lia K.	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 24, 2023

Item 1.b.ii.

**Contracts
90-23-205-1**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Monday, May 8, 2023 12:44 PM
To: Melanie Talbot
Subject: Contract Approval Request: Valleywise Health-Mesa Outpatient Behavioral Health - Construction Manager at Risk (CMAR) GILBANE BUILDING 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, Steve](#)

To [Talbot, Melanie](#);









Subject Contract Approval Request: Valleywise Health-Mesa Outpatient Behavioral Health - Construction Manager at Risk (CMAR) GILBANE BUILDING COMPANY

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

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
3-8-2023 Revised CMAR Determination Letter-Approval-Disapproval-Signature-Date requested on 4th page		File	 3-8-2023 Revised CMAR Determination Letter-Approval-Disapproval-Signature-Date requested on 4th page (signed).pdf
SAM-Gilbane-2023.pdf		File	 SAM-Gilbane-2023.pdf
OIG-Gilbane-2023.pdf		File	 OIG-Gilbane-2023.pdf
VW Mesa Outpatient Behavioral Health - 100% CD Drawings.pdf		File	 VW Mesa Outpatient Behavioral Health - 100% CD Drawings.pdf
RFBA-Mesa.pdf		File	 RFBA-Mesa.pdf
90-22-094-1 Copy of Executed Grant.pdf		File	 90-22-094-1 Copy of Executed Grant.pdf
.Revision date May 27 2020 .00 72 00 VALLEYWISE GENERAL CONDITIONS (002).docx		File	 .Revision date May 27 2020 .00 72 00 VALLEYWISE GENERAL CONDITIONS (002).docx
Appendix 2 – Building Information Modeling (BIM) RequirementsValleywise Health_BIM_Design_Requiremen		File	 Appendix 2 – Building Information Modeling (BIM) RequirementsValleywise Health_BIM_Design_Requirements_June12017.docx

- Life Safety.pdf
 - Government Drainage Exemption letter-Mesa Outpatient-Signed.pdf
 - 5-3-2023 Email Regarding Increase in Budget.pdf
 - CNR01471 E&I CMAR-Overview.pdf
 - Exhibit "F" Labor Reporting Sheet.xlsx
 - Exhibit "F" Contractor Labor Reporting Sheet Vf2 Effective 3-7-2023.pdf
 - Exhibit "F" Subcontractor Labor Reporting Sheet V2 Effective 3-7-2023.pdf
 - E&I Master Agreement-Gilbane-Contract CNR01471.pdf
 - Exhibit F MCDPH ARPA Reporting Calendar.pdf
 - Exhibit F SLFRF-Final Rule.pdf
 - Draft 90-23-205-1 Valleywise Health-Mesa Outpatient Behavioral Health CMAR Agreement Revised 5-4-2023 Gilbane GMP 5-2-2023 final version.pdf
 - 5-4-2023 Lalitha Approval GMP and CMAR Documents.pdf
- File  Life Safety.pdf
 - File  Government Drainage Exemption letter-Mesa Outpatient-Signed.pdf
 - File  5-3-2023 Email Regarding Increase in Budget.pdf
 - File  CNR01471 E&I CMAR-Overview.pdf
 - File  Labor Reporting Sheet.xlsx
 - File  Contractor Labor Reporting Sheet Vf2 Effective 3-7-2023.pdf
 - File  Subcontractor Labor Reporting Sheet V2 Effective 3-7-2023.pdf
 - File  E&I Master Agreement-Gilbane-Contract CNR01471.pdf
 - File  MCDPH ARPA Reporting Calendar.pdf
 - File  SLFRF-Final Rule.pdf
 - File  .Draft-90-23-205-1 Valleywise Health-Mesa Outpatient Behavioral Health-CMAR Contract Revised 5-4-2023.pdf
 - File  Gilbane GMP 5-2-2023 final version.pdf
 - File  5-4-2023 Lalitha Approval GMP and CMAR Documents.pdf

Contract Information

Division Contracts Division

Folder Contracts \ Grants

Status Pending Approval

Title Valleywise Health-Mesa Outpatient Behavioral Health - Construction Manager at Risk (CMAR)

Contract Identifier Board - New Contract

Contract Number 90-23-205-1

Primary Responsible Party Hammer, Mary P.

Departments ENGINEERING AND CONSTRUCTION

Product/Service Valleywise Health-Mesa Outpatient Behavioral Health - Construction Manager at Risk (CMAR)

Action/Background Approve a new contract between Gilbane Building Company and Maricopa County Special Health Care District dba Valleywise Health to provide Construction Manager at Risk (CMAR) services for the Valleywise Health-Mesa Outpatient Behavioral Health - Construction Manager at Risk (CMAR) project. Funding for this project is part of the \$16 million ARPA State and Local Recovery Funds (90-22-094-1).

This contract is effective as of the execution date and will remain effective through December 31, 2024, which is when expenditure of funds must be incurred by in accordance with our ARPA grant. Any funds remaining

(including any accrued interest) either after completion of the project(s) or not expended before December 31, 2024, shall revert to the County, and must be returned by December 31, 2024. Valleywise Health may terminate this contract in accordance with Section 10 -Suspension and Termination of the General Terms and Conditions.

CMAR selection is based on E&I Cooperative Contract CNR01471, which has a current expiration date of October 31, 2023 with the option to renew for an additional five (5) years.

FINANCIAL IMPLICATIONS:

The anticipated annual expense is \$4,967,397.00

This contract is sponsored by Lia Christiansen, EVP, Chief Administrative 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(1) of the Procurement Code in that contracts between Valleywise Health and other political subdivisions, cooperative purchasing agreements with governmental entities or other governments are exempt from the solicitation requirements of the Procurement Code.

Category Other

Effective Date

Term End Date 12/31/2024

Annual Value \$4,967,397.00

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor GILBANE BUILDING COMPANY

Responses

Member Name	Status	Comments
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	
Pardo, Laela N.	Approved	Reviewed and approve.
Melton, Christopher C.	Approved	Competition is demonstrated, satisfying the Federal UG procurement requirements.
Madhavan, Lalitha	Approved	
Davis, Jori A.	Approved	
Demos, Martin C.	Approved	
Christiansen, Lia K.	Approved	



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 24, 2023

Item 1.b.iii.

**Contracts
MCO-20-012-01**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Monday, May 8, 2023 8:02 AM
To: Melanie Talbot
Subject: Contract Approval Request: Humana Behavioral Health Facility Amendment 1 Health Value Management, Inc. d/b/a Humana Behavioral Health Network

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

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Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Humana Behavioral Health Facility Amendment 1 Health Value Management, Inc. d/b/a Humana Behavioral Health Network
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button below.

Approve/Reject Contract

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

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title Humana Behavioral Health Facility Amendment 1
Contract Identifier Board - Amendment
Contract Number MCO-20-012-01
Primary Responsible Party Tucker, Collee K.
Departments
Product/Service Description Commercial, Medicare Advantage
Action/Background Approve a new Amendment (MCO-20-012-01) between Humana Behavioral Health Network 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 (MCO-20-012-01) between Humana Behavioral Health Network and Maricopa County Special Health Care District dba Valleywise Health. This Amendment will add outpatient behavioral health services with established reimbursement allowing members to receive comprehensive behavioral health services through Valleywise Health. This

agreement excludes retail pharmacy, and medical which is covered through a relationship with a separate entity.

Category Other

Effective Date 7/1/2023

Term End Date

Annual Value \$0.00

Expense/Revenue Revenue

Budgeted Travel Type N/A

Procurement Number

Primary Vendor Health Value Management, Inc. d/b/a Humana Behavioral Health Network

Responses

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



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 24, 2023

Item 1.b.iv.

**Contracts
MCO-20-035-MSA**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Monday, May 8, 2023 8:02 AM
To: Melanie Talbot
Subject: Contract Approval Request: Liberty Dental Plan Corporation Liberty Dental

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Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Liberty Dental Plan Corporation Liberty Dental
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject Information button below.

Approve/Reject Contract

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

Contract Information

Division Contracts Division
Folder Contracts \ Managed Care/Revenue
Status Pending Approval
Title Liberty Dental Plan Corporation
Contract Identifier Board - New Contract
Contract Number MCO-20-035-MSA
Primary Responsible Party Tucker, Collee K.
Departments
Product/Service Description Dental Only
Action/Background Approve a new agreement (MCO-20-035-MSA) between Liberty Dental Plan Corporation and Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive dental services.
Evaluation Process This is a new agreement (MCO-20-035-MSA) between Liberty Dental Plan Corporation and Maricopa County Special Health Care District dba Valleywise Health. This agreement will allow members to receive comprehensive dental services through Valleywise Health dental providers. This agreement excludes retail pharmacy and medical which is covered through a relationship with a separate entity.
Category Other
Effective Date 7/1/2023

Term End Date
Annual Value \$0.00
Expense/Revenue Revenue
Budgeted Travel Type No
Procurement Number
Primary Vendor Liberty Dental

Responses

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



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 24, 2023

Item 1.b.v.

**Contracts
90-23-257-1**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Wednesday, May 10, 2023 10:21 AM
To: Melanie Talbot
Subject: Contract Approval Request: Landscape Services for all Valleywise Health Facilities Handyman Maintenance Inc. dba H.M.I. Commercial Landscaping

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

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

Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Landscape Services for all Valleywise Health Facilities Handyman Maintenance Inc. dba H.M.I. Commercial Landscaping
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
Maricopa County Landscape Contract 220161-RFP.pdf	Maricopa County Landscape Contract 220161-RFP.pdf	File	 Maricopa County Landscape Contract 220161-RFP.pdf
5-5-2023 Email from Maricopa County verification of cost increase.pdf	5-5-2023 Email from Maricopa County verification of cost increase.pdf	File	 5-5-2023 Email from Maricopa County verification of cost increase.pdf
OIG -Handyman Maintenance-2023.pdf	OIG -Handyman Maintenance-2023.pdf	File	 OIG -Handyman Maintenance-2023.pdf
SAM-Handyman Maintenance-2023.pdf	SAM-Handyman Maintenance-2023.pdf	File	 SAM-Handyman Maintenance-2023.pdf
RFBA-H.M.I. Landscape Services.pdf	RFBA-H.M.I. Landscape Services.pdf	File	 RFBA-H.M.I. Landscape Services.pdf
HMI Escalation Request.pdf	HMI Escalation Request.pdf	File	 HMI Escalation Request.pdf
AZ. Corp. Commission Handyman Maintenance.pdf	AZ. Corp. Commission Handyman Maintenance.pdf	File	 AZ. Corp. Commission Handyman Maintenance.pdf
90-23-257-1 Handyman Maintenance Cooperative Agreement-Maricopa County Contract 220161.pdf	90-23-257-1 Handyman Maintenance Cooperative Agreement-Maricopa County Contract 220161.pdf	File	 90-23-257-1 Handyman Maintenance Cooperative Agreement-Maricopa County Contract 220161.pdf

Contract Information

Division Contracts Division

Folder Contracts \ Services - Management/Outsourcing

Status Pending Approval

Title Landscape Services for all Valleywise Health Facilities

Contract Identifier Board - New Contract

Contract Number 90-23-257-1

Primary Responsible Party Hammer, Mary P.

Departments MAINTENANCE

Product/Service Description Landscape Services for all Valleywise Health Facilities

Action/Background Approve a new Cooperative Purchasing Agreement between Handyman Maintenance Inc. dba H.M.I. and Maricopa County Special Health Care District dba Valleywise Health for Landscape Services at all Valleywise Health Facilities. Through this Cooperative Agreement, Valleywise Health will access the Landscaping Services, pricing, terms, and conditions as outlined in the Maricopa County Contract 220161. This agreement is effective as of the execution date and will remain effective through March 31, 2025, which may be extended up to Three (3) additional years.

FINANCIAL IMPLICATIONS:

The anticipated annual expense is \$392,868.96 and has been budgeted for operational expenditures from cost center 107703.

This contract is sponsored by Lia Christiansen, EVP, Chief Administrative 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(1) of the Procurement Code in that contracts between Valleywise Health and other political subdivisions, cooperative purchasing agreements with governmental entities or other governments are exempt from the solicitation requirements of the Procurement Code.

Category Co-op

Effective Date

Term End Date 3/31/2025

Annual Value \$392,868.96

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Handyman Maintenance Inc. dba H.M.I. Commercial Landscaping

Responses

Member Name	Status	Comments
Pardo, Laela N.	Approved	Reviewed and approve. Code 10.
Melton, Christopher C.	Approved	
Parker, Ricky L.	Approved	
Davis, Jori A.	Approved	
Demos, Martin C.	Approved	
Christiansen, Lia K.	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 24, 2023

Item 1.b.vi.

**Contracts
90-23-260-1**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Wednesday, May 10, 2023 2:29 PM
To: Melanie Talbot
Subject: Contract Approval Request: Language Services Agreement Propio LS, 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, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Language Services Agreement Propio LS, LLC
Additional Indicate whether you approve or reject by clicking the Approve or Reject Information button below.

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
90-23-260-1 (draft).pdf		File	 90-23-260-1 (draft).pdf
SAM Propio 2023.pdf		File	 SAM Propio 2023.pdf
RFBA - Propio (LS).pdf		File	 RFBA - Propio (LS).pdf
Propio NTI Approval Email.pdf		File	 Propio NTI Approval Email.pdf
OIG Propio 2023.pdf		File	 OIG Priopio 2023.pdf

Contract Information

Division Contracts Division
Folder Contracts \ Group Purchasing Organization (GPO) - Services
Status Pending Approval
Title Language Services Agreement
Contract Identifier Board - New Contract
Contract Number 90-23-260-1
Primary Responsible Party Pardo, Laela N.
Departments Language Services

Product/Service Description Language Services Agreement

Action/Background Approve a new agreement between Propio LS, LLC and Maricopa County Special Health Care District dba Valleywise Health for language services. Propio will provide language interpretation services for our patients through in-person, phone, and video interpretation. This Agreement is effective upon both signatures and will continue for an initial term of three (3) years, then will automatically renew for one-year periods unless either party provides non-renewal notice at least sixty (60) days prior to the end of the then current term. Additionally, either party may cancel this agreement at any time with sixty (60) days' notice. The anticipated annual spend for this Agreement is \$1,000,000.00, which is a \$1,166,437.30 savings annually from our current services, and it budgeted for operational expenditures by the Language Services department. This Agreement is sponsored by Sherry Stotler, SrVP & Chief Nursing 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-102(B)(3) of the Procurement Code in that any agreements with professional association memberships and medical research projects are exempt from the solicitation requirements of the Procurement Code.

Category GPO

Effective Date

Term End Date

Annual Value \$1,000,000.00

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Propio LS, LLC

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	
Wynn, Diane J.	Approved	
Beardsley, Sherrie L.	Approved	
Garcia, Crystal D.	Approved	
Stotler, Sherry A.	Approved	
Summers, Kelly R.	Approved	
Demos, Martin C.	Approved	
White, Michael	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 24, 2023

Item 1.b.vii.

**Contracts
90-23-265-1**

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Thursday, May 18, 2023 4:01 PM
To: Melanie Talbot
Subject: Contract Approval Request: Intergovernmental Grant Agreement No. IGA-WIOA-ARPA-VWH-070121-01 Arizona Office of the Governor

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

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


Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Intergovernmental Grant Agreement No. IGA-WIOA-ARPA-VWH-070121-01 Arizona Office of the Governor
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
IGA-WIOA-ARPA-VWH-070121-01 - unsigned.pdf	File		IGA-WIOA-ARPA-VWH-070121-01 - unsigned.pdf

Contract Information

Division Contracts Division
Folder Contracts \ Grants
Status Pending Approval
Title Intergovernmental Grant Agreement No. IGA-WIOA-ARPA-VWH-070121-01
Contract Identifier Board - New Contract
Contract Number 90-23-265-1
Primary Responsible Party Pardo, Laela N.
Departments HOSPITAL ADMINISTRATION
Product/Service Description Intergovernmental Grant Agreement No. IGA-WIOA-ARPA-VWH-070121-01
Action/Background Approve a new intergovernmental grant agreement between Arizona Office of the Governor and Maricopa County Special Health Care District dba

Valleywise Health for Arizona Office of the Governor to provide \$5,000,000 in Workforce Innovation and Opportunity Act Grant (WIOA) and \$5,000,000 in American Rescue Plan Act (ARPA) fundings, for a total of \$10,000,000 to Valleywise Health to be used to mitigate impacts of the COVID-19 pandemic.

This IGA shall be effective July 1, 2021 and shall terminate on December 31, 2023, contingent on funding. Either party may terminate this Agreement at any earlier time by providing written notice to the other party at least thirty (30) days prior to the termination date.

This agreement is sponsored by Warren Whitney, SVP Government Relations.

Evaluation Process

Category IGA

Effective Date 7/1/2021

Term End Date 12/31/2023

Annual Value \$10,000,000.00

Expense/Revenue Revenue

Budgeted Travel Type

Procurement Number

Primary Vendor Arizona Office of the Governor

Responses

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



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 24, 2023

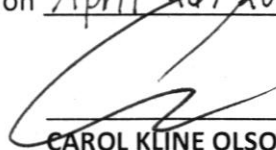
Item 1.c.i.

Governance
Deputy Medical Director

OFFICIAL APPOINTMENT AND OATH OF OFFICE

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

That I, **CAROL KLINE OLSON, M.D.**, Psychiatric Medial Director of Maricopa County Special Health Care District, State of Arizona, do hereby constitute and appoint Ulita Hoover, M.D., my lawful Deputy Medical Director in all matters, to act as if I were present, same to become effective on April 26, 2023.



CAROL KLINE OLSON, M.D.
Psychiatric Medical Director

STATE OF ARIZONA, COUNTY OF MARICOPA,

I, Ulita Hoover, M.D., 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).

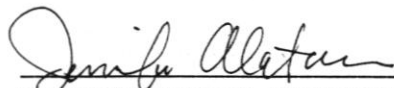


Ulita Hoover M.D.

Signature
Ulita Hoover, M.D.

Print Name

Subscribed and sworn to before me on this 26th day of April, 2023.



**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,
Ulita Hoover, M.D.
(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).

Ulita Hoover M.D.
(signature of officer or employee)

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



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 24, 2023

Item 1.c.ii.

**Governance
VCHCGC Applicant
S. Imam**



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

Date: May 24, 2023

To: Maricopa County Special Health Care District
Board of Directors

From: Michelle Barker, DHSc, Senior Vice President of Ambulatory Services
and Federally Qualified Health Centers Chief Executive Officer

Subj: Valleywise Community Health Centers Governing Council Member
Application: Salina Imam

Per the Co-applicant Operational Arrangement between the Maricopa County Special Health Care District Board and the Valleywise Community Health Centers Governing Council, the Governing Council will provide District staff with a fully completed membership application, for each candidate that has been recommended, for review.

The attached contains the completed application of Ms. Salina Imam who is requesting to continue her service as a member on the Valleywise Community Health Centers Governing Council. Ms. Imam resides in District 1. Ms. Imam has served in the Valleywise Community Health Centers Governing Council for 3 years.



Valleywise Community Health Centers Governing Council Application

Full Legal Name: Salina Imam

(As it appears on your Arizona Driver's License, Federal, State, or Locally Issued Identification Card, or U.S. Passport)

Chosen Name: Same What are your pronouns? [Redacted]

Home Address: [Redacted]

City: [Redacted] State: [Redacted] Zip: [Redacted]

Home Telephone: [Redacted] Cell: [Redacted]

E-mail Address: [Redacted]

Employer: [Redacted]

Work Address: [Redacted]

City: [Redacted] State: [Redacted] Zip: [Redacted]

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

YES NO

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

Were you referred by someone? YES NO



If yes, please list his/her name: Ryan Winkle



Valleywise Community Health Centers Governing Council Application

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

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

	
Name of Clinic	Date of Visit

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

I have been helping needy families and refugees in the valley for the past 15 years, as I have a passion for helping those in need. Currently, I work for a non-profit organization that serves the underserved population, many of whom are in need of healthcare services. I believe that the governing council could assist me in finding additional resources to help those in need and that I could provide guidance in navigating the system.

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

Dental.



Valleywise Community Health Centers Governing Council Application

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

I believe it's important to provide better dental coverage to people who can't afford it. We should also make resources available to those who struggle to access the system early easily. This way, everyone can receive the dental care they need. Regardless their financial situation or other barriers they may face. As well as their medical & mental health.

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

YES NO

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

Yes, I am currently serving and this will be my 3rd year.

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

Area of expertise (select no more than two):

Healthcare

Finance

Legal

Community Affairs

Trade Unions

Government

Social Services

Education

Business

Labor Relations



Valleywise Community Health Centers Governing Council Application

Ethnicity:

Hispanic or Latino Non-Hispanic or Latino Prefer not to answer

Race:

Asian Native Hawaiian Other Pacific Islander

Black/African American American Indian/Alaska Native

White More than one race Prefer not to answer

Gender: Male Female Prefer not to answer

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

Having worked with various communities such as immigrants, migrants, undocumented, and minority groups, I believe that I will be able to share my experiences and insights gained from these communities."

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

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

YES NO

Signature

Date

Please Note: This application is considered a public record



Valleywise Community Health Centers Governing Council Application

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



Finance Committee:

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



Compliance and Quality Committee:

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



Strategic Planning and Outreach Committee:

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

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

Melanie Talbot
Valleywise Health Medical Center
2601 E Roosevelt Street, Phoenix, AZ 85008
melanie.talbot@valleywisehealth.org
Fax: 602-655-9337



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 24, 2023

Item 1.c.iii.

**Governance
VCHCGC Applicant
S. Jacobson**



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

Date: May 24, 2023

To: Maricopa County Special Health Care District
Board of Directors

From: Michelle Barker, DHSc, Senior Vice President of Ambulatory Services
and Federally Qualified Health Centers Chief Executive Officer

Subj: Valleywise Community Health Centers Governing Council Member
Application: Scott A. Jacobson

Per the Co-applicant Operational Arrangement between the Maricopa County Special Health Care District Board and the Valleywise Community Health Centers Governing Council, the Governing Council will provide District staff with a fully completed membership application, for each candidate that has been recommended, for review.

The attached contains the completed application of Mr. Scott A. Jacobson who is requesting to continue his service as a member on the Valleywise Community Health Centers Governing Council. Mr. Jacobson resides in District 2. Mr. Jacobson has served in the Valleywise Community Health Centers Governing Council for 6 years and is currently the chair of the council.



Valleywise Community Health Centers Governing Council Application

Full Legal Name: Scott Allan Jacobson
(As it appears on your Arizona Driver's License, Federal, State, or Locally Issued Identification Card, or U.S. Passport)

Chosen Name: Scott What are your pronouns? [Redacted]

Home Address: [Redacted]

City: [Redacted] State: [Redacted] Zip: [Redacted]

Home Telephone: _____ Cell: [Redacted]

E-mail Address: [Redacted]

Employer: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Do you, your spouse, child, parent, or sibling, by blood or by marriage, work for Valleywise Health, or any other hospital or health care institution as defined in A.R.S. §36-401?
YES NO

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

Were you referred by someone? YES NO

If yes, please list his/her name: SUSAN Gerard



Valleywise Community Health Centers Governing Council Application

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

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


Name of Clinic


Date of Visit

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

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



Valleywise Community Health Centers Governing Council Application

4. What special interests or experiences do you have that would benefit the Council?
5. Council members are appointed to a three (3) year term. The Council meets one evening a month for approximately two hours. In addition to meetings, a member should allow time for other duties such as reading meeting material in order to prepare for meetings. Furthermore, members are required to sit on at least one standing committee. Standing committee meetings generally occur once a month during the daytime for approximately two hours. Do you have at least eight hours per month to devote to the Valleywise Community Health Centers Governing Council?
YES NO
6. Have you served or are you currently serving on any other boards or committees? If so, please list the board/committees and dates of service.
Yes. On the Valleywise Governing Council
7. Health Resources and Services Administration (HRSA), the government agency that provides funding for our Federally Qualified Health Center Clinics, requires information on Council members including members' areas of expertise, race/ethnicity and gender.

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

Healthcare

Finance

Legal

Community Affairs

Trade Unions

Government

Social Services

Education

Business

Labor Relations



Valleywise Community Health Centers Governing Council Application

Ethnicity:

Hispanic or Latino Non-Hispanic or Latino Prefer not to answer

Race:

Asian Native Hawaiian Other Pacific Islander

Black/African American American Indian/Alaska Native

White More than one race Prefer not to answer

Gender: Male Female Prefer not to answer

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

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

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

YES NO

Date

Please Note: This application is considered a public record



Valleywise Community Health Centers Governing Council Application

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

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

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

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

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

Melanie Talbot
Valleywise Health Medical Center
2601 E Roosevelt Street, Phoenix, AZ 85008
melanie.talbot@valleywisehealth.org
Fax: 602-655-9337



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 24, 2023

Item 1.c.iv.

No Handout

Governance

Single Case Settlement



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 24, 2023

Item 1.c.v.

Governance
Change in Scope



Office of CEO FQHC Clinics

2601 East Roosevelt Street • Phoenix • AZ • 85008

Date: May 3, 2023

To: Maricopa County Special Healthcare District
Board of Directors

From: Michelle Barker, DHSc
Sr VP Ambulatory Services & CEO FQHC Clinics

Subj: Approval to Submit a Change in Scope request to the Health Resource Services Administration for Notice of Award No. H80CS33644-01.

The Maricopa County Special Health Care District dba Valleywise Health submitted a Change in Scope request to the Health Resource and Services Administration for Notice of Award No. H80CS33644-01.

The change in scope request added Saturday hours to the FQHC located in Chandler.



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 24, 2023

Item 1.c.vi.

No Handout

Governance
Settlement Agreement



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 24, 2023

Item 1.c.vii.

No Handout

Governance

Appeal



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 24, 2023

Item 1.d.i.

**Medical Staff
Medical Staff Credentials – May 2023**

Recommended by Credentials Committee: May 2, 2023
 Recommended by Medical Executive Committee: May 9, 2023
 Submitted to MSHCDB: May 24, 2023

VALLEYWISE HEALTH CREDENTIALS AND ACTION ITEMS REPORT MEDICAL STAFF

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

INITIAL MEDICAL STAFF APPOINTMENT				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Amy M. Cooper, M.D.	Courtesy	Pediatrics (Emergency Medicine)	6/01/2023 to 5/31/2025	
Ashley Danielle Ermann, M.D.	Courtesy	Pediatrics	6/01/2023 to 5/31/2025	
Brent Anthony Feudale, M.D.	Courtesy	Pediatrics (Emergency Medicine)	6/01/2023 to 5/31/2025	
Ulista Hoover, M.D.	Active	Psychiatry	6/01/2023 to 5/31/2025	
Abhay Krishnaji Kulkarni, M.D.	Courtesy	Pediatrics (Emergency Medicine)	6/01/2023 to 5/31/2025	
Avinash Shivaputrappa Patil, M.D.	Courtesy	Obstetrics & Gynecology	6/01/2023 to 5/31/2025	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	SPECIALTY/PRIVILEGES	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Christopher S. Brendemuhl, D.M.D.	Dentistry	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for General Dentistry Core Privileges with Operating Room Privileges.
Grant Stafford Buchanan, M.D.	Orthopedic Surgery	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for General Orthopedic Core Procedures, Orthopedic Outpatient Core privileges and Pediatric Orthopedic Privileges.
Maria A. Segovia, D.D.S.	Dentistry	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for General Dentistry Core Privileges.

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Stephanie Lynn Berkshire, D.O.	Courtesy	Internal Medicine	6/01/2023 to 5/31/2025	
Katalin H. Boleratzky, M.D.	Courtesy	Anesthesiology	6/01/2023 to 5/31/2025	
Beth Darling, D.O.	Active	Psychiatry	6/01/2023 to 5/31/2025	
Ashton W. Dykert, M.D.	Courtesy	Anesthesiology	6/01/2023 to 5/31/2025	

Recommended by Credentials Committee: May 2, 2023
 Recommended by Medical Executive Committee: May 9, 2023
 Submitted to MSHCDB: May 24, 2023

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
Ghassan Bassam Fraij, M.D.	Courtesy	Internal Medicine (Cardiology)	6/01/2023 to 5/31/2025	
Richard L. Golub, M.D.	Courtesy	Surgery (Ophthalmology)	6/01/2023 to 5/31/2025	
Muna Qamar Khan, M.D.	Active	Pediatrics (Neurology)	6/01/2023 to 5/31/2025	
John B. Leslie, M.D.	Active	Anesthesiology	6/01/2023 to 5/31/2025	
Gwen A. Levitt, D.O.	Active	Psychiatry	6/01/2023 to 5/31/2025	
Christopher Lee Lindblade, M.D.	Courtesy	Pediatrics (Cardiology)	6/01/2023 to 5/31/2025	
Terry R. Maffi, M.D.	Courtesy	Surgery (Plastic)	6/01/2023 to 5/31/2025	
Rajnikanth Narayanan, M.D.	Courtesy	Internal Medicine (Nephrology)	6/01/2023 to 5/31/2025	
Carol K. Olson, M.D.	Active	Psychiatry	6/01/2023 to 5/31/2025	
Aditya Paliwal, M.D.	Courtesy	Internal Medicine (Critical Care Medicine/Pulmonary Disease)	6/01/2023 to 5/31/2025	
Arash Alen Sabati, M.D.	Courtesy	Pediatrics (Cardiology)	6/01/2023 to 5/31/2025	
William Craig Scibetta, M.D.	Courtesy	Anesthesiology	6/01/2023 to 5/31/2025	
Masoud Ahmad Sultani, M.D.	Courtesy	Anesthesiology	6/01/2023 to 5/31/2025	

RE-CREDENTIALING BY PROXY				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	ORGANIZATION
Marvin Felipe Pinzon, D.O.	Telemedicine	Radiology	6/01/2023 to 5/31/2025	Rapid Radiology Inc.

CHANGE IN PRIVILEGES			
NAME	DEPARTMENT/SPECIALTY	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Elizabeth Mary Nessel Ferguson, M.D.	Surgery (Plastics)	<u>Re-Confirmation of Surgical Practice:</u> Craniofacial procedures (within Plastic Surgery Core Privileges).	Five (5) cases to be done under concurrent review with Dr. Eugene John Sidoti, Jr. as the designated proctor.
Anita Kadikar, M.D.	Internal Medicine (Critical Care Medicine/ Pulmonary Disease)	<u>Withdrawal:</u> Internal Medicine Core, Basic Critical Care (IM), Endotracheal Intubation (IM) Privileges	Voluntary Relinquishment of Privileges due to non-utilization of privileges as these privileges are already inclusive in the Critical Care Medicine / Pulmonary Disease privileges previously granted to this attending physician.
Kelli J. Lorentsen, M.D.	Pediatrics	<u>Addition:</u> Procedural Sedation	Modified FPPE with first three (3) cases to be supervised by an attending in the PICU, followed by two (2) cases to be reviewed retrospectively.

Recommended by Credentials Committee: May 2, 2023
 Recommended by Medical Executive Committee: May 9, 2023
 Submitted to MSHCDB: May 24, 2023

CHANGE IN PRIVILEGES			
Pedro F. Quiroga, M.D.	Internal Medicine (Critical Care Medicine/Pulmonary Disease)	<u>Withdrawal</u> : Internal Medicine Core, Basic Critical Care (IM), Endotracheal Intubation (IM) Privileges	Voluntary Relinquishment of Privileges due to non-utilization of privileges as these privileges are already inclusive in the Critical Care Medicine / Pulmonary Disease privileges previously granted to this attending physician.
Charles Edwin Runyan, M.D.	Radiology	<u>Addition</u> : Therapeutic Nuclear Medicine Privileges	FPPE

WAIVER REQUEST			
NAME	SPECIALTY/PRIVILEGES	CATEGORY	COMMENTS
Kelli J. Lorentsen, M.D.	Pediatrics (Emergency Medicine)	Courtesy	MEC and CC are recommending applicant's request for a permanent waiver from the "Threshold Eligibility Criteria" requirements specific to board certification with the American Board of Pediatrics (Subspecialty of Emergency Medicine) and completion of a Pediatric Emergency Medicine Fellowship. Applicant has submitted documentation of equivalent experience/training with the Department Chair of Pediatrics supportive of this request.

STAFF STATUS CHANGE			
NAME	DEPARTMENT	CHANGE FROM/TO	COMMENTS
Shailesh Khetarpal, M.D.	Pediatrics (Emergency Medicine)	Active to Courtesy	Decrease in hours

RESIGNATIONS <i>Information Only</i>			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Gerhard Francois Gomez, M.D.	Psychiatry	Locum Tenens to Inactive	Resigned effective March 10, 2023

Definitions:

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



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 24, 2023

Item 1.d.ii.

Medical Staff

**Advanced Practice Clinician/Allied Health
Professional Credentials – May 2023**

**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
Elizabeth Margaret Little, P.A.-C.	Orthopedic Surgery	Practice Prerogatives on file	6/01/2023 to 5/31/2025	
Michelle Lynette Pino, C.N.M.	Obstetrics & Gynecology	Practice Prerogatives on file	6/01/2023 to 5/31/2025	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	DEPARTMENT/SPECIALTY	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Warren Brent Thomas, C.R.N.A.	Anesthesiology	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Certified Registered Nurse Anesthetist Core privileges.
Jordan Boller Wardy, 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
Cynthia L. Bernal, L.P.C.	Psychiatry	Practice Prerogatives on file	6/01/2023 to 5/31/2025	
Kelly Hurley, L.P.C.	Psychiatry	Practice Prerogatives on file	6/01/2023 to 5/31/2025	
Tahsia Leah Pest, P.A.-C	Surgery (Burn)	Practice Prerogatives on file	6/01/2023 to 5/31/2025	
Stephanie Steward, L.C.S.W.	Psychiatry	Practice Prerogatives on file	6/01/2023 to 5/31/2025	

RESIGNATION (Information Only)			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Vivian Fajardo, L.C.S.W.	Psychiatry	Allied Health Professional to Inactive	Resigned effective February 3, 2023
Casey Anna Fuller, P.M.H.N.P.	Psychiatry	Allied Health Professional to Inactive	Resigned effective April 26, 2023
Patricia Barbara Martinez, L.C.S.W.	Psychiatry	Allied Health Professional to Inactive	Resigned effective December 16, 2022

General Definitions:

Advanced Practice Clinician	An Advanced Practice Clinicians (APC) means individuals other than Medical Staff members who are licensed healthcare professionals who are board certified and have at least a master's degree. APCs are trained to practice medicine and prescribe within the scope of their training as outlined by their specific scope of practice and are authorized by law and by the Hospital to provide patient care services.
Allied Health Professional	An Allied Health Professional (AHP) means individuals other than Medical Staff members or APCs who are qualified by training, experience, and current competence in a discipline permitted to practice in the hospital and are authorized by law and by the Hospital to provide patient care services.
Practice Prerogatives	Scopes of practice summarizing qualifications for the respective category, developed with input from the physician director of the clinical service and the observer/sponsor/responsible party of the AHP, Department Chair, and other representatives of the Medical Staff, Hospital management, and other professionals.

Supervision Definitions:

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



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 24, 2023

Item 1.d.iii.

**Medical Staff
Policy 39027: Practitioner Health**

VALLEYWISE HEALTH

PRACTITIONER HEALTH POLICY

~~APPROVED APRIL 2021~~
DRAFT MAY 2023

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PRACTITIONER HEALTH POLICY

1. POLICY STATEMENT

1.A **General Policy.** Valleywise Health and its Medical Staff are committed to providing safe, quality care, which can be compromised if a practitioner is suffering from a Health Issue, as defined in this Policy, that is not appropriately and timely addressed. Valleywise Health is also committed to assisting colleagues overcome Health Issues so they may practice safely and competently.

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

A flow chart depicting the review process for concerns regarding Practitioner Health Issues is attached as **Appendix A** to this Policy.

1.C **Definition of “Health Issue.”**

(1) **Definition.** A “Health Issue” means any physical, mental, or emotional condition that could adversely affect a practitioner’s ability to practice safely and competently.

(2) **Examples.** Examples of Health Issues that could adversely affect a practitioner’s ability to practice safely and competently include, but are not limited to, the following:

- substance or alcohol abuse;
- use of any medication, whether prescription or over-the-counter, that can affect alertness, judgment, or cognitive function (such as, but not limited to, the use of pain or anti-anxiety medication);
- any temporary or ongoing mental health concern, including, but not limited to, psychiatric disorders or disorders caused by a major family event (e.g., death of spouse or child, divorce) or a major job-related event (e.g., death or significant injury to patient);
- carotid, vertebral, or other brain artery surgery or intervention;
- chemotherapy with a drug known to effect neurotoxicity (brain) or to have cardiac or neurotoxicity (peripheral nerves);

- radiation therapy to head;
- medical condition (e.g., stroke or Parkinson’s disease), injury, or surgery resulting in temporary or permanent loss of fine motor control or sensory loss;
- shoulder surgery, brachial plexus surgery, hand or carpal tunnel surgery for surgeon;
- any injury impacting ability to stand in the OR or other procedure lab;
- illness or hospitalization resulting in deconditioning;
- major surgery;
- contagious disease that could compromise patient safety or jeopardize other health care workers; and
- any cognitive impairment or diagnosed dementia (e.g., Alzheimer’s disease, Lewy body dementia).

1.D ***Role of Practitioner Wellness Committee.*** Practitioner Health Issues shall be addressed by the Practitioner Wellness Committee as outlined in this Policy. The Practitioner Wellness Committee may request other practitioners to assist it, on an ad hoc basis, if additional expertise or experience would be helpful in addressing the health concerns that are identified in a particular case.

The Practitioner Wellness Committee may also recommend to the Medical Executive Committee educational materials that address Health Issues and emphasize prevention, identification, diagnosis, and treatment. This Policy and any educational materials approved by the Medical Executive Committee shall be made available to each practitioner.

When information is received during the credentialing process (initial, and reappointment process) that indicates a practitioner may have a Health Issue, the information shall be communicated to Chief Clinical Officer (“CCO”) and the Practitioner Wellness Committee to gather information.

1.E ***Patient Care and Safety.*** Nothing in this Policy precludes immediate referral to the Medical Executive Committee or the elimination of any particular step in the Policy if necessary to address a situation that may compromise patient care and safety of others.

2. REPORTS OF POTENTIAL HEALTH ISSUES AND RESPONSE TO IMMEDIATE THREATS

2.A *Duty to Self-Report.*

- (1) **General Duty.** Practitioners who have a Health Issue which could adversely affect their ability to practice safely and competently are required to report it to the Chief of Staff, their Department Chair, the Chief Clinical Officer (“CCO”, or the Valleywise Health Chief Executive Officer (“CEO”).
- (2) **Exception.** The duty to self-report does not apply to:
 - (a) A Health Issue that will be fully resolved before the Practitioner next exercises his or her clinical privileges; or
 - (b) A Health Issue that was evaluated as part of a Practitioner’s application for appointment or reappointment.

2.B *Reports of Suspected Health Issues.*

- (1) **Reports.** Subject to the exception in 2.B(4), any practitioner or Valleywise health employee who is concerned that a practitioner has a Health Issue, or who is told by a patient, family member or other individual of a concern, shall report the concern. [The matter may be reported through a standard Valleywise Health reporting mechanism or](#) to the appropriate Department Chair, the Chief of Staff, the CCO, or the CEO. If a Department Chair receives a report, he or she shall inform the Chief of Staff and the CCO. When the matter poses an immediate threat to patients or others (see Section 2.C),- the CCO will notify- the CEO of the report. If the report indicates that the practitioner will be absent from his or her patient care responsibilities, a medical leave of absence may be triggered in accordance with the Medical Staff Credentials Policy.
- (2) **Gathering Information.** The Department Chair, the Chief of Staff, the CCO, and/or the CEO may request the reporting individual to provide a written description of the events that led to the concern or may prepare a written description based on receipt of a verbal report. As necessary, the Department Chair, the Chief of Staff, the CCO, the CEO, and/or the Practitioner Wellness Committee (PWC), or their designee may also interview the reporting individual and gather any other relevant facts, including speaking with any other individuals who may have relevant information. If a report cannot be substantiated, or is determined to be without merit, the matter shall be closed and require no further review.
- (3) **Feedback to Reporter.** The Department Chair, the Chief of Staff, the CCO, and/or the CEO, or their designee shall inform the individual who reported

the concern that the report will be treated confidentially and that his or her identity will not be disclosed to the practitioner unless the Practitioner Wellness Committee determines that it would be necessary to do so. The individual shall also be informed that no retaliation is permitted against anyone who reports a concern. The individual who filed the report may subsequently be informed that follow-up action was taken, but the specifics of any action shall not be shared in light of their confidential and privileged nature.

- (4) ***Reports by Those in Treatment Relationships.*** A practitioner who becomes aware of a Health Issue affecting another Practitioner as a result of his or her treatment relationship with that Practitioner is not expected to report the Health Issue internally pursuant to this Policy. However, the treating practitioner should encourage the Practitioner to self-report the issue to the extent required by Section 2.A of this Policy.

In addition, the treating practitioner should consider whether a mandatory report is required under state law to the applicable licensing board or any other state agency. If the treating practitioner believes a mandatory report is necessary pursuant to Arizona law, he or she should notify the Practitioner and encourage the Practitioner to self-report prior to making the mandatory report. The treating Practitioner may consult with the CCO for assistance and resources in such matters, but should not disclose to the CCO information that identifies the Practitioner.

2.C ***Review of Health Issues That May Pose an Immediate Threat.***

- (1) This section applies if a potential Health Issue is reported that raises immediate concerns because either:
 - (a) The Practitioner is providing services at Valleywise Health at that time; or
 - (b) The Practitioner is expected to provide services in the very near future such that the Practitioner Wellness Committee would not have time to meet prior to the Practitioner's provision of services.

By way of example and not limitation, this section applies if a Practitioner seems disoriented or displays erratic behavior while rounding on patients or is suspected of being under the influence of drugs or alcohol while working.

- (2) If a report suggests that a practitioner may have a Health Issue that poses an immediate threat to patients or others, the Chief of Staff, the CCO, the CEO, and/or the Department Chair shall immediately assess the practitioner's ability to safely practice. As a part of this process, the practitioner may be

required to submit to a blood, hair, or urine test, or to undergo some other physical and/or mental health evaluation. Failure of the Practitioner to undergo such testing upon request will result in the automatic relinquishment of the Practitioner's clinical privileges pending review of the matter. See Section 8 of this Policy for additional information on automatic relinquishment.

- (3) If necessary to protect patients or others, the Chief of Staff, the CEO, the CCO, and/or the Department Chair may ask the practitioner to voluntarily refrain from exercising his or her privileges or agree to conditions on his or her practice while the matter is being reviewed. Such a request may be made to the practitioner either before or after any tests or evaluations regarding the practitioner have been completed.
 - (A) If the practitioner agrees to voluntarily refrain from exercising his or her privileges, the practitioner's patients may be assigned to another individual with appropriate clinical privileges at the discretion of the appropriate Department Chair.
 - (B) If the practitioner will not agree to voluntarily refrain from exercising his or her privileges, the Chief of Staff, the CEO, the CCO, and/or the Department Chair will consider whether a precautionary suspension or some other measure is necessary.
- (4) Following the immediate response described above, the Chief of Staff or CCO shall refer the matter to the Practitioner Wellness Committee for review pursuant to this Policy.

2.D ***Review of Reports Not Posing an Immediate Threat.*** If the individual receiving the report believes there is enough information to warrant a review but that no immediate action is necessary to protect patients or others, the matter shall be referred to the Practitioner Wellness Committee for review pursuant to this Policy.

3. INITIAL ASSESSMENT OF HEALTH STATUS

3.A ***Initial Review.*** The Practitioner Wellness Committee shall act expeditiously in reviewing concerns regarding a potential Health Issue. As part of its review, the Practitioner Wellness Committee may meet with the individual who initially reported the concern, as well as any other individual who may have relevant information.

3.B ***Individuals Participating in Review.*** If the Practitioner Wellness Committee determines that it would be necessary or helpful in addressing the reported concern, it may consult with a relevant expert (e.g., an addictionologist or psychiatrist) or include that individual in the review process. In addition, the Practitioner Wellness Committee may consult with the relevant Department Chair or involve that person

in the review process. Any such individual is an integral part of Valleywise Health's professional practice evaluation process, and shall be governed by the same responsibilities and legal protections (e.g., confidentiality, indemnification, etc.) that apply to other participants in the process.

3.C ***Meeting with Practitioner.*** If the Practitioner Wellness Committee has a reasonable belief that a practitioner may have a Health Issue, the Practitioner Wellness Committee (or its designees) shall meet with the practitioner. At this meeting, the practitioner should be told that there is a concern that his or her ability to practice safely and competently may be compromised by a Health Issue and advised of the nature of the concern. The practitioner will also be reminded that retaliation against anyone who may have reported a concern is prohibited. However, the practitioner will not be told who initially reported the concern unless the Practitioner Wellness Committee determines that it would be necessary to do so.

3.D ***Assessment of Health Status.***

- (1) The Practitioner Wellness Committee may require the practitioner to do one or more of the following to facilitate an assessment of the Health Issue:
 - (A) obtain a letter from his or her treating physician assessing the practitioner's ability to safely and competently practice, and authorize the treating physician to meet with the Practitioner Wellness Committee;
 - (B) undergo a physical or mental health examination or other assessment (e.g., neurocognitive examination);
 - (C) submit to an alcohol or drug screening test (blood, hair, or urine); and/or
 - (D) be evaluated by a physician or organization specializing in substance abuse, and have the results of any such evaluation provided to it.
- (2) The Practitioner Wellness Committee may select the health care professional or organization to perform the examination, testing, or evaluation, but may seek input from the practitioner. In addition, more than one health care professional or organization may be asked to perform an examination, test, or evaluation, and this may occur either concurrently or serially (e.g., a substance abuse assessment following a positive drug screen). The practitioner shall be responsible for any costs associated with obtaining this health status information, unless otherwise determined by the Practitioner Wellness Committee and approved by the Medical Executive Committee.

- (3) A form authorizing Valleywise Health to release information to the health care professional or organization conducting the evaluation is attached as **Appendix B**. A form authorizing the health care professional or organization conducting the evaluation to disclose information about the practitioner to the Practitioner Wellness Committee is attached as **Appendix C**. A Health Status Assessment Form that may be used to document the results of an evaluation is attached as **Appendix D**.

3.E ***Interim Safeguards—Voluntary Actions.*** While the assessment of health status described above is ongoing, the Practitioner Wellness Committee may recommend that the practitioner voluntarily take one or more of the following actions based on the nature and severity of the potential Health Issue:

- (1) agree to specific conditions on his or her practice;
- (2) refrain from exercising some or all privileges;
- (3) take (or continue) a medical leave of absence; or
- (4) relinquish certain clinical privileges.

3.F ***Referral to Medical Executive Committee.*** If a practitioner does not agree to take the voluntary actions recommended by the Practitioner Wellness Committee while the assessment of the practitioner’s health status is ongoing, the matter shall be referred to the Medical Executive Committee for review and further action pursuant to the Medical Staff Credentials Policy.

4. PARTICIPATION IN A TREATMENT PROGRAM

In some instances, the assessment described in Section 3 of this Policy will lead to a recommendation by the Practitioner Wellness Committee that the practitioner enter a treatment program. In other instances, the need for a practitioner to enter a treatment program will be self-evident, and each of the steps required in Section 3 may not be required. In either case, the Practitioner Wellness Committee will, as requested, assist the practitioner in identifying an appropriate program.

5. REINSTATEMENT/RESUMING PRACTICE

5.A ***Request for Reinstatement or to Resume Practicing.***

- (1) If a practitioner was granted a formal leave of absence to participate in a treatment program or otherwise address a Health Issue, the practitioner must apply for reinstatement of privileges using the process set forth in the Medical Staff Credentials Policy. However, prior to applying for reinstatement through the process outlined in the Credentials Policy, the

practitioner must first receive written clearance from the Practitioner Wellness Committee.

- (2) In all other circumstances where the practitioner refrained from practicing without a formal leave of absence (e.g., voluntary agreement between practitioner and Practitioner Wellness Committee; practitioner was absent from Medical Staff duties while participating in a treatment program or otherwise addressing a Health Issue), the practitioner must submit a written request to the Practitioner Wellness Committee to resume exercising his or her clinical privileges.

5.B ***Additional Information.*** Before acting on a practitioner’s request for clearance to apply for reinstatement or to resume practicing, the Practitioner Wellness Committee may request any additional information or documentation that it believes is necessary to evaluate the practitioner’s ability to safely and competently ~~exercise~~ resume exercising clinical privileges. This may include requiring the practitioner to undergo a health assessment conducted by a physician chosen by the Practitioner Wellness Committee in order to obtain a second opinion on the practitioner’s ability to practice safely and competently.

5.C ***Determination by Practitioner Wellness Committee.***

- (1) In evaluating: (i) a request for clearance to apply for reinstatement from a leave of absence; or (ii) a request to resume practicing where no leave of absence was taken, the Practitioner Wellness Committee will review all information available to it and determine if the practitioner is capable of practicing safely and competently.
- (2) If the Practitioner Wellness Committee determines that the practitioner is capable of practicing safely and competently without conditions, this decision will be documented. The practitioner may then: (i) proceed with the reinstatement process outlined in the Medical Staff Credentials Policy, if a leave of absence was taken; or (ii) resume practicing, if no leave of absence was taken.
- (3) If the Practitioner Wellness Committee determines that conditions should be placed on a practitioner’s practice as a condition of reinstatement or resuming practice, it will consult with the practitioner, and may consult with the relevant Department Chair, in developing any necessary conditions.
- (4) If the Practitioner Wellness Committee believes accommodations may be necessary to permit the practitioner to exercise privileges safely and/or to fulfill Medical Staff responsibilities appropriately, those recommendations will be referred to the relevant Human Resources Department (i.e., the Valleywise Health Human Resources Department if the practitioner is employed by Valleywise Health or the District Medical Group (“DMG”))

Human Resources Department if the practitioner is employed by DMG) for consideration.

6. CONDITIONS OF CONTINUED PRACTICE

6.A **General.** By way of example and not of limitation, the Practitioner Wellness Committee may require the practitioner to comply with one or more of the following as conditions of receiving clearance to apply for reinstatement of privileges from a leave of absence, or as a condition of resuming practice:

- (1) **Ongoing Monitoring.** The practitioner's exercise of clinical privileges may be monitored. The individual to act as monitor shall be appointed by the Practitioner Wellness Committee or the Department Chair. The nature of the monitoring shall be determined by the Practitioner Wellness Committee in consultation with the Department Chair.
- (2) **Periodic Reports of Health Status.** If the practitioner is continuing to receive medical treatment or to participate in a substance abuse rehabilitation or after-care program, the Practitioner Wellness Committee may require the practitioner to submit periodic reports from his or her treating physician or the substance abuse rehabilitation/after-care program. If applicable, reports regarding compliance with the conditions outlined in an agreement with the Arizona Medical Board's Physician Health Program may also be required. The nature and frequency of these reports will be determined on a case-by-case basis depending on the Health Issue.
- (3) **Random Alcohol or Drug Screens.** A practitioner who has undergone treatment for substance abuse may be required to submit to random alcohol or drug screening tests at the request of any member of the Practitioner Wellness Committee or the Department Chair.
- (4) **Coverage.** The Department Chair may be required to identify at least one practitioner who is informed of the Health Issue and is willing to assume responsibility for the care of the practitioner's patients in the event of his or her inability or unavailability.
- (5) **Changes in Practice.** The Practitioner may be asked to make certain changes to his or her practice, such as changing the frequency and/or schedule with which the Practitioner takes call, limiting inpatient census to a manageable number, or beginning elective procedures prior to a certain time of day.
- (6) **For-Cause Alcohol or Drug Screens.** A Practitioner who has undergone treatment for substance abuse may be asked to agree that if an adverse event occurs involving a patient, then the Practitioner will immediately: (i) notify

Medical Staff Leaders; and (ii) submit to an alcohol and drug screening test if requested to do so.

- 6.B ***Refusal to Agree to Conditions.*** If the Practitioner does not agree to conditions requested pursuant to the prior paragraph, the Practitioner Wellness Committee cannot compel the Practitioner to comply with them. In that situation, the Practitioner Wellness Committee will refer the matter to the Medical Executive Committee for its independent review under the Credentials Policy.
- 6.C ***Voluntary Agreement to Conditions Not a “Restriction.”*** A Practitioner’s voluntary agreement to conditions similar to those in Section 6.A generally does not result in a “restriction” of that Practitioner’s privileges. Accordingly, such a voluntary agreement generally does not require a report to the National Practitioner Data Bank (“NPDB”) or to any state licensing board or other government agency, nor would it entitle a Practitioner to a hearing under the Medical Staff Credentials Policy. However, the Practitioner Wellness Committee will assess each situation independently. If there is concern in a given situation that a condition may be reportable to the NPDB or a state licensing board or agency, the Practitioner Wellness Committee will consult with Valleywise Health legal counsel and communicate with the Practitioner about the matter prior to making any such report.

7. REFERRALS TO MEDICAL EXECUTIVE COMMITTEE

- 7.A ***Referral to Medical Executive Committee.*** A matter shall be immediately referred to the Medical Executive Committee for its review and action pursuant to the Medical Staff Credentials Policy or Allied Health Professional Policy (as applicable) if the practitioner fails to:
- (1) complete an agreed-upon evaluation, treatment, or rehabilitation program;
 - (2) comply with any condition or requirement of reinstatement or continued practice; or
 - (3) cooperate in the monitoring of his or her practice.
- 7.B ***Actions Following Medical Executive Committee’s Review.*** Following its review under Section 7.A above, the Medical Executive Committee shall take appropriate action, including, but not limited to:
- (1) initiating an investigation;
 - (2) taking appropriate action regarding the practitioner’s appointment or clinical privileges in accordance with the Medical Staff Credentials Policy, or Allied Health Professional Policy (as applicable); and/or

- (3) recommending to the CCO and Valleywise Health that the matter be reported to the appropriate Arizona licensing board and/or the National Practitioner Data Bank as a voluntary resignation in return for not conducting an investigation, as circumstances dictate.

8. AUTOMATIC RELINQUISHMENT/RESIGNATION FOR REFUSAL TO PROVIDE INFORMATION OR MEET WITH THE PRACTITIONER WELLNESS COMMITTEE

8.A ***Refusal of Testing When There Are Immediate Concerns.*** If a Practitioner refuses to undergo testing or an assessment when there are immediate concerns about patient safety as described in Section 2.C of this Policy, the refusal will result in the immediate and automatic relinquishment of the Practitioner’s clinical privileges pending the Practitioner Wellness Committee’s review of the matter.

8.B ***Other Refusals.*** Failure or refusal by a Practitioner to:

- (1) obtain a health assessment acceptable to the Practitioner Wellness Committee and provide the results to the Practitioner Wellness Committee when requested to do so pursuant to this Policy;
- (2) provide other information requested by the Practitioner Wellness Committee, including executing any releases that are necessary to allow it to communicate with an individual or entity that is conducting a health assessment of a Practitioner; or
- (3) meet with the Practitioner Wellness Committee or other specified individuals when requested to do so in accordance with this Policy,

will result in the automatic relinquishment of the Practitioner’s clinical privileges until the Practitioner takes the requested action (i.e., obtains the health assessment, either provides the requested information, or attends the meeting as requested).

8.C ***Automatic Resignation.*** If the Practitioner fails to ~~meet with or provide information requested by the Practitioner Wellness Committee or other specified individuals~~ resolve the matter within thirty (30) days of the automatic relinquishment, the Practitioner’s Medical Staff membership and clinical privileges will be deemed to have been automatically resigned.

8.D ***Reporting Requirements.***

- (1) Generally, the automatic relinquishment or resignation of appointment and/or clinical privileges described above are administrative actions that occur by operation of this Policy. They are not professional review actions

that must be reported to the NPDB or to any state licensing board or agency, nor do they entitle the Practitioner to a hearing or appeal.

- (2) Notwithstanding the foregoing, if the Practitioner Wellness Committee or Medical Executive Committee determines that a Practitioner's refusal to provide information or attend a meeting is a deliberate attempt to avoid review of a Health Issue, the Practitioner's action may be viewed as a resignation to avoid an Investigation, and is thus reportable to the NPDB and a state licensing board or agency. Valleywise Health counsel shall be consulted in making such determinations and the Practitioner should be notified of the potential for a report.

9. DOCUMENTATION

9.A ***Creation of Health File.*** Reports of potential Health Issues and documentation received or created pursuant to this Policy shall be included in the practitioner's confidential health file. The practitioner's health file shall be maintained by Medical Staff Services as a separate file, and shall not be included in the credentials file.

9.B ***Information Reviewed at Reappointment.***

- (1) The information reviewed by those involved in the reappointment process will not routinely include all documentation in a practitioner's health file. Instead, the process set forth in this subsection will be followed.
- (2) When a reappointment application is received from an individual who has a Health Issue that is currently being reviewed or monitored by the Practitioner Wellness Committee, or that has been reviewed and resolved in the past reappointment cycle, Medical Staff Services shall contact the Practitioner Wellness Committee.
- (3) The Practitioner Wellness Committee will prepare a confidential summary health report to the Credentials Committee. The summary health report shall be included in the credentials file, and will be reviewed by the Credentials Committee only after the Credentials Committee has determined that the applicant is otherwise qualified for clinical privileges, as set forth in the Medical Staff Credentials Policy.
- (4) The Practitioner Wellness Committee's summary health report will state that the Committee is actively monitoring, or has monitored in the past reappointment cycle, a Health Issue involving the practitioner. The summary health report will also include a recommendation regarding the practitioner's ability to perform the duties of Medical Staff membership and safely exercise clinical privileges.

- (5) If the Credentials Committee, Medical Executive Committee, the CCO or District Board of Directors has any questions about the practitioner’s ability to safely practice, the relevant entity will discuss the issue with a member of the Practitioner Wellness Committee.

10. ADDITIONAL PROVISIONS GOVERNING THE REVIEW OF HEALTH ISSUES

10.A **Confidentiality.** Maintaining confidentiality is a fundamental and essential element of an effective professional practice evaluation process.

- (1) **Documentation.** All documentation that is prepared in accordance with this Policy shall be maintained in the Practitioner’s Confidential Health File. All documents (whether paper or electronic) should be conspicuously marked with the notation “Confidential PPE/Peer Review” or words to that effect, consistent with their privileged and protected status under [name of state](#) or federal law. However, failure to mark documents in this manner shall not be viewed as an indication that the document is not privileged. Access to the Confidential Health File for recertification purposes is governed by Section 9.B of this Policy. Any other request to access the Confidential Health File must be approved by the Practitioner Wellness Committee.
- (2) **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).
- (3) **E-mail.** Valleywise Health e-mail may be used to communicate between individuals participating in the health review process, including with the Practitioner in question. 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.
- (4) **Participants in the Review Process.** All individuals involved in the review process (Medical Staff and Valleywise Health employees) will maintain the confidentiality of the process. All such individuals shall sign an appropriate **Confidentiality Agreement**. Any breaches of confidentiality will be reviewed under the Medical Staff Professionalism Policy. Breaches of confidentiality by Valleywise Health employees will be referred to human resources.

10.B **Peer Review Protection.** All minutes, reports, recommendations, communications, and actions made or taken pursuant to this Policy are intended to be covered by the provisions of the Health Care Quality Improvement Act of 1986, 42 U.S.C.A.

11101 et seq., and Arizona laws governing peer review and quality protections. Furthermore, the committees or individuals charged with making reports, findings, recommendations or investigations pursuant to this Policy shall be considered to be acting on behalf of Valleywise Health and the Board of Directors when engaged in such professional review activities and thus are “professional review bodies” as that term is defined in the Health Care Quality Improvement Act.

- 10.C ***Required Reporting; Contact with Law Enforcement Authorities or Governmental Agencies.*** The CEO (or designee) shall file reports with the National Practitioner Data Bank or the appropriate Arizona licensing board as required by applicable statutes or regulations. In addition, if at any time it becomes apparent that a particular matter cannot be handled internally, or jeopardizes the safety of the practitioner or others, the Chief of Staff, CCO, CEO, or Valleywise Health’s District Counsel may contact law enforcement authorities or other governmental agencies.
- 10.D ***Requests for Information Concerning Practitioner with a Health Issue.*** All reference requests or other requests for information concerning a practitioner with a Health Issue will be forwarded to Medical Staff Services to ensure an appropriate response.
- 10.E ***Immediate Referrals to Medical Executive Committee.*** Nothing in this Policy precludes immediate referral to the Medical Executive Committee or the elimination of any particular step in the Policy if necessary to effectively address a Practitioner Health Issue. Similarly, nothing in this Policy precludes referral of a matter to the Medical Executive Committee if a Practitioner fails to abide by this Policy or any agreement reached with the Practitioner Wellness Committee (for example, conditions of continued practice).
- 10.F ***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. 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.

- 10.G ***Supervising Physicians and Advanced Practice Clinicians/Allied Health Professionals***. Except as set forth below, an appropriate supervising or collaborating physician shall be notified if a concern is being reviewed pursuant to this Policy involving an Advanced Practice Clinician/Allied Health Professional with whom the physician has a supervisory or collaborative relationship. The disclosure to the supervising or collaborating physician will be limited to a general statement that a Health Issue is currently being reviewed and that additional information will be forthcoming once the Practitioner has signed an appropriate authorization. The supervising or collaborating physician shall maintain in a confidential manner all information related to reviews under this Policy and may be required to sign a confidentiality agreement. 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.
- 10.H ***Redisclosure of Drug/Alcohol Treatment Information***. In the course of addressing a Health Issue pursuant to this Policy, Valleywise Health may receive written or verbal information about the treatment of a Practitioner from a federally-assisted drug or alcohol abuse program as defined by 42 C.F.R. Part 2. Valleywise Health may not redisclose such information without a signed authorization from the Practitioner. An **Authorization for Redislosure of Drug/Alcohol Treatment Information** that may be used for this purpose is included as **Appendix E of this Policy**.
- 10.I ***Educational Materials***. The Practitioner Wellness Committee shall recommend to the Medical Executive Committee educational materials that address Practitioner Health Issues and emphasize prevention, identification, diagnosis, and treatment of Health Issues. This Policy and any educational materials approved by the Medical Executive Committee shall be made available to Practitioners and Valleywise Health personnel. In addition, the Medical Executive Committee shall periodically include information regarding illness and impairment recognition issues in CME activities.
- 10.J ***Delegation of Functions***.
- (1) When a function under this Policy 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 a qualified designee who is a Practitioner or Valleywise Health employee (or a committee of such

individuals). Any such designee must treat and maintain all information in a strictly confidential manner and is bound by all other terms, conditions, and requirements of this Policy. In addition, the delegating individual or committee is responsible for ensuring that the designee appropriately performs the function in question. Any documentation created by the designee are records of the committee that is ultimately responsible for the review in a particular matter.

- (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.

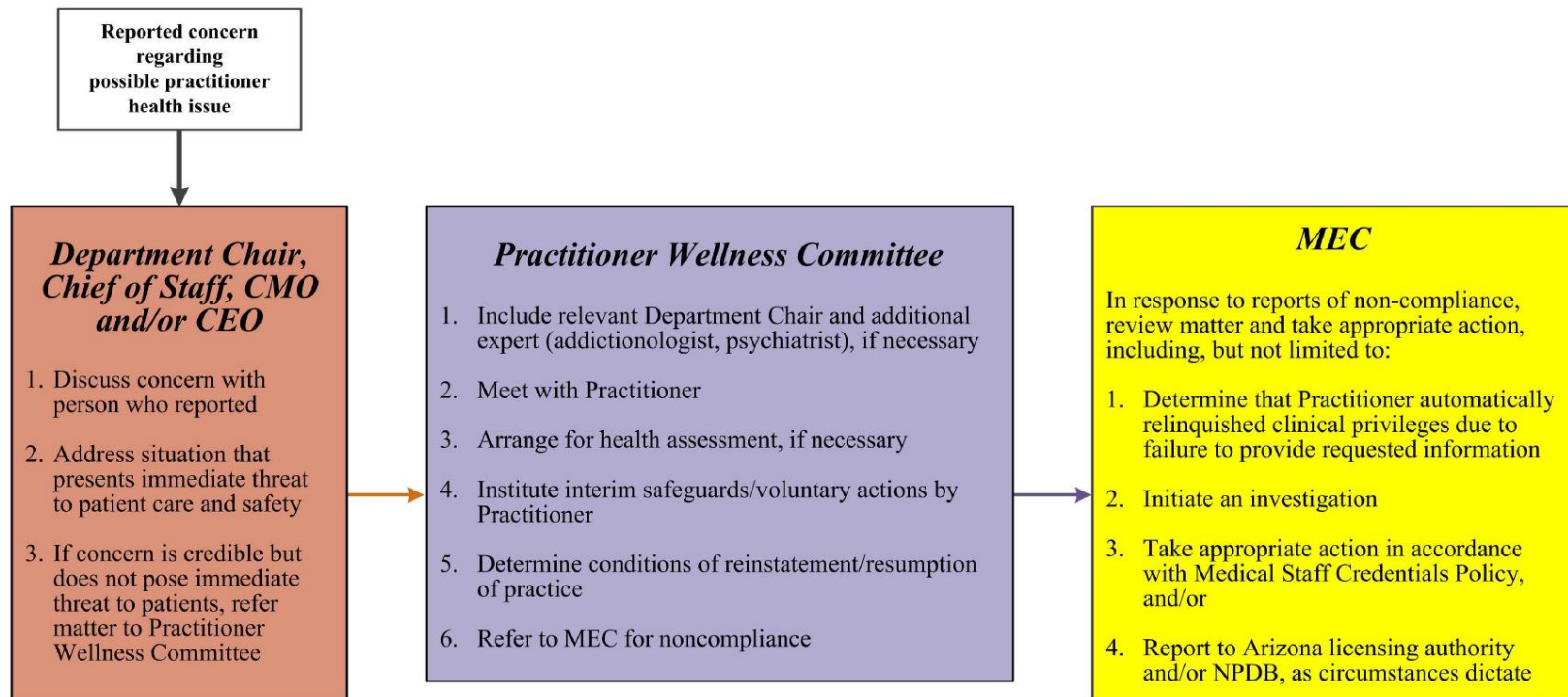
10.K ***Substantial Compliance.*** While every effort will be made to comply with all provisions of this Policy, substantial compliance is required. Technical or minor deviations from the procedures set forth within this Policy do not invalidate any review or action taken.

Adopted by the Medical Executive Committee on ~~4/2021~~05/2023

Approved by the Board on ~~4/2021~~05/2023.

VALLEYWISE HEALTH

Appendix A: Review Process for Potential Practitioner Health Issues



APPENDIX B

CONFIDENTIAL PEER REVIEW DOCUMENT

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

I hereby authorize Maricopa County Special Health Care District, d.b.a., Valleywise Health and the Valleywise Health Medical Staff (“Medical Staff”) to provide *[the facility or physician performing health assessment]* (the “Facility”) OR *[my treating physician]* all information, written and oral, relevant to an evaluation of my health status.

I understand that the purpose of this Authorization and Release is to allow *[the Facility]* OR *[my treating physician]* to conduct a full and complete evaluation of my health status so that Valleywise Health and the Valleywise Health Medical Staff can determine if I am able to care for patients safely and competently.

I also understand that the information being disclosed is protected by the federal Health Care Quality Improvement Act of 1986, as well as Arizona’s statutory peer review and quality assurance activities privilege laws and that Valleywise Health, *[the Facility]* OR *[my treating physician]* and others involved in the peer review and quality process are required to maintain the confidentiality of peer and quality review information, pursuant to Arizona law.

I release from any and all liability, agree not to sue and hold harmless, Valleywise Health, any of its officers, directors, or employees, any physician on Valleywise Health’s Medical Staff, or any authorized representative of Valleywise Health, or the Valleywise Health Medical Staff for any matter arising out of the release of information by Valleywise Health or the Valleywise Health Medical Staff to *[the Facility]* OR *[my treating physician]*.

I also release from any and all liability, agree not to sue, and hold harmless *[the Facility or any of its officers, directors, employees, or authorized representatives]* OR *[my treating physician]*, for any matter arising out of *[the Facility’s]* OR *[my treating physician’s]* provision of an evaluation of my health status to Valleywise Health.

Date

Signature of Practitioner

APPENDIX C

CONFIDENTIAL PEER REVIEW DOCUMENT

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

I hereby authorize _____ *[the facility or individual performing the health assessment]* (the “Evaluator”) to provide all information, both written and oral, relevant to the Evaluator’s assessment of my health status and my ability to safely practice, to the Maricopa County Special Health Care District, d.b.a., Valleywise Health and its employees, representatives and Medical Staff Leaders (“Valleywise Health”). The information to be released includes, but is not limited to, answers to the questions on the attached **Health Status Assessment Form**.

I understand that the purpose of this Authorization is to allow Valleywise Health to obtain information that is relevant to my qualifications for Medical Staff appointment and clinical privileges, including, but not limited to, my ability to care for patients safely and competently and to relate cooperatively with others in Valleywise Health.

*[Choose one of the following] I understand that the willingness of the Evaluator to conduct this assessment or provide treatment does not depend on my signing this Authorization. **OR***

Since Valleywise Health is paying for the health assessment and/or treatment and has conditioned payment for the assessment and/or treatment on receipt of a report, the Evaluator may refuse to conduct the assessment or provide treatment if I refuse to sign this Authorization.

I understand that my health information is protected by a federal law known as the HIPAA Privacy Rule and may not be disclosed by the Evaluator without this Authorization. Once my health information is disclosed to Valleywise Health pursuant to this Authorization, the HIPAA Privacy Rule may no longer apply to the information. However, in that case, Valleywise Health would nonetheless be prohibited by Arizona’s statutory peer review and quality assurance activities privilege laws from disclosing health information it received about me to anyone outside of its confidential review process, unless I signed another written authorization permitting Valleywise Health to do so. In addition, if the information in question relates to my treatment at a federally-assisted drug or alcohol treatment facility, federal law would also prevent Valleywise Health from disclosing that information without me signing a separate Authorization form to do so.

I understand that I may revoke this Authorization at any time, in writing, except to the extent that the Evaluator has already relied upon it in making a disclosure to Valleywise. My written revocation will become effective when the Evaluator has knowledge of it.

This Authorization expires when my Medical Staff appointment and clinical privileges at Valleywise Health end. Once this Authorization has expired, the Evaluator may no longer use or disclose my health information for the purpose listed in this Authorization, unless I sign a new Authorization form.

Date

Signature of Practitioner

Printed Name

CONFIDENTIAL PEER REVIEW DOCUMENT

APPENDIX D

HEALTH STATUS ASSESSMENT FORM

Please respond to the following questions based upon your assessment of the current health status of _____ (the “practitioner”). If additional space is required, please attach a separate sheet.

CURRENT HEALTH STATUS	YES	NO
<p>1. Does the practitioner have any medical, psychiatric, or emotional conditions that could affect his/her ability to exercise safely the clinical privileges set forth on the attached list and/or to perform the essential functions and duties of Medical Staff appointment, including response to emergency call?</p> <p>If “yes,” please provide the diagnosis and prognosis: _____ _____ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Is the practitioner continuing to receive medical treatment for any conditions identified in Question 1?</p> <p>If “yes,” please describe treatment plan: _____ _____ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Has the practitioner been prescribed or is the practitioner currently taking any medication that may affect either clinical judgment or motor skills?</p> <p>If “yes,” please specify medications and any side effects: _____ _____ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Is the practitioner currently under any limitations concerning activities or work load?</p> <p>If “yes,” please specify: _____ _____ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>

SUBSTANCE ABUSE/AFTER-CARE PROGRAM <i>(If the practitioner is participating in a substance abuse or after-care program, please also answer the questions in this section.)</i>	YES	NO
1. Please specifically describe the substance abuse rehabilitation or after-care program: _____ _____		
2. Is the practitioner in compliance with all aspects of the program? If “no,” please explain: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
CONDITIONS, RESTRICTIONS, AND ACCOMMODATIONS	YES	NO
1. Does the practitioner’s behavior and/or clinical practice need to be monitored? If “yes,” please describe: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
2. In your opinion, are any conditions or restrictions on the practitioner’s clinical privileges or other accommodations necessary to permit the practitioner to exercise privileges safely and/or to fulfill Medical Staff responsibilities appropriately? If “yes,” please describe such restrictions, conditions, or accommodations: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
3. In your opinion, is the practitioner capable of resuming clinical practice and providing continuous, competent care to patients and performing the essential functions of their practice as requested? If “no,” please explain: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

_____ Date

_____ Signature of Evaluating Practitioner

APPENDIX E

CONFIDENTIAL PEER REVIEW DOCUMENT

**AUTHORIZATION FOR REDISCLOSURE
OF DRUG/ALCOHOL TREATMENT INFORMATION**

In the course of credentialing and peer review activities, Valleywise Health and its Practitioner Wellness Committee, Medical Executive Committee, and Medical Staff Leaders (“Valleywise Health”) have received information about me from _____, a federally assisted drug or alcohol treatment program governed by 42 C.F.R. Part 2 (the “Program”).

I hereby authorize Valleywise Health to redisclose to _____ (the “Receiving Entity”) and _____, its point of contact for credentialing and peer review purposes, any and all information Valleywise Health received from the Program regarding my treatment. This includes, but is not limited to, any written report or correspondence from the Program, notes to file regarding verbal conversations between the Program and Valleywise Health, and the contents of any verbal conversations between the Program and Valleywise Health.

I understand that the purpose of the disclosure of this information is to allow the Receiving Entity to _____ [*describe the purpose of the disclosure, such as “allow the Receiving Entity to evaluate my health status and my ability to safely practice medicine”*].

I understand that I may revoke this Authorization at any time, in writing, except to the extent that Valleywise Health has already relied upon it in making a disclosure to the Receiving Entity. My written revocation will become effective when Valleywise Health has knowledge of it.

This Authorization expires when my Medical Staff appointment and clinical privileges at Valleywise Health end. Once this Authorization has expired, Valleywise Health may no longer disclose the information described above unless I sign a new Authorization form.

I understand that this Authorization is governed by 42 C.F.R. §2.31. I also understand that the Receiving Entity is prohibited from further disclosing my information unless I sign a separate authorization form.

Date

Signature of Practitioner

Printed Name



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 24, 2023

Item 1.d.iv.

**Medical Staff
Department of Anesthesia
Delineation of Privileges**

Valleywise Health Anesthesiology

Instructions for Applicants

After reviewing the Qualification for Privileges and Privilege Description, sign the "Attestation Statement". You may be asked to provide documentation of the number and types of cases you have performed during the past 12 to 24 months. Applicants have the burden of producing information deemed necessary by Valleywise Health for a proper evaluation of current competence and other qualifications and for resolving questions. Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.

Core Privilege Lists: Core Procedure and Privilege lists represent a sampling included in the Core Privileges. They are not intended to be an all-encompassing list but rather they are reflective of the categories/types of procedures included in the core. ***Applicants who wish to exclude any procedures in the Core lists should strike through those procedures they do not wish to request, initial, and date.***

Board Certification: It is required that board certification be attained within the time frame designated by a practitioner's respective primary specialty/subspecialty. Practitioners are required to maintain board certification in their primary specialty or subspecialty area of practice. Maintenance of only subspecialty certification is adequate for continued hospital privileges in a primary specialty. [Physicians appointed to the Medical Staff and/or granted clinical privileges prior to December 2007, who are not eligible to become board certified, are not subject to the board certification requirement.]

Other Requirements: This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organization, regulatory or accreditation requirements that the Valleywise Health is obligated to meet.

Applicant Attestation: Applicants for initial and reappointment agree that they understand that in exercising any clinical privileges granted, they are constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation. Any restriction on the clinical privileges granted is waived in an emergency situation and in such situation the actions taken are governed by the applicable section of the Medical Staff Bylaws or related documents

Valleywise Health Anesthesiology

Criteria-Based Core Privileges: Anesthesia Pediatric [12 months and older] and Adult

To be eligible to apply for core privileges in anesthesiology, the applicant must meet Valleywise Health medical staff membership requirements outlined in the Medical Staff Bylaws, Credentials Policy, and the following privileging criteria. Additional non-core special privileges may be requested in this specialty by those practitioners who qualify for core privileges and meet the respective criteria of the non-core privilege requested.

INITIAL APPLICANTS

Education	Successful completion of a residency training program in anesthesia accredited by the Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) equivalent.
Board Certification	Current certification or board eligibility with achievement of certification within the time frame designated by the American Board of Anesthesiology, or American Osteopathic Association (AOA) equivalent.
Clinical Activity	Applicants for initial appointment must be able to demonstrate performance of 100 hospital anesthesia cases, reflective of the scope of privileges requested, within the past 12 months in an accredited hospital or healthcare facility similar in scope and complexity to Valleywise Health or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

FOCUS PROFESSIONAL PRACTICE EVALUATION

Guidelines for Initial Appointment	Minimum of 5 cases shall be reviewed (additional records may be reviewed to assess the scope of practice has been covered) to include evaluation reflective of the scope of privileges requested and in accordance with the Valleywise Health Medical Staff Focused Professional Practice Evaluation to Confirm Practitioner Competence Policy.
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REAPPOINTMENT

Current demonstrated competence and an adequate volume of experience ([100] hospital anesthesia cases) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

<input type="checkbox"/> Requested	ANESTHESIA CORE PRIVILEGES TO INCLUDE PEDIATRIC [12 months and older] AND ADULT
------------------------------------	--

Administration of anesthesia, including general, regional, and local, and administration of all levels of sedation to pediatric and adult patients. Care is directed toward patients rendered unconscious or insensible to pain and the management of emotional stresses during surgical, obstetrical and certain other medical procedures; including preoperative, intra-operative and postoperative evaluation and treatment, the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.

1. Assessment of, consultation for, and preparation of patients for anesthesia
2. Clinical management and teaching of cardiac and pulmonary resuscitation
3. Diagnosis and treatment of acute pain
4. Evaluation of respiratory function and application of respiratory therapy
5. Management of critically ill patients
6. Cricothyrotomy: needle
7. Monitoring and maintenance of normal physiology during the perioperative period
8. Perform history and physical exam
9. Relief and prevention of pain during and following surgical, obstetric, therapeutic, and diagnostic procedures using sedation/analgesia, general anesthesia, regional anesthesia
10. Supervision and evaluation of performance of personnel, both medical and paramedical, involved in perioperative care
11. Supervision of Certified Registered Nurse Anesthetists
12. Treatment of patients for pain management (excluding chronic pain management)
13. Ultrasound guided procedures

Valleywise Health Anesthesiology

Criteria-Based Core Privileges: Advanced Pediatric Anesthesia [Younger than 12 months of age]

To be eligible to apply for core privileges in anesthesiology, the applicant must meet Valleywise Health medical staff membership requirements outlined in the Medical Staff Bylaws, Credentials Policy, and the following privileging criteria. Additional non-core special privileges may be requested in this specialty by those practitioners who qualify for core privileges and meet the respective criteria of the non-core privilege requested.

INITIAL APPLICANTS

Education	Successful completion of a residency training program in anesthesia accredited by the Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) equivalent.
Board Certification	<ul style="list-style-type: none"> ▪ Current certification or board eligibility with achievement of certification within the time frame designated by the American Board of Anesthesiology, or American Osteopathic Association (AOA) equivalent.; AND ▪ Successful completion of an accredited fellowship in pediatric anesthesiology within the last two years; OR ▪ Documentation of performance of ten (10) advanced pediatric anesthesia cases, reflective of the scope of privileges requested, within the past 12 months.
Clinical Activity	Applicants for initial appointment must be able to demonstrate performance of 10 advanced pediatric anesthesiology cases, reflective of the scope of privileges requested, within the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

FOCUS PROFESSIONAL PRACTICE EVALUATION

Guidelines for Initial Appointment	Observation of a minimum of 5 cases (additional records may be reviewed to assess the scope of practice has been covered) to be completed in accordance with the Valleywise Health Medical Staff Focused Professional Practice Evaluation to Determine Practitioner Competence Policy.
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REAPPOINTMENT

Current demonstrated competence and an adequate volume of experience ([10] advanced pediatric anesthesiology cases) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.

<input type="checkbox"/> Requested	ADVANCED PEDIATRIC ANESTHESIA CORE PRIVILEGES [Younger than 12 months of age]		
<p>Administration of anesthesia, including general, regional, and local, and administration of all levels of sedation to advanced pediatric patients. Care is directed toward patients rendered unconscious or insensible to pain and the management of emotional stress during surgical, and certain other medical procedures; including preoperative, intraoperative and postoperative evaluation and treatment, the support of life functions and vital organs under the stress of anesthetic, surgical and other medical procedures. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.</p> <p><u>To the applicant:</u> If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.</p>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ol style="list-style-type: none"> 1. Consultation for medical and surgical patients 2. Management of both normal perioperative fluid therapy and massive fluid and/or blood loss 3. Management of normal and abnormal airways 4. Perform history and physical exam 5. Placement of venous and arterial catheters 6. Recognition, prevention, and treatment of pain in medical and surgical patients 7. Temperature regulation </td> <td style="width: 50%; vertical-align: top;"> <ol style="list-style-type: none"> 8. Interpretation of laboratory results 9. Management of children requiring general anesthesia for elective and emergent surgery for a wide variety of surgical conditions including neonatal surgical emergencies, and congenital disorders 10. Mechanical ventilation 11. Pharmacologic support of the circulation 12. Preoperative assessment of children scheduled for surgery 13. Sedation or anesthesia for children outside the operating rooms, including those undergoing radiologic studies and treatment and acutely ill and severely injured children in the emergency department </td> </tr> </table>		<ol style="list-style-type: none"> 1. Consultation for medical and surgical patients 2. Management of both normal perioperative fluid therapy and massive fluid and/or blood loss 3. Management of normal and abnormal airways 4. Perform history and physical exam 5. Placement of venous and arterial catheters 6. Recognition, prevention, and treatment of pain in medical and surgical patients 7. Temperature regulation 	<ol style="list-style-type: none"> 8. Interpretation of laboratory results 9. Management of children requiring general anesthesia for elective and emergent surgery for a wide variety of surgical conditions including neonatal surgical emergencies, and congenital disorders 10. Mechanical ventilation 11. Pharmacologic support of the circulation 12. Preoperative assessment of children scheduled for surgery 13. Sedation or anesthesia for children outside the operating rooms, including those undergoing radiologic studies and treatment and acutely ill and severely injured children in the emergency department
<ol style="list-style-type: none"> 1. Consultation for medical and surgical patients 2. Management of both normal perioperative fluid therapy and massive fluid and/or blood loss 3. Management of normal and abnormal airways 4. Perform history and physical exam 5. Placement of venous and arterial catheters 6. Recognition, prevention, and treatment of pain in medical and surgical patients 7. Temperature regulation 	<ol style="list-style-type: none"> 8. Interpretation of laboratory results 9. Management of children requiring general anesthesia for elective and emergent surgery for a wide variety of surgical conditions including neonatal surgical emergencies, and congenital disorders 10. Mechanical ventilation 11. Pharmacologic support of the circulation 12. Preoperative assessment of children scheduled for surgery 13. Sedation or anesthesia for children outside the operating rooms, including those undergoing radiologic studies and treatment and acutely ill and severely injured children in the emergency department 		

Valleywise Health Anesthesiology

SPECIAL NON-CORE ANESTHESIOLOGY PROCEDURES

<input type="checkbox"/> Requested	TRANSESOPHAGEAL ECHOCARDIOGRAPHY (Anesthesiology)
<p>Initial Appointment Criteria: Requesting practitioner will be required to submit documentation to support one of the following options:</p> <ul style="list-style-type: none"> • Documentation from Residency or Fellowship Program Director of at least ten (10) transesophageal echocardiography procedures, OR • If applicant is more than five (5) years out of fellowship training, documentation of experience during other affiliations that meet reappointment criteria delineated below; AND provide a letter from Director of Echo Lab or Chief of Cardiology or Anesthesiology or from previous affiliation attesting to physician competency and satisfactory performance; AND • Current certification or active participation in the examination process [with achievement of certification within five years] leading to certification by the National Board of Echocardiography. <p>Focus Professional Practice Evaluation: Retrospective review of a minimum of three (3) cases with satisfactory performance and completed in accordance with the Valleywise Health Medical Staff Focused Professional Practice Evaluation to Confirm Practitioner Competence Policy.</p> <p>Reappointment Criteria: Performance or supervision of twenty (20) procedures in the past twenty-four (24) months with acceptable results based on results of ongoing professional practice evaluation and outcomes.</p>	

<input type="checkbox"/> Requested	POINT- OF – CARE ULTRASOUND
<p>Ultrasound performed as a focused examination at the bedside, in conjunction with the clinical exam, to aid in diagnosis and to facilitate patient management and disposition.</p> <p>Diagnostic:</p> <ul style="list-style-type: none"> • Focused Cardiovascular Ultrasound (e.g., Hemodynamic measurements/Intravascular volume assessment; Assessment of left ventricular function and cardiac output to include systolic and diastolic function; Assessment of right ventricular function; Assessment of Cardiac valvular disease; Pulmonary embolism: Diagnosis and Physiology; Assessment of cardiac tamponade; Echocardiographic approach to shock; Hemodynamic measurements/Intravascular volume assessment, evaluation of fluid responsiveness by ultrasound; • Focused Pulmonary Ultrasound (e.g., Diagnosis of pleural effusion, Diagnosis of pneumothorax, Diagnosis of pulmonary edema, Diagnosis of pneumonia) <p>Initial Appointment Criteria:</p> <ul style="list-style-type: none"> • Documentation of successful completion of Anesthesia specialty training during an accredited residency/fellowship, which included as a portion of training and education in Ultrasound within the past two (2) years; OR • If more than two (2) years out of residency/fellowship training that also included training and education in ultrasound, applicant is to submit a case log/clinical activity report demonstrating, OR, if case logs are unavailable, a letter from the Chair/Chief attesting to the successful performance of Ultrasound examinations in the past two (2) years that include twenty-five (25) Cardiac studies and six (6) Lung/Pleural Studies; OR • If ultrasound training was not included in residency/fellowship, the applicant will submit documentation demonstrating successful completion of approved CME in point-of-care ultrasound that includes five (5) hours of didactic training, five (5) hours of self-study, and a case log/clinical activity report demonstrating, OR, if case logs are unavailable, a letter from the Chair/Chief attesting to the successful performance of Ultrasound examinations that include fifty (50) Cardiac Studies and twelve (12) Lung/Pleural Studies. <p>Focus Professional Practice Evaluation: Retrospective review of at least of five (5) cases to confirm the indications and in accordance with the Valleywise Health Medical Staff Focused Professional Practice Evaluation to Confirm Practitioner Competence Policy.</p> <p>Reappointment Criteria: Performance or supervision of thirty (30) procedures within the past two (2) year reappointment period. Reciprocal hospital activity will be accepted.</p>	

Valleywise Health Anesthesiology

SPECIAL NON-CORE ANESTHESIOLOGY PROCEDURES

<input type="checkbox"/> Requested	ADVANCED ANESTHESIA CRITICAL CARE PRIVILEGES
<p>Admit, perform history and physical, evaluate, consult, order diagnostic studies/procedures, order treatment/procedures, and consult on critically ill surgical patients with multiple organ dysfunctions. Core procedures in an intensive care setting include: (If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.)</p> <ul style="list-style-type: none"> Ultrasound guided procedures Insertion of arterial lines Insertion of central lines Venous cutdown Right heart catheterization/Placement of Pulmonary Artery Catheter Placement of temporary transvenous pacemaker/trans thoracic pacemaker Calibration and operation of hemodynamic recording systems Intubation Bronchoscopy Emergent surgical or percutaneous cricothyrotomy Full Advanced Ventilator Management (greater than 24 hours) Chest tube placement and thoracentesis Paracentesis Pericardiocentesis Lumbar puncture Advanced ECG interpretation Emergent and elective cardioversion <p>Initial Appointment Criteria:</p> <ul style="list-style-type: none"> ➤ Applicants must be Board Certified or be in the examination process and attain board certification within the time frame designated by the American Board of Anesthesiology, or American Osteopathic Association (AOA) equivalent; AND ➤ Applicants must demonstrate successful completion of an accredited fellowship in the subspecialty Critical Care Medicine; AND ➤ Applicants for initial appointment must be able to demonstrate provision of services for 50 surgical critical care patients reflective of the scope of privileges requested during the past 12 months in an accredited hospital or healthcare facility similar in scope and complexity to Valleywise Health; OR <p>Applicants must provide documentation of Continuing Medical Education consistent with meeting requirements for Maintenance of Certification in the sub-specialty of Critical Care Medicine through the American Board of Anesthesiology; and the first two (2) cases must be with direct supervision.</p> <p>Focus Professional Practice Evaluation: Retrospective review of at least of two (2) cases to confirm the indications and in accordance with the Valleywise Health Medical Staff Professional Practice Evaluation to Confirm Practitioner Competence Policy.</p> <p>Reappointment Criteria: Management of fifty (50) surgical critical care patients with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes.</p>	

<input type="checkbox"/> Requested	ANESTHESIOLOGY AND PAIN MEDICINE CLINICAL PRIVILEGES
<p>Initial Appointment Criteria: Requesting practitioner will be required to submit documentation to support one of the following options:</p> <ul style="list-style-type: none"> ➤ <u>Successful completion of an Accreditation Council on Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in anesthesia followed by successful completion of an ACGME or AOA accredited fellowship in pain medicine of at least twelve (12) months duration; AND</u> ➤ <u>Documentation of certification of added qualifications in pain management (CAQPM) from the American Board of Anesthesiology (ABA); or ABA pain board eligible; OR</u> ➤ <u>Documentation of certification from the American Board of Pain Medicine (ABPM); AND</u> ➤ <u>Demonstration of current competence and experience with inpatient, outpatient, or consultative pain medicine services for at least twenty-five (25) patients, reflective of the scope of privileges requested, during the most recent twelve (12) months, or successful completion of an accredited residency, or clinical fellowship within the past twelve (12) months that involved pain medicine/management.</u> <p>Focus Professional Practice Evaluation: Retrospective review of a minimum five (5) cases that are a representative mix of privileges granted with satisfactory performance and completed in accordance with the Valleywise Health Medical Staff Focused Professional Practice Evaluation to Confirm Practitioner Competence Policy.</p>	

Valleywise Health Anesthesiology

Reappointment Criteria: Performance or supervision of at least fifty (50) inpatient, outpatient, or consultive pain medicine services reflective of the scope of privileges requested in the past twenty-four (24) months with acceptable results based on results of ongoing professional practice evaluation and outcomes.

Admit, Evaluate, diagnose, treat, and provide consultation to patients of all ages, with acute and chronic pain or pain requiring palliative care. Includes invasive pain medicine procedures beyond basic pain medicine. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in pain medicine include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills as applicable to the requested area(s) of practice.

Major Procedures include:

- **HEAD:** Atlanto-Occipital Injection; Atlanto-Axial Injection; Sphenopalatine Ganglion Block (Greater Palatine Foramen Approach); Sphenopalatine Ganglion Block (Lateral approach); Gasserian Ganglion Block; Trigeminal Nerve Block (Coronoid approach)
- **NECK:** Glossopharyngeal Nerve Block (Extraoral approach); Glossopharyngeal Nerve Block (Intraoral approach); Vagus Nerve Block; Spinal Accessory Nerve Block; Phrenic Nerve Block; Facial Nerve Block; Deep Cervical Plexus Block; Cervical Facet Joint Injections; Cervical Medial Branch Block
- **THORAX:** Thoracic Paravertebral Nerve Block; Thoracic Facet Joint Injection; Thoracic Sympathetic Block
- **ABDOMEN:** Splanchnic Nerve Block; Celiac Plexus Block
- **BACK & PELVIS:** Lumbar Sympathetic Block [can be done w/o fluoroscopy]; Lumbar Paravertebral Nerve Block; Lumbar Facet Joint Injection; Lumbar Medial Branch Block; Lumbar Epidural Catheter Placement for Inpatient Care; Caudal Epidural Injection (with Fluoro., +/- W/dase, +/- Hypertonic saline); Sacral Nerve Block; Hypogastric Plexus Block; Ganglion Impar Block
- **LOWER EXTREMITY:** Lumbar Plexus Block; Lumbar Plexus Block (via Psoas compartment)
- **MISCELLANEOUS TECHNIQUES:** Cervical Subarachnoid Neurolytic block; Lumbar Subarachnoid Neurolytic Block; Subcutaneously Tunneled Epidural Catheters; Lumbar Discography[discometrics only]; Spinal Cord Stimulation (percutaneous placement); Infusion of Local Anesthetics (Diagnostic & Therapeutic Procedures); Intrathecal/Epidural Pumps (Percutaneous placement); Radiofrequency Thermocoagulation; Radiofrequency Destruction, Paravertebral Facet Joint; Radiofrequency Destruction, Cervical; Radiofrequency Destruction, Lumbar Sympathetic; Selective Nerve Root Block (Paravertebral); Peripheral neurolytic blocks using alcohol or phenol; Myeloscopy.

****** Peripheral nerve injections can be approved at the discretion of the Chairman.

Acknowledgement of Applicant

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

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

Signed _____ Date _____
Applicant



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 24, 2023

Item 1.e.i.

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



**Maricopa County
Special Health Care District**

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

DATE: May 1, 2023

TO: Maricopa County Special Health Care District Board of Directors

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

FROM: Justin Storts

SUBJECT: Capital Expenditure (CER) 19-947AL, HP / WWT endpoint devices; IT – Acute Care Hospital and Piper Pavilion

This CER 19-947AL is for HP / WWT to provide endpoint devices for the campus. Requirements were detailed with coordination by the owning departments and workgroups, functional needs were verified across the computer, monitors, docking stations, brackets and conferencing cameras. This equipment requires PO issuance to forward with activation into the new hospital, and Piper Pavilion. The IPMO team has ensured that the appropriate Clinical Workgroups have reviewed this equipment and that it meets the required needs. The below list of items has been compiled, priced, and reviewed by the IPMO project team.

- ACH HP / WWT endpoint devices: \$1,154,255.00
- Piper Pavilion HP /WWT endpoint devices \$67,200.00

Total cost for this CER 19-947AL: \$1,221,455.00

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Monday, May 1, 2023 10:49 AM
To: Melanie Talbot
Subject: CER Approval Request: HP/WWT Endpoint Devices - ACH & Piper Pavilion

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Message Information





From [Charles, Derrick](#)
To [Talbot, Melanie](#);
Subject CER Approval Request: HP/WWT Endpoint Devices - ACH & Piper Pavilion
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject Information button.

Add comments as necessary.

Approve/Reject Contract

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

Attachments

Name	DescriptionType	Current File / URL
Piper and ACH HP WWT endpoints.xlsx	File	 Piper and ACH HP WWT endpoints.xlsx
CER 19-947AL_HP_WWT Endpoint Devices -ACH & Piper Pavilion.xlsm	File	 CER 19-947AL_HP_WWT Endpoint Devices -ACH & Piper Pavilion.xlsm
CER 19-947AL_ HP WWT endpoint devices 4.2023 R1.doc	File	 CER 19-947AL_ HP WWT endpoint devices 4.2023 R1.doc
HP/WWT Endpoint Devices - ACH & Piper Pavilion	Contract	 CER 19-947AL_HP_WWT Endpoint Devices -ACH & Piper Pavilion.xlsm

Contract Information

Division Capital Division
Folder Capital Equipment Requests (CERs)
Status Pending Approval
Title HP/WWT Endpoint Devices - ACH & Piper Pavilion
Contract Identifier Budgeted
Contract Number 19-947 AL

Primary Responsible Party Charles, Derrick J.

Departments Integrated Program Management Office

Product/Service Description

Request Details This CER 19-947AL is for HP / WWT to provide endpoint devices for the campus. Requirements were detailed with coordination by the owning departments and workgroups, functional needs were verified across the computer, monitors, docking stations, brackets and conferencing cameras. This equipment requires PO issuance to forward with activation into the new hospital, and Piper Pavilion. The IPMO team has ensured that the appropriate Clinical Workgroups have reviewed this equipment and that it meets the required needs. The below list of items has been compiled, priced, and reviewed by the IPMO project team.

- ACH HP / WWT endpoint devices: \$1,154,255.00
- Piper Pavilion HP /WWT endpoint devices \$67,200.00

Total cost for this CER 19-947AL: \$1,221,455.00

Notes

Funding Source Bond

Evaluation Process

Category

Annual Value \$1,221,455.00

Budgeted Travel Type Yes

Primary Vendor

Responses

Member Name	Status	Comments
Nelson, Mark E.	Approved	
Melton, Christopher C.	Approved	
Christiansen, Lia K.	Approved	
White, Michael	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 24, 2023

Item 1.e.ii.

Care Reimagined Capital
CER #19-947AM



**Maricopa County
Special Health Care District**

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

DATE: May 3, 2023

TO: Valleywise Health Board of Directors

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

FROM: Justin Storts

SUBJECT: Capital Expenditure (CER) 19-947AM, Altura telephony devices; IT – Acute Care Hospital and Piper Pavilion

This CER 19-947AM is for Altura to provide telephony devices for the campus. Requirements were detailed with coordination by the owning departments and workgroups, functional needs were verified. This equipment requires PO issuance to forward with activation into the new hospital, and Piper Pavilion. The IPMO team has ensured that the appropriate Clinical Workgroups have reviewed this equipment and that it meets the required needs. The below list of items has been compiled, priced, and reviewed by the IPMO project team.

- ACH Altura telephony devices: \$870,800.00
- Piper Pavilion Altura telephony devices \$54,600.00

Total cost for this CER 19-947AM: \$925,400.00

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Friday, April 28, 2023 11:17 AM
To: Melanie Talbot
Subject: CER Approval Request: Altura Telephony Devices - ACH & Piper Pavilion

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Message Information





From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject CER Approval Request: Altura Telephony Devices - ACH & Piper Pavilion
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject Information button.

Add comments as necessary.

Approve/Reject Contract

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

Attachments

Name	DescriptionType	Current File / URL
Piper and ACH Altura endpoints.xlsx	File	 Piper and ACH Altura endpoints.xlsx
CER 19-947AM_Altura telephony devices 4.2023.doc	File	 CER 19-947AM_Altura telephony devices 4.2023.doc
CER 19-947AM_Altura Telephony Devices -ACH & Piper Pavilion.xlsm	File	 CER 19-947AM_Altura Telephony Devices -ACH & Piper Pavilion.xlsm
Altura Telephony Devices - ACH & Piper Pavilion	Contract	 CER 19-947AM_Altura Telephony Devices -ACH & Piper Pavilion.xlsm

Contract Information

Division Capital Division
Folder Capital Equipment Requests (CERs)
Status Pending Approval
Title Altura Telephony Devices - ACH & Piper Pavilion
Contract Identifier Budgeted
Contract Number 19 -947 AM

Primary Responsible Party Charles, Derrick J.

Departments Integrated Program Management Office

Product/Service Description

Request Details This CER 19-947AM is for Altura to provide telephony devices for the campus. Requirements were detailed with coordination by the owning departments and workgroups, functional needs were verified. This equipment requires PO issuance to forward with activation into the new hospital, and Piper Pavilion. The IPMO team has ensured that the appropriate Clinical Workgroups have reviewed this equipment and that it meets the required needs. The below list of items has been compiled, priced, and reviewed by the IPMO project team.

- ACH Altura telephony devices: \$870,800.00
- Piper Pavilion Altura telephony devices \$54,600.00

Total cost for this CER 19-947AM: \$925,400.00

Notes

Funding Source Bond

Evaluation Process

Category

Annual Value \$925,400.00

Budgeted Travel Type Yes

Primary Vendor

Responses

Member Name	Status	Comments
Nelson, Mark E.	Approved	
Melton, Christopher C.	Approved	
Christiansen, Lia K.	Approved	
White, Michael	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 24, 2023

Item 1.e.iii.

Care Reimagined Capital
CER #19-947AN



**Maricopa County
Special Health Care District**

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

DATE: May 1, 2023

TO: Maricopa County Special Health Care District Board of Directors

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

FROM: Justin Storts

SUBJECT: Capital Expenditure (CER) 19-947AN, IT infrastructure Cable Solutions – Acute Care Hospital, Piper Pavilion

This item, CER 19-947AN Prop 480 expenditure, is for Cable Solutions structured cabling and cameras within the ACH, Piper Pavilion, and campus. The purchase order is adjustment due to further design coordination of the IPMO and extended teams, reviewed and approved within the new buildings, and site. This infrastructure requires PO issuance to move forward with installation and coordination into the new hospital construction, Piper Pavilion, and throughout the site. The IPMO team has ensured that the appropriate workgroups have reviewed this infrastructure and that it meets the required needs. The below list of items has been compiled, priced, and reviewed by the IPMO project team.

- Additional cabling infrastructure and cameras for the ACH building and site \$1,256,387.93.
- Additional cabling infrastructure and cameras for the Piper Pavilion building \$397,312.51

Total cost of Cable Solutions contract (480-90-21-006-1) previous agenda item 1.e.i from the May 26, 2021 Formal meeting \$5,276,567.54

The total for previous Cable Solutions item 1.e.iv CER 19-947Q from the June 22, 2022 Formal meeting: \$605,048.58

The total cost for this Cable Solutions CER 19-947AN: \$1,653,700.44

Aggregate total for Cable Solutions to date \$7,535,316.56

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

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, May 2, 2023 8:30 AM
To: Melanie Talbot
Subject: CER Approval Request: Cable Solutions IT- ACH & Piper Pavilion

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Message Information





From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject CER Approval Request: Cable Solutions IT- ACH & Piper Pavilion
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject Information button.

Add comments as necessary.

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
Cable Solutions.xlsx		File	 Cable Solutions.xlsx
CER 19-947AN Cable Solutions cabling infrastructure procurement memo.doc		File	 CER 19-947AN Cable Solutions cabling infrastructure procurement memo.doc
CER 19-947AN_Cable Solutions - ACH & Piper Pavilion.xlsm		File	 CER 19-947AN_Cable Solutions - ACH & Piper Pavilion.xlsm
Cable Solutions IT- ACH & Piper Pavilion		Contract	 CER 19-947AN_Cable Solutions - ACH & Piper Pavilion.xlsm

Contract Information

Division Capital Division
Folder Capital Equipment Requests (CERs)
Status Pending Approval
Title Cable Solutions IT- ACH & Piper Pavilion
Contract Identifier Budgeted
Contract Number 19-947 AN

Primary Responsible Party Charles, Derrick J.

Departments Integrated Program Management Office

Product/Service Description

Request Details This item, CER 19-947AN Prop 480 expenditure, is for Cable Solutions structured cabling and cameras within the ACH, Piper Pavilion, and campus. The purchase order is adjustment due to further design coordination of the IPMO and extended teams, reviewed and approved within the new buildings, and site. This infrastructure requires PO issuance to move forward with installation and coordination into the new hospital construction, Piper Pavilion, and throughout the site. The IPMO team has ensured that the appropriate workgroups have reviewed this infrastructure and that it meets the required needs. The below list of items has been compiled, priced, and reviewed by the IPMO project team.

- Additional cabling infrastructure and cameras for the ACH building and site \$1,256,387.93.
- Additional cabling infrastructure and cameras for the Piper Pavilion building \$397,312.51

Notes

Funding Source Bond

Evaluation Process

Category

Annual Value \$1,653,700.44

Budgeted Travel Type Yes

Primary Vendor

Responses

Member Name	Status	Comments
Nelson, Mark E.	Approved	
Melton, Christopher C.	Approved	
Christiansen, Lia K.	Approved	
White, Michael	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 24, 2023

Item 1.e.iv.

Care Reimagined Capital
CER #19-947ANA



**Maricopa County
Special Health Care District**

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

DATE: May 3, 2023

TO: Maricopa County Special Health Care District Board of Directors

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

FROM: Justin Storts

SUBJECT: Capital Expenditure (CER) 19-947AN-a, IT infrastructure Cable Solutions – Acute Care Hospital, Piper Pavilion

This item Prop 480 expenditure, CER 19-947AN-a is an amendment to 19-947AN. This amendment is for Cable Solutions structured cabling and infrastructure within the ACH, and campus. The purchase order is adjustment due to further design coordination of the IPMO and extended teams, reviewed and approved within the new buildings, and site. This infrastructure requires PO issuance to move forward with installation and coordination into the new hospital construction, Piper Pavilion, and throughout the site. The IPMO team has ensured that the appropriate workgroups have reviewed this infrastructure and that it meets the required needs. The below list of items has been compiled, priced, and reviewed by the IPMO project team.

- Additional cabling infrastructure and cameras for the ACH building and site ASI inclusions \$441,372.43
- Additional cabling infrastructure for the Piper Pavilion building \$2,875.49

The total cost for previous agenda item Cable Solutions CER 19-947AN:
\$7,535,316.56
Total for this amendment 19-947AN-a \$444,247.92
Aggregate total for Cable Solutions to date \$7,979,564.48

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

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Wednesday, May 3, 2023 3:05 PM
To: Melanie Talbot
Subject: CER Approval Request: Cable Solutions IT Infrastructure - ACH & Piper Pavilion Amend

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Message Information







From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject CER Approval Request: Cable Solutions IT Infrastructure - ACH & Piper Pavilion Amend
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button.
Add comments as necessary.

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
19-947AN-a_Cafe' and Cafateria Digital Signage Contracting Tax Formula.xlsx		File	 19-947AN-a_Cafe' and Cafateria Digital Signage Contracting Tax Formula.xlsx
19-947AN-a_Heli-Pad Video Monitor & Data Drop -Contractor Tax Calculator.xlsx		File	 19-947AN-a_Heli-Pad Video Monitor & Data Drop -Contractor Tax Calculator.xlsx
19-947AN-a_Firestop Sleeves - Contracting Tax Formula.xlsx		File	 19-947AN-a_Firestop Sleeves - Contracting Tax Formula.xlsx
CER 19-947AN-a_ACH & Piper Pavilion IT Infrastructure Cable Solutions.xlsm		File	 CER 19-947AN-a_ACH & Piper Pavilion IT Infrastructure Cable Solutions.xlsm
19-947AN-a_ACH #21668 - CO #70-73 - ASI 25-28 - Tax Calculation.xlsx		File	 19-947AN-a_ACH 21668 - CO 70-73 - ASI 25-28 - Tax Calculation.xlsx
CER 19-947AN_a Cable Solutions cabling infrastructure procurement memo 4.2023.doc		File	 CER 19-947AN_a Cable Solutions cabling infrastructure procurement memo 4.2023.doc

19-947AN-a_ASI 025 -028 Technology Drawing - Take-off.xlsx	File	 19-947AN-a_ASI 025 -028 Technology Drawing - Take-off.xlsx
19-947AN-a_ACH #21668 - CO #68 - Heli-Pad Video Monitor & Data Drop.pdf	File	 19-947AN-a_ACH 21668 - CO 68 - Heli-Pad Video Monitor & Data Drop.pdf
19-947AN-a_ACH #21668 - CO #70-73 - ASI 25 thru 28.pdf	File	 19-947AN-a_ACH 21668 - CO 70-73 - ASI 25 thru 28.pdf
19-947AN-a_VALLEYWISE - 21668 Change order Index #66 Cafe' and Cafateria Digital Signage.pdf	File	 19-947AN-a_VALLEYWISE - 21668 Change order Index 66 Cafe' and Cafateria Digital Signage.pdf
19-947AN-a_VALLEYWISE - Firestop Sleeves.pdf	File	 19-947AN-a_VALLEYWISE - Firestop Sleeves.pdf
Cable Solutions IT Infrastructure - ACH & Piper Pavilion Amend	Contract	 CER 19-947AN-a_ACH & Piper Pavilion IT Infrastructure Cable Solutions.xlsm

Contract Information

Division Capital Division
Folder Capital Equipment Requests (CERs)
Status Pending Approval
Title Cable Solutions IT Infrastructure - ACH & Piper Pavilion Amend

Contract Identifier Budgeted

Contract Number 19-947 AN-A

Primary Responsible Party Charles, Derrick J.

Departments Integrated Program Management Office

Product/Service Description

Request Details This item Prop 480 expenditure, CER 19-947AN-a is an amendment to 19-947AN. This amendment is for Cable Solutions structured cabling and infrastructure within the ACH, and campus. The purchase order is adjustment due to further design coordination of the IPMO and extended teams, reviewed and approved within the new buildings, and site. This infrastructure requires PO issuance to move forward with installation and coordination into the new hospital construction, Piper Pavilion, and throughout the site. The IPMO team has ensured that the appropriate workgroups have reviewed this infrastructure and that it meets the required needs. The below list of items has been compiled, priced, and reviewed by the IPMO project team.

- Additional cabling infrastructure and cameras for the ACH building and site ASI inclusions \$441,372.43
- Additional cabling infrastructure for the Piper Pavilion building \$2,875.49

Notes

Funding Source Bond

Evaluation Process

Category

Annual Value \$444,247.92

Budgeted Travel Type Yes

Primary Vendor

Responses

Member Name	Status	Comments
Nelson, Mark E.	Approved	
Melton, Christopher C.	Approved	
Christiansen, Lia K.	Approved	
White, Michael	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	
Meier, Matthew P.	Approved	



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 24, 2023

Item 1.e.v.

Care Reimagined Capital
CER #19-947TA



**Maricopa County
Special Health Care District**

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

DATE: May 4, 2023

TO: Maricopa County Special Health Care District Board of Directors

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

FROM: Justin Storts

SUBJECT: Capital Expenditure (CER) 19-947T-a, office and equipment relocation, placement services–Piper Pavilion

This item, CER 19-947T-a is an amendment to 19-947T Prop 480 expenditure, is for Sirva office relocations, equipment relocation, placement services for both new items and existing relocations within Piper Pavilion. The purchase order is needed to provide these services within the new building. This request requires PO issuance to move forward with relocation, placement efforts of offices, new equipment and existing equipment for the Piper Pavilion activation. The IPMO team has received clarifications post the previous scope of work within 19-947T, have ensured that the appropriate workgroups have reviewed this detailed requirement, to ensure the efforts are aligned to the requirements. The below list of items has been compiled, priced, and reviewed by the IPMO project team.

Office and equipment relocation, placement for the SSB activation sequence.

Previously approved cost for CER 19-947T: \$417,868.04 agenda item 1.e.i on November 22, 2022 Consent agenda.

Aggregate value for CER 19-947T-a \$574,869.09

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

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, May 9, 2023 3:20 PM
To: Melanie Talbot
Subject: CER Approval Request: Piper Pavilion Office Relocations - SIRVA Amendment

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

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

Message Information

From [Purves, Steve](#)

To [Talbot, Melanie](#);

Subject CER Approval Request: Piper Pavilion Office Relocations - SIRVA Amendment







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

Add comments as necessary.

Approve/Reject Contract

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

Attachments

Name	DescriptionType	Current File / URL
CER 19-947T _a Sirva office andequipment relocation, placement memo.doc	File	 CER 19-947T _a Sirva office andequipment relocation, placement memo.doc
CER 19-947T-a_Piper Pavilion Office Move SIRVA Amendment.xlsm	File	 CER 19-947T-a_Piper Pavilion Office Move SIRVA Amendment.xlsm
19-947T-a SIRVA Commercial Proposal - Phase 6 - Updated 5.2.23.pdf	File	 19-947T-a SIRVA Commercial Proposal - Phase 6 - Updated 5.2.23.pdf
19-947T-a SIRVA Commercial Proposal - Phase 5 - Updated 5.2.23 - VALUATION ADDITION + IT DEDUCTION.	File	 19-947T-a SIRVA Commercial Proposal - Phase 5 - Updated 5.2.23 - VALUATION ADDITION + IT DEDUCTION.pdf
19-947T-a SIRVA Commercial Proposal - Phase 4 - Updated 4.30.23 - VALUATION ADDITION.pdf	File	 19-947T-a SIRVA Commercial Proposal - Phase 4 - Updated 4.30.23 - VALUATION ADDITION.pdf
Piper Pavilion Office Relocations - SIRVA Amendment	Contract	 CER 19-947T-a_Piper Pavilion Office Move SIRVA Amendment.xlsm

Contract Information

Division Capital Division
Folder Capital Equipment Requests (CERs)
Status Pending Approval
Title Piper Pavilion Office Relocations - SIRVA Amendment
Contract Identifier Budgeted
Contract Number 19-947 T-A
Primary Responsible Party Charles, Derrick J.
Departments Integrated Program Management Office
Product/Service Description
Request Details This item, CER 19-947T-a is an amendment to 19-947T Prop 480 expenditure, is for Sirva office relocations, equipment relocation, placement services for both new items and existing relocations within Piper Pavillion. The purchase order is needed to provide these services within the new building. This request requires PO issuance to move forward with relocation, placement efforts of offices, new equipment and existing equipment for the Piper Pavillion activation. The IPMO team has received clarifications post the previous scope of work within 19-947T, have ensured that the appropriate workgroups have reviewed this detailed requirement, to ensure the efforts are aligned to the requirements. The below list of items has been compiled, priced, and reviewed by the IPMO project team.
Notes
Funding Source Bond
Evaluation Process
Category
Annual Value \$157,001.05
Budgeted Travel Type Yes
Primary Vendor

Responses

Member Name	Status	Comments
Nelson, Mark E.	Approved	
Melton, Christopher C.	Approved	
Christiansen, Lia K.	Approved	
White, Michael	Approved	
Meier, Matthew P.	Approved	
Benavidez, Donna	Current	
Talbot, Melanie L.	Current	
Purves, Steve A.	Approved	



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 24, 2023

Item 1.f.i.

Capital
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Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 24, 2023

Item 2.

Quarterly Quality Metrics



Date: 5/24/2023

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 FY23 Quarter 3

Hand Hygiene –

- Hand hygiene compliance is below benchmark. Currently 96% compliance during FY23 Q3. FY23 YTD (Year to Date) is 94%.

CLABSI (Central Line Associated Blood Stream Infection) – FY23 Q3 Standardized Infection Ratio (SIR) was above benchmark at 0.695. FY23 benchmark is set at <0.589, and Valleywise Health FY23 YTD is at 0.307.

- 3 cases of CLABSI during FY23 Q3: 2 SICU and 1 Medicine/Oncology.

CAUTI (Catheter Associated Urinary Tract Infections) – FY23 Q3 SIR was better than benchmark at 0.435. FY23 benchmark is set at <0.650, and Valleywise Health FY23 YTD is at 0.263.

- 2 cases of CAUTI during FY23 Q3: 1 case in Burn Center and 1 case in Progressive Care. Case investigation was performed.

MRSA – FY23 Q3 has no cases to report. FY23 SIR benchmark is set at <0.726, and Valleywise Health FY23 YTD is at 0.0.

C. difficile – FY23 Q3 SIR was below the benchmark at 0.311. FY23 benchmark is set at <0.520, and Valleywise Health FY23 YTD is at 0.555.

- 3 cases of healthcare-onset C. difficile infection occurred during FY23 Q3: 1- Medicine/Oncology, 2- Progressive Care. Case investigations were performed.

Severe Sepsis and Septic Shock – FY23 Q3 was better than benchmark at 88%, FY 23 benchmark is set at >59%, and Valleywise Health FY23 YTD is at 85%.

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

- ACCEPT has been implemented throughout organization with weekly audits to ensure hardwired within the organization. Receiving positive feedback on surveys regarding this process.
- Development of actions during the Strategic Plan workgroups.
- Partnering with Inpatient and Outpatient Clinical Leaders to help support them with their action plans.
- Working with NRC to schedule a meeting with outside organization to discuss best practices that the organization has implemented.
- Service Ambassadors still active within organization to help promote service excellence within the departments.

Patient Safety Update

Patient Safety Improvements

- Culture of Safety – in the process of organizing to complete survey for 2023
- Medication Events –
 - Bar Code Medication Administration FY23 Q3 ended at 95% with a FY23 benchmark set at >95%, and Valleywise Health FY23 YTD is at 94%.
 - CPOE: Computerized Physician Order Entry Percent FY23 Q3 ended at 98% with a FY23 benchmark set at >85% and Valleywise Health FY22 YTD is at 98%.
 - Current medication safety improvements are focusing on
 - ECRI best practices and guidance to help improve processes around medication safety.
 - Monitoring of critically timed medications.
- Patient Safety Indicators (PSI) not meeting benchmark for FY23 Q3 is PSI 12 Postoperative PE/DVT. PSI 12 had 2 cases:
 - Updating ambulation order sets
 - Piloting Bedside Mobility Assessment on Medicine/Oncology
- Prolonged restraints monitoring-
 - Monitored monthly and continues to meet the benchmark set for the organization.
- 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.



May 24, 2023

Quarterly Quality/Patient Safety/Patient Experience Dashboard

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

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Quality Metrics

Quality Dashboard		Reporting Program	Benchmark	FY22 Year to Date	Desired Direction	Jul 2022	Aug 2022	Sep 2022	Qtr 1 (FY 2023)	Oct 2022	Nov 2022	Dec 2022	Qtr 2 (FY 2023)	Jan 2023	Feb 2023	Mar 2023	Qtr 3 (FY 2023)	Apr 2023	May 2023	Jun 2023	Qtr 4 (FY 2023)	FY23 Year to Date
		LF																				
Nursing Workforce																						
Overall worked ICU and general patient unit hours per patient day equivalents (excl. L&D, and post-partum)**	LF	13.92	10.64	NA	9.25	9.89	10.51	9.86	9.27	9.48	9.97	9.58	9.80	9.37	9.62	9.36						9.41
Overall worked ED hours per patient visit (incl. adult, pediatric and burn)**	LF	3.05	2.29	NA	1.74	1.42	1.70	1.61	1.98	1.48	1.64	1.69	1.73	1.53	1.61	1.63						1.64
Pre-op/PACU worked hours per total cases**	LF	5.65	4.46	NA	3.64	3.26	3.31	3.40	3.78	3.47	4.00	3.76	3.75	3.88	3.40	3.66						3.60
Process of Care Measures; *included in Leapfrog																						
SEP-1: Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	CMS-HIQR	> 59%	76%	↑	100%	71%	80%	84%	100%	60%	71%	81%	67%	89%	100%	88%						85%
Emergency Department (ED-2) median time (minutes) from Admit Decision Time to ED Departure Time for Admitted Patients	CMS-HIQR	< 110	146	↓	125	92	83	88	87	104	102	100	97	97	102	99						97
Mortality - Rolling Twelve Months (monthly)																						
Hospital-Wide Inpatient, risk-adjusted Mortality Index		≤ 0.88	0.11	↓	0.06	0.07	0.07	0.07	0.10	0.10	0.08	0.09	0.08	0.10	0.08	0.08						0.08
CMS Readmission Project																						

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	FY22 Year to Date	Desired Direction	Jul 2022	Aug 2022	Sep 2022	Qtr 1 (FY 2023)	Oct 2022	Nov 2022	Dec 2022	Qtr 2 (FY 2023)	Jan 2023	Feb 2023	Mar 2023	Qtr 3 (FY 2023)	Apr 2023	May 2023	Jun 2023	Qtr 4 (FY 2023)	FY23 Year to Date
READM-HWR: Hospital-wide all cause unplanned 30-day readmissions rate (CDB1540)	CMS-HIQR	<15.3	6.5	↓	5.9	5.0	6.4	5.7	6.6	4.4	6.4	5.8	4.3	6.1	6.5	5.6						5.7
Behavioral Health																						
HBIPS-5A - Multiple antipsychotic medications at discharge with appropriate justification (Overall) Percent Compliance	CMS	>64%	98%	↑	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%								100%
Ambulatory																						
Breast Cancer Screening	HRSA	>46.29%	58.56%	↑	58.23%	58.54%	58.86%	Φ	59.23%	59.40%	59.77%	Φ	51.10%	51.68%	54.03%	Φ						54.03%

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	FY22 Year to Date	Desired Direction	Jul 2022	Aug 2022	Sep 2022	Qtr 1 (FY 2023)	Oct 2022	Nov 2022	Dec 2022	Qtr 2 (FY 2023)	Jan 2023	Feb 2023	Mar 2023	Qtr 3 (FY 2023)	Apr 2023	May 2023	Jun 2023	Qtr 4 (FY 2023)	FY23 Year to Date	
Patient Safety																									
PSI																									
PSI-03: Pressure ulcer rate (stage 3, 4 & unstageable)	CMS	≤ 0.62	0.51	↓	0.00	1.85	1.98	✖ 1.30	0.00	0.00	2.10	⦿ 0.68	0.00	0.00	0.00	⦿ 0.00								✖ 0.69	
Numerator					0	1	1	2	0	0	1	1	0	0	0	0									3
Denominator					495	540	505	1540	493	499	477	1469	456	385	514	1355									4364
PSI-06: Iatrogenic pneumothorax rate	CMS	≤ 0.19	0.12	↓	0.00	1.31	0.00	✖ 0.46	1.47	0.00	0.00	✖ 0.50	0.00	0.00	0.00	⦿ 0.00								✖ 0.33	
Numerator					0	1	0	1	1	0	0	1	0	0	0	0									2
Denominator					691	762	720	2173	681	648	665	1994	616	525	718	1859									6026
PSI-08: In-hospital fall rate with hip fracture	CMS	≤ 0.07	0.00	↓	0.00	0.00	0.00	⦿ 0.00	0.00	0.00	0.00	⦿ 0.00	0.00	0.00	0.00	⦿ 0.00								⦿ 0.00	
Numerator					0	0	0	0	0	0	0	0	0	0	0	0									0
Denominator					744	822	762	2328	733	705	729	2167	665	552	759	1976									6471

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	FY22 Year to Date	Desired Direction	Jul 2022	Aug 2022	Sep 2022	Qtr 1 (FY 2023)	Oct 2022	Nov 2022	Dec 2022	Qtr 2 (FY 2023)	Jan 2023	Feb 2023	Mar 2023	Qtr 3 (FY 2023)	Apr 2023	May 2023	Jun 2023	Qtr 4 (FY 2023)	FY23 Year to Date
Quality /Regulatory Metrics																						
PSI																						
PSI-04: Death Among Surgical Patients with serious treatable complications, per 1,000 Admissions	CMS	≤143.08 (overall)	108.70	↓	181.82	71.43	181.82	138.89	266.67	250.00	272.73	261.90	166.67	200.00	176.47	176.47						196.43
Numerator					2	1	2	5	4	4	3	11	2	1	3	6						22
Denominator					11	14	11	36	15	16	11	42	12	5	17	34						112
PSI-09: Perioperative hemorrhage or hematoma rate, per 1,000 Admissions	CMS	≤2.39	0.00	↓	0.00	0.00	0.00	0.00	0.00	5.85	5.88	3.86	0.00	0.00	0.00	0.00						1.31
Numerator					0	0	0	0	0	1	1	2	0	0	0	0						2
Denominator					180	211	168	559	177	171	170	518	138	137	174	449						1526
PSI-10: Postoperative acute kidney injury requiring dialysis rate, per 1,000 Admissions	CMS	≤0.92	0.00	↓	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00						0.00
PSI-11: Postoperative respiratory failure rate, per 1,000 Admissions	CMS	≤6.47	0.00	↓	0.00	0.00	0.00	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	FY22 Year to Date	Desired Direction	Jul 2022	Aug 2022	Sep 2022	Qtr 1 (FY 2023)	Oct 2022	Nov 2022	Dec 2022	Qtr 2 (FY 2023)	Jan 2023	Feb 2023	Mar 2023	Qtr 3 (FY 2023)	Apr 2023	May 2023	Jun 2023	Qtr 4 (FY 2023)	FY23 Year to Date
					Quality /Regulatory Metrics																
PSI-12: Postoperative PE or DVT rate per 1,000 Admissions	CMS	≤3.41	✘ 5.23	↓	0.00	4.41	5.75	✔ 3.39	10.75	0.00	0.00	⦿ 3.64	6.76	0.00	5.43	✘ 4.19					⦿ 3.71
Numerator					0	1	1	2	2	0	0	2	1	0	1	2					6
Denominator					189	227	174	590	186	190	174	550	148	145	184	477					1617
PSI-13: Postoperative sepsis rate, per 1,000 Admissions	CMS	≤4.09	✘ 8.62	↓	0.00	0.00	0.00	✔ 0.00	0.00	0.00	0.00	✔ 0.00	0.00	0.00	0.00	✔ 0.00					✔ 0.00
PSI-14: Postoperative wound dehiscence rate, per 1,000 Admissions	CMS	≤0.80 (overall)	✘ 2.53	↓	12.35	0.00	0.00	✘ 4.10	13.33	0.00	14.71	✘ 8.89	0.00	0.00	0.00	✔ 0.00					✘ 4.61
Numerator					1	0	0	1	1	0	1	2	0	0	0	0					3
Denominator					81	80	83	244	75	82	68	225	63	56	63	182					651
PSI-15: Unrecognized abdominopelvic accidental puncture or laceration rate per 1,000 Admissions	CMS	≤1.04	✔ 0.59	↓	0.00	0.00	0.00	✔ 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	⦿

Action Items– PSI 12 PE/DVT

- IT Request to update General Internal Medicine Orders Set Review Ambulation orders with Strategic Workgroup.
- Pilot Program on Med/Onc Bedside Mobility Assessment:

BEDSIDE MOBILITY ASSESSMENT TOOL (BMAT 2.0) © 2020

Figure A (page 1 of 2) BMAT 2.0 to be completed at time of admission, at least once per shift and with any significant change in patient's status.

Test/Assessment Level	Description of Test	Pass Response	PASS =
Assessment Level 1 Assessment of: <ul style="list-style-type: none"> sitting balance upper extremity and core strength ability to sit upright without getting tachycardic, diaphoretic and/or light-headed; i.e., sitting tolerance 	Sit and Shake: From semi-reclined position or at EOB, ask patient to sit upright for up to 1 minute (if there is any concern regarding orthostatic hypotension or postural intolerance); then reach across midline and shake hands with caregiver – repeat with other hand. (Patient's feet may either be flat on floor or dangling.) Safe Mode: Use sling and lift to assist to side of bed (e.g., sternal precautions, abdominal incision) or bed in chair position, then complete "Sit and Shake."	Sit: Able to follow commands and sit unsupported (i.e., unsupported by sling or bed surface) for up to 1 minute. Shake: Able to maintain seated balance while challenged by reaching across midline of trunk with one or both hands and shaking caregiver's hand.	Pass Assessment Level 1 "Sit and Shake" = Proceed to Assessment Level 2, "Stretch" Fail = Mobility Level 1 Patient As appropriate, follow Critical Care Early/Progressive Mobility Program protocol to advance through BMAT Assessment Levels.
Assessment Level 2 Assessment of: <ul style="list-style-type: none"> leg strength in preparation for weight bearing control and strength of leg muscles, including quadriceps and lower leg muscles foot drop 	Stretch: While sitting upright unsupported, extend one leg and straighten knee (knee remains below hip level) and point toes/pump ankle between dorsiflexion/plantar flexion x 3 repetitions. (Patient's feet may either be flat on floor or dangling.) Safe Mode: Continue to use sling and lift (mobile or overhead/ceiling), bed in Fowler's or chair position to complete "Stretch."	Stretch: Able to extend leg and straighten knee = engage quadriceps; then able to pump ankle for 3 repetitions = AROM/move ankle between dorsiflexion/plantar flexion = engage calf muscles/skeletal muscle pump and assist with venous return/fluid shifts.	Pass Assessment Level 2 "Stretch" = Proceed to Assessment Level 3, "Stand" Fail = Mobility Level 2 Patient
Assessment Level 3 Assessment of: <ul style="list-style-type: none"> ability to shift forward, raise buttocks and rise smoothly; balance and strength to rise standing tolerance for up to 1 minute, which allows for fluid shifts and other compensatory changes to occur static standing balance 	Stand: With feet flat on floor about shoulder width apart, shift forward, raise buttocks/rise and stand upright for up to 1 minute (if there is any concern regarding orthostatic hypotension, postural intolerance or syncope). Safe Mode: Use sit-to-stand lift and vest/sling, or ambulation vest/pants and lift. Always default to using Safe Mode if concerned regarding orthostatic hypotension/syncope/ event or other compensatory changes.	Stand: Able to rise, maintain balance and upright standing position for up to 1 minute. The majority of patients who exhibit orthostatic hypotension do so within the first minute of standing, which is the rationale for 1 minute. Use walker, cane, crutches or prosthetic leg(s) as appropriate to assist.	Pass Assessment Level 3 "Stand" = Proceed to Assessment Level 4, "Step" Fail = Mobility Level 3 Patient
Assessment Level 4 Assessment of: <ul style="list-style-type: none"> pre-ambulation weight shift abilities further assessment of leg strength dynamic standing balance, which further allows for fluid shifts and other compensatory changes to occur cognitive ability to follow directions 	Step: 1) March- or step-in-place taking small steps (not high-marching steps) x 3 repetitions; if able to pass then 2) Step forward with one foot, weight-bear/shift weight onto foot and return foot to starting position; repeat with other foot. Safe Mode: Use ambulation vest/pants and lift; consider use of bed in chair position and egress from end-of-bed. Always default to using Safe Mode if concerned regarding orthostatic hypotension/syncope/ event, other compensatory changes or falls.	Step: Able to perform both marching-in-place and forward step and return with one foot and then the other. Use walker, cane, crutches or prosthetic leg(s) as appropriate.	Pass Assessment Level 4 "Step" = Progress through Discharge Planning Continue to complete BMAT per protocol; address medical issues and stability; use multidisciplinary approach; work on discharge goals for best destination/placement; consider functional status, ongoing equipment needs and ADL's Fail = Remain a Mobility Level 4 Patient



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Action Items– PSI 12 PE/DVT

- Submitted Ticket to update the Ambulation Orders on 4/10/2023

<input type="checkbox"/> Bedrest	Notify provider for saturation less than: Routine, Until discontinued, Starting S
<input type="checkbox"/> Up with assistance	Bedrest associated orders:
<input type="checkbox"/> Activity as tolerated	Turn patient: Routine, PRN
<u>Nursing orders</u>	Update these orders with Ambulate BID in hallway
	Up in chair BID

Service Excellence: HCAHPS

HCAHPS Stoplight Report

<https://catalyst.nrcpicker.com/maricopa01/hcahps47545621/default.aspx>

May 12, 2023

Overall	Benchmarks	HCAHPS		
	FY 2025 CMS Achievement Threshold*	Qtr 1 FY2023	Qtr 2 FY2023	Qtr 3 FY2023‡
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)	70.3% PR=51 (n=145)	66.7% PR=34 (n=117)	69.1% PR=46 (n=152)

Highest Scores	FY 2025 CMS Achievement Threshold*	Qtr 1 FY2023	Qtr 2 FY2023	Qtr 3 FY2023‡
		Discharge Information	87.2% (n=300)	89.3% PR=81 (n=140)
Communication with Doctors	79.8% (n=300)	81.4% PR=68 (n=149)	84.0% PR=81 (n=118)	81.2% PR=68 (n=155)
Communication with Nurses	79.4% (n=300)	78.0% PR=51 (n=146)	77.0% PR=43 (n=119)	74.6% PR=22 (n=151)

■ 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

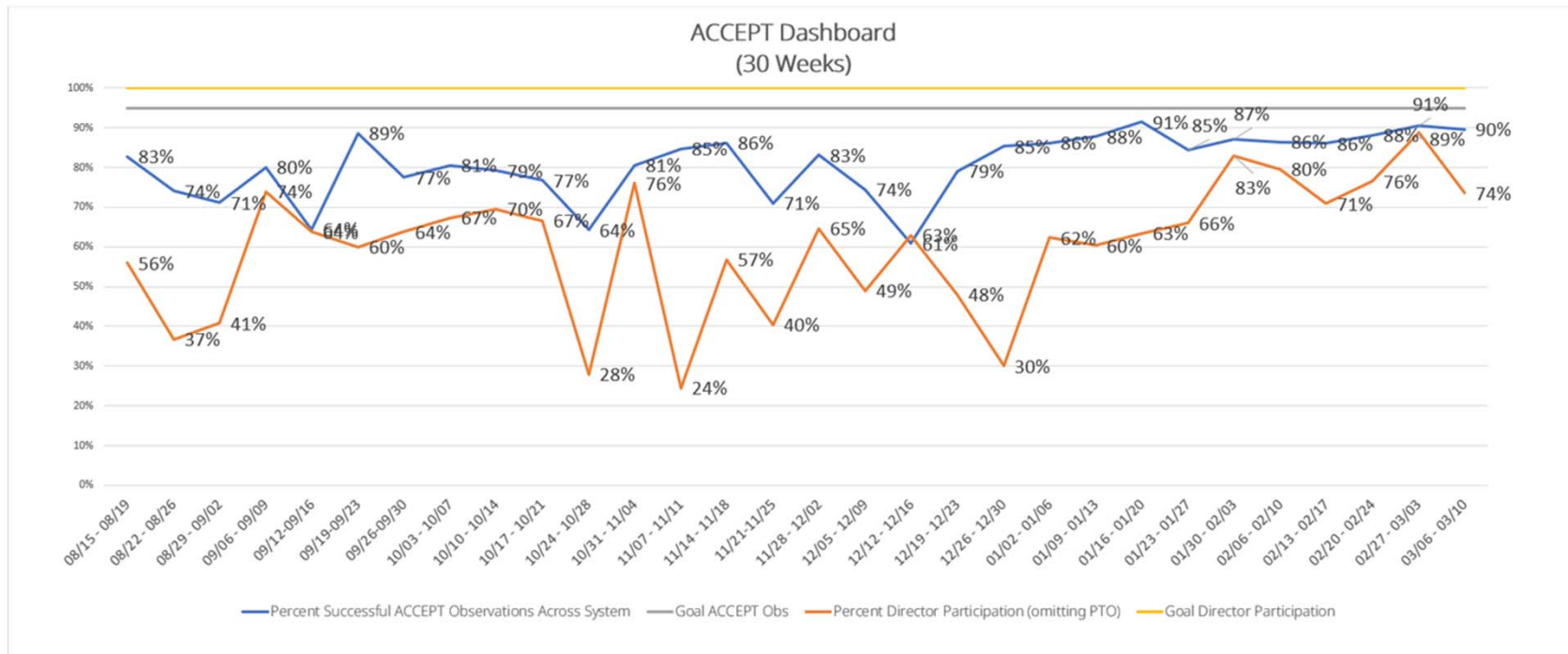
Service Excellence: HCAHPS

Open Action Items / Barriers Action

- ACCEPT has been implemented throughout organization with weekly audits to ensure hardwired within the organization.
- Working with NRC Vendor for best practices.
- Meeting with other Health System to hear how they have improved their patient experience scores.
- Continue partnering with Leaders to help support action items.
 - Inpatient/ED
 - Ambulatory

ACCEPT Observation Results (30 Weeks)

- Over the 30 weeks, avg 76.5
- Last 11 weeks above 80% successful observations each week; avg 87.5%
- With start of ACCEPT promotion want to see avg 90% weeks 19 and beyond



Promotion Plan

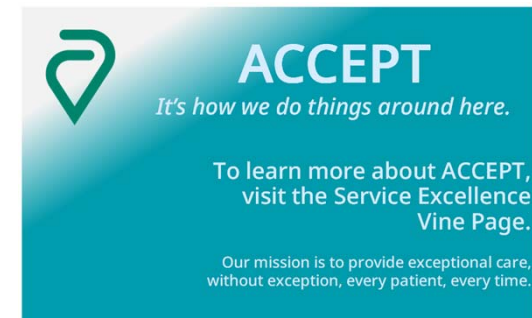
Seeking the ACCEPTional

Weekly, team based, scheduled rounding by managers and above (voluntary)

Include onsite and remote teams

Phase 1:

- Focus on positive recognition for staff demonstrating ACCEPT
- Information card for those who ask how to get recognized (passive)
- Include link with Patient Experience Week (APR 24) & *I am the KEY to Patient Experience*



Service Excellence HCAHPS

Leaders in the Acute and Emergency Services Departments have developed action items for their specific units based upon NRC data.

- **Surgical/Trauma and Medicine/Oncology**

Focus – Treated With Courtesy and Respect

Actions- Post Stoplight Report on quality board and in weekly Friday Flash

Engage staff on how they can improve perspective of the patient

Post staff suggestions on solutions to change

APCU

- Focus – Treated With Courtesy and Respect by Nurses
- Actions- Reinforce with staff the mission and values to ensure respect for family and patient are clearly identified

CRL and Manager rounding asking how patient and family are being treated

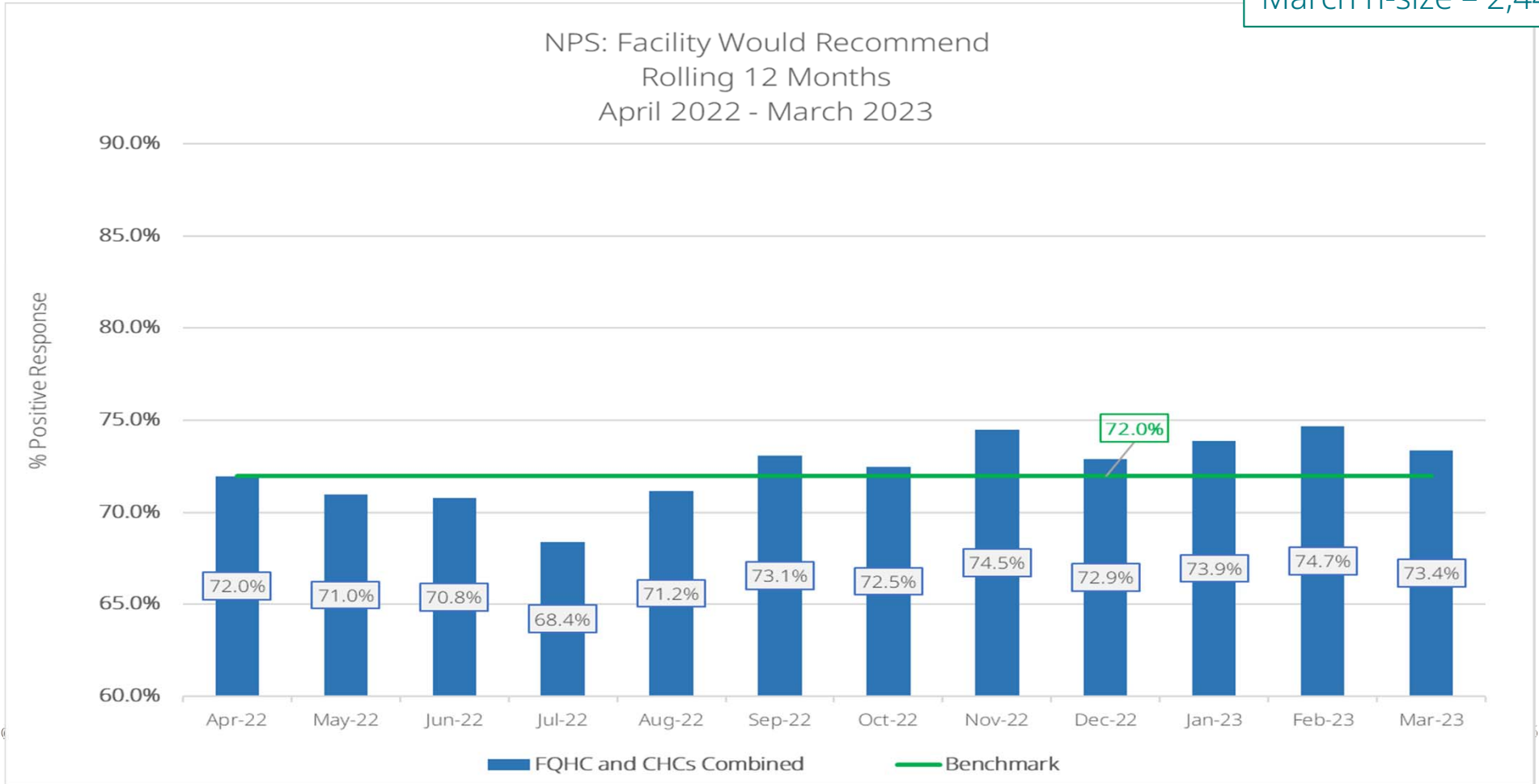
Reinforce with staff through Friday Flash and huddle that all patient and family must be treated with courtesy and respect

Staff will ensure all patients are to be addressed by using Mr/Mrs unless patient prefers to be called by first name

Staff will inquiry prior to leaving the room if there is anything else they can do to assist the patient

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

March n-size - 2,440



Peoria CHC - FQHC

10 - This was my first time being at the facility and it was beautiful. Everyone was friendly and helpful.

10 - As a way of helping, please, yes, I am very happy because they treated me very well, the doctors are very good people, the one who treats (unreadable) also helped me a lot, I am happy and I thank you because for this plan you have for help people to have them well, thank you.

7 - The check in process was not good at all. Pre-registering both online and making the appointment and registering at that time and giving all my information, it was not in the system when I got there and I thought that that's fairly inexcusable and needs to be greatly improved

5 - I was contacted the week prior and asked to come in at an appt time 30 minutes later. Then I got text messages for my original time. When I called to verify the receptionist was curt/short with me on the phone about it. The elevator had no lights working inside, no sign to warn you either so the doors close and it's pitch black. Receptionist said she already reported it, but why not warn people as they enter, since you are sitting right there?

Phoenix CHC - FQHC

10 - Doctor allowed me to talk and she listened and she helped me out. My voice is still gone, but I feel a lot better than I did in 2 days. Thank you so much, I appreciate it. I forgot her name, because you all mentioned that at the beginning.

10 - The doctor, the cardiologist, she is amazing. She is awesome. She helped through the whole visit. She was so friendly, she was nice, and she answered all the questions that we have. She is amazing.

8 - Your time is very bad. We had to wait almost two and a half hour before we've been seen. From a 9:30 appointment. We haven't been seen 'til like quarter to 12, and that is really ridiculous, to have someone waiting that long. So, you need to improve on that

8 - Well, they don't really pay attention to you, they don't listen to you, and that should be very important, and they rush you through everything and they don't explain. Thank you.

5 - It took almost an hour to see the doctor. Need to improve on that.

MCDOWELL

10 - My experience here was as great as it always is!! Thank you!!

5 - Takes forever to get a visit with [Staff]

6 - Not very warm staff. Maybe the, everybody when you check in is very warm. But the rest of the staff is not very warm. Not feeling warm, especially when it comes to your body. And asking the person questions and everything, not very comfortable with a lot of the staff members. Thank you.

10 - Thank you so much. I'm very pleased with the service that I get there at the Southwest Center at the Dell Clinic. Thank you [...] for being my provider, and thank you for everything you tell me that I need to know, God bless and have a great and wonderful day.

MESA

10 - Hey, I just want to leave my input on what I think about your guys' service and I recently just had a doctor's appointment there, an urgent checkup, well just overall, you guys were fantastic, the doctor seemed, really was knowledgeable, was able to help me with what I needed, and he's really got right to the point. And I really appreciate that and everything you guys are doing. Keep it up, it's working

5 - Yes, I was glad my daughter was able to be seen. She was prescribed antibiotics for an issue she's experiencing. However, she came all extremely frustrated with the experience you had and said, the provider was kind of rude to her, wouldn't explain something

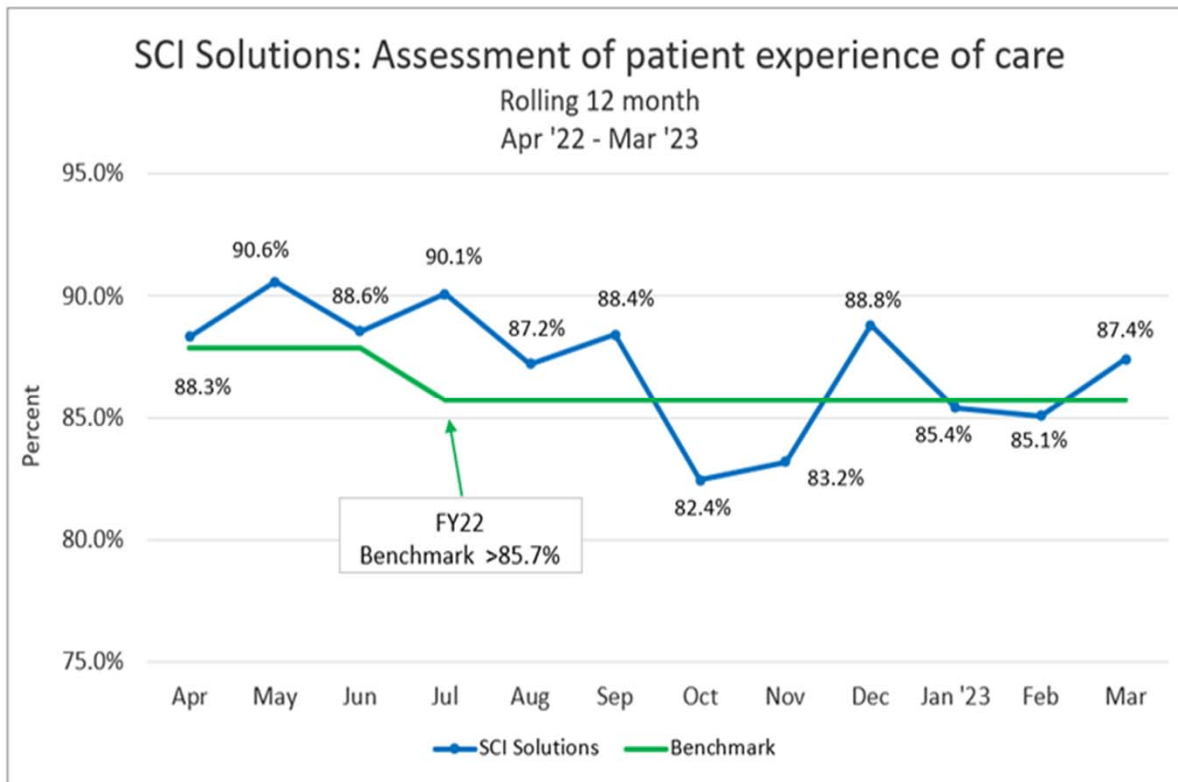
NORTH PHOENIX

10 - About my experience it was great but I would like to comment on the appointments it would also be great if they were scheduled more quickly my appointment was scheduled I think after a month from the day I called to schedule it

10 - Customer service on the front end was definitely was amazing. The physician follow up and clarity was not, and I think that I didn't feel comfortable with her decision on my diagnosis

10 - [...] is a nice doctor and I can recommend to my friend and family

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)





Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 24, 2023

Item 3.

Quarterly Infection
Control Metrics



May 24, 2023

Quarterly Infection Control Dashboard

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

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Infection Control

Quality Dashboard		Reporting Program	Benchmark	FY22 Year to Date	Desired Direction	Jul 2022	Aug 2022	Sep 2022	Qtr 1 (FY 2023)	Oct 2022	Nov 2022	Dec 2022	Qtr 2 (FY 2023)	Jan 2023	Feb 2023	Mar 2023	Qtr 3 (FY 2023)	Apr 2023	May 2023	Jun 2023	Qtr 4 (FY 2023)	FY23 Year to Date
		LF	≥97%	97%	↑	90%	91%	95%	92%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
Healthcare Associated Infections; *incl. in Leapfrog																						
Hand Hygiene Compliance (Percent)	LF	≥97%	97%	↑	90%	91%	95%	92%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	95%
Numerator					1356	1329	1305	3990	1138	1248	1102	3488	1381	1471	1740	4592						12070
Denominator					1500	1461	1371	4332	1188	1306	1152	3646	1432	1528	1811	4771						12749
Central Line Associated Blood Stream Infection (CLABSI) Standardized Infection Ratio (SIR) Hospital-acquired CLABSI	CMS-VBP-HIQR-HAC	≤0.589	0.434	↓	0.000	0.602	0.000	0.219	0.000	0.000	0.000	0.000	0.000	0.766	1.296	0.695						0.307
CLABSI Observed Number					0	1	0	1	0	0	0	0	0	1	2	3						4
CLABSI Expected Number					1.304	1.660	1.608	4.572	1.495	1.199	1.452	4.146	1.470	1.305	1.543	4.318						13.036
Hospital Acquired Catheter Associated Urinary Tract Infections (CAUTI) (SIR)	CMS-VBP-HIQR-HAC	≤0.650	0.364	↓	0.000	0.494	0.000	0.179	0.000	0.000	0.573	0.199	0.000	0.000	1.287	0.435						0.263
CAUTI Observed Number					0	1	0	1	0	0	1	1	0	0	2	2						4
CAUTI Expected Number					1.774	2.026	1.800	5.600	1.775	1.506	1.744	5.026	1.554	1.485	1.554	4.594						15.219

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	FY22 Year to Date	Desired Direction	FY22												FY23 Year to Date						
						Jul 2022	Aug 2022	Sep 2022	Qtr 1 (FY 2023)			Oct 2022	Nov 2022	Dec 2022	Qtr 2 (FY 2023)									
MRSA Bacteremia (SIR); HO-MRSA BSI Events	CMS-VBP	≤0.726	2.895	↓	Reported Semi-annually						0.000	Reported Semi-annually						0.000						
MRSA Bacteremia Observed Number					0	0	0	0	0	0	0	0	0	0	0	0			0					
MRSA Bacteremia Expected Number					*	*	*	0.811	*	*	*	0.813	*	*	*	0.772			2.769					
Clostridium difficile (C. diff) SIR; Facility Wide-IN	CMS-VBP	≤0.520	0.475	↓	Reported Quarterly				0.632	Reported Quarterly				0.707	Reported Quarterly				0.311	Reported Quarterly				0.555
C. difficile Observed Number					4	2	1	7	3	2	2	7	2	0	1	3			17					
C. difficile Expected Number					*	*	*	11	*	*	*	9.895	*	*	*	10			31					
Surgical Site Infections (SSI) - Colon Surgery (SIR)	CMS-VBP	≤0.717	0.846	↓	Reported Semi-annually						0.420	Reported Semi-annually						0.420						
SSI Colon Observed Number					0	0	1	1	0	0	0	1	0	0	0	0			1					
SSI Colon Expected Number					0	0	0	0	0	0	0	2.379	0	0	0	0			2.379					
Surgical Site Infections (SSI) - Abdominal Hysterectomy (SIR)	CMS-VBP	≤0.738	*	↓	Reported Semi-annually						*	Reported Semi-annually						*						
SSI HYST Observed Number					0	0	0	0	0	0	0	0	0	1	2	3			3					
SSI HYST Expected Number					0	0	0	0	0	0	0	0.550	0	0	0	0			0.550					

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

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

Measure Analysis and Actions

Action Items:

Hand Hygiene:

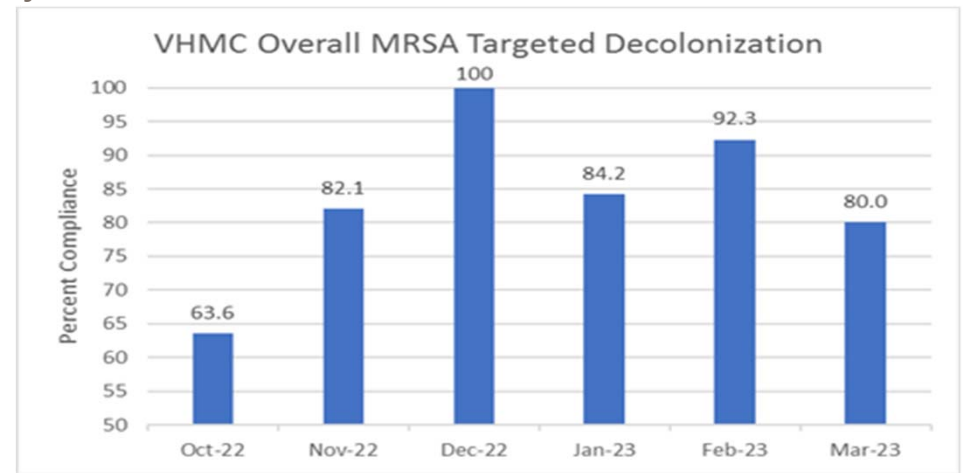
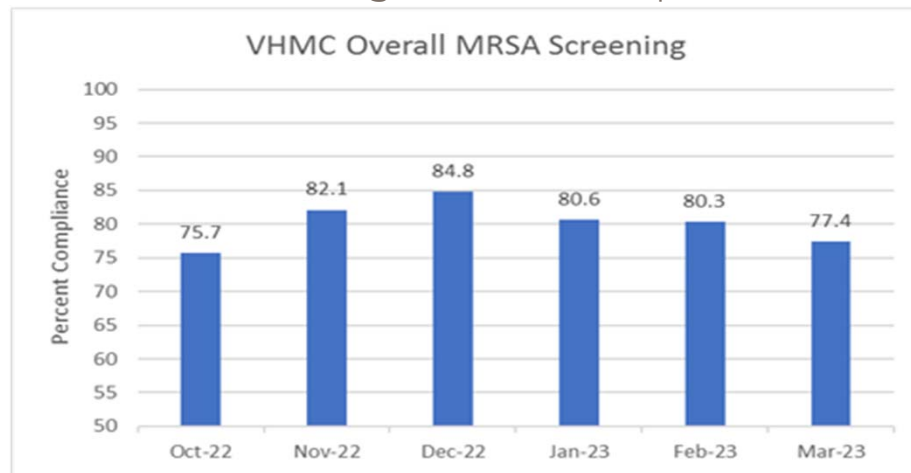
- Continue to ensure training for staff that are completing observations.
- Reviewing Discipline specific areas on units that are not meeting benchmark and reaching out to those leaders.

Action Items:

- CLABSI (Central Line Associated Bloodstream Infection)
 - Identified opportunities for improvement include ensuring complete and accurate documentation of CLABSI bundle elements (such as daily CHG baths, usage of port protectors) in the EMR. Infection Control starting taskforce to address opportunities.
 - SBAR sent out 3/22/23 to staff and providers about appropriate Biopatch placement and not suturing central lines too close to the skin.

Measures of Success - MRSA

- MRSA Sir is only calculated twice a year (December and June): **December 0.00**
- FY22 (July 2021 to June 2022) the total of MRSA cases observed was 12.
- MRSA cases observed from July 2022 to April 2023 – **Zero**
- Monitoring individual unit's participation for MRSA Screening and Target Decolonization orders
- MRSA screening is able to be performed at Maryvale ED







Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 24, 2023

Item 4.

Behavioral Health
Programs and Services

Behavioral Health Updates

May 2023

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 15 of the 19 licensed inpatient psychiatric units across our three Valleywise Behavioral Health Centers
 - This translates into 323 available beds of the 433 total licensed beds
 - 74.6% of beds in use
 - Given that Unit 11 (on the Medical Center 3rd Floor) was closed in early January 2023, and patients moved to Unit 1 with no intent to reopen (there are no plans for Behavioral Health units in the new tower), we really have only 411 total beds
 - 78.6% of beds in use
- Valleywise Behavioral Health Center Mesa
 - 5 adult units open (113 beds)
 - 1 adolescent unit open (14 beds)
- Valleywise Behavioral Health Center Phoenix
 - 2 adult units fully open (47 beds)
 - 2 adult units partially open (29 beds)
 - 22 beds closed (but still licensed) on Medical Center 3rd Floor (Unit 11)
- Valleywise Behavioral Health Center Maryvale
 - 5 adult units open (120 beds)
 - 3 adult units closed (72 beds)

Capacity Management

COVID

- We continue to test all new admissions for COVID
- We test all symptomatic patients (PUI) for COVID
- Once we have identified a COVID positive patient, we isolate them for 10 days
- We now have two modified quarantine protocols that permit isolating exposed patients for shorter time periods (than previous requirements) based on the total number of new positive patients on day zero testing
- Visitation by family has been reinstated with fewer restrictions than before
- Patients at Mesa and Phoenix have begun to eat some meals in the off-unit dining rooms
- We opened Unit 9 on the main campus Annex in late February.
- The maximum capacity is 14 due to staffing constraints.
- Once we have recruited additional direct care employees (approximately 50 employees needed to open a new unit), we will increase the Phoenix Behavioral Health Center (Annex) to its maximum capacity of 93 beds

Inpatient Behavioral Health: 3-Year Comparison

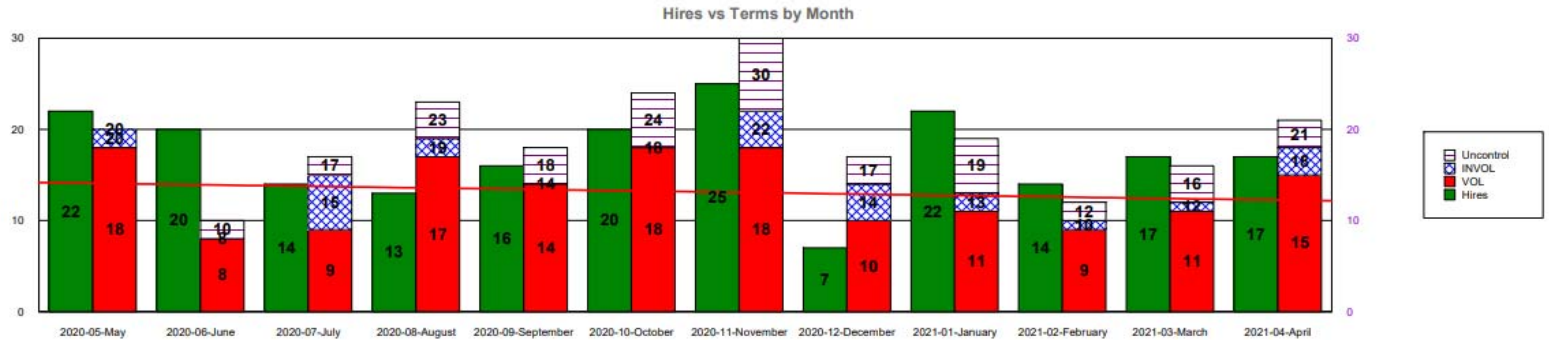
	12 Months Ending April 2021	12 Months Ending April 2022	12 Months Ending April 2023	April 2023 Budget	April 2023 Actual	April 2023 YTD	
						Budget	Actual
Admissions	5,297	4,252	3,820	383	345	3,797	3,298
Average Daily Census	285	279	266	277	290	270	269
Staffed Units/ALOS	17 units 19.66 days	14 units 23.95 days	15 units 25.38 days	15 units 21.53 days	15 units 24.94 days	15 th unit was to open 10/2022	Opened Unit 9 2/23/23
Occupancy Rate	73.64%	88.29%	82.10%	85.49%	89.51%	80%	82%



Behavioral Health Summary

April - 2021	Avg Emps	Avg Emps 1Yr	Hires	VOL	VOL 1 Yr	VOL 1st Yr %	INVOL	Uncontrol	Retire	VOL%	INVOL%	Uncon %	Total%
Administrative	2.25	0.33	0	0	0	0.00 %	0	0	0	0.00 %	0.00 %	0.00 %	0.00 %
Clinical (Non-Licensed)	35.25	12.00	9	8	4	2.78 %	3	3	0	1.89 %	0.71 %	0.71 %	3.31 %
Clinical Licensed	4.33	0.58	0	1	0	0.00 %	0	0	0	1.92 %	0.00 %	0.00 %	1.92 %
Management & Supervision	1.50	0.17	0	0	0	0.00 %	0	0	0	0.00 %	0.00 %	0.00 %	0.00 %
Professional	0.33	0.17	3	0	0	0.00 %	0	0	0	0.00 %	0.00 %	0.00 %	0.00 %
RN	16.83	4.67	5	6	4	7.14 %	0	0	0	2.97 %	0.00 %	0.00 %	2.97 %
Total	60.50	17.92	17	15	8	3.72 %	3	3	0	2.07 %	0.41 %	0.41 %	2.89 %

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	26.75	7.50	2	1	1	13.33 %	1	0	0	3.74 %	3.74 %	0.00 %	7.48 %
Clinical (Non-Licensed)	424.42	206.25	128	93	70	33.94 %	19	29	0	21.91 %	4.48 %	6.83 %	33.22 %
Clinical Licensed	49.67	15.92	5	6	4	25.13 %	0	2	0	12.08 %	0.00 %	4.03 %	16.11 %
Management & Supervision	16.50	1.08	2	4	0	0.00 %	0	0	0	24.24 %	0.00 %	0.00 %	24.24 %
Professional	5.08	3.58	4	2	1	27.91 %	0	0	0	39.34 %	0.00 %	0.00 %	39.34 %
RN	204.25	70.83	66	52	39	55.06 %	5	13	0	25.46 %	2.45 %	6.36 %	34.27 %
Total	726.67	305.17	207	158	115	37.68 %	25	44	0	21.74 %	3.44 %	6.06 %	31.24 %



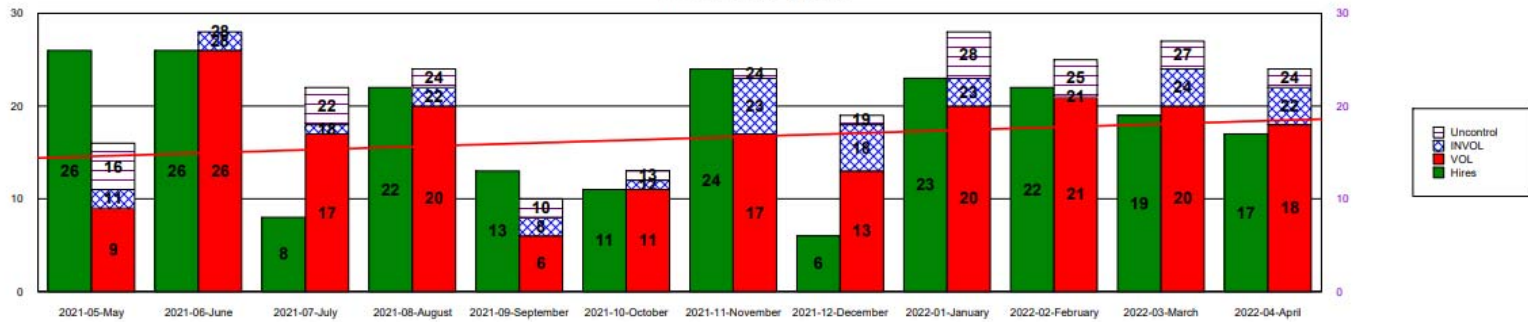


Behavioral Health Summary

April - 2022	Avg Emps	Avg Emps 1Yr	Hires	VOL	VOL 1 Yr	VOL 1st Yr %	INVOL	Uncontrol	Retire	VOL%	INVOL%	Uncon %	Total%
Administrative	2.00	0.33	0	0	0	0.00 %	0	0	0	0.00 %	0.00 %	0.00 %	0.00 %
Clinical (Non-Licensed)	33.33	10.33	12	10	6	4.84 %	4	1	0	2.50 %	1.00 %	0.25 %	3.75 %
Clinical Licensed	3.58	0.50	0	2	0	0.00 %	0	0	0	4.65 %	0.00 %	0.00 %	4.65 %
Management & Supervision	1.58	0.00	0	0	0	0.00 %	0	1	0	0.00 %	0.00 %	5.26 %	5.26 %
Professional	0.67	0.33	0	0	0	0.00 %	0	0	0	0.00 %	0.00 %	0.00 %	0.00 %
RN	13.92	2.92	5	6	4	11.43 %	0	0	0	3.59 %	0.00 %	0.00 %	3.59 %
Total	55.08	14.42	17	18	10	5.78 %	4	2	0	2.72 %	0.61 %	0.30 %	3.63 %

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	26.25	5.33	3	3	1	18.75 %	0	0	0	11.43 %	0.00 %	0.00 %	11.43 %
Clinical (Non-Licensed)	402.58	136.83	149	112	68	49.70 %	28	24	0	27.82 %	6.96 %	5.96 %	40.74 %
Clinical Licensed	47.33	6.67	3	11	2	30.00 %	0	0	0	23.24 %	0.00 %	0.00 %	23.24 %
Management & Supervision	18.75	1.33	0	0	0	0.00 %	0	1	0	0.00 %	0.00 %	5.33 %	5.33 %
Professional	6.83	4.00	4	0	0	0.00 %	0	0	0	0.00 %	0.00 %	0.00 %	0.00 %
RN	184.92	52.75	58	72	43	81.52 %	4	5	0	38.94 %	2.16 %	2.70 %	43.80 %
Total	686.67	206.92	217	198	114	55.09 %	32	30	0	28.83 %	4.66 %	4.37 %	37.86 %

Hires vs Terms by Month



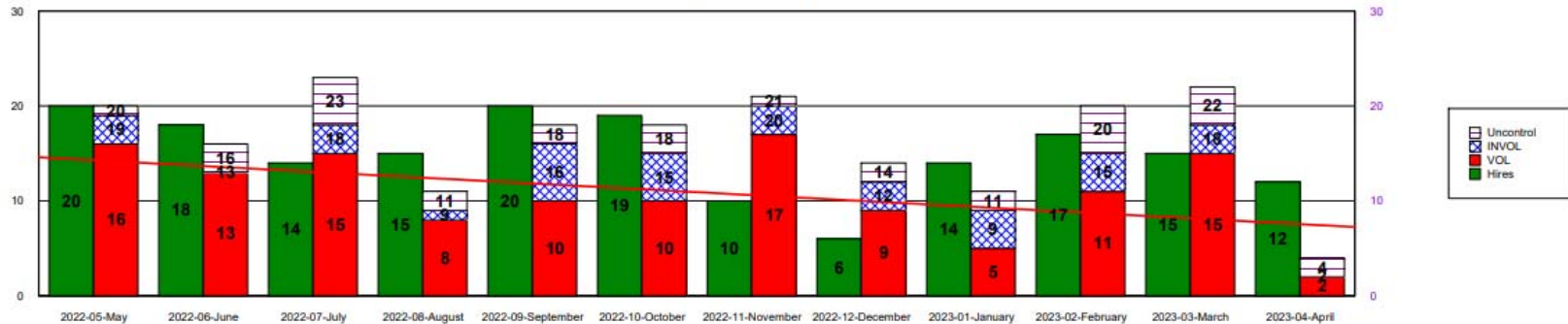


Behavioral Health Summary

April - 2023	Avg Emps	Avg Emps 1Yr	Hires	VOL	VOL 1 Yr	VOL 1st Yr %	INVOL	Uncontrol	Retire	VOL%	INVOL%	Uncon %	Total%
Administrative	2.33	0.50	1	0	0	0.00 %	0	0	0	0.00 %	0.00 %	0.00 %	0.00 %
Clinical (Non-Licensed)	32.67	10.92	11	2	0	0.00 %	0	2	0	0.51 %	0.00 %	0.51 %	1.02 %
Clinical Licensed	3.75	0.67	0	0	0	0.00 %	0	0	0	0.00 %	0.00 %	0.00 %	0.00 %
Management & Supervision	1.75	0.17	0	0	0	0.00 %	0	0	0	0.00 %	0.00 %	0.00 %	0.00 %
Professional	0.92	0.33	0	0	0	0.00 %	0	0	0	0.00 %	0.00 %	0.00 %	0.00 %
RN	13.50	2.67	0	0	0	0.00 %	0	0	0	0.00 %	0.00 %	0.00 %	0.00 %
Total	54.92	15.25	12	2	0	0.00 %	0	2	0	0.30 %	0.00 %	0.30 %	0.61 %

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	26.25	5.17	7	7	4	77.42 %	0	0	0	26.67 %	0.00 %	0.00 %	26.67 %
Clinical (Non-Licensed)	386.00	134.50	140	89	40	29.74 %	32	20	0	23.06 %	8.29 %	5.18 %	36.53 %
Clinical Licensed	42.42	7.50	2	4	1	13.33 %	0	1	0	9.43 %	0.00 %	2.36 %	11.79 %
Management & Supervision	19.33	0.50	2	1	0	0.00 %	1	0	0	5.17 %	5.17 %	0.00 %	10.34 %
Professional	10.58	5.58	5	1	1	17.91 %	0	1	0	9.45 %	0.00 %	9.45 %	18.90 %
RN	154.83	32.75	24	29	12	36.64 %	2	10	0	18.73 %	1.29 %	6.46 %	26.48 %
Total	639.42	186.00	180	131	58	31.18 %	35	32	0	20.49 %	5.47 %	5.00 %	30.97 %

Hires vs Terms by Month



Employee Retention and Turnover

April 2021 through April 2023:

- Total BH employees decreased by 88
- BH RN employees decreased by 50
- BH overall voluntary turnover over 3 years: 21.74% to 28.83% to 20.49%
- BH RN voluntary turnover decreased from 25.46% to 18.73%
- 256 employees separated
- Net loss of 76 BH employees
- There have been some improvements over the past year:
 - First year RN Voluntary Turnover decreased significantly from 81.52% to 36.64%
 - 44.95% reduction year over year
 - First year BHT Voluntary Turnover decreased significantly from 49.70% to 29.74%
 - 59.84% reduction year over year

New Hires vs. Separations

Over the past 12 months:

- 180 new BH employees onboarded (compared to 217 the prior year)

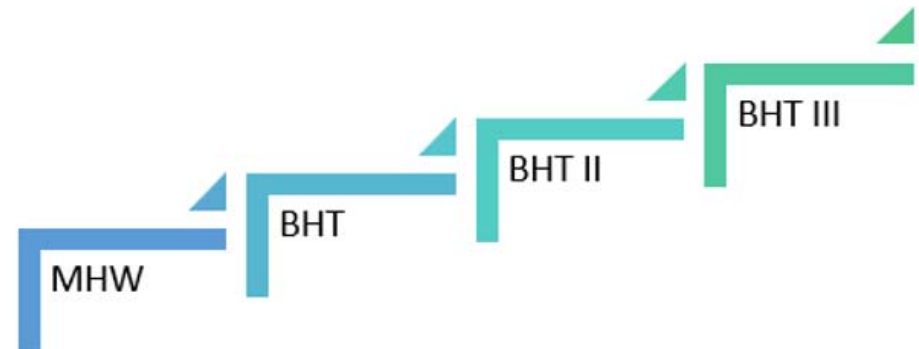
Employee Retention and Turnover

Retention Efforts

- Leadership participation during New Employee Orientation
- Recognition and acknowledgement
 - One Can Make a Difference (individual and team)
 - Highlighting accomplishments during monthly staff meetings
- Promoting teaching and advancement of staff
 - Grow Our Own Program and Maricopa County Readiness to Practice Nurse Extern Pilot Program
 - Teaching others contributes to pride of workmanship and increased gratification in the work they do
- Float LPNs assigned to assist with preceptors' workloads so they can focus more on teaching
- Review of recruitment/retention efforts during monthly staff meetings
- Nurse Leadership review of employee engagement action plans during monthly staff meetings
- Restart New Leader Orientation for CRLs
 - CRLs now have administrative time off the schedule to round, check in with new and current employees, and address any concerns

Grow Our Own BHTs

- Promoting our BHT Clinical Ladder Program
- Updated BHT I, BHT II & BHT III job descriptions
- Updated our entry level Mental Health Worker (MHW) job description
 - Highlights rewards of working with the patient population
 - Focuses on learning and advancement opportunities
 - Slowly increasing the number of MHWs within psychiatry (7)
- Efforts to increase MHWs workforce
 - Meet with BGCAZ AZYouthForce to explore a partnership
- BHTs/MHW scheduled to start in May = 18



Grow our Own Nurses

- RNs February – April 2023
 - 5 RNs hired through HR
 - 9 RNs through Grow our own program
 - Current number of Nurse Externs = 7
 - Current number of New Grads = 5

- RNs scheduled to start in May = 5



Recruitment Efforts

- Individual Video testimonials from Grow our Own program to be posted on the BH career link site
- Connecting with nursing school clinical instructors and students who rotate through behavioral health
- Monthly hiring fair
- Increased social media advertising to promote the SOAR program, hiring fairs and job availability
- Encouraging referrals from current employees
 - Reminders to current staff of the referral bonus

Assertive Community Treatment

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

- Currently serving 97 enrolled members (maximum capacity of 100), 3 pending intakes, and 1 on a waitlist. In addition, there are 3 upcoming screenings
- After having struggled with staffing shortages for over 2+ years, excited to have a fully staffed ACT team!!!
- Team celebrated Cinco de Mayo with a fiesta of food and fun for our members and their families at a nearby park
- Peer co-facilitated group “Bags for Bedtime” (making pillows for individuals who are homeless) held monthly
- Weekly groups include 2 substance abuse recovery groups, art, and social groups
- A monthly community- based group “Steps for Success” is facilitated at the Mesa library
- New groups starting in June include Wellness Recovery Action Planning (WRAP) groups, stress management, and R.I.S.E. for individuals with depression
- Clinical Coordinator certified as a Personal Medicine coach and trainer
- Planning for a second ACT team based at Maryvale Hospital (new clinic space) has begun

First Episode Center (Avondale and Mesa)

This evidence-based program, which began in February 2017, and is based at our Avondale Community Health Center. Mesa First Episode Center (FEC) will be opening in June 2023.

- Avondale FEC at maximum capacity with 90 enrolled members.
- Avondale FEC peer support specialist and a member both graduated with associate degrees on 5/12/2023 from Paradise Valley Community College.
- Avondale FEC Clinical Coordinator and Peer Support Specialist are trained facilitators for Wellness Recovery Action Plan (WRAP). Currently co-facilitating a WRAP workshop every Wednesday.
- Avondale FEC has 5-7 workshops per week for members to attend. With the success of the first Kroc Center workshop a second group was added. The Kroc Center provides members with the opportunity to workout and socialize with peers.
- Fifty percent of the Avondale FEC members are employed or going to school.
- Ninety percent of the Avondale FEC members have completed an Adverse Childhood Experiences (ACES) survey with their Recovery Coach/Therapist which provides an opportunity to increase the identification of and address childhood trauma(s).
- Tenant Improvement should be completed at the Mesa Towers within 3 weeks. Mesa FEC Provider, Clinical Coordinator and Team Specialist hired with recruitment of additional team members underway. Recently notified that additional funding from Mercy Care/AHCCCS available for both FECs.

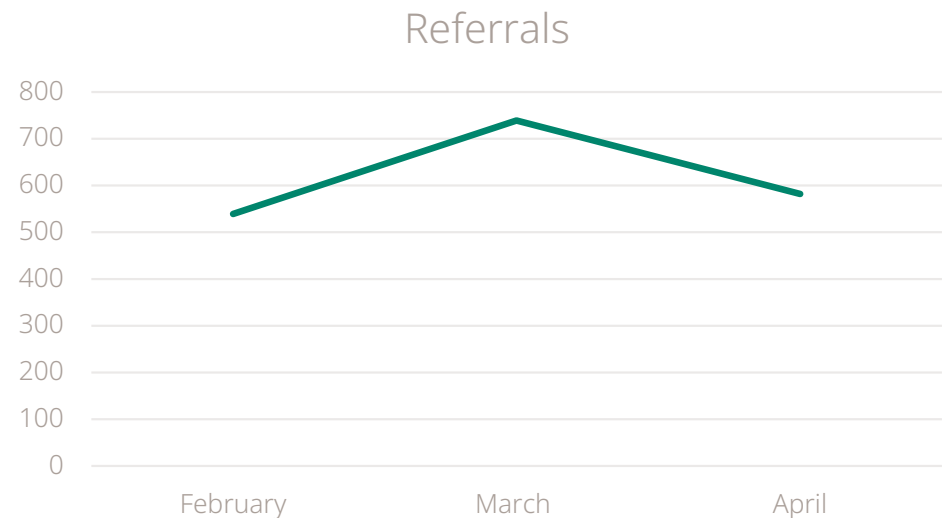
Mesa Behavioral Health Specialty Clinic

Mesa Behavioral Health Specialty Clinic opened in February 2019. Membership has been steadily growing. Currently serving 196 clients with a capacity of 300.

- Success with hiring two Team Specialists and a Program Assistant has allowed us to more quickly expand capacity to new members.
- The clinic has accepted 34 new members in the past 90 days, including 18 from our own inpatient behavioral health centers.
- Mercy Care's Rehabilitation Manager and Vocational Rehabilitation staff presented at our January Member and Family Forum. The information they presented inspired a member to consider working again.
- The Clinical Coordinator became certified as a trainer for Pat Deegan's Personal Medicine Approach to recovery.
- Groups are continually being added as the team grows, including Walking Group, Self Care Workshop, Employment Groups, Relapse Prevention, Sounds of Recovery, Social Skills, Art Group, and a Young Adult Group.

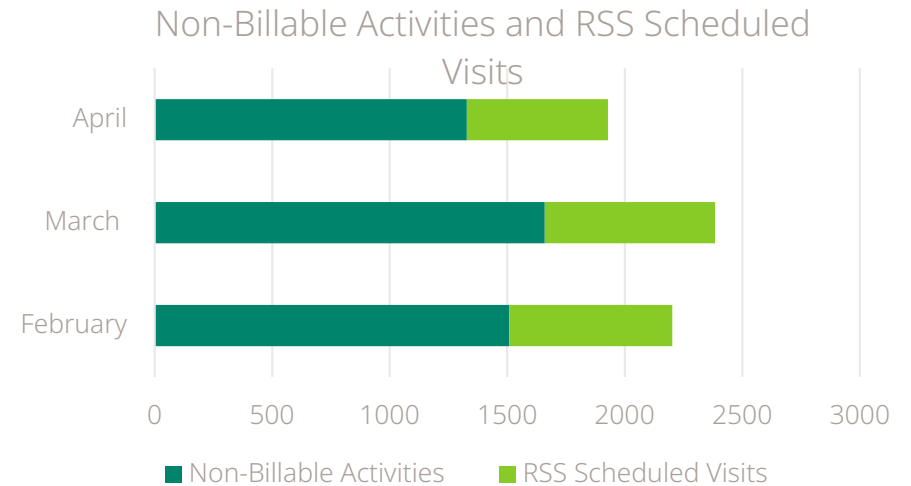
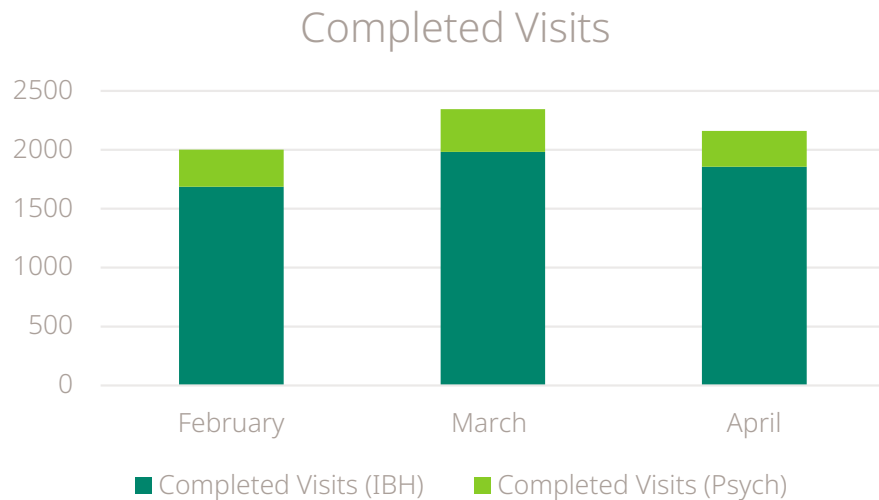
Integrated Behavioral Health (IBH)

- Since its inception in June 2017, the IBH team has grown to more than 50 staff members including; clinicians, behavioral health specialists (including peers), referral and support specialists, psychiatrists and fellows from our Child & Adolescent Psychiatry Residency Program.
- This program began because of the availability of AHCCCS TIP payments and has expanded because of ARPA funds, our SAMHSA MAT grant and support from our VH Foundation.
- For the months of February 2023– April 2023, IBH staff received over 1,800 referrals for Valleywise Health patients (average of 600 per month).
- Secured space at the CHC- Phoenix to expand Integrated Behavioral Health (IBH) services to peds, women’s and refugee clinics. Space should be occupied by the end of May or early June.



Integrated Behavioral Health (IBH)

- In the months of February 2023 to April 2023 the psychiatry team completed 983 visits.
- In the months of February 2023 to April 2023 the IBH Clinicians and BHS team completed over 5,500 visits.



- The IBH team (Clinicians and BHS) including the Referral and Support Specialist (RSS) team completed 4,400 non-billable activities (i.e., telephone calls to schedule and patient outreach).
- The RSS team scheduled over 2,000 appointment for the psychiatry team.

Future Behavioral Health Projects

In April 2022, Maricopa County provided to Valleywise Health, as a subrecipient, a total of \$16 million in ARPA funds, to be spent on capital expenditures and improvements of behavioral health facilities as follows:

- \$7 Million for establishing an SMI Direct Care clinic and Assertive Community Treatment (ACT) program in the West Valley for SMI behavioral services, through either the expansion of its Avondale Federally Qualified Health Center, or infrastructure improvements in the Maryvale Hospital;
- \$6 Million to expand the Mesa-Desert Vista facility;
- \$3 Million for interior and exterior improvements at the Mesa-Desert Vista facility.
- The expenditure of these funds must be incurred by December 31, 2024.

These funds will enable us to create space for new clinics to serve individuals with a Serious Mental Illness in both the East Valley and West Valley.

- Funds for a long overdue parking lot renovation and expansion at the Mesa (Desert Vista) facility are included in the project.
- Both projects are expected to be completed in late 2024.

We are opening a second First Episode in Mesa in June of 2023.

- Initial home will be in leased space at Alma School and Southern (in the former bank tower).
- Its permanent home will be in the Mesa Community Health Center on Main Street.



Thank you

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**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 24, 2023

Item 5.

Updated Information

Legislative Update



May 24, 2023

Legislative & Governmental Relations

Michael Fronske
Legislative and Government Affairs

Current Statistics of Session

Day	136
Bills posted	1671
Bills passed	255
Bills vetoed	72
Bills signed	151
Resolutions passed	26

Legislative Continuation

- Both the House and Senate have adjourned until June 12th.
- They stated that this is to accommodate member vacations and allow for work on outstanding issues.

State Legislation and Issues

Budget Process

The Legislature passed and the Governor signed a \$17.8B Budget

Key Health Elements of the Budget include:

- Expansion of KidsCare eligibility from 200% to 225% FPL
- \$1.1M for contracted services at ASH
- \$200K for Student Registered Nurse Anesthetist Clinical Rotation Program

State Legislation and Issues

46 Bills Sent Out for Comment 20 Bills on Monitor List

Bills we were tracking closely:

- HB 2041 Mental health; voluntary evaluations; payment (signed, Chapter 103)
- SB 1157 Hospitals; discharge planning; patient assessments (transmitted to the Governor)
- HB 2338 AHCCCS; preventive dental care (awaiting Senate 3rd read)
- HB 2624 AHCCCS; redeterminations (signed Chapter 17)
- SB 1710 State hospital; governing board; governance (Dead)
- HB 2826 health boards; AHCCCS; continuation (transmitted to the Governor)



Federal Issues

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

- Continued support for an emergency funding pathway to address the essential workforce needs of hospitals and targeting resources to essential hospitals.
- Protecting current funding sources such as DSH and 340B.





**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 24, 2023

Item 6.

**Preliminary FY 2024 Budget
Assumptions**



Operating & Capital Budget FY 2024

Agenda:

- Executive Summary
- Review/discuss FY 2024 major budget assumptions
 - Patient volumes
 - Payor Mix/Reimbursement
 - Other Operating Revenue
- Preliminary Capital Budget Amount
- Q & A

Executive Summary

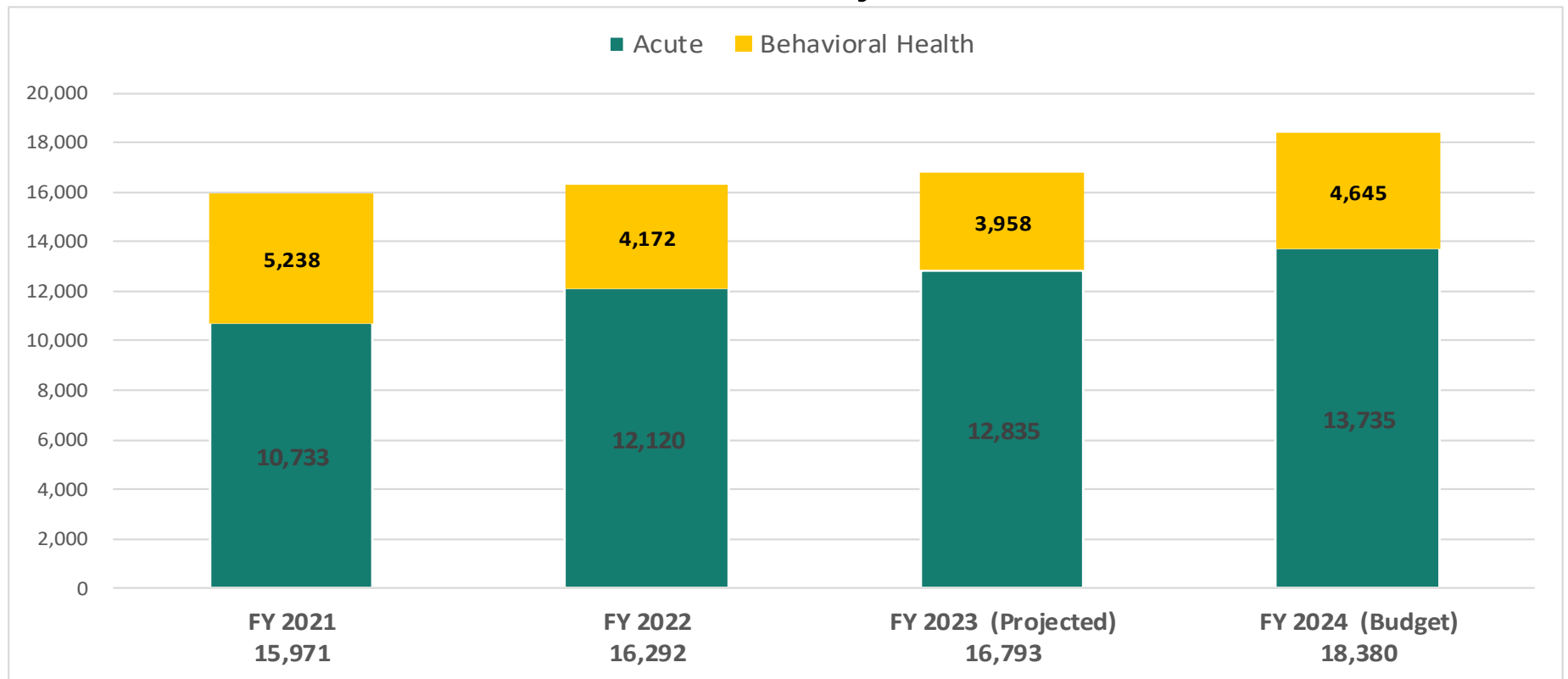
- Major operational focus areas
 - Reduction in Contract labor
 - Continued focus on Expenses
 - Supply Costs

- Strategic Initiatives
 - Opening of the Valleywise Health Acute Tower
 - Continued Expansion of Outpatient Behavioral Health



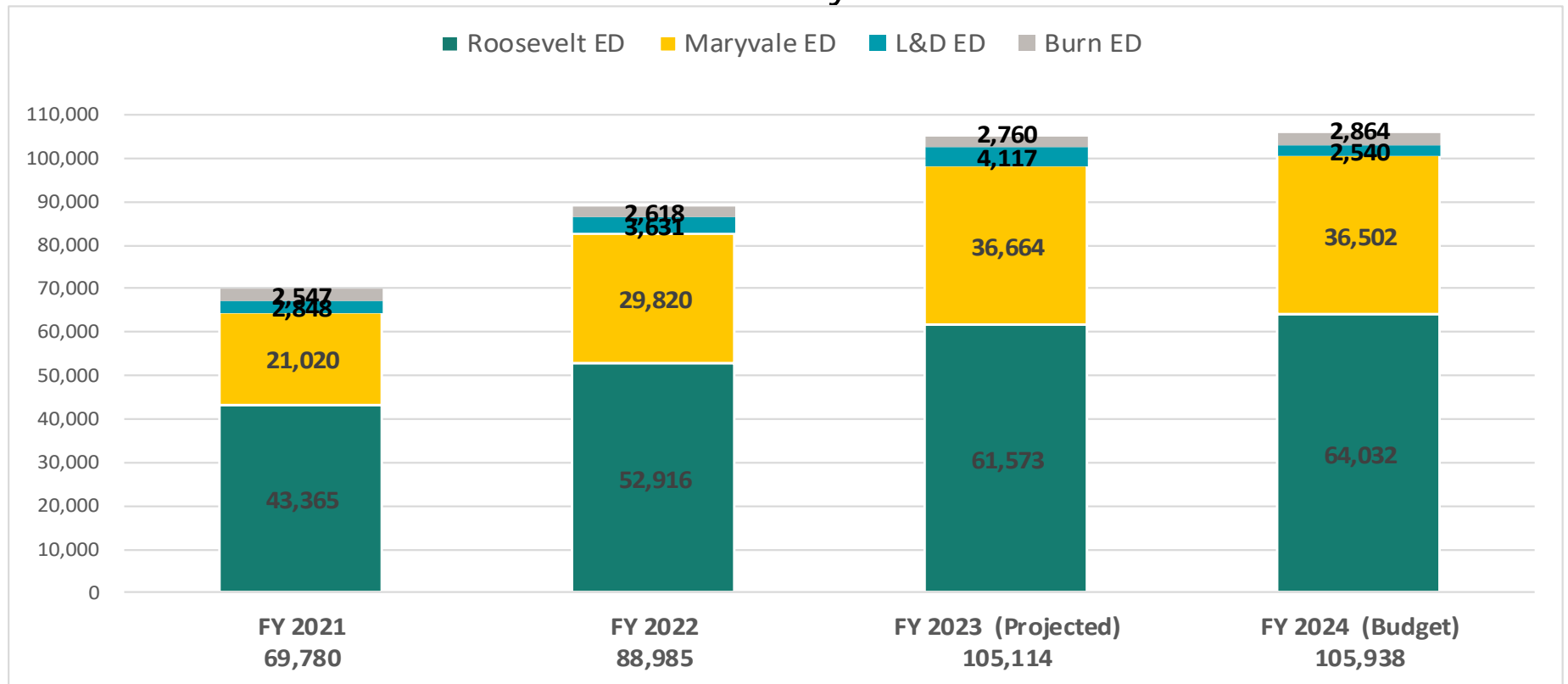
FY 2024 PRELIMINARY STATISTICS

Valleywise Health Admissions by Year



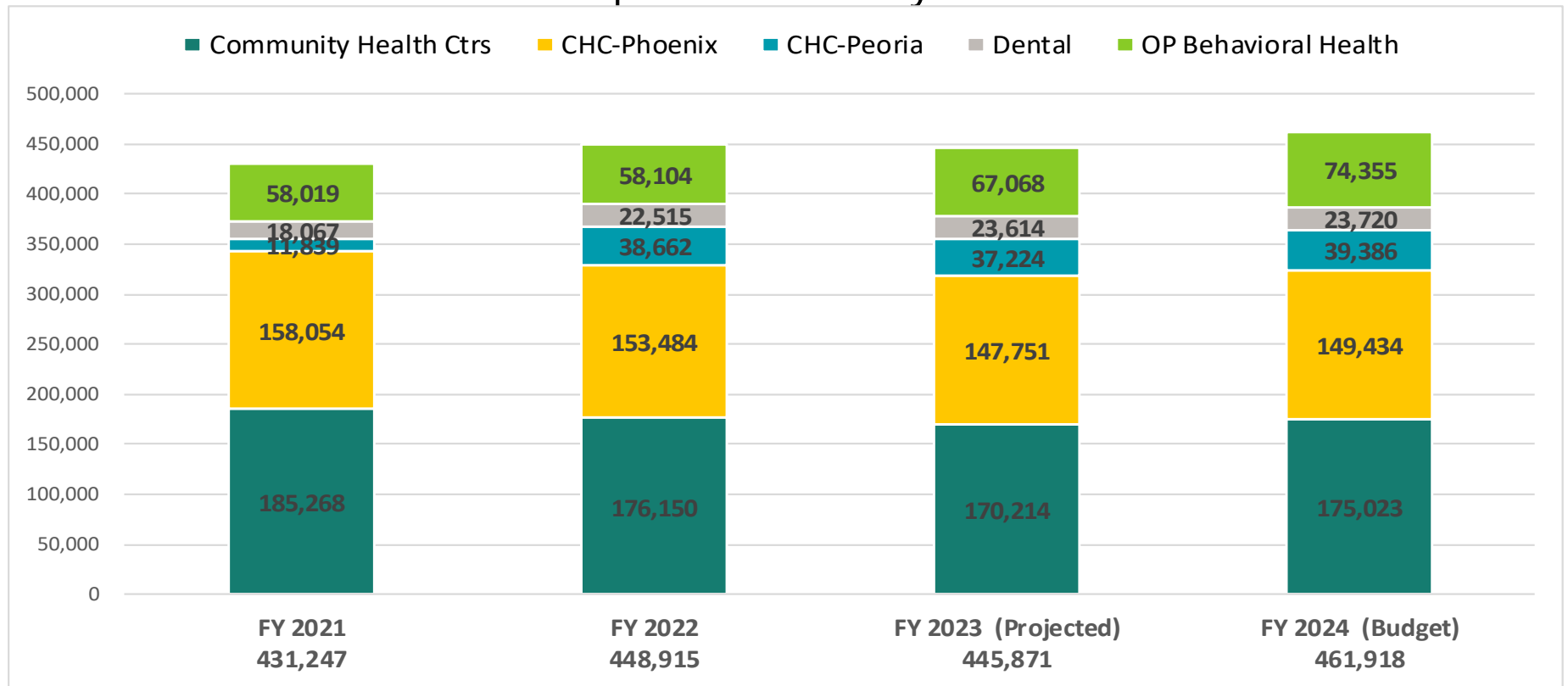
FY 2023 is based on July 2022 through April 2023 Annualized

Valleywise Health ED Visits by Year



FY 2023 is based on July 2022 through April 2023 Annualized

Valleywise Health Outpatient Visits by Year



FY 2023 is based on July 2022 through April 2023 Annualized

Valleywise Health

Preliminary FY 2024 Budget Volumes

	FY 2021 Total Actual	FY 2022 Total Actual	FY 2023 YTD APR Projection	FY 2024 Total Budget	Variance Fav / (Unfav) Bud 24 - Proj 23	Variance Fav / (Unfav) Bud 24 - Proj 23
ADMISSIONS						
Acute	10,733	12,120	12,835	13,735	900	7.0%
Behavioral Health	5,238	4,172	3,958	4,645	687	17.4%
Valleywise Behavioral Health Center-Phoenix	980	667	665	1,059	394	59.3%
Valleywise Behavioral Health Center-Mesa	1,938	1,607	1,769	1,787	18	1.0%
Valleywise Behavioral Health Center-Maryvale	2,320	1,898	1,524	1,799	275	18.0%
Total	15,971	16,292	16,793	18,380	1,587	9.5%
OBSERVATION ADMISSIONS						
Transferred to Inpatient *	1,917	2,095	2,768	2,655	(113)	(4.1%)
Observation Admission Only	3,200	3,610	4,549	4,370	(179)	(3.9%)
Total Observation Admissions	5,117	5,705	7,318	7,025	(293)	(4.0%)
TOTAL ADMISSIONS AND OBSERVATION ONLY						
Total	19,171	19,902	21,342	22,750	1,408	6.6%
PATIENT DAYS						
Acute	60,012	68,994	67,235	68,929	1,694	2.5%
Behavioral Health	105,221	98,479	98,270	109,176	10,906	11.1%
Valleywise Behavioral Health Center-Phoenix	25,967	21,728	22,268	25,163	2,895	13.0%
Valleywise Behavioral Health Center-Mesa	33,701	33,458	38,137	41,688	3,551	9.3%
Valleywise Behavioral Health Center-Maryvale	45,553	43,293	37,865	42,325	4,460	11.8%
Total	165,233	167,473	165,505	178,105	12,600	7.6%

* Already included in 'Acute Admissions'.

Valleywise Health

Preliminary FY 2024 Budget Volumes

	FY 2021 Total Actual	FY 2022 Total Actual	FY 2023 YTD APR Projection	FY 2024 Total Budget	Variance Fav / (Unfav) Bud 24 - Proj 23	Variance Fav / (Unfav) Bud 24 - Proj 23
OPERATING ROOM SURGERIES						
Inpatient	4,180	4,558	4,435	4,595	160	3.6 %
Outpatient	3,072	3,201	3,288	3,224	(64)	(1.9 %)
Total	7,252	7,759	7,723	7,819	96	1.2 %
OPERATING ROOM SURGERIES - PEORIA						
Outpatient	66	382	534	1,169	635	118.9 %
ENDOSCOPY PROCEDURES - ROOSEVELT						
Inpatient	1,050	1,157	1,075	1,149	73	6.8 %
Outpatient	2,996	2,722	2,266	2,551	286	12.6 %
Total	4,046	3,879	3,341	3,700	359	10.8 %
ENDOSCOPY PROCEDURES - PEORIA						
Outpatient	204	1,004	1,369	1,274	(95)	(7.0 %)
DELIVERIES						
Total	1,691	2,055	2,424	2,535	111	4.6 %

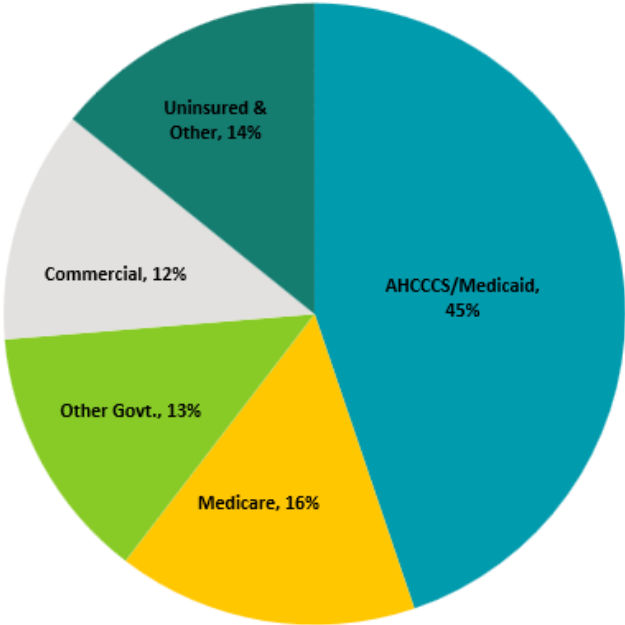
Valleywise Health

Preliminary FY 2024 Budget Volumes

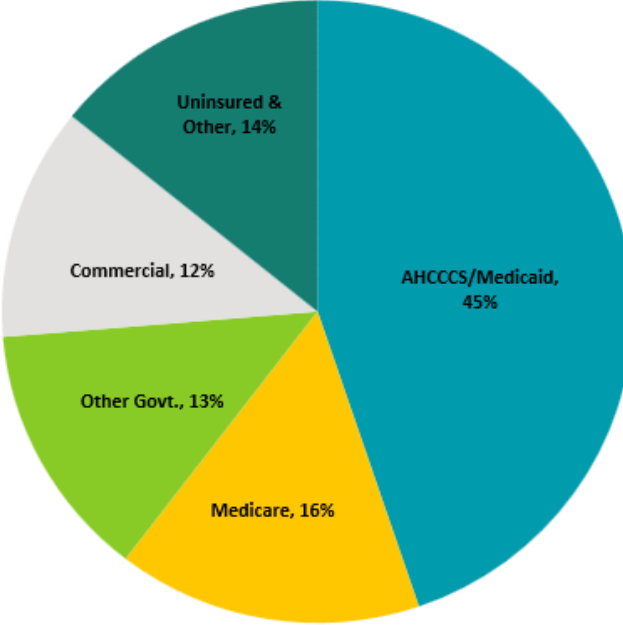
	FY 2021 Total Actual	FY 2022 Total Actual	FY 2023 YTD APR Projection	FY 2024 Total Budget	Variance Fav / (Unfav) Bud 24 - Proj 23	Variance Fav / (Unfav) Bud 24 - Proj 23
ED VISITS						
Adult	43,365	52,916	61,573	64,032	2,458	4.0%
Maryvale	21,020	29,820	36,664	36,502	(162)	(0.4%)
Labor & Delivery	2,848	3,631	4,117	2,540	(1,577)	(38.3%)
Burn	2,547	2,618	2,760	2,864	104	3.8%
Total	69,780	88,985	105,114	105,938	824	0.8%
AMBULATORY VISITS						
Valleywise Community Health Centers	185,268	176,150	170,214	175,023	4,809	2.8%
Valleywise Comprehensive Health Center-Phoenix	158,054	153,484	147,751	149,434	1,683	1.1%
Valleywise Comprehensive Health Center-Peoria	11,839	38,662	37,224	39,386	2,162	5.8%
Outpatient Behavioral Health	58,019	58,104	67,068	74,355	7,287	10.9%
Dental	18,067	22,515	23,614	23,720	106	0.5%
Total	431,247	448,915	445,871	461,918	16,047	3.6%

Payor Mix Assumption

Actual April YTD



Budget FY24




Other Operating Revenue

	FY 2024 Budget	
Graduate Medical Education	\$ 49,371,184	32%
AHCCCS HCIF Program	33,660,283	22%
340 (b) Pharmacy Revenue	28,265,949	18%
Retail Rx Sales	16,683,095	11%
Grants and Research	11,603,516	8%
Disproportionate Share (DSH)	4,202,300	3%
Other	3,117,047	2%
Cafeteria and Gift Shop Sales	2,921,310	2%
Trauma Services	2,750,000	2%
Interns, Residents, and Medical Students	719,000	0%
Total	\$ 153,293,684	100%



FY 2024 CAPITAL



Valleywise Health Capital Budget FY 2024 Preliminary Amount

Routine Capital and Emergency Capital is preliminarily budgeted at the \$10M. This is the same total amount as FY 2023.



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 24, 2023

Item 7.

**Financial and Statistical
Information**

April 2023



Financial and Statistical Information

for the month ending
April 30, 2023



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Financial Highlights – April 2023

Patient Activity

Total admissions in April were 2.5% below budget and exactly the same as April of last year. Inpatient acute admissions for the month were 0.4% over budget and 3.0% lower than last April 2022. Behavioral health admissions were 10.2% below budget for the month and 10.2% higher than last April 2022. Emergency department visits were 28.0% over budget for the month and 18.6% higher than last April 2022. Ambulatory visits were 5.0% below budget for the month and 5.2% lower than last April 2022.

Operating Revenue

Net patient service revenues were 3.0% over budget for the month and were 8.3% higher than last April 2022. Other revenues were 23.2% over budget for the month, primarily in revenues related to Healthy II, sales at retail pharmacies and 340(b) program revenues. Overall total operating revenues were 7.2% over budget primarily in other revenues.

Operating Expense

Total operating expenses were 13.4% over budget for April. Labor expense, which includes salaries, benefits, and contract labor, were 17.1% over budget for the month, primarily in contract labor and the implementation of the clinical employees' retention program for hard to fill positions. Majority of negative variances in contract labor were in nursing, mostly acute care units and emergency depts, peri-op services, and inpatient behavioral health units. Net medical service fees were 22.0% over budget for the month primarily in staffing costs and changes to the contract. Supplies were 0.2% over budget primarily in pharmaceuticals, surgery related medical supplies while below budget in lab supplies and blood/plasma. Purchased services were 17.9% over budget primarily in consulting fees, legal/attorney fees, dispensing fees and other outside services. Lastly, all other expenses excluding depreciation were 0.4% over budget for the month primarily in patient transport services and risk management related expenses while below budget in utilities (gas usage).

Non-Operating Revenue (Expense) – In total, net non-operating revenues and expenses were 54.9% over budget for the month of April, primarily in interest income, capital related grant revenues and federal grant revenues received to offset the cost of the implementation of the clinical employees' retention program.



Cash and Cash Equivalents (including investments)

	<u>April 2023</u>	<u>June 2022</u>
Operating / General Fund	\$237.1M	\$233.4M
Bond related – Restricted	<u>184.1M</u>	<u>306.9M</u>
Total cash and cash equivalents (including investments)	\$421.2M	\$540.3M

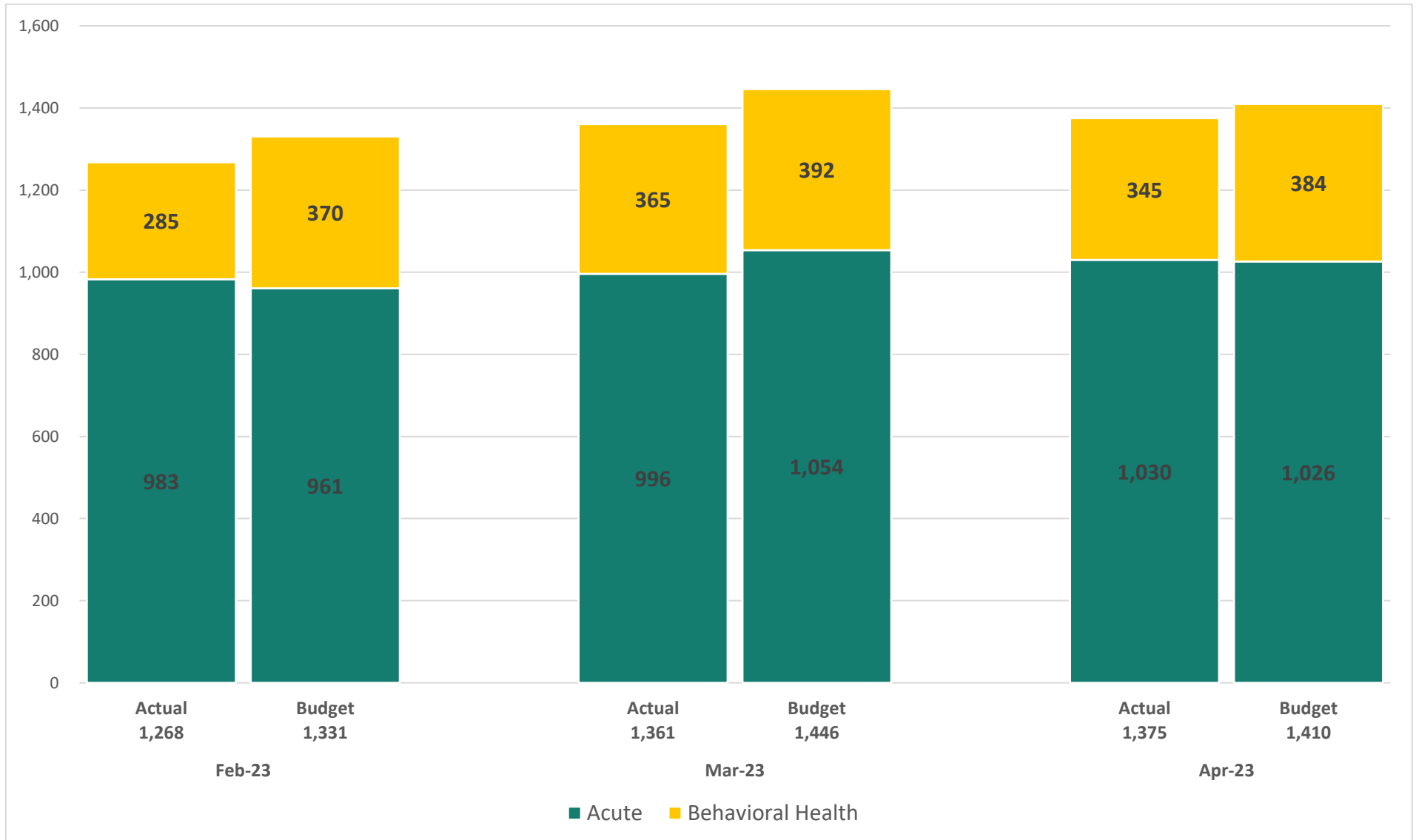
Select Ratios

	FY2023 YTD as of April	Moody’s “A3” Medians
Liquidity		
Days cash on hand (unrestricted)	107.8	183.5
Days in Accounts Receivable	64.2	47.0
Current Ratio (excludes Bond funds)	2.0	1.8

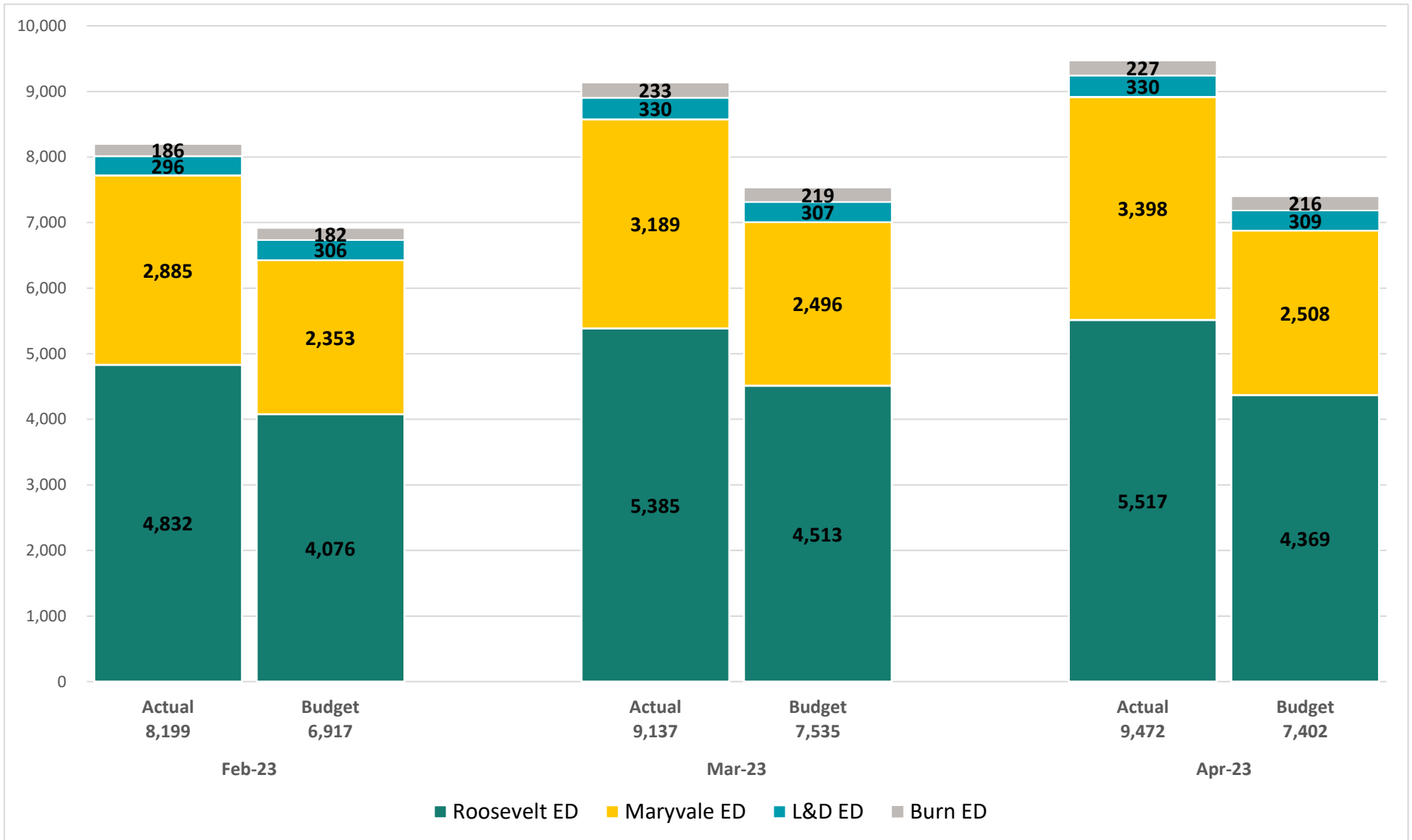
	FY2023 YTD Actual	FY2023 YTD Budget
Profitability		
Operating Margin (%)	(27.8)	(25.0)
Excess Margin – normalized (%)	(11.9)	(10.8)
Productivity		
FTE/AOB w/o Residents	4.28	4.66

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

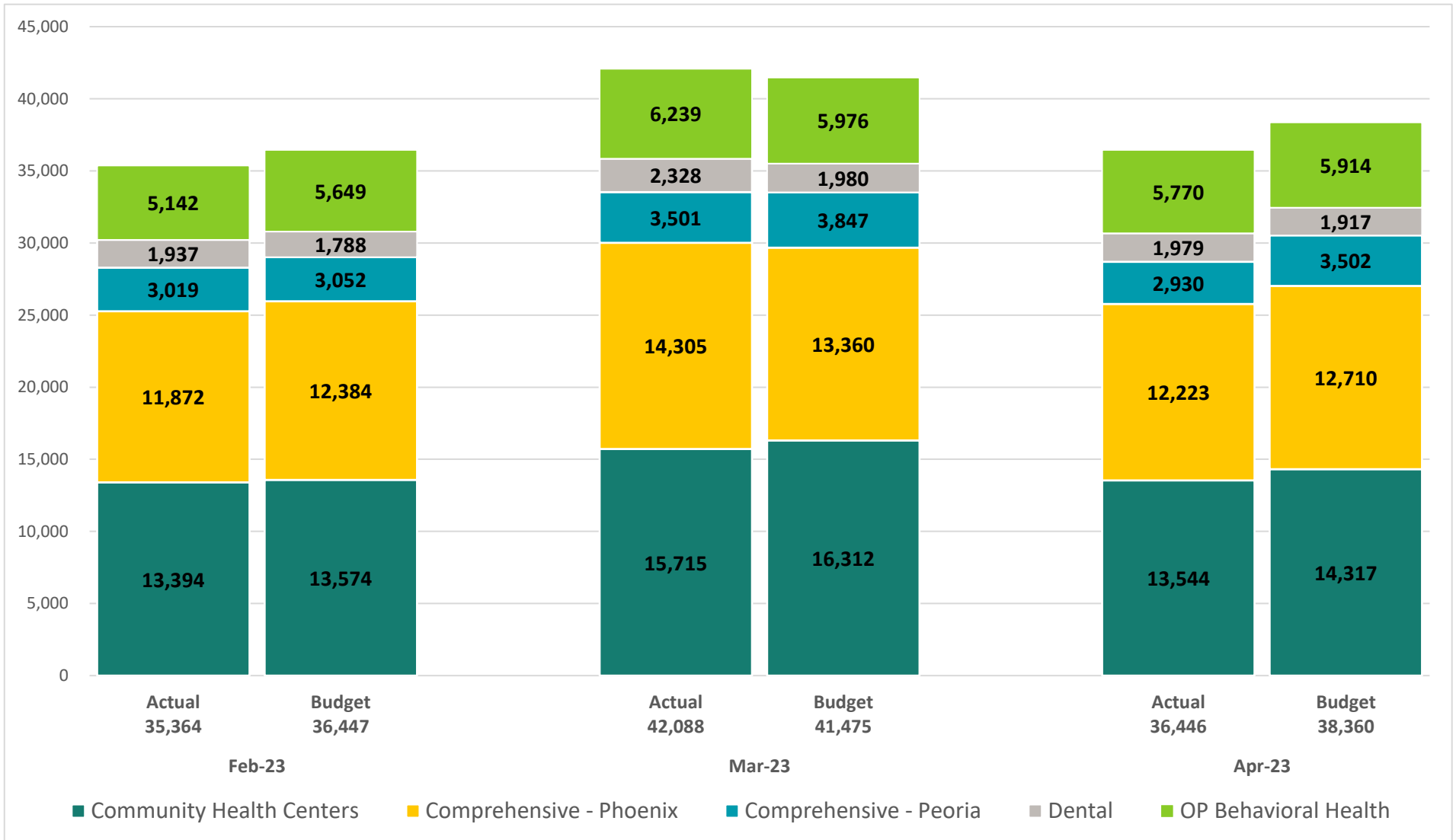
Fiscal Year 2023 Admissions



Fiscal Year 2023 Emergency Department Visits

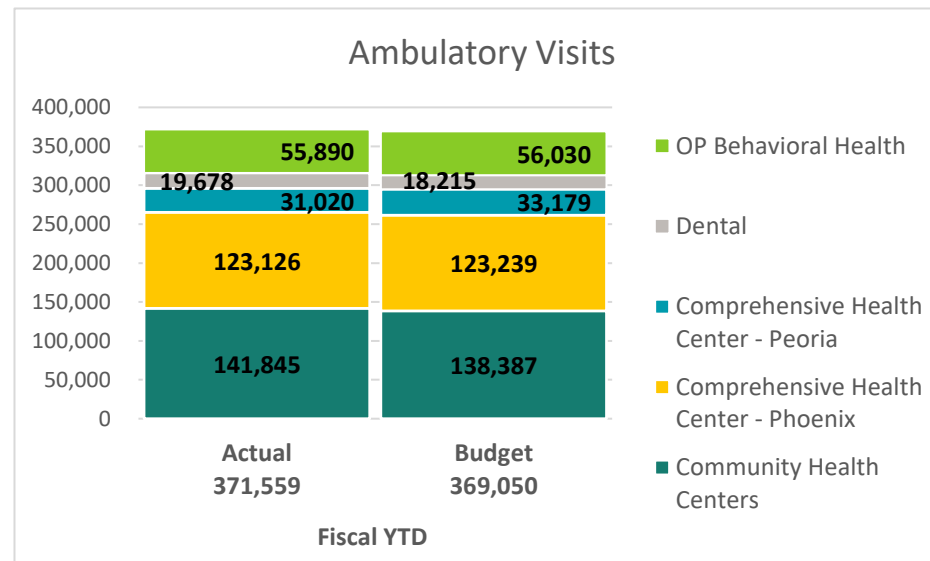
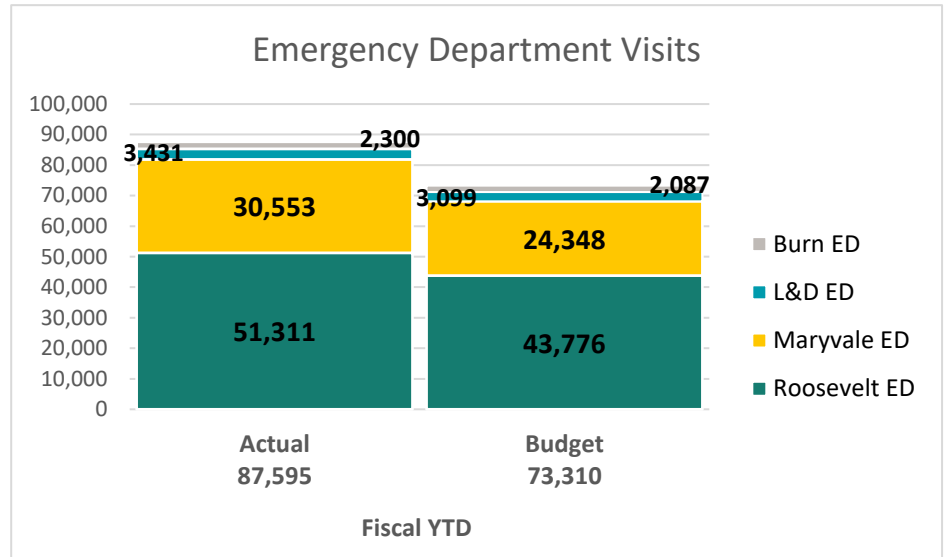
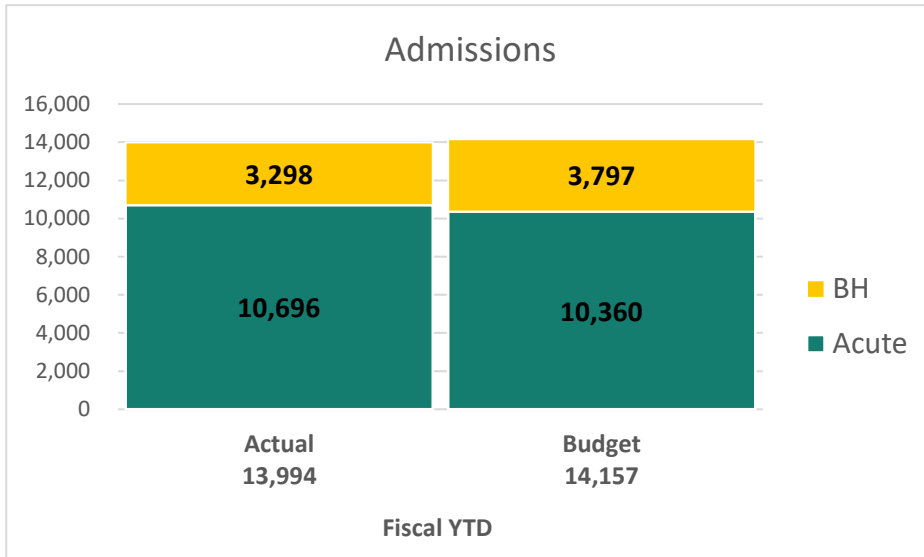


Fiscal Year 2023 Ambulatory Visits



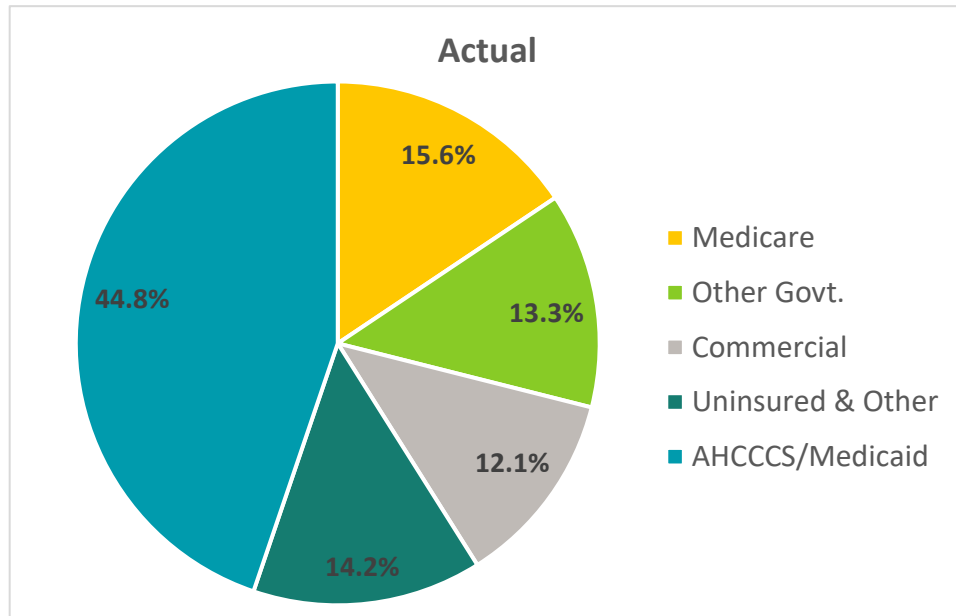
* Includes Telehealth visits -- 5,262 (February 2023) || 5,524 (March 2023) || 4,709 (April 2023)

Fiscal Year 2023 Year-to-Date Volume Summary

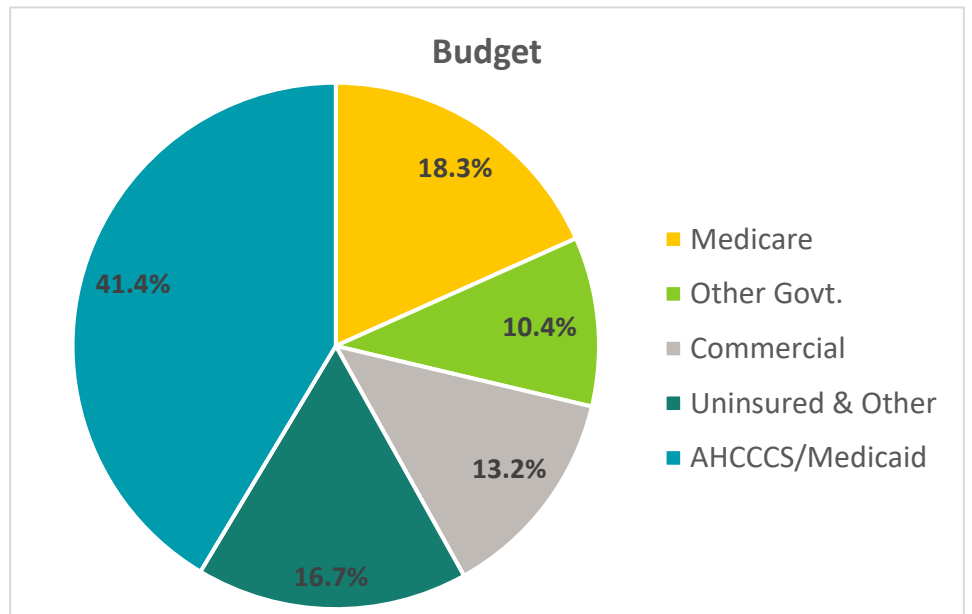


* Includes 58,398 Telehealth visits in FY 2023

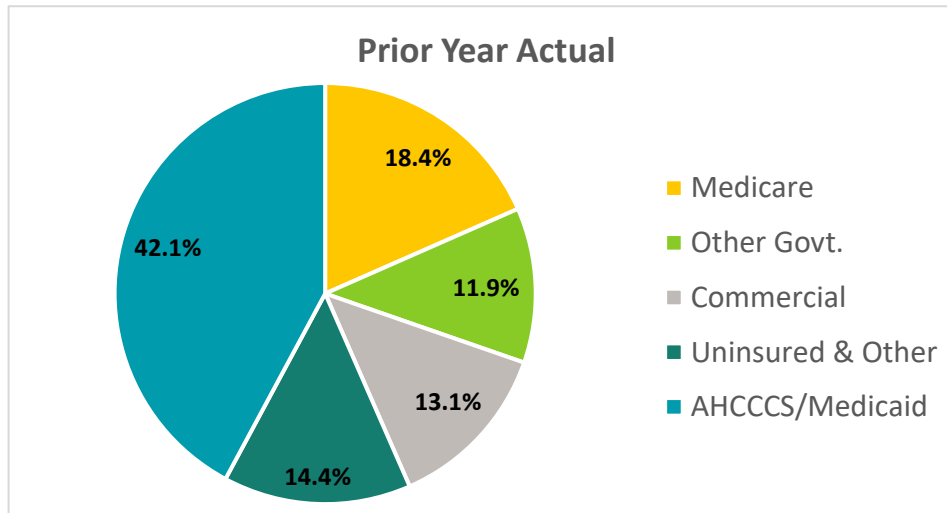
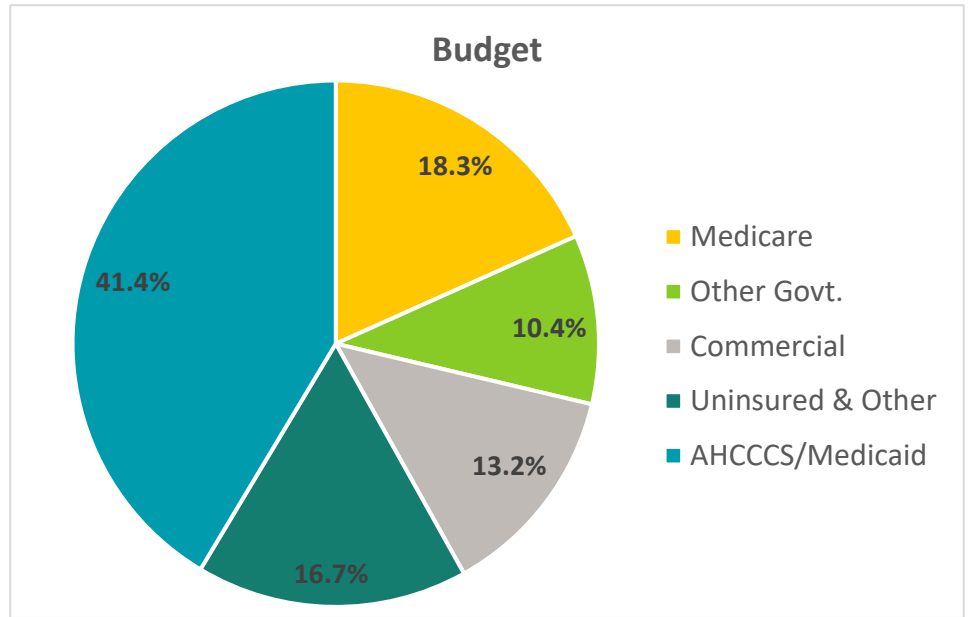
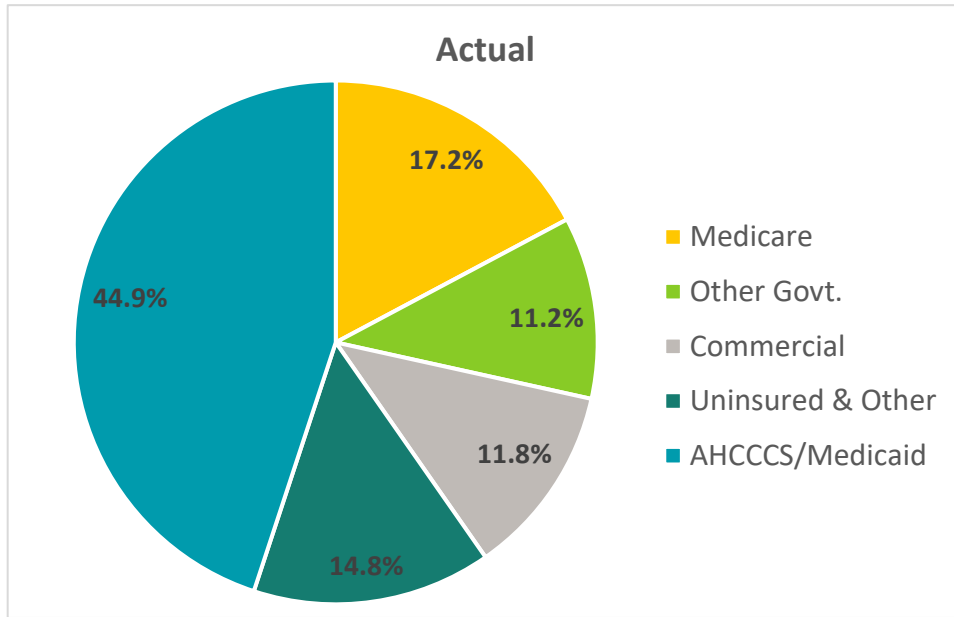
Fiscal Year 2023 Patient Revenue Source by Gross Revenue



Actual Gross Revenue is
month of April 30, 2023



Fiscal Year 2023 Patient Revenue Source by Gross Revenue



Actual Gross Revenue is
YTD as of April 30, 2023

Prior Year Gross Revenue is
all of fiscal year 2022



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF REVENUES AND EXPENSES

For the Period Ending April 30, 2023

	APR 2023 Actual	APR 2023 Budget	APR 2023 Variance	APR 2023 % Change	Prior Year Same Month APR 2022	Prior Year Same Month Variance	Prior Year Same Month % Change
Net Patient Service Revenue	\$ 44,523,732	\$ 43,223,756	\$ 1,299,976	3.0 %	\$ 41,126,719	\$ 3,397,012	8.3 %
Other Revenue	14,083,923	11,431,027	2,652,896	23.2 %	10,601,259	3,482,664	32.9 %
Total Operating Revenue	58,607,655	54,654,782	3,952,872	7.2 %	51,727,978	6,879,676	13.3 %
OPERATING EXPENSES							
Salaries and Wages	26,916,004	25,974,529	(941,475)	(3.6 %)	21,419,883	(5,496,121)	(25.7 %)
Contract Labor	7,825,712	3,015,329	(4,810,383)	(159.5 %)	9,489,636	1,663,924	17.5 %
Employee Benefits	8,237,459	7,709,899	(527,560)	(6.8 %)	6,645,480	(1,591,979)	(24.0 %)
Medical Service Fees	10,761,575	8,822,898	(1,938,677)	(22.0 %)	7,923,164	(2,838,411)	(35.8 %)
Supplies	8,006,458	7,993,902	(12,556)	(0.2 %)	9,130,875	1,124,417	12.3 %
Purchased Services	5,287,949	4,483,366	(804,583)	(17.9 %)	2,283,704	(3,004,245)	(131.6 %)
Repair and Maintenance	2,017,031	2,020,405	3,373	0.2 %	2,088,211	71,179	3.4 %
Utilities	630,038	769,094	139,055	18.1 %	593,364	(36,675)	(6.2 %)
Rent	507,334	490,180	(17,154)	(3.5 %)	527,367	20,033	3.8 %
Other Expenses	2,156,503	2,008,344	(148,159)	(7.4 %)	1,769,844	(386,659)	(21.8 %)
Provider Assessment	0	0	0	0.0 %	1,963,959	1,963,959	100.0 %
Depreciation	4,186,560	4,186,560	0	0.0 %	3,137,958	(1,048,601)	(33.4 %)
Total Operating Expense	76,532,625	67,474,507	(9,058,118)	(13.4 %)	66,973,444	(9,559,180)	(14.3 %)
Operating Income (Loss)	(17,924,970)	(12,819,724)	(5,105,246)	(39.8 %)	(15,245,466)	(2,679,504)	(17.6 %)
NONOPERATING REVENUES (EXPENSES)							
NonCapital Grants	3,845,943	399,414	3,446,529	862.9 %	495,600	3,350,343	676.0 %
NonCapital Transfers from County/State	295,658	295,658	0	0.0 %	295,658	0	0.0 %
Investment Income	673,818	223,910	449,908	200.9 %	348,181	325,637	93.5 %
Other NonOperating Revenues (Expenses)	586,082	(385,246)	971,327	252.1 %	2,849,811	(2,263,730)	(79.4 %)
Interest Expense	(2,453,383)	(2,444,238)	(9,145)	(0.4 %)	(1,507,861)	(945,523)	(62.7 %)
Tax Levy	10,767,838	10,767,838	(0)	(0.0 %)	12,085,171	(1,317,333)	(10.9 %)
Total NonOperating Revenues (Expenses)	13,715,955	8,857,336	4,858,619	54.9 %	14,566,560	(850,605)	(5.8 %)



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF REVENUES AND EXPENSES

For the Period Ending April 30, 2023

	APR 2023 Actual	APR 2023 Budget	APR 2023 Variance	APR 2023 % Change	Prior Year Same Month APR 2022	Prior Year Same Month Variance	Prior Year Same Month % Change
Excess of Revenues over Expenses	\$ (4,209,015)	\$ (3,962,388)	\$ (246,627)	(6.2 %)	\$ (678,906)	\$ (3,530,109)	(520.0 %)
Bond-Related Revenues and Expenses	(1,023,411)	(789,899)	(233,511)	(29.6 %)	(3,483,189)	2,459,778	70.6 %
Increase (Decrease) in Net Assets (normalized)	\$ (5,232,426)	\$ (4,752,288)	(480,138)	(10.1 %)	\$ (4,162,095)	\$ (1,070,331)	(25.7 %)



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF REVENUES AND EXPENSES

For the Ten Periods Ending April 30, 2023

	APR 2023 YTD Actual	APR 2023 YTD Budget	APR 2023 YTD Variance	YTD APR 2023 % Change	YTD Prior Year APR 2022	YTD Prior Year Variance	YTD Prior Year % Change
Net Patient Service Revenue	\$ 419,388,548	\$ 431,780,762	\$ (12,392,214)	(2.9 %)	\$ 438,133,640	\$ (18,745,092)	(4.3 %)
Other Revenue	132,525,284	106,813,111	25,712,173	24.1 %	94,517,787	38,007,497	40.2 %
Total Operating Revenue	551,913,832	538,593,873	13,319,959	2.5 %	532,651,427	19,262,405	3.6 %
OPERATING EXPENSES							
Salaries and Wages	246,447,678	250,489,697	4,042,019	1.6 %	243,115,290	(3,332,388)	(1.4 %)
Contract Labor	72,755,556	41,842,192	(30,913,364)	(73.9 %)	66,517,570	(6,237,986)	(9.4 %)
Employee Benefits	73,067,420	74,297,620	1,230,199	1.7 %	71,567,639	(1,499,781)	(2.1 %)
Medical Service Fees	91,856,936	85,978,071	(5,878,865)	(6.8 %)	81,234,998	(10,621,938)	(13.1 %)
Supplies	81,682,866	77,564,547	(4,118,319)	(5.3 %)	84,574,387	2,891,521	3.4 %
Purchased Services	46,151,297	45,132,320	(1,018,977)	(2.3 %)	24,467,720	(21,683,578)	(88.6 %)
Repair and Maintenance	18,341,579	19,740,481	1,398,902	7.1 %	18,167,235	(174,344)	(1.0 %)
Utilities	6,859,193	7,740,074	880,881	11.4 %	5,982,120	(877,073)	(14.7 %)
Rent	5,147,871	4,893,756	(254,115)	(5.2 %)	5,607,038	459,167	8.2 %
Other Expenses	20,021,247	20,337,528	316,281	1.6 %	18,298,655	(1,722,592)	(9.4 %)
Provider Assessment	5,891,876	5,891,876	(0)	(0.0 %)	19,519,507	13,627,631	69.8 %
Depreciation	37,153,041	39,425,530	2,272,489	5.8 %	37,023,507	(129,534)	(0.3 %)
Total Operating Expense	705,376,560	673,333,692	(32,042,868)	(4.8 %)	676,075,664	(29,300,896)	(4.3 %)
Operating Income (Loss)	(153,462,728)	(134,739,820)	(18,722,909)	(13.9 %)	(143,424,237)	(10,038,491)	(7.0 %)
NONOPERATING REVENUES (EXPENSES)							
NonCapital Grants	7,961,514	4,081,376	3,880,137	95.1 %	4,782,967	3,178,546	66.5 %
NonCapital Transfers from County/State	2,956,580	2,956,580	0	0.0 %	2,956,580	0	0.0 %
Investment Income	5,875,338	2,239,104	3,636,233	162.4 %	2,767,469	3,107,868	112.3 %
Other NonOperating Revenues (Expenses)	(4,450,460)	(7,920,818)	3,470,357	43.8 %	(4,084,938)	(365,522)	(8.9 %)
Interest Expense	(24,507,666)	(24,442,381)	(65,285)	(0.3 %)	(14,292,166)	(10,215,500)	(71.5 %)
Tax Levy	108,693,961	107,678,379	1,015,582	0.9 %	120,851,705	(12,157,744)	(10.1 %)
Total NonOperating Revenues (Expenses)	96,529,266	84,592,241	11,937,025	14.1 %	112,981,617	(16,452,352)	(14.6 %)



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF REVENUES AND EXPENSES

For the Ten Periods Ending April 30, 2023

	APR 2023 YTD Actual	APR 2023 YTD Budget	APR 2023 YTD Variance	YTD APR 2023 % Change	YTD Prior Year APR 2022	YTD Prior Year Variance	YTD Prior Year % Change
Excess of Revenues over Expenses	\$ (56,933,463)	\$ (50,147,579)	\$ (6,785,884)	(13.5 %)	\$ (30,442,620)	\$ (26,490,843)	(87.0 %)
Bond-Related Revenues and Expenses	(10,145,632)	(7,898,994)	(2,246,639)	(28.4 %)	(35,125,720)	24,980,088	71.1 %
Increase (Decrease) in Net Assets (normalized)	\$ (67,079,095)	\$ (58,046,572)	\$ (9,032,523)	(15.6 %)	\$ (65,568,340)	\$ (1,510,755)	(2.3 %)



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
 VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
 STATEMENT OF NET POSITION
 April 30, 2023

	4/30/2023	6/30/2022
ASSETS		
Current Assets		
Cash and Cash Equivalents		
Cash - Care System	\$ 237,062,704	\$ 233,412,110
Cash and Short-Term Investment	237,062,704	233,412,110
Cash - Bond	184,081,765	306,922,949
Cash and Short-Term Investment - Bond	184,081,765	306,922,949
Total Cash and Cash Equivalents	421,144,469	540,335,059
Patient A/R, Net of Allowances	94,566,949	92,605,989
Other Receivables and Prepaid Items	53,177,934	64,164,727
Estimated Amounts Due from Third-Party Payors	44,546,309	48,275,363
Due from Related Parties	3,357,887	1,721,769
Other Current Assets	2,177,940	2,177,940
Total Current Assets	618,971,488	749,280,847
Capital Assets, Net	774,710,312	723,183,811
Other Assets		
Long-Term Portion - Right to use Assets	4,699,069	4,699,069
Total Other Assets	4,699,069	4,699,069



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
 VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
 STATEMENT OF NET POSITION
 April 30, 2023

	<u>4/30/2023</u>	<u>6/30/2022</u>
Total Assets	1,398,380,869	1,477,163,727
Deferred Outflows	84,873,429	84,873,429
Total Assets and Deferred Outflows	<u>\$ 1,483,254,298</u>	<u>\$ 1,562,037,156</u>
 LIABILITIES AND NET POSITION		
Current Liabilities		
Current Maturities of Long-Term Debt	\$ 38,021,474	\$ 58,108,248
Accounts Payable	76,654,239	52,418,672
Accrued Payroll and Expenses	27,190,639	38,205,132
Medical Claims Payable	16,698,703	17,012,077
Due to Related Parties	16,556,731	6,157,914
Other Current Liabilities	<u>78,337,376</u>	<u>77,276,515</u>
Total Current Liabilities	253,459,162	249,178,558
 Long-Term Debt		
Bonds Payable	651,808,353	677,938,353
Other Long-Term Debt	<u>4,699,069</u>	<u>4,699,069</u>
Total Long-Term Debt	656,507,422	682,637,422



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
 VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
 STATEMENT OF NET POSITION
 April 30, 2023

	4/30/2023	6/30/2022
Long-Term Liabilities	287,090,884	287,090,884
Total Liabilities	1,197,057,468	1,218,906,864
Deferred Inflows	104,660,022	104,660,022
Net Position		
Invested in Capital Assets, Net of Related Debt	731,989,769	660,376,494
Temporarily Restricted	51,293,043	36,137,532
Unrestricted	(601,746,004)	(458,043,756)
Total Net Position	181,536,808	238,470,271
Total Liabilities, Deferred Inflows, and Net Position	\$ 1,483,254,298	\$ 1,562,037,156



Comprehensive Health Center – Peoria (pictured)

Supplemental Information

Valleywise Health
 Financial and Statistical Information
 30-Apr-23

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	1,030	1,026	4	0.4%		10,696	10,360	336	3.2%		10,025	671	6.7%	
Length of Stay (LOS)	5.2	5.1	(0.1)	(1.9%)		5.2	5.1	(0.1)	(2.0%)		5.7	0.5	8.1%	
Patient Days	5,332	5,213	119	2.3%		56,029	53,229	2,800	5.3%		57,144	(1,115)	(2.0%)	
Acute - Observation Days and Admits														
Observation Days	756	437	319	73.1%		6,519	4,360	2,159	49.5%		4,565	1,954	42.8%	
Observation Admission - Transfer to Inpatient	263	177	86	48.6%		2,307	1,765	542	30.7%		1,734	573	33.0%	
Observation Admission Only	392	293	99	33.8%		3,791	2,936	855	29.1%		2,984	807	27.0%	
Total Admissions - Acute plus Observation Only	1,422	1,319	103	7.8%		14,487	13,296	1,191	9.0%		13,009	1,478	11.4%	
Behavioral Health														
Admissions	345	384	(39)	(10.2%)		3,298	3,797	(499)	(13.1%)		3,650	(352)	(9.6%)	
Length of Stay (LOS)	25.2	21.7	(3.6)	(16.5%)		24.8	21.5	(3.3)	(15.3%)		22.9	(2.0)	(8.7%)	
Patient Days	8,705	8,320	385	4.6%		81,892	81,787	105	0.1%		83,407	(1,515)	(1.8%)	
Valleywise Behavioral Health Center-Phoenix	2,190	2,216	(26)	(1.2%)		18,557	20,009	(1,452)	(7.3%)		18,431	126	0.7%	
Valleywise Behavioral Health Center-Mesa	3,220	2,864	356	12.4%		31,781	28,933	2,848	9.8%		27,857	3,924	14.1%	
Valleywise Behavioral Health Center-Maryvale	3,295	3,240	55	1.7%		31,554	32,845	(1,291)	(3.9%)		37,119	(5,565)	(15.0%)	
Combined (Acute + Behavioral Health)														
Adjusted Admissions	2,812	2,602	210	8.1%		27,123	25,623	1,500	5.9%		24,467	2,656	10.9%	
Adjusted Patient Days	28,709	24,973	3,736	15.0%		267,313	244,366	22,947	9.4%		251,466	15,847	6.3%	
Case Mix Index														
Total Hospital	1.61	1.60	0.01	0.9%		1.57	1.60	(0.03)	(1.9%)		1.60	(0.03)	(1.9%)	
Acute (Excluding Newborns)	1.81	1.78	0.03	1.7%		1.78	1.78	0.00	0.2%		1.84	(0.06)	(3.1%)	
Behavioral Health	1.27	1.21	0.06	4.9%		1.25	1.21	0.04	3.3%		1.21	0.04	3.3%	
Medicare	1.91	2.01	(0.10)	(5.0%)		2.11	2.01	0.10	4.9%		2.25	(0.14)	(6.3%)	
AHCCCS	1.86	1.77	0.09	5.1%		1.84	1.77	0.07	4.0%		1.79	0.05	2.8%	
Ambulatory														
Valleywise Community Health Centers Visits	13,544	14,317	(773)	(5.4%)		141,845	138,387	3,458	2.5%		146,491	(4,646)	(3.2%)	
Valleywise Comprehensive Health Center-Phoenix Visits	12,223	12,710	(487)	(3.8%)		123,126	123,239	(113)	(0.1%)		127,377	(4,251)	(3.3%)	
Valleywise Comprehensive Health Center-Peoria Visits	2,930	3,502	(572)	(16.3%)		31,020	33,179	(2,159)	(6.5%)		31,819	(799)	(2.5%)	
Dental Clinics Visits	1,979	1,917	62	3.2%		19,678	18,215	1,463	8.0%		18,616	1,062	5.7%	
OP Behavioral Health Visits	5,770	5,914	(144)	(2.4%)		55,890	56,030	(140)	(0.2%)		46,476	9,414	20.3%	
Total Ambulatory Visits :	36,446	38,360	(1,914)	(5.0%)		371,559	369,050	2,509	0.7%		370,779	780	0.2%	




Valleywise Health
 Financial and Statistical Information
 30-Apr-23

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														
	Actual	Budget	Variance	Var %	Actual	Budget	Variance	Var %	Actual	Variance	Var %			
Operating Room Utilization	71%	70%	1.4%	2.0%		70%	70%	0.3%	0.4%		66%	4.5%	6.8%	
Total Main OR Surgical Minutes - Roosevelt	71,400	80,826	(9,426)	(11.7%)		731,880	709,642	22,238	3.1%		694,920	36,960	5.3%	
Main OR Minutes per Case - Roosevelt	117	127	10.6	8.3%		114	111	(3.0)	(2.7%)		110	(4.1)	(3.8%)	
Total Main OR Surgeries - Roosevelt	611	634	(23)	(3.6%)		6,436	6,407	29	0.5%		6,341	95	1.5%	
OP Surgeries - Peoria	53	30	23	76.7%		445	291	154	52.9%		309	136	44.0%	
Total Surgeries - Roosevelt (Main OR) and Peoria	664	664	0	0.0%		6,881	6,698	183	2.7%		6,650	231	3.5%	
Endoscopy Procedures - Roosevelt	292	361	(69)	(19.1%)		2,784	3,539	(755)	(21.3%)		3,220	(436)	(13.5%)	
Endoscopy Procedures - Peoria	127	85	42	50.1%		1,141	854	287	33.7%		855	286	33.5%	
Total Endoscopy Procedures - Roosevelt and Peoria	419	446	(27)	(6.0%)		3,925	4,392	(467)	(10.6%)		4,075	(150)	(3.7%)	
Deliveries	187	179	8	4.5%		2,020	1,767	253	14.3%		1,734	286	16.5%	
Trauma Visits (subset of ED Visits)	123	165	(42)	(25.5%)		1,622	1,655	(33)	(2.0%)		1,689	(67)	(4.0%)	
Emergency Department (ED)	9,472	7,402	2,070	28.0%		87,595	73,310	14,285	19.5%		72,954	14,641	20.1%	
Roosevelt ED	5,517	4,369	1,148	26.3%		51,311	43,776	7,535	17.2%		43,587	7,724	17.7%	
Maryvale ED	3,398	2,508	890	35.5%		30,553	24,348	6,205	25.5%		24,264	6,289	25.9%	
L&D ED	330	309	21	6.8%		3,431	3,099	332	10.7%		3,001	430	14.3%	
Burn ED	227	216	11	5.1%		2,300	2,087	213	10.2%		2,102	198	9.4%	
% of Total ED Visits Resulting in Admission Roosevelt	10.8%	13.3%	(2.5%)	(18.5%)		12.1%	13.3%	(1.2%)	(9.1%)		13.2%	(1.1%)	(8.4%)	
% of Total ED Visits Resulting in Admission Maryvale	4.3%	6.3%	(2.0%)	(31.8%)		4.9%	6.3%	(1.4%)	(22.6%)		6.3%	(1.4%)	(22.0%)	
% of Acute Patients Admitted Through the ED	88.3%	87.2%	1.0%	1.2%		88.9%	86.0%	2.9%	3.3%		88.2%	0.6%	0.7%	
Left Without Treatment (LWOT) ROOSEVELT	1.6%	<3%	1.4%	45.2%		1.4%	<3%	1.6%	53.7%		0.6%	(0.8%)	(131.7%)	
Left Without Treatment (LWOT) MARYVALE	1.0%	<3%	2.0%	66.6%		1.1%	<3%	1.9%	64.3%		17.4%	16.3%	(93.8%)	
Overall ED Median Length of Stay (minutes) ROOSEVELT	227	<240	13	5.4%		219	<240	21	8.8%		204	(15)	(7.4%)	
Overall ED Median Length of Stay (minutes) MARYVALE	154	<220	66	30.0%		177	<220	43	19.5%		171	(6)	3.5%	
PSYCH ED Median LOS (minutes) ROOSEVELT	623	<0	(623)	(100.0%)		625	<0	(625)	(100.0%)		507	(118)	(23.3%)	
PSYCH ED Median LOS (minutes) MARYVALE	485	<0	(485)	(100.0%)		539	<0	(539)	(100.0%)		467	(72)	(15.3%)	
Median Time to Treatment (MTT) (minutes) ROOSEVELT	36	<30	(6)	(20.0%)		29	<30	1	3.3%		16	(13)	(81.3%)	
Median Time to Treatment (MTT) (minutes) MARYVALE	24	<30	6	20.0%		26	<30	4	13.3%		15	(11)	73.3%	
Cath Lab Utilization - Room 1	18%	45%	(26.6%)	(59.1%)		22%	45%	(22.7%)	(50.4%)		17%	5.0%	28.6%	
Cath Lab Utilization - Room 2	22%	45%	(23.4%)	(52.0%)		24%	45%	(21.5%)	(47.8%)		19%	4.4%	22.8%	
Cath Lab Utilization - IR	101%	65%	36.0%	55.3%		93%	65%	28.4%	43.7%		89%	4.0%	4.5%	
CCTA/Calcium Score	17	15	2	13.3%		173	150	23	15.3%		98	75	76.5%	
Pediatric ED Visits at Maryvale (under age 18)	775					6,386					4,390	1,996	45.5%	
Adult ED Visits at Maryvale (age 18 and over)	2,623					24,167					19,874	4,293	21.6%	
Maryvale ED to Inpatient OR (under age 18)	2					36					21	15	71.4%	
Maryvale ED to Inpatient OR (Total)	36					322					240	82	34.2%	
Pediatric ED Visits at Roosevelt (under age 18)	1,012					9,001					7,404	1,597	21.6%	
Adult ED Visits at Roosevelt (age 18 and over)	4,505					42,310					36,183	6,127	16.9%	

Valleywise Health
 Financial and Statistical Information
 30-Apr-23




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

Current Month				Fiscal Year to Date				Prior Fiscal Year to Date		
Actual	Budget	Variance	Var %	Actual	Budget	Variance	Var %	Actual	Variance	Var %




Operating Income / (Loss) in 000s

Valleywise Health	\$	(17,925)	\$	(12,820)	\$	(5,105)	(39.8%)		\$	(153,463)	\$	(134,740)	\$	(18,723)	(13.9%)		\$	(143,424)	\$	(10,038)	(7.0%)	
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Net Income / (Loss) in 000s


Valleywise Health	\$	(4,209)	\$	(3,962)	\$	(247)	(6.2%)		\$	(56,933)	\$	(50,148)	\$	(6,786)	(13.5%)		\$	(30,443)	\$	(26,491)	(87.0%)	
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**Net Income / (Loss) in 000s
Normalized**

Valleywise Health	\$	(5,232)	\$	(4,752)	\$	(480)	(10.1%)		\$	(67,079)	\$	(58,047)	\$	(9,033)	(15.6%)		\$	(65,568)	\$	(1,511)	(2.3%)	
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RATIOS:

Liquidity

Total Cash and Investments (000s)	\$	237.1	\$	233.4	\$	3.7	1.6%	
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Total Days Cash on Hand	107.8	111.7	(3.9)	(3.5%)	
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Current Ratio	2.4	3.0	(0.6)	(20.0%)	
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Current Ratio without Bond-related Assets & Liabilities	2.0	2.3	(0.3)	(13.0%)	
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Days in Accounts Receivable (Hospital only)	64.2	73.6	9.4	12.8%	
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Capital Structure

EBIDA Debt Service Coverage	0.08	0.8	(0.7)	(90.0%)	
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Profitability

Operating Margin	(30.6%)	(23.5%)	(7.1%)	(30.2%)		(27.8%)	(25.0%)	(2.8%)	(11%)		(32.3%)	4.5%	13.9%	
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Labor

FTE/AOB WO Residents	3.96	4.58	0.62	13.5%		4.28	4.66	0.38	8.1%		4.80	0.51	10.7%	
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Current Month			
Actual	Prior Year	Variance	Var %

Rolling Last Twelve Months			
Actual	Prior Year	Variance	Var %

Turnover Rate - Voluntary	0.90%	1.92%	1.02%	53.13%
Turnover Rate - Involuntary	0.15%	0.38%	0.23%	60.53%
Turnover Rate - Uncontrollable	0.45%	0.28%	(0.17%)	(60.71%)
Turnover Rate - Total	1.50%	2.59%	1.09%	42.08%

Turnover Rate - Voluntary	18.00%	25.90%	7.90%	30.50%
Turnover Rate - Involuntary	4.40%	3.89%	(0.51%)	(13.11%)
Turnover Rate - Uncontrollable	5.11%	4.17%	(0.94%)	(22.54%)
Turnover Rate - Total	27.51%	33.96%	6.45%	18.99%

Appendix A Definition of Financial Indicators

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

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

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



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

VOLUMES

For the Ten Periods Ending April 30, 2023

	Apr-23 Actual	Apr-23 Budget	Apr-23 Variance	Apr-23 % Change	Prior Year Same Month Apr-22	Prior Year Same Month % Change	Apr-23 YTD Actual	Apr-23 YTD Budget	Apr-23 YTD Variance	YTD Apr-23 % Change	YTD Prior Year Apr-22	YTD Prior Year % Change
ADMISSIONS												
Acute	1,030	1,026	4	0.4 %	1,062	(3.0 %)	10,696	10,360	336	3.2 %	10,025	6.7 %
Behavioral Health	345	384	(39)	(10.2 %)	313	10.2 %	3,298	3,797	(499)	(13.1 %)	3,650	(9.6 %)
Valleywise Behavioral Health Center-Phoenix	65	76	(11)	(14.5 %)	46	41.3 %	554	697	(143)	(20.5 %)	572	(3.1 %)
Valleywise Behavioral Health Center-Mesa	149	146	3	2.1 %	136	9.6 %	1,474	1,467	7	0.5 %	1,397	5.5 %
Valleywise Behavioral Health Center-Maryvale	131	162	(31)	(19.1 %)	131	0.0 %	1,270	1,633	(363)	(22.2 %)	1,681	(24.4 %)
Total	1,375	1,410	(35)	(2.5 %)	1,375	0.0 %	13,994	14,157	(163)	(1.2 %)	13,675	2.3 %
OBSERVATION ADMISSIONS												
Transferred to Inpatient *	263	177	86	48.6 %	201	30.8 %	2,307	1,765	542	30.7 %	1,734	33.0 %
Observation Admission Only	392	293	99	33.8 %	352	11.4 %	3,791	2,936	855	29.1 %	2,984	27.0 %
Total Observation Admissions	655	470	185	39.4 %	553	18.4 %	6,098	4,701	1,397	29.7 %	4,718	29.2 %
TOTAL ADMISSIONS AND OBSERVATION ONLY												
Total	1,767	1,703	64	3.8 %	1,727	2.3 %	17,785	17,093	692	4.0 %	16,659	6.8 %
ADJUSTED ADMISSIONS												
Total	2,812	2,602	210	8.1 %	2,825	(0.5 %)	27,123	25,623	1,500	5.9 %	24,467	10.9 %
PATIENT DAYS												
Acute	5,332	5,213	119	2.3 %	5,183	2.9 %	56,029	53,229	2,800	5.3 %	57,144	(2.0 %)
Behavioral Health	8,705	8,320	385	4.6 %	7,308	19.1 %	81,892	81,787	105	0.1 %	83,407	(1.8 %)
Valleywise Behavioral Health Center-Phoenix	2,190	2,216	(26)	(1.2 %)	1,499	46.1 %	18,557	20,009	(1,452)	(7.3 %)	18,431	0.7 %
Valleywise Behavioral Health Center-Mesa	3,220	2,864	356	12.4 %	2,790	15.4 %	31,781	28,933	2,848	9.8 %	27,857	14.1 %
Valleywise Behavioral Health Center-Maryvale	3,295	3,240	55	1.7 %	3,019	9.1 %	31,554	32,845	(1,291)	(3.9 %)	37,119	(15.0 %)
Total	14,037	13,533	504	3.7 %	12,491	12.4 %	137,921	135,016	2,905	2.2 %	140,551	(1.9 %)
AVERAGE DAILY CENSUS												
Acute	178	174	4	2.3 %	173	2.9 %	184	175	9	5.3 %	188	(2.0 %)
Behavioral Health	290	277	13	4.6 %	244	19.1 %	269	269	0	0.1 %	274	(1.8 %)
Valleywise Behavioral Health Center-Phoenix	73	74	(1)	(1.2 %)	50	46.1 %	61	66	(5)	(7.3 %)	61	0.7 %
Valleywise Behavioral Health Center-Mesa	107	95	12	12.4 %	93	15.4 %	105	95	9	9.8 %	92	14.1 %
Valleywise Behavioral Health Center-Maryvale	110	108	2	1.7 %	101	9.1 %	104	108	(4)	(3.9 %)	122	(15.0 %)
Total	468	451	17	3.7 %	416	12.4 %	454	444	10	2.2 %	462	(1.9 %)
ADJUSTED PATIENT DAYS												
Total	28,709	24,973	3,736	15.0 %	25,663	11.9 %	267,313	244,366	22,947	9.4 %	251,466	6.3 %

* Already included in 'Acute Admissions'.

OPERATING ROOM SURGERIES - ROOSEVELT



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

VOLUMES

For the Ten Periods Ending April 30, 2023

	Apr-23 Actual	Apr-23 Budget	Apr-23 Variance	Apr-23 % Change	Prior Year Same Month Apr-22	Prior Year Same Month % Change	Apr-23 YTD Actual	Apr-23 YTD Budget	Apr-23 YTD Variance	YTD Apr-23 % Change	YTD Prior Year Apr-22	YTD Prior Year % Change
Inpatient	321	375	(54)	(14.4 %)	341	(5.9 %)	3,696	3,790	(94)	(2.5 %)	3,693	0.1 %
Outpatient	290	259	31	12.0 %	257	12.8 %	2,740	2,617	123	4.7 %	2,648	3.5 %
Total	611	634	(23)	(3.6 %)	598	2.2 %	6,436	6,407	29	0.5 %	6,341	1.5 %
Inpatient Minutes	40,845	42,655	(1,810)	(4.2 %)	40,605	0.6 %	441,330	421,734	19,596	4.6 %	412,200	7.1 %
Outpatient Minutes	30,555	38,171	(7,616)	(20.0 %)	26,745	14.2 %	290,550	287,908	2,642	0.9 %	282,720	2.8 %
Total	71,400	80,826	(9,426)	(11.7 %)	67,350	6.0 %	731,880	709,642	22,238	3.1 %	694,920	5.3 %
OPERATING ROOM SURGERIES - PEORIA												
Outpatient	53	30	23	76.7 %	32	65.6 %	445	291	154	52.9 %	309	44.0 %
Outpatient Minutes	4,845	2,637	2,208	83.7 %	3,450	40.4 %	40,200	27,454	12,746	46.4 %	31,230	28.7 %
ENDOSCOPY PROCEDURES - ROOSEVELT												
Inpatient	95	103	(8)	(8.1 %)	97	(2.1 %)	896	1,057	(161)	(15.3 %)	965	(7.2 %)
Outpatient	197	258	(61)	(23.5 %)	289	(31.8 %)	1,888	2,481	(593)	(23.9 %)	2,255	(16.3 %)
Total	292	361	(69)	(19.1 %)	386	(24.4 %)	2,784	3,539	(755)	(21.3 %)	3,220	(13.5 %)
ENDOSCOPY PROCEDURES - PEORIA												
Outpatient	127	85	42	50.1 %	117	8.5 %	1,141	854	287	33.7 %	855	33.5 %
DELIVERIES												
Total	187	179	8	4.5 %	137	36.5 %	2,020	1,767	253	14.3 %	1,734	16.5 %
ED VISITS												
Adult	5,517	4,369	1,148	26.3 %	4,818	14.5 %	51,311	43,776	7,535	17.2 %	43,587	17.7 %
Maryvale	3,398	2,508	890	35.5 %	2,667	27.4 %	30,553	24,348	6,205	25.5 %	24,264	25.9 %
Labor & Delivery	330	309	21	6.8 %	274	20.4 %	3,431	3,099	332	10.7 %	3,001	14.3 %
Burn	227	216	11	5.1 %	229	(0.9 %)	2,300	2,087	213	10.2 %	2,102	9.4 %
Total	9,472	7,402	2,070	28.0 %	7,988	18.6 %	87,595	73,310	14,285	19.5 %	72,954	20.1 %
AMBULATORY VISITS												
Valleywise Community Health Centers	13,544	14,317	(773)	(5.4 %)	15,017	(9.8 %)	141,845	138,387	3,458	2.5 %	146,491	(3.2 %)
Valleywise Comprehensive Health Center-Phoenix	12,223	12,710	(487)	(3.8 %)	13,053	(6.4 %)	123,126	123,239	(113)	(0.1 %)	127,377	(3.3 %)
Valleywise Comprehensive Health Center-Peoria	2,930	3,502	(572)	(16.3 %)	3,310	(11.5 %)	31,020	33,179	(2,159)	(6.5 %)	31,819	(2.5 %)
Outpatient Behavioral Health	5,770	5,914	(144)	(2.4 %)	5,249	9.9 %	55,890	56,030	(140)	(0.2 %)	46,476	20.3 %
Dental	1,979	1,917	62	3.2 %	1,834	7.9 %	19,678	18,215	1,463	8.0 %	18,616	5.7 %
Total	36,446	38,360	(1,914)	(5.0 %)	38,463	(5.2 %)	371,559	369,050	2,509	0.7 %	370,779	0.2 %



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Period Ending April 30, 2023

	APR 2023 Actual	APR 2023 Budget	APR 2023 Variance	APR 2023 % Change	Prior Year Same Month APR 2022	Prior Year Same Month Variance	Prior Year Same Month % Change
Net Patient Service Revenue per APD	\$ 1,551	\$ 1,731	(\$ 180)	(10.4 %)	\$ 1,603	(\$ 52)	(3.2 %)
Salaries	\$ 26,916,004	\$ 25,974,529	(\$ 941,475)	(3.6 %)	\$ 21,419,883	(\$ 5,496,121)	(25.7 %)
Benefits	8,237,459	7,709,899	(527,560)	(6.8 %)	6,645,480	(1,591,979)	(24.0 %)
Contract Labor	7,825,712	3,015,329	(4,810,383)	(159.5 %)	9,489,636	1,663,924	17.5 %
Total Labor Costs	\$ 42,979,175	\$ 36,699,758	(\$ 6,279,418)	(17.1 %)	\$ 37,554,999	(\$ 5,424,176)	(14.4 %)
Supplies	\$ 8,006,458	\$ 7,993,902	(\$ 12,556)	(0.2 %)	\$ 9,130,875	\$ 1,124,417	12.3 %
Medical Service Fees	10,761,575	8,822,898	(1,938,677)	(22.0 %)	7,923,164	(2,838,411)	(35.8 %)
All Other *	12,466,157	12,600,873	134,715	1.1 %	7,884,497	(4,581,660)	(58.1 %)
Total	\$ 31,234,191	\$ 29,417,673	(\$ 1,816,518)	(6.2 %)	\$ 24,938,536	(\$ 6,295,655)	(25.2 %)
Total Operating and Non-Operating Expenses *	\$ 74,213,366	\$ 66,117,430	(\$ 8,095,936)	(12.2 %)	\$ 62,493,535	(\$ 11,719,831)	(18.8 %)
* Excludes Depreciation							
Tax Levy							
Property Tax	\$ 7,673,441	\$ 7,673,441	\$ 0	0.0 %	\$ 7,335,985	\$ 337,455	4.6 %
Bonds	3,094,397	3,094,397	(0)	(0.0 %)	4,749,185	(1,654,788)	(34.8 %)
Total Tax Levy	\$ 10,767,838	\$ 10,767,838	(\$ 0)	(0.0 %)	\$ 12,085,171	(\$ 1,317,333)	(10.9 %)
Patient Days - Acute	5,332	5,213	119	2.3 %	5,183	149	2.9 %
Patient Days - Behavioral Health	8,705	8,320	385	4.6 %	7,308	1,397	19.1 %
Patient Days - Total	14,037	13,533	504	3.7 %	12,491	1,546	12.4 %
Adjusted Patient Days	28,709	24,973	3,736	15.0 %	25,663	3,046	11.9 %
APD Ratio	2.05	1.85	0.20	10.8 %	2.05	(0.01)	(0.5 %)
Admissions - Acute	1,030	1,026	4	0.4 %	1,062	(32)	(3.0 %)
Admissions - Behavioral Health	345	384	(39)	(10.2 %)	313	32	10.2 %
Admissions - Total	1,375	1,410	(35)	(2.5 %)	1,375	0	0.0 %
Adjusted Admissions	2,812	2,602	210	8.1 %	2,825	(13)	(0.5 %)
Average Daily Census - Acute	178	174	4	2.3 %	173	5	2.9 %



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Period Ending April 30, 2023

	APR 2023 Actual	APR 2023 Budget	APR 2023 Variance	APR 2023 % Change	Prior Year Same Month APR 2022	Prior Year Same Month Variance	Prior Year Same Month % Change
Average Daily Census - Behavioral Health	290	277	13	4.6 %	244	47	19.1 %
Average Daily Census - Total	468	451	17	3.7 %	416	52	12.4 %
Adjusted Occupied Beds - Acute	364	321	43	13.4 %	355	9	2.4 %
Adjusted Occupied Beds - Behavioral Health	593	512	82	16.0 %	500	93	18.6 %
Adjusted Occupied Beds - Total	957	832	125	15.0 %	855	102	11.9 %
Paid FTEs - Payroll	3,439	3,724	285	7.7 %	3,318	(120)	(3.6 %)
Paid FTEs - Contract Labor	540	278	(263)	(94.7 %)	776	235	30.3 %
Paid FTEs - Total	3,979	4,001	22	0.6 %	4,094	115	2.8 %
FTEs per AOB	4.16	4.81	0.65	13.5 %	4.79	0.63	13.1 %
FTEs per AOB (w/o Residents)	3.96	4.58	0.62	13.5 %	4.57	0.60	13.2 %
Benefits as a % of Salaries	30.6 %	29.7 %	(0.9 %)	(3.1 %)	31.0 %	0.4 %	1.4 %
Labor Costs as a % of Net Patient Revenue	96.5 %	84.9 %	(11.6 %)	(13.7 %)	91.3 %	(5.2 %)	(5.7 %)
Salaries and Contract Labor per APD	\$ 1,210	\$ 1,161	(\$ 49)	(4.2 %)	\$ 1,204	(\$ 6)	(0.5 %)
Benefits per APD	287	309	22	7.1 %	259	(28)	(10.8 %)
Supplies per APD	279	320	41	12.9 %	356	77	21.6 %
Medical Service Fees per APD	375	353	(22)	(6.1 %)	309	(66)	(21.4 %)
All Other Expenses per APD *	434	505	70	13.9 %	307	(127)	(41.3 %)
Total Expenses per APD *	\$ 2,585	\$ 2,648	\$ 63	2.4 %	\$ 2,435	(\$ 150)	(6.2 %)
Salaries and Contract Labor per Adj. Admission	\$ 12,354	\$ 11,142	(\$ 1,212)	(10.9 %)	\$ 10,942	(\$ 1,412)	(12.9 %)
Benefits per Adj. Admission	2,929	2,963	34	1.1 %	2,352	(577)	(24.5 %)
Supplies per Adj. Admission	2,847	3,072	225	7.3 %	3,232	385	11.9 %
Medical Service Fees per Adj. Admission	3,827	3,391	(436)	(12.9 %)	2,805	(1,022)	(36.4 %)
All Other Expenses per Adj. Admission *	4,433	4,843	410	8.5 %	2,791	(1,642)	(58.8 %)
Total Expenses per Adj. Admission *	\$ 26,390	\$ 25,411	(\$ 979)	(3.9 %)	\$ 22,122	(\$ 4,268)	(19.3 %)

* Excludes Depreciation



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Ten Periods Ending April 30, 2023

	APR 2023 YTD Actual	APR 2023 YTD Budget	APR 2023 YTD Variance	YTD APR 2023 % Change	YTD Prior Year APR 2022	YTD Prior Year Variance	YTD Prior Year % Change
Net Patient Service Revenue per APD	\$ 1,569	\$ 1,767	(\$ 198)	(11.2 %)	\$ 1,742	(\$ 173)	(10.0 %)
Salaries	\$ 246,447,678	\$ 250,489,697	\$ 4,042,019	1.6 %	\$ 243,115,290	(\$ 3,332,388)	(1.4 %)
Benefits	73,067,420	74,297,620	1,230,199	1.7 %	71,567,639	(1,499,781)	(2.1 %)
Contract Labor	72,755,556	41,842,192	(30,913,364)	(73.9 %)	66,517,570	(6,237,986)	(9.4 %)
Total Labor Costs	\$ 392,270,654	\$ 366,629,508	(\$ 25,641,146)	(7.0 %)	\$ 381,200,499	(\$ 11,070,155)	(2.9 %)
Supplies	\$ 81,682,866	\$ 77,564,547	(\$ 4,118,319)	(5.3 %)	\$ 84,574,387	\$ 2,891,521	3.4 %
Medical Service Fees	91,856,936	85,978,071	(5,878,865)	(6.8 %)	81,234,998	(10,621,938)	(13.1 %)
All Other *	131,371,190	136,099,234	4,728,044	3.5 %	110,419,378	(20,951,812)	(19.0 %)
Total	\$ 304,910,992	\$ 299,641,852	(\$ 5,269,139)	(1.8 %)	\$ 276,228,763	(\$ 28,682,229)	(10.4 %)
Total Operating and Non-Operating Expenses *	\$ 697,181,646	\$ 666,271,361	(\$ 30,910,285)	(4.6 %)	\$ 657,429,262	(\$ 39,752,384)	(6.0 %)
* Excludes Depreciation							
Tax Levy							
Property Tax	\$ 77,458,130	\$ 76,734,406	\$ 723,725	0.9 %	\$ 73,359,853	\$ 4,098,278	5.6 %
Bonds	31,235,831	30,943,973	291,857	0.9 %	47,491,853	(16,256,022)	(34.2 %)
Total Tax Levy	\$ 108,693,961	\$ 107,678,379	\$ 1,015,582	0.9 %	\$ 120,851,705	(\$ 12,157,744)	(10.1 %)
Patient Days - Acute	56,029	53,229	2,800	5.3 %	57,144	(1,115)	(2.0 %)
Patient Days - Behavioral Health	81,892	81,787	105	0.1 %	83,407	(1,515)	(1.8 %)
Patient Days - Total	137,921	135,016	2,905	2.2 %	140,551	(2,630)	(1.9 %)
Adjusted Patient Days	267,313	244,366	22,947	9.4 %	251,466	15,847	6.3 %
APD Ratio	1.94	1.81	0.13	7.1 %	1.79	0.15	8.3 %
Admissions - Acute	10,696	10,360	336	3.2 %	10,025	671	6.7 %
Admissions - Behavioral Health	3,298	3,797	(499)	(13.1 %)	3,650	(352)	(9.6 %)
Admissions - Total	13,994	14,157	(163)	(1.2 %)	13,675	319	2.3 %
Adjusted Admissions	27,123	25,623	1,500	5.9 %	24,467	2,656	10.9 %
Average Daily Census - Acute	184	175	9	5.3 %	188	(4)	(2.0 %)



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Ten Periods Ending April 30, 2023

	APR 2023 YTD Actual	APR 2023 YTD Budget	APR 2023 YTD Variance	YTD APR 2023 % Change	YTD Prior Year APR 2022	YTD Prior Year Variance	YTD Prior Year % Change
Average Daily Census - Behavioral Health	269	269	0	0.1 %	274	(5)	(1.8 %)
Average Daily Census - Total	454	444	10	2.2 %	462	(9)	(1.9 %)
Adjusted Occupied Beds - Acute	357	317	40	12.7 %	336	21	6.2 %
Adjusted Occupied Beds - Behavioral Health	522	487	35	7.2 %	491	31	6.4 %
Adjusted Occupied Beds - Total	879	804	75	9.4 %	827	52	6.3 %
Paid FTEs - Payroll	3,445	3,593	148	4.1 %	3,497	52	1.5 %
Paid FTEs - Contract Labor	509	342	(168)	(49.1 %)	660	151	22.8 %
Paid FTEs - Total	3,954	3,934	(20)	(0.5 %)	4,157	203	4.9 %
FTEs per AOB	4.50	4.89	0.40	8.1 %	5.03	0.53	10.5 %
FTEs per AOB (w/o Residents)	4.28	4.66	0.38	8.1 %	4.80	0.51	10.7 %
Benefits as a % of Salaries	29.6 %	29.7 %	0.0 %	0.0 %	29.4 %	(0.2 %)	(0.7 %)
Labor Costs as a % of Net Patient Revenue	93.5 %	84.9 %	(8.6 %)	(10.2 %)	87.0 %	(6.5 %)	(7.5 %)
Salaries and Contract Labor per APD	\$ 1,194	\$ 1,196	\$ 2	0.2 %	\$ 1,231	\$ 37	3.0 %
Benefits per APD	273	304	31	10.1 %	285	11	4.0 %
Supplies per APD	306	317	12	3.7 %	336	31	9.1 %
Medical Service Fees per APD	344	352	8	2.3 %	323	(21)	(6.4 %)
All Other Expenses per APD *	491	557	65	11.8 %	439	(52)	(11.9 %)
Total Expenses per APD *	\$ 2,608	\$ 2,727	\$ 118	4.3 %	\$ 2,614	\$ 6	0.2 %
Salaries and Contract Labor per Adj. Admission	\$ 11,769	\$ 11,409	(\$ 360)	(3.2 %)	\$ 12,655	\$ 886	7.0 %
Benefits per Adj. Admission	2,694	2,900	206	7.1 %	2,925	231	7.9 %
Supplies per Adj. Admission	3,012	3,027	16	0.5 %	3,457	445	12.9 %
Medical Service Fees per Adj. Admission	3,387	3,356	(31)	(0.9 %)	3,320	(66)	(2.0 %)
All Other Expenses per Adj. Admission *	4,844	5,312	468	8.8 %	4,513	(331)	(7.3 %)
Total Expenses per Adj. Admission *	\$ 25,705	\$ 26,003	\$ 298	1.1 %	\$ 26,871	\$ 1,166	4.3 %

* Excludes Depreciation

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending April 30, 2023**

OPERATING REVENUE

Patient Days, Admissions and Adjusted Patient Days

<i>Acute Care</i>	Actual	Budget	Variance	%Variance
MTD - Patient Days	5,332	5,213	119	2.3%
YTD - Patient Days	56,029	53,229	2,800	5.3%

MTD - Admissions	1,030	1,026	4	0.4%
YTD - Admissions	10,696	10,360	336	3.2%

MTD - Average Length of Stay (ALOS)	5.2	5.1	(0.1)	-1.9%
YTD - Average Length of Stay (ALOS)	5.2	5.1	(0.1)	-2.0%

MTD - Average Daily Census (ADC)	178	174	4	2.3%
YTD - Average Daily Census (ADC)	184	175	9	5.3%

<i>Behavioral Health</i>	Actual	Budget	Variance	%Variance
MTD - Patient Days	8,705	8,320	385	4.6%
YTD - Patient Days	81,892	81,787	105	0.1%

MTD - Admissions	345	384	(39)	-10.2%
YTD - Admissions	3,298	3,797	(499)	-13.1%

MTD - Average Length of Stay (ALOS)	25.2	21.7	(3.6)	-16.5%
YTD - Average Length of Stay (ALOS)	24.8	21.5	(3.3)	-15.3%

MTD - Average Daily Census (ADC)	290	277	13	4.6%
YTD - Average Daily Census (ADC)	269	269	1	0.3%

<i>Adjusted Patient Days (APD)</i>	Actual	Budget	Variance	%Variance
Month-to-Date	28,709	24,973	3,736	15.0%
Year-to-Date	267,313	244,366	22,947	9.4%

Net patient service revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 44,523,732	\$ 43,223,756	\$ 1,299,976	3.0%
Year-to-Date	\$ 419,388,548	\$ 431,780,762	\$ (12,392,214)	-2.9%
Month-to-Date Per APD	\$ 1,551	\$ 1,731	\$ (180)	-10.4%
Year-to-Date Per APD	\$ 1,569	\$ 1,767	\$ (198)	-11.2%

Other operating revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 14,083,923	\$ 11,431,027	\$ 2,652,896	23.2%
Year-to-Date	\$ 132,525,284	\$ 106,813,111	\$ 25,712,173	24.1%

The majority of the positive variances for the month are in 340(b) program, AHCCCS Healthy II program revenues, retail pharmacies revenues, trauma services and offsetting revenue grants/research, and cafeteria sales.

Total operating revenues

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 58,607,655	\$ 54,654,782	\$ 3,952,872	7.2%
Year-to-Date	\$ 551,913,832	\$ 538,593,873	\$ 13,319,959	2.5%

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending April 30, 2023**

OPERATING EXPENSES

Salaries and wages

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 26,916,004	\$ 25,974,529	\$ (941,475)	-3.6%
Year-to-Date	\$ 246,447,678	\$ 250,489,697	\$ 4,042,019	1.6%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's - Payroll</i>	3,439	3,724	285	7.7%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's - Payroll (w/o Residents)</i>	3,436	3,720	284	7.6%

	Actual	Budget	Variance	%Variance
<i>Salaries per FTE's - Payroll</i>	\$ 7,827	\$ 6,976	\$ (852)	-12.2%

Contract labor

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 7,825,712	\$ 3,015,329	\$ (4,810,383)	-159.5%
Year-to-Date	\$ 72,755,556	\$ 41,842,192	\$ (30,913,364)	-73.9%

	Actual	Budget	Variance	%Variance
<i>FTE's - Contract Labor incl Outsource</i>	540	278	(263)	-94.7%

	Actual	Budget	Variance	%Variance
<i>FTE's - Contract Labor</i>				
Nursing operations - Acute	196	45	(151)	-336.6%
Revenue Cycle	-	-	-	-100.0%
Behavioral Health	45	2	(43)	-2142.6%
Information Technology	2	1	(1)	-100.0%
Support Services	17	9	(8)	-87.6%
Interns & Residents	187	187	-	0.0%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's - Payroll & Contract Labor</i>	3,979	4,001	22	0.6%

	Actual	Budget	Variance	%Variance
<i>Adjusted Occupied Beds (AOB)</i>	957	832	125	15.0%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's per AOB</i>	4.16	4.81	0.65	13.5%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's per AOB (w/o Residents)</i>	3.96	4.58	0.62	13.5%

Employee benefits

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 8,237,459	\$ 7,709,899	\$ (527,560)	-6.8%
Year-to-Date	\$ 73,067,420	\$ 74,297,620	\$ 1,230,199	1.7%

The negative variances for the month are in paid leave accrual, ASRS expenses, and taxes. The positive variances for the month are primarily in the NET medical and dental - self insured expenses.

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending April 30, 2023**

Benefits as a % of salaries

	Actual	Budget	Variance	%Variance
Month-to-Date	30.6%	29.7%	-0.9%	-3.1%
Year-to-Date	29.6%	29.7%	0.0%	0.0%

Medical service fees

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 10,761,575	\$ 8,822,898	\$ (1,938,677)	-22.0%
Year-to-Date	\$ 91,856,936	\$ 85,978,071	\$ (5,878,865)	-6.8%

The majority of the negative variances for the month are due to changes from the new DMG master service agreement, which retro back to January. Additional reconciliation on-going.

Supplies

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 8,006,458	\$ 7,993,902	\$ (12,556)	-0.2%
Year-to-Date	\$ 81,682,866	\$ 77,564,547	\$ (4,118,319)	-5.3%

The negative variances for the month are primarily in surgery related medical supplies, and pharmaceuticals; while majority of the positive variance for the month are primarily in laboratory supplies, dietary supplies, GPO rebates, and radiology supplies.

Purchased services

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 5,287,949	\$ 4,483,366	\$ (804,583)	-17.9%
Year-to-Date	\$ 46,151,297	\$ 45,132,320	\$ (1,018,977)	-2.3%

The major negative variances for the month are in advertising services, consulting & management fees, other services, collection fees, and laboratory services; while the major positive variance for the month are in courier services, other professional services, and management fees.

Other expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 5,310,907	\$ 5,288,022	\$ (22,884)	-0.4%
Year-to-Date	\$ 50,369,890	\$ 52,711,839	\$ 2,341,949	4.4%

The major negative variances for the month are in risk management expenses, software subscriptions, and study sponsor expenses; while the major positive variance for the month are in utilities, and professional & individual memberships.

Provider Assessment

	Actual	Budget	Variance	%Variance
Month-to-Date	-	-	-	0.0%
Year-to-Date	\$ 5,891,876	\$ 5,891,876	-	0.0%

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending April 30, 2023**

Depreciation

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 4,186,560	\$ 4,186,560	\$ 0	0.0%
Year-to-Date	\$ 37,153,041	\$ 39,425,530	\$ 2,272,489	5.8%

Total operating expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 76,532,625	\$ 67,474,507	\$ (9,058,118)	-13.4%
Year-to-Date	\$ 705,376,560	\$ 673,333,692	\$ (32,042,868)	-4.8%

Operating income (loss)

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ (17,924,970)	\$ (12,819,724)	\$ (5,105,246)	-39.8%
Year-to-Date	\$ (153,462,728)	\$ (134,739,820)	\$ (18,722,909)	-13.9%

Non-operating revenues (expenses)

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 13,715,955	\$ 8,857,336	\$ 4,858,619	54.9%
Year-to-Date	\$ 96,529,266	\$ 84,592,241	\$ 11,937,025	14.1%

The major positive variances for the month are in grant revenues related to the retention and sign on bonus, investment/interest income and capital related grant revenues.

Excess of revenues over expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ (4,209,015)	\$ (3,962,388)	\$ (246,627)	6.2%
Year-to-Date	\$ (56,933,463)	\$ (50,147,579)	\$ (6,785,884)	13.5%

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending April 30, 2023**

ASSETS

Cash and cash equivalents - Delivery system

Apr-23	Jun-22	Change	% change
\$ 237,062,704	\$ 233,412,110	\$ 3,650,593	1.6%

Cash and cash equivalents - Bond (restricted)

Apr-23	Jun-22	Change	% change
\$ 184,081,765	\$ 306,922,949	\$ (122,841,183)	-40.0%

Paid \$55.9M in principal and interest in July 2022 related to the 2nd and 3rd bond offerings.

Paid \$14.6M in interest in January 2023 related to the 2nd and 3rd bond offerings.

Patient A/R, net of allowances

Apr-23	Jun-22	Change	% change
\$ 94,566,949	\$ 92,605,989	\$ 1,960,960	2.1%

Other receivables and prepaid items

Apr-23	Jun-22	Change	% change
\$ 53,177,934	\$ 64,164,727	\$ (10,986,793)	-17.1%

FY23 other receivables / prepaids includes:

\$18.3M in prepaids/deposits	\$2.6M in Healthy II Az
\$11.7M in inventories	\$1.5M in Psych subsidy
\$8.9M receivables from grants & research sponsors	\$702K due from Home Assist Health
\$4.4M due from other receivables (local match partners)	\$484K due from other hospital - resident rotation
\$2.3M in retail pharmacy receivable	\$708K due from other receivables
\$1.5M due from Wellpartner/340B program	\$74K due from Health Foundation

Estimated amounts due from third party payors

Apr-23	Jun-22	Change	% change
\$ 44,546,309	\$ 48,275,363	\$ (3,729,054)	-7.7%

FY23 due from third party payors includes:

\$40.2M due from AHCCCS for GME - FY23	\$857K due from First Things First
\$3.5M due from AHCCCS for DSH - FY23	

Due from related parties

Apr-23	Jun-22	Change	% change
\$ 3,357,887	\$ 1,721,769	\$ 1,636,118	95.0%

FY23 due from related parties includes:

\$3.4M due from HIV grants

Other Current Assets

Apr-23	Jun-22	Change	% change
\$ 2,177,940	\$ 2,177,940	\$ -	0.0%

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending April 30, 2023**

Capital Assets, net

Apr-23	Jun-22	Change	% change
\$ 774,710,312	\$ 723,183,811	\$ 51,526,501	7.1%

Deferred outflows

Apr-23	Jun-22	Change	% change
\$ 84,873,429	\$ 84,873,429	-	0.0%

LIABILITIES AND NET POSITION

Current maturities of long-term debt

Apr-23	Jun-22	Change	% change
\$ 38,021,474	\$ 58,108,248	\$ (20,086,774)	-34.6%

FY23 current maturities includes:

\$35.8M in Bond current portion and interest payable

\$2.2M in current portion - Lease Liability

Accounts payable

Apr-23	Jun-22	Change	% change
\$ 76,654,239	\$ 52,418,672	\$ 24,235,566	46.2%

FY23 accounts payable includes:

\$30.8M in vendor related expense accruals/estimates

\$18.4M in vendor approved payments

\$27.5M due to DMG for annual recon and pass thru payments

on-going recon due to new MSA going back to January

Accrued payroll and expenses

Apr-23	Jun-22	Change	% change
\$ 27,190,639	\$ 38,205,132	\$ (11,014,493)	-28.8%

Medical claims payable

Apr-23	Jun-22	Change	% change
\$ 16,698,703	\$ 17,012,077	\$ (313,374)	-1.8%

Due to related parties

Apr-23	Jun-22	Change	% change
\$ 16,556,731	\$ 6,157,914	\$ 10,398,818	168.9%

Timing of tax levy revenue accrual and actual collection received.

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending April 30, 2023**

Other current liabilities

Apr-23	Jun-22	Change	% change
\$ 78,337,376	\$ 77,276,515	\$ 1,060,862	1.4%

FY23 other current liabilities includes:

\$21.4M in deferred income (Health Foundation)	\$3.7M in settlement reserved for Medicare
\$19.8M in deferred income (MC ARPA)	\$3.4M in deferred income for grants, research, & study residuals
\$14.3M in 3rd party settlement - AHCCCS (FQHC & Healthy II)	\$1.2M in other deferred income
\$8.0M in patient credit balances	\$599K in capitation payments
\$5.5M in other deferred income (TIP, APSI)	\$445K in unclaimed/stale dated checks

Bonds payable

Apr-23	Jun-22	Change	% change
\$ 651,808,353	\$ 677,938,353	\$ (26,130,000)	-3.9%

Reclassified current maturities portion of Bond payable

Other long-term debt

Apr-23	Jun-22	Change	% change
\$ 4,699,069	\$ 4,699,069	\$ -	0.0%

Long-term portion of lease liability

Long-term liabilities

Apr-23	Jun-22	Change	% change
\$ 287,090,884	\$ 287,090,884	\$ -	0.0%

Pension liability per ASRS report - GASB68

Deferred inflows

Apr-23	Jun-22	Change	% change
\$ 104,660,022	\$ 104,660,022	\$ -	0.0%

Net position

Apr-23	Jun-22	Change	% change
\$ 181,536,808	\$ 238,470,271	\$ (56,933,463)	-23.9%



**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	554,744.81	
Bank interest income received - YTD	<u>83,330.66</u>	
		35,600,869.50
LESS: Consulting services expense	(547,601.00)	
Valleywise Health Foundation Funding	(5,000,000.00)	
Bank charges - transfer fees	<u>(50.00)</u>	
		(5,547,651.00)
Ending balance as of April 30, 2023		<u><u>\$ 30,053,218.50</u></u>



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 24, 2023

Item 8.

Care Reimagined Update



May 22, 2023

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
-  **1,882** Design & Construction Professionals Engaged
-  **7** Decommission sites
-  Expanding High Quality Care
-  Over **21,767** total views on The Vine

Completion to Date:

Valleywise Health Medical Center Campus	80%
Valleywise Behavioral Health Center Maryvale	100%
Ambulatory (CHCs) Peoria	100%
South Phoenix/Laveen	100%
North Phoenix	100%
Mesa	100%
West Maryvale	100%

Approximately 13,930,567 Accumulative Man Hours For All Projects

Care Reimagined Projects Timeline

Location	Estimated Opening Date
Valleywise Health Medical Center (VHMC & Ancillary Projects)	
Final Design Completion	December, 2020
Construction Certificate of Occupancy	TBD
Activation / Bldg Handoff	TBD
Licensing	TBD
Estimated "Go-live"	Early 2024
Valleywise Health Virginia G. Piper Charitable Trust Pavilion Piper Pavilion	
Final Design Completion	January, 2021
Construction Certificate of Occupancy	June, 2023
Activation / Bldg Handoff	June, 2023
Estimated "Go-live"	June - August 2023
Site decommissioning CEP, Hogan Bldg, VHMC, CAC	
CEP	Early 2024
Hogan Bldg	Early 2024
VHMC / CAC	Early 2024

Care Reimagined Program Dashboard

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

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

Valleywise Health Medical Center Campus

Budget alignment and escalation- Valleywise Health approved alternate funding source. Industry material and labor shortages expected to impact material delivery timelines on the Acute Care Hospital. Material storage strategies are enabled to help mitigate delays. Current go-live timeline is being re-established with completion experiencing delays.

Valleywise Health Piper Pavilion

Technology projected budget overage. Mitigation plan in place to reduce cost exposure. Unforeseen structural sub grade conditions not present on as-built drawings delayed completion by 10 days without cost impact.

Valleywise Health Medical Center Campus

2601 E. Roosevelt St. Phoenix, AZ 85008

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

Project Information:

The Medical Center Campus scope is comprised of many elements for hospital improvement that include replacing the existing acute care hospital, annex behavioral health air handling unit, and server accommodations. 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 under construction.

VHMC Acute Care & Ancillary Facilities Timeline

Final Design Completion	Dec 2020
Construction- Certificate of Occupancy	TBD
Activation / Licensing	TBD
"Go Live"	Early 2024

CONSTRUCTION UPDATE:

- Phase 2 site work has been completed and the area north of the Tower has been turned over for use
- Connectivity to all IDF rooms via fiber and copper is complete
- Lightning protection is complete on the roofs on levels 3,5,7,8, and 12

EQUIPMENT & ACTIVATION UPDATE:

- Planning is ongoing and relocation planning is underway
- **NEXT 30 DAYS:**
- Phase 3 of the site work will begin including the closing down of Pierce Street
- Air test and balance activities will begin on level 6
- OR integration will begin on 6/5/23

Estimate at Completion	Paid to Date	Billed to Date	Percent Spent
\$608.4M	\$455.7M	\$472.0M	77%
Days w/o Incident	Manhours	Percent Complete	
780*	44,268	92%	
*without loss of time		80%**	
		* Construction Complete ₅	
		**Overall Complete	
Source: Vanir CM, updated 05/09/23			

Valleywise Health Medical Center Campus

2601 E. Roosevelt St. Phoenix, AZ 85008



Valleywise Health Medical Center

2601 E. Roosevelt St. Phoenix, AZ 85008

Acute Care Hospital

- Restroom fixture and finish installation is complete on levels 1-6
- Exterior lighting and sheathing installation is complete on the North canopy
- Casework installation is underway on levels 1-9
- Phase 2 North entry final striping and signage is complete

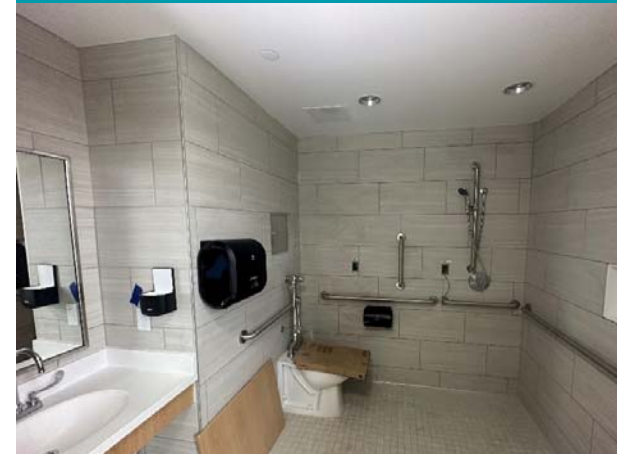


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Level 4, Nurses Station



Level 4, Burn Patient Rm Restroom



Source: Vanir CM, updated 05/09/23; images courtesy Kitchell Construction

Valleywise Health Medical Center

2601 E. Roosevelt St. Phoenix, AZ 85008

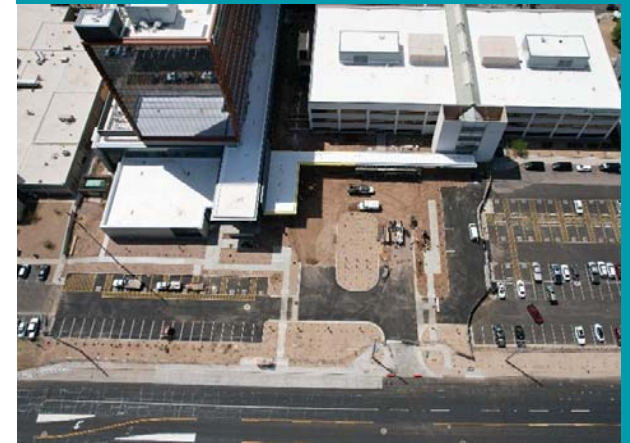
Phase 2 Landscape Progress



North Canopy Progress



Phase 2 North Entry Progress



Valleywise Health Medical Center

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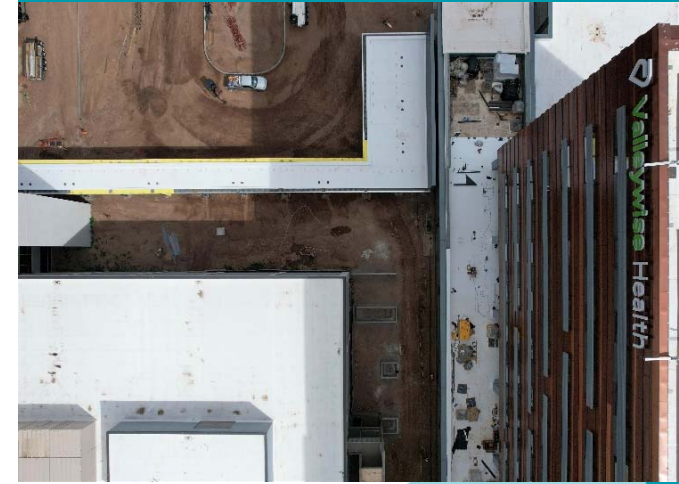
Burn Lobby Progress



Level 5, Teen Rec Room



Breezeway Progress



Valleywise Health Medical Center

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Level 1, Servery Corridor



Trauma Room Sliders



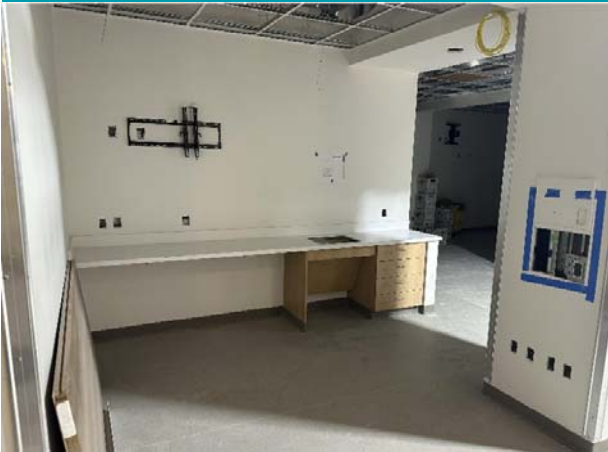
Level 4, Burn Patient Room



Valleywise Health Medical Center

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Level 2, Open Care Team Station



Level 1, Outpatient Pharmacy



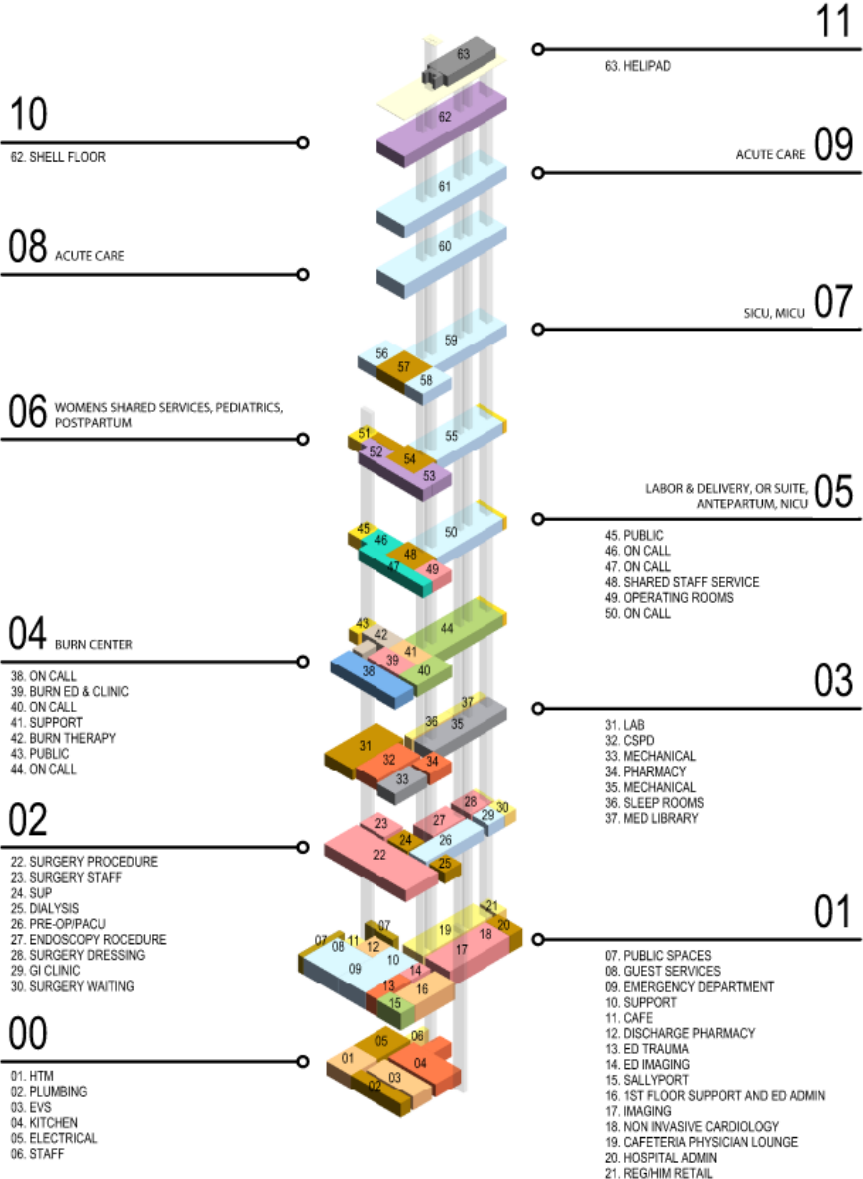
Level 3, Lab Progress



Valleywise Health Medical Center

Departmental stacking diagram

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Blue Cottage Update

April 23	May 23	June 23	July 23	August 23	September 23
<ul style="list-style-type: none"> Continue ACH transition, physical move, and patient move planning Continue Day in the Life (DIL) planning Conduct Preparing for Change Workshop #2 Continue ACH/Piper Pavilion activation meetings 	<ul style="list-style-type: none"> Continue ACH transition, physical move, and patient move planning Continue Day in the Life (DIL) planning Continue ACH/Piper Pavilion activation meetings Complete move plan for leadership approval 	<ul style="list-style-type: none"> Continue ACH transition and patient move planning Continue Day in the Life (DIL) planning Continue ACH/Piper Pavilion activation meetings Obtain leadership approval on move plan 	<ul style="list-style-type: none"> Continue ACH transition and patient move planning Continue Day in the Life (DIL) planning Continue ACH activation meetings Finalize orientation manual content 	<ul style="list-style-type: none"> Conduct Day in the Life #1 Conduct Mock Patient Move #1 Continue ACH activation meetings Distribute orientation manuals 	<ul style="list-style-type: none"> Conduct Day in the Life #2 Conduct Mock Patient Move #2 Continue ACH activation meetings

CURRENT

- Continue alignment with IT on RSVT workflow prioritization needs in order to support Epic and other technology "build"/planning timelines
- Conduct RSVT user groups meetings, refining and finalizing future state workflows to support individual department as well as multidisciplinary operations. Define target metrics that measure success and are reportable. Identify strategies to support operational change implementation, training and communication needs for departments. Identify key pilot opportunities to implement and train current state as applicable.
- Develop patient move goals and guidelines, identify team leads, and validate plan for patient move sequence and timing for patient move. Continue developing move processes, modifying tools and checklists as needed to support patient move planning.
- Maintain high-level knowledge of budget/program alignment with VH leadership, IPMO, and Design/Construction teams for Roosevelt planning activities
- Continue activation planning for ACH and Piper Pavilion
- Conduct follow up "Preparing for Change" workshop to support future state culture shifts, level set expectations, provide education/tools to support change management needs. Support stakeholder development and implementation of "road maps" for their department specific transition needs.

GOALS FOR NEXT 60 DAYS

- Continue user group planning to finalize remaining workflows and assumptions that operationalize future state processes for RSVT, ensure alignment between clinical and system-wide operational planning.
- Continue to develop overall patient move guidelines, refine subgroup roles/responsibilities, tools, checklists, and move resources to support patient relocation planning, and continue due diligence efforts to validate patient move strategy, including simulation modeling and time studies. Work to validate department move sequence and align move plans, to align with equipment and technology planning, and overall move/activation needs.
- Confirm direction and align schedules for construction and operational planning activities
- Continue monthly cadence of user group meetings, conduct multidisciplinary focused planning with ad hoc and combined user group meetings as needed
- Continue developing plans for RSVT support services department activation planning and move sequence/timelines. Continue planning for ACH/Piper Pavilion multidisciplinary monthly activation meetings (including ACH and warehouse activation planning).

FOR LEADERSHIP REVIEW/DECISION

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

Piper Pavilion Timeline	
Final Design Completion	January 2021
Construction- Certificate of Occupancy	June 2023
Activation / Licensing	June 2023
"Go Live"	June 2023

CONSTRUCTION UPDATE

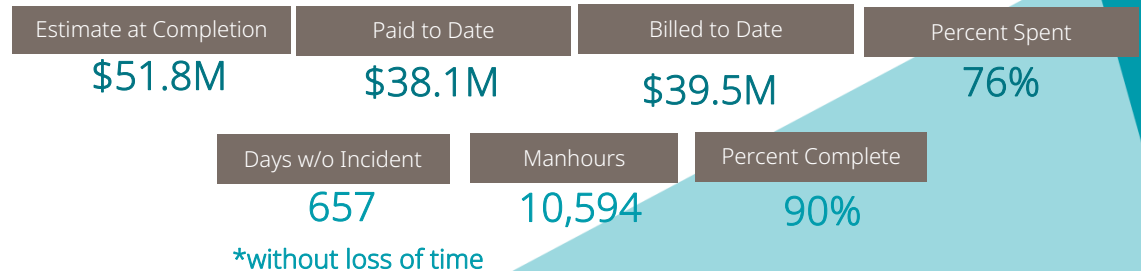
- North canopy buildout is complete
- 5th level buildout is underway
- Door and hardware installation is underway
- Final painting activities are underway

EQUIPMENT & ACTIVATION UPDATE:

- Relocation planning has begun with a focus to enable Supply Chain activation prior to ACH

NEXT 30 DAYS:

- Final owner/architect punch walks to begin
- Card reader prep/installation will be complete
- Loading dock buildout will be complete
- Door and hardware installation will be complete
- Site work around the building and loading dock will be completed



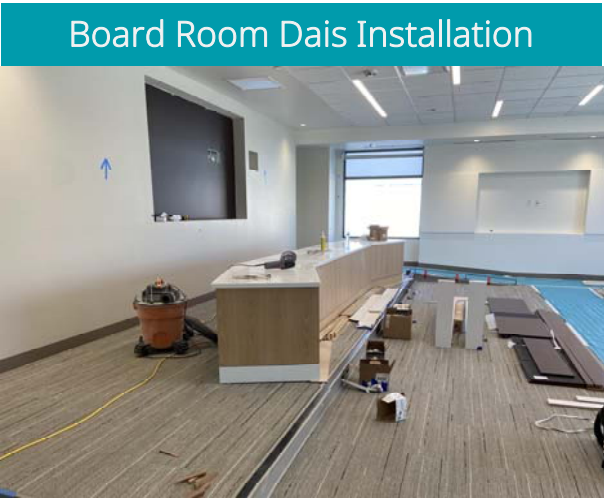
Valleywise Health – Virginia G. Piper Charitable Trust Pavilion

2609 E. Roosevelt St. Phoenix, AZ 85008



Valleywise Health – Virginia G. Piper Charitable Trust Pavilion

2609 E. Roosevelt St. Phoenix, AZ 85008



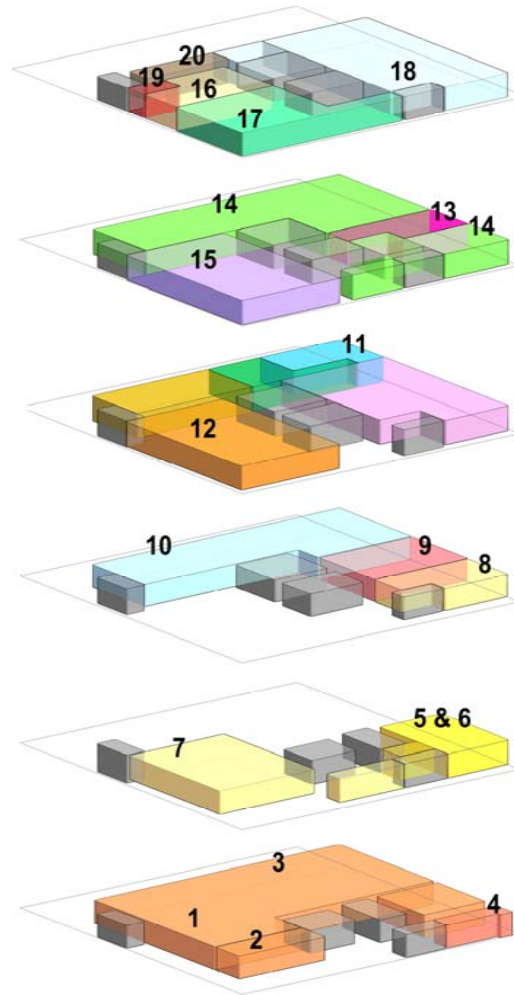
Valleywise Health – Virginia G. Piper Charitable Trust Pavilion

2609 E. Roosevelt St. Phoenix, AZ 85008



Virginia G. Piper Charitable Trust Pavilion

Departmental stacking diagram



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

Level 5 (20,519 BGSF)	
13. Medical Staff Services	1,028
14. Physician Offices	7,478
15. Residency Program Offices	4,125
DGSF	12,631
BGSF	20,519

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

Level 3 (15,405 BGSF)	
8. Board Room	1,729
9.	2,119
10. HR/Legal/Assist. Dist. Counc.	5,359
DGSF	9,207
BGSF	15,405

Level 2 (10,386 BGSF)	
5. Supply Chain - Staff Area	1,259
6. Supply Chain - Purchasing	858
7. Auditorium (Conf. Center)	4,745
DGSF	6,862
BGSF	10,386

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

Total BGSF	104,327
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Conclusion – Discussion – Q&A – Next Steps





Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 24, 2023

Item 9.

Reports to the Board



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 24, 2023

Item 9.a.

Reports to the Board
Care Reimagined Capital Purchases
Report



Northwest Elevation



Northeast Elevation



Care Reimagined – Spend report (April 2023)

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JAN'23	FEB'23	MAR'23	APR'23	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		\$ 12			\$ 269,605
CDW Government	19-930					\$ 298,557
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
DATA INNOVATIONS LLC						\$ 14,285
DATEX OHMEDA						\$ 387,508
DEPUY SYNTHES	19-930					\$ 48,170

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JAN'23	FEB'23	MAR'23	APR'23	Cumulative Total
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					\$ 513,646
Hye Tech Network						\$ 1,015,724
INTELLIGENT HEARING	19-930					\$ 4,185
INTERMETRO INDUSTRIES						\$ 147,669
J AND J HEALTHCARE SYSTEMS	19-930					\$ 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
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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JAN'23	FEB'23	MAR'23	APR'23	Cumulative Total
Okland Construction Company	19-930	\$ 157,274				\$ 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
PHILLIPS HEALTHCARE						\$ 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					\$ 391,599
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
WAXIE SANITARY SUPPLY	19-930					\$ 84
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)		\$ 157,274	\$ 12	\$ -	\$ -	\$ 69,499,240

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JAN'23	FEB'23	MAR'23	APR'23	Cumulative Total
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 Geotecinical and Environment	19-942					\$ 70,599
TOTAL Chandler FHC (CHAN)		\$ -	\$ -	\$ -	\$ -	\$ 1,271,088
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					\$ 50,496
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					\$ 55,073
HOLOGIC INC	19-944					\$ 349,945
HYE TECH NETWORK AND SECURITY SOLUTIONS	19-944			\$ 86,905		\$ 143,092
FILLMASTER	19-944					\$ 1,494
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			\$ (2,000)		\$ 64,615
MDM COMMERCIAL	19-944					\$ 6,997
MONOPRICE	19-944					\$ 335
OKLAND CONSTRUCTION	19-944		\$ 6,834			\$ 9,990,212

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JAN'23	FEB'23	MAR'23	APR'23	Cumulative Total
THE CBORD GROUP INC	19-944					\$ 2,826
TEMP ARMOUR	19-944					\$ 9,947
THE GRAPHS MEDICAL PHYSICS	19-944					\$ 2,450
SCIPTPRO USA	19-944					\$ 104,544
SPEEDIE AND ASSOC	19-944					\$ 20,116
STRYKER SALES	19-944					\$ 6,665
SPRAY SYSTEMS	19-944					\$ 29,640
TRANSACT COMMERCIAL	19-944					\$ 332,754
Ninyo and Moore Geotechnical and Environment	19-944					\$ 34,055
SMITHCRAFT SIGNS	19-944					\$ 106,105
CROSSPOINT COMMUNICATIONS						\$ 8,161
FIDELITY NATIONAL TITLE AGENCY INC						\$ 557
VANIR CONSTRUCTION MANAGEMENT INC						\$ 1,209,344
TOTAL Mesa FHC (MESA)		\$ -	\$ 6,834	\$ 84,905	\$ -	\$ 16,220,114
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						\$ 607,523
TOTAL Central Phoenix FHC (PHXM)		\$ -	\$ -	\$ -	\$ -	\$ 4,808,149
DIBBLE ENGINEERING	19-929					\$ 6,904
ABBOTT RAPID DIAG	19-929					\$ 190
ALLEGIANCE CORP	19-929					\$ 1,591
ALTURA COMMUNICATION	19-929					\$ 52,314
BONNY PIONTKOWSKI	19-929					\$ 1,645
BPG TECHNOLOGIES	19-929					\$ 28,099
CAPSULE TECH	19-929					\$ 57,185
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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JAN'23	FEB'23	MAR'23	APR'23	Cumulative Total
DWL ARCHITECTS + PLANNERS INC	19-929					\$ 942,593
CDW G	19-929					\$ 21,797
CME	19-929					\$ 162,064
FEDEX Freight						\$ 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					\$ 79,129
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
STAPLES ADVANTAGE	19-929				\$ (1,680)	\$ -
Stryker Communications	19-929					\$ 12,626
Sundt Construction Inv	19-929	\$ 108,287				\$ 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
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)		\$ 108,287	\$ -	\$ -	\$ (1,680)	\$ 15,778,320
Cox Communications	19-928					\$ 4,489
Cox Communications						\$ (1,699)
ABBOTT RAPID DIAG	19-928					\$ 238

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JAN'23	FEB'23	MAR'23	APR'23	Cumulative Total
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					\$ 23,529
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					\$ 88,597
Hye Tech Network	19-928					\$ 152,445
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
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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JAN'23	FEB'23	MAR'23	APR'23	Cumulative Total
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)		\$ -	\$ -	\$ -	\$ -	\$ 14,297,085
CDW GOVERNMENT INC	19-946					\$ 56,372
ADVANCE INNOVATIVE SOLUTIONS	19-946	\$ (1,812)				\$ 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
CAPSULE Tech	19-946					\$ 56,272
CARDINAL HEALTH	19-946			\$ 8,996		\$ 8,996
CITY OF PHOENIX	19-946					\$ 40,670
CME	19-946					\$ 160,773
COOPER ATKINS	19-946					\$ 8,233
DIBBLE ENGINEERING	19-946					\$ 6,534
DWL ARCHITECTS + PLANNERS INC	19-946					\$ 811,095
DANIELS MOVING	19-946					\$ 20,892
Fidelity National Title (escrow) - 79thAve&Thomas	19-946					\$ 1,878,902
FILLMASTER SYSTEMS	19-946					\$ 1,494
GE PRECISION	19-946					\$ 168,532
HYE Tech	19-946					\$ 153,091
HP INC	19-946					\$ 25,673
INTERMETRO INDUSTRIES	19-946					\$ 15,951
JENSEN HUGHES	19-946					\$ 9,999
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-946			\$ (7,343)		\$ 62,657
MARICOPA COUNTY ENVIRONMENTAL SERVICES	19-946					\$ 1,490
MARICOPA COUNTY RECORDER	19-946					\$ 30
MDM COMMERCIAL	19-946					\$ 5,546
MOBILE COMMUNICATION AMERICA	19-946	\$ 8,161				\$ 8,161
MONOPRICE	19-946					\$ 522
NATUS MEDICAL	19-946					\$ 1,141
Ninyo and Moore Geotechnical and Environment	19-946					\$ 11,400
Okland Construction Company	19-946					\$ 9,433,806
OLYMPUS	19-946					\$ 1,211
SALT RIVER PROJECT	19-946					\$ 25,648

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JAN'23	FEB'23	MAR'23	APR'23	Cumulative Total
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)		\$ 6,349	\$ -	\$ 1,653	\$ -	\$ 14,596,151
		\$ 271,910	\$ 6,846	\$ 86,558	\$ (1,680)	\$ 136,470,147

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		\$ 3,090
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			\$ 34,925		\$ 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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JAN'23	FEB'23	MAR'23	APR'23	Cumulative Total
CAPSA SOLUTIONS	19-912					\$ (25)
Capsule Tech	19-912					\$ 143,422
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
THE CBORD GROUP INC	18-918					\$ 14
GE MEDICAL SYSTEMS ULTRASOUND PRIMARY	18-922					\$ 747,407
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 REPOSE	19-912					\$ 29,482
EXTENDATA SOLUTIONS						\$ 66,659
Felix Storch Inc						\$ 5,796
FERGUSON ENTERPRISES	19-912					\$ 3,571
First American Title - Maryvale Hospital						\$ 7,582,335
Follett	19-912					\$ 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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JAN'23	FEB'23	MAR'23	APR'23	Cumulative Total
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
GUEST COMMUNICATIONS	19-912					\$ 17,130
Haemonetics	19-912					\$ 83,854
HD Supply Facilities Maintenance Ltd	19-912					\$ 39,937
Helmer Inc	19-912					\$ 151,587
Hill Rom						\$ 20,409
HP INC	19-909					\$ 363,091
HP INC	19-939					\$ 168,146
HUMANE RESTRAINT	19-909					\$ 40,160
HUMANE RESTRAINT	19-912					\$ (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						\$ 279,864
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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JAN'23	FEB'23	MAR'23	APR'23	Cumulative Total
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
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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JAN'23	FEB'23	MAR'23	APR'23	Cumulative Total
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
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)		\$ -	\$ -	\$ 38,015	\$ -	\$ 79,095,285
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				\$ 28,530	\$ 390,767
BUREAU VERITAS	19-936					\$ 28,125
Engineering Economics	19-936	\$ 13,000	\$ 12,000	\$ 33,000		\$ 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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JAN'23	FEB'23	MAR'23	APR'23	Cumulative Total
VANIR CONSTRUCTION MANAGEMENT INC						\$ 631,930
TOTAL Annex HVAC Replacement (RSVT)		\$ 13,000	\$ 12,000	\$ 33,000	\$ 28,530	\$ 9,772,304
		\$ 13,000	\$ 12,000	\$ 71,015	\$ 28,530	\$ 88,867,589
Note: Prior months amount paid are hidden						
Functional Area - Acute Care Facilities						
eSTF - Enterprise Strengthening the Foundation (see attached for detail)	17-900					\$ 6,237,142
Client & Mobility (Phase 1)	16-934					\$ 1,434,893
Client & Mobility (Phase 2)	17-906					\$ 1,512,376
IPT (PBX Replacement)	16-909					\$ 2,789,264
Legacy Storage (DP-007)	16-910					\$ 2,506,978
Single Sign on	17-913					\$ 81,150
OPTIV						\$ (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 implementation of CER15-075, Cloverleaf Availability	16-924					\$ 35,400
Patient monitors - High Acuity	16-908					\$ 6,240,243
Edwards Lifesciences						\$ (116)
AMICO Accessories						\$ (704)
Stretcher replacement	16-912					\$ 395,538
IVUS - intravascular ultrasound for placement of stents	16-922					\$ 128,371
Vigileo Monitors (8)	16-928					\$ 96,132
VANIR CONSTRUCTION	16-928					\$ 463,755

VALLEYWISE HEALTH

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Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JAN'23	FEB'23	MAR'23	APR'23	Cumulative Total
Balloon Pumps	16-920					\$ 149,197
Zeiss - Cirrus HD ophthal camera	16-919					\$ 60,654
Vivid Q BT12 Ultrasound	16-931					\$ 55,019
Zoll Thermoguard XP (formerly Alsius)	16-906					\$ 33,230
3:1 Mesher	16-927					\$ 12,870
1:1 Mesher	16-927					\$ 26,190
2:1 Mesher	16-927					\$ 26,190
Urodynamics machine (for surgery clinic)	16-929					\$ 17,935
UltraMist System	16-925					\$ 20,195
Doppler	16-935					\$ 3,950
Ultrasound (for breast clinic)	16-931					\$ 22,685
Biom 5	16-930					\$ 8,103
Wilson Frame	18-902					\$ 4,852
Medical Beds for Psych Units	16-932					\$ 211,197
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
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 Deliverery Units	18-905					\$ 127,642
chC Cost for new equipment and cost of moving existing to Avondale X-Ray	16-921					\$ 83,327

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JAN'23	FEB'23	MAR'23	APR'23	Cumulative Total
Avondale- Replace all flooring.	17-904					\$ 72,635
Temperature Monitoring - FQHC Depts	17-909					\$ 82,219
McDowell Dental	16-918					\$ 15,990
CHC Internal Medicine Clinic Renovation - Increase the number of exam rooms to accommodate 1st, 2nd & 3rd yr residents as of July 1, 2017 plus the attendings and midlevel providers, improve operations, clinic flow and space allocation.	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
3rd Floor Behavioral Health/Medical Unit Remodel	17-903					\$ 2,570,464
22 Behavioral Health Beds for 3rd Floor MMC	17-907					\$ 188,527
Replace MMC Radiology GE Fluoroscopy Imaging Equipment	17-914					\$ 262,145
Endura CCTV System Replacement	18-901					\$ 168,739
IT - (17-900) eSTF Project	17-900					\$ 95,059
Diablo Infrastructure Costs	18-903					\$ 431,149
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
IPv4Xchange (ARIN Based Transfer Escrow Payment)	16-923					\$ 7,040
MARSH & MCLENNAN AGENCY LLC (allocated to different projects)	16-923	\$ 10,000	\$ 5,000			\$ -
Vanir Construction Management (Planning Phase)	17-915					\$ 749,971
Vanir Construction Management (\$48M) (\$48,300,501 - Entire Project)	17-916					\$ 4,580,656
LOVITT & TOUCHE INC (allocated to different projects)	17-916	\$ 5,000	\$ 30,000	\$ 15,000	\$ 15,000	\$ -
Vanir Construction Management (Planning Phase)	16-923	\$ 375,280	\$ 773,561	\$ 404,280		\$ 1,286,190
IPMO Modular Building	17-902					\$ 329,631
Dickenson Wright PLLC	16-923					\$ 181,495

VALLEYWISE HEALTH

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Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JAN'23	FEB'23	MAR'23	APR'23	Cumulative Total
GE HEALTHCARE	19-918					\$ (32,261)
Sims Murrery LD	16-923					\$ 24,128
Devenney Group LTD	16-923					\$ 242,450
MTI Connect Inc	16-923					\$ 181
SHI INTERNATIONAL	19-911					\$ 2,577
Payroll/Supplies/Misc Expenses	16-923					\$ 792,042
EPIC replatform and upgrade to 2016 (see attached for detail)	17-900					\$ 7,675,491
GUIDESOFT INC						\$ (43,423)
VCORE TECHNOLOGY						\$ (68,550)
Reimbursement for Capital Expenditures	N/A					\$ 36,000,000
Other exp/recon items						\$ 8,208
TOTAL Tranch 1		\$ 390,280	\$ 808,561	\$ 419,280	\$ 15,000	\$ 92,162,645
Bond issuance costs						\$ 817,684
BPG Technologies LLC						\$ 288,397
Dickinson Wright PLLC						\$ 323,597
Hye Tech Neywork and Security Solutions						\$ 3,795,099
Goodmans						\$ 4,790
GOODMANS	16-923					\$ (2,921)
JRC DESIGN	19-955					\$ 282,995
Lovitt & Touche Inc	16-923					\$ 75,000
Lovitt & Touche Inc	19-934	\$ 16,380	\$ 16,382	\$ 8,191	\$ 8,191	\$ 4,066,202
PAC VAN INC	19-934					\$ 80,395
MARSH & MCLENNAN AGENCY LLC	19-934					\$ 83,191
LOVITT & TOUCHE INC	19-951					\$ 505
PAC-VAN	19-955					\$ 71,160
Payroll/Supplies/Misc Expenses		\$ 190,097	\$ 2,754			\$ 7,259,689
Sims Murrery LD						\$ 30,441
Sims Murrery LD	19-955					\$ 9,433
Vanir Construction Management (\$48M) (\$48,300,501 - Entire Project)						\$ 18,716,265
World Wide Technology Co Inc						\$ 452,252
Zurich North America	16-923					\$ 47,500
Adams and Wendt			\$ 1,808			\$ -
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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JAN'23	FEB'23	MAR'23	APR'23	Cumulative Total
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						\$ (2,231,162)
WALMART.COM						\$ 549
WOODRUFF CONSTRUCTION						\$ 17,015
TOTAL Enterprise		\$ 206,477	\$ 20,944	\$ 8,191	\$ 8,191	\$ 39,516,972
Adams and Wendt	19-935					\$ 32,697
APS	19-935					\$ (335,303)
Affiliated Engineers Inc	19-935			\$ 57,060		\$ 1,587,215
Affiliated Engineers Inc	19-935					\$ 2,059,120
Arnold Machinery	19-935					\$ 34,209
ARIZONA DEPARTMENT OF HEALTH	19-935					\$ 150
BPG TECHNOLOGIES LLC	19-935					\$ 2,774
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
ENGINEERING ECONOMICS	19-935					\$ 135,362

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JAN'23	FEB'23	MAR'23	APR'23	Cumulative Total
GOODMANS	19-935					\$ 12,143
HYE TECH	19-935	\$ 52,286		\$ 48,125		\$ 2,060,623
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
Thomas Printworks	19-935					\$ 41
VALLEY SYSTEMS	19-935					\$ 960
WESTERN STATES FIRE	19-935					\$ 705
SYNTELLIS PERFORMANCE SOLUTIONS LLC	19-935					\$ 28,000
ALTURA COMMUNICATIONS SOLUTIONS LLC	19-935					\$ 1,019
ARIZONA PUBLIC SERVICE COMPANY	19-935					\$ 1,773,158
HYE TECH NETWORK AND SECURITY SOLUTIONS	19-935					\$ 7,125
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-935					\$ 239,965
MARICOPA COUNTY TREASURER	19-935					\$ 135,146
VANIR CONSTRUCTION MANAGEMENT INC	19-935					\$ 719,110
Misc expenses/reclass/recon						\$ 3,414
TOTAL Central Utility Plant (RSVT)		\$ 52,286	\$ -	\$ 105,185	\$ -	\$ 63,507,412
ADAMS AND WENDT	19-949					\$ 65,342
ADAMS AND WENDT	19-948					\$ 32,968
ADAMS AND WENDT	19-947					\$ 71,561
ADAMS AND WENDT	19-951					\$ 90,538
ADAMS AND WENDT						\$ 6,600
ALTURA COMMUNICATIONS	19-947	\$ 17,462				\$ 17,462
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					\$ 391,796
AFFILIATED ENGINEERS	19-954				\$ 1,092	\$ 2,142
ANCO SANITATION	19-948					\$ 1,450
ATLANTIC RELOCATIONS	19-948					\$ 49,125
ABBOTT LABORATORIES INC	19-947		\$ 4,975		\$ 150	\$ 178,515
BPG Tech	19-948	\$ 1,914				\$ 182,186

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JAN'23	FEB'23	MAR'23	APR'23	Cumulative Total
BPG TEch	19-947					\$ 7,339
BPG TEch	19-951					\$ 23,013
CABLE SOLUTIONS	19-947	\$ 245,872	\$ 171,987	\$ 103,308	\$ 292,148	\$ 4,378,757
CABLE SOLUTIONS	19-951		\$ 203,255	\$ 171,881	\$ 81,019	\$ 477,068
CARAHSOFT TECHNOLOGY CORPORATION			\$ 2,520			\$ 2,520
C-SCAN TEchNOLOGIES	19-947					\$ 7,105
CAPSULE Tech	19-951					\$ 8,708
CDW G	19-947	\$ 449	\$ 4,272	\$ 2,689	\$ 96,990	\$ 380,705
CDW G	19-951					\$ 1,024
CENTURY LINK	19-951					\$ 6,706
CITY OF PHOENIX	19-947					\$ 84,493
CITY OF PHOENIX	19-948					\$ 9,525
CME	19-948					\$ 21,924
CME	19-951					\$ 4,259
CME	19-947		\$ 2,493	\$ 1,765	\$ 2,565	\$ 122,644
Cunningham Architect	19-947	\$ 130,000		\$ 92,760	\$ 98,700	\$ 31,542,472
Cunningham Architect	19-951					\$ 48,840
Cunningham Architect	19-937					\$ 73,619
CLIMATEC LLC	19-947		\$ 8,322			\$ 8,322
CONNECTIVITY WIRELESS	19-948	\$ 12,204	\$ 530,987	\$ 572,799	\$ 48,279	\$ 1,164,270
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	\$ 229,182		\$ 3,239	\$ 9,560	\$ 1,324,097
ENGINEERING ECONOMICS	19-951	\$ 1,982	\$ 3,304	\$ 5,286		\$ 266,400
EPIC SYSTEMS CORPORATION						\$ 5,000
EXCESSIVE CARTS	19-948					\$ 23,182
FISHER HEALTHCARE	19-947	\$ 114,736				\$ 179,524
FC HOSPITALITY	19-948					\$ 216,732
Follett	16-923			\$ 33,063		\$ 116,887
GOODMANS	19-951					\$ 131,257
GOODMANS	19-951		\$ 11,000	\$ 217,610	\$ 14,356	\$ 263,123
GRAINGER	19-947					\$ 5,669
GE MEDICAL SYSTEM	19-947				\$ 81,132	\$ 81,132
GE HEALTHCARE	19-947				\$ 324,526	\$ 324,526
HELMER INC	19-947				\$ 6,476	\$ 45,972
HILL ROM	19-951		\$ 1,197			\$ 10,288
HILL ROM	19-947					\$ 82,641
HOME DEPOT - Buyers Log	19-948					\$ 587

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JAN'23	FEB'23	MAR'23	APR'23	Cumulative Total
HYE TECH NETWORK	19-947	\$ 27,783		\$ 1,456		\$ 65,879
Innerface Architectural Signage	19-948					\$ 13,927
Innerface Architectural Signage	19-951					\$ 833
JENSEN HUGHES	19-947		\$ 4,882			\$ 76,466
JENSEN HUGHES	19-951		\$ 724	\$ 1,407		\$ 33,881
KITCHELL	19-947	\$ 6,089,812	\$ 5,045,684		\$ 3,557,441	\$ 264,740,477
KITCHELL	19-937					\$ 667,452
KITCHELL	19-948		\$ 13,552		\$ 3,388	\$ 11,923,751
KITCHELL	19-951	\$ 1,262,154	\$ 941,371	\$ 712,902	\$ 1,805,968	\$ 28,903,588
KITCHELL	19-954					\$ 8,373
LANMOR	19-947	\$ 44,080		\$ 12,031		\$ 540,694
LANMOR	19-948					\$ 4,547
LANMOR	19-951					\$ 63,782
LEVEL 3 AUDIO VISUAL	19-947	\$ 148,974	\$ 364,193			\$ 603,166
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-951					\$ 289,918
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-947					\$ 2,035,431
MARICOPA COUNTY PLANNING AND DEVELOPMENT						\$ 6,021
MARICOPA COUNTY ENVIRONMENTAL SERVICES	19-947					\$ 3,550
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-948					\$ 3,308
MDM COMMERCIAL	19-951			\$ 1,186		\$ 2,411
MDM COMMERCIAL	19-947			\$ 7,699		\$ 39,817
MOBILE COMMUNICATIONS AMERICA INC	19-947					\$ 5,738
NATUS MEDICAL INC	19-947					\$ 39,020
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
OFFSITE EQUIPMENT STORAGE	19-948					\$ 650
Payroll/Supplies/Misc Expenses				\$ 207,808	\$ 99,996	\$ -
PAC-VAN	19-947					\$ 7,220
POHLE NV CENTER INC	19-948					\$ 11,904
PERRY BAROMEDICAL CORPORATION	19-947			\$ 165,013	\$ 22,750	\$ 270,269
RECLASS UTILITIES ALLOCATION TO CONSTRUCTION PROJECTS	19-951					\$ (34,000)
RECLASS UTILITIES ALLOCATION TO CONSTRUCTION PROJECTS	19-947					\$ 34,000
RMJ Electrical Contractors						\$ 551
SCRIPTPRO, Inc					\$ 65,245	\$ 146,800
SKYTRON	19-947			\$ 208,450		\$ 210,083
Smithcraft Signs	19-947	\$ 33,125				\$ 34,085
Smithcraft Signs	19-951					\$ 4,650
SPEEDIE AND ASSOC	19-947					\$ 244,793

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JAN'23	FEB'23	MAR'23	APR'23	Cumulative Total
SPEEDIE AND ASSOC	19-951	\$ 2,425	\$ 5,490			\$ 47,855
STERIS	19-947	\$ 229,633	\$ 160,572	\$ 196,078	\$ 1,650,533	\$ 4,911,784
SWISSLOG	19-947					\$ 2,500
TEMP ARMOUR	19-951					\$ 6,649
Valley Systems	19-948					\$ 756
Valley Systems	19-951					\$ 1,018
Speedie and Assoc	19-947					\$ 91,911
Speedie and Assoc	19-951	\$ 2,035		\$ 1,320		\$ 16,793
SRP	19-947					\$ 500
UTILITY ALLOCATION	19-947	\$ 106,000		\$ 78,500	\$ 18,500	\$ 940,500
THOMAS PRINTWORKS						\$ 4,190
THOMAS PRINTWORKS	19-947				\$ 167	\$ 309
THE BAKER COMPANY	19-947				\$ 148,103	\$ 148,103
Trademark Visual	19-948					\$ 2,576
WAXIE SANITARY SUPPLY	19-948					\$ 840
ZORO TOOLS	19-948					\$ 14,481
ALTURA COMMUNICATIONS SOLUTIONS LLC						\$ 11,827
DH PACE COMPANY INC						\$ 1,468
ENTERPRISE SECURITY INC						\$ 13,715
HD SUPPLY FACILITIES MAINTENANCE LTD						\$ 3,780
INTERMETRO INDUSTRIES CORPORATION						\$ 833
LOVITT & TOUCHE INC						\$ 505
MARICOPA COUNTY TREASURER						\$ 7,310
SKYLINE BUILDERS AND RESTORATION INC						\$ 122,769
STRYKER SALES CORPORATION				\$ 1,552		\$ 384,697
TEMPE DIABLO LLC						\$ 33,132
TUCSON BUSINESS INTERIORS INC						\$ 447,192
VANIR CONSTRUCTION MANAGEMENT INC						\$ 11,270,459
WORLD WIDE TECHNOLOGY HOLDINGS CO LLC						\$ 35,500
Misc expenses/reclass/recon/allocation		\$ 300	\$ 140	\$ 825	\$ (4,641)	\$ 5,997
TOTAL Roosevelt Campus Site Development Plan (RSVT)		\$ 8,700,122	\$ 7,480,918	\$ 2,800,625	\$ 8,424,443	\$ 375,235,838.55

\$ 9,349,165 \$ 8,310,423 \$ 3,333,281 \$ 8,447,634 \$ 570,422,867

**Bond Proceeds received to date:
\$935,805,959**

TOTAL MONTHLY SPENT AMOUNT

\$ 9,634,076 \$ 8,329,269 \$ 3,490,854 \$ 8,474,485 \$ 795,760,603

REMAINING Cash for disbursement

\$ 160,339,963 \$ 152,010,694 \$ 148,519,840 \$ 140,045,356 \$ 140,045,356



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 24, 2023

Item 9.b.

**Reports to the Board
Valleywise Health Employee Turnover
Report**

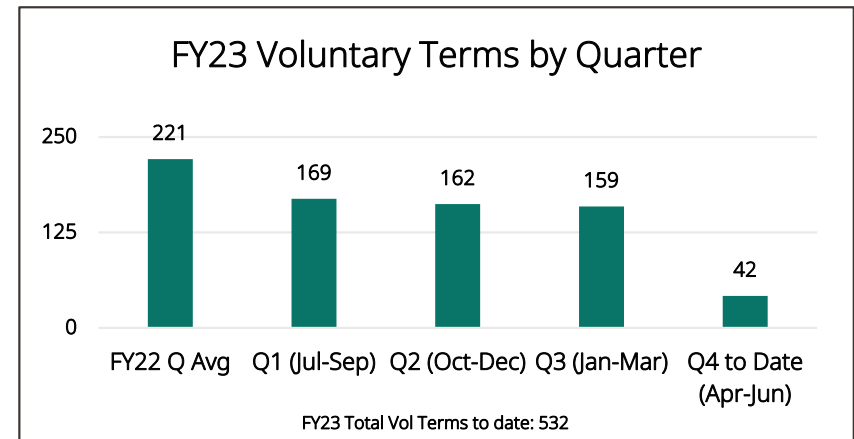
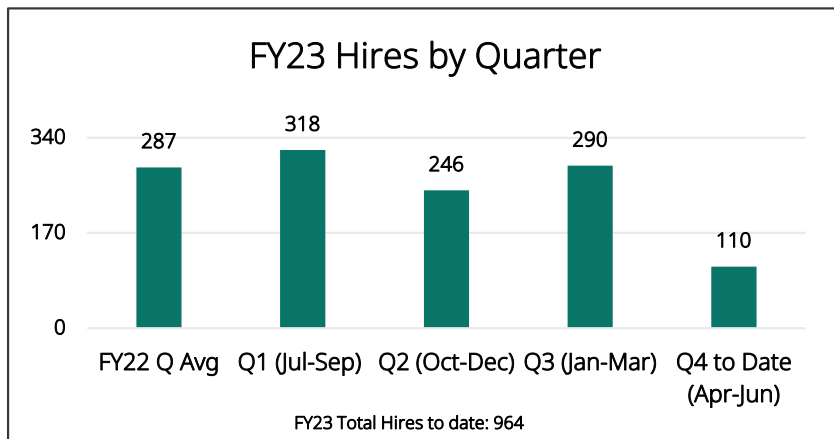
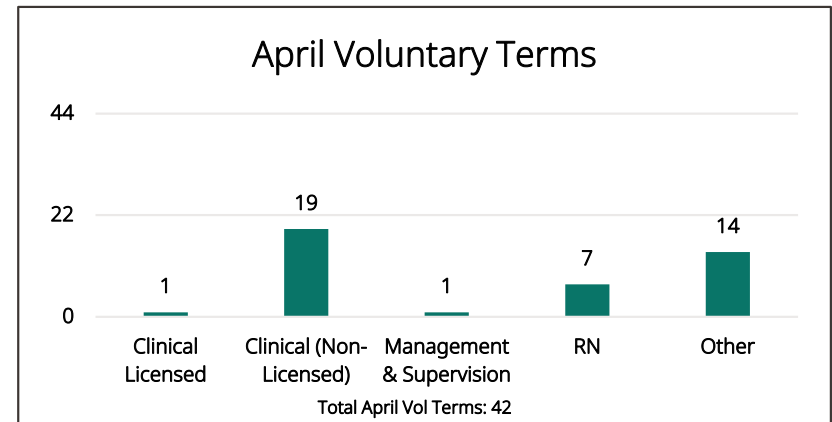
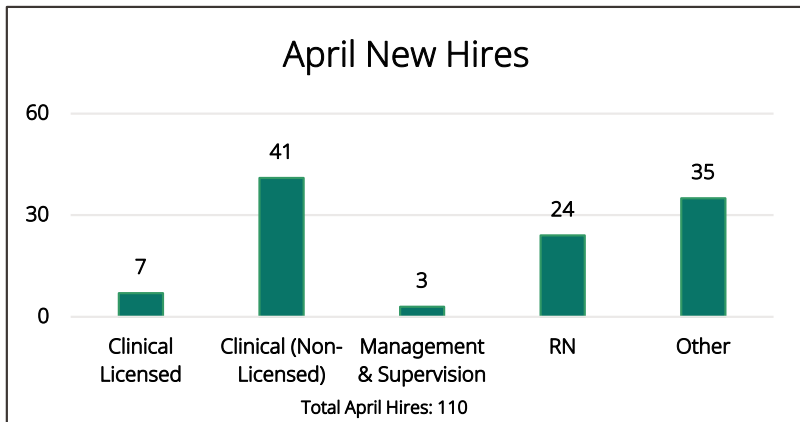


Human Resources Board Turnover & Employee Demographic Information

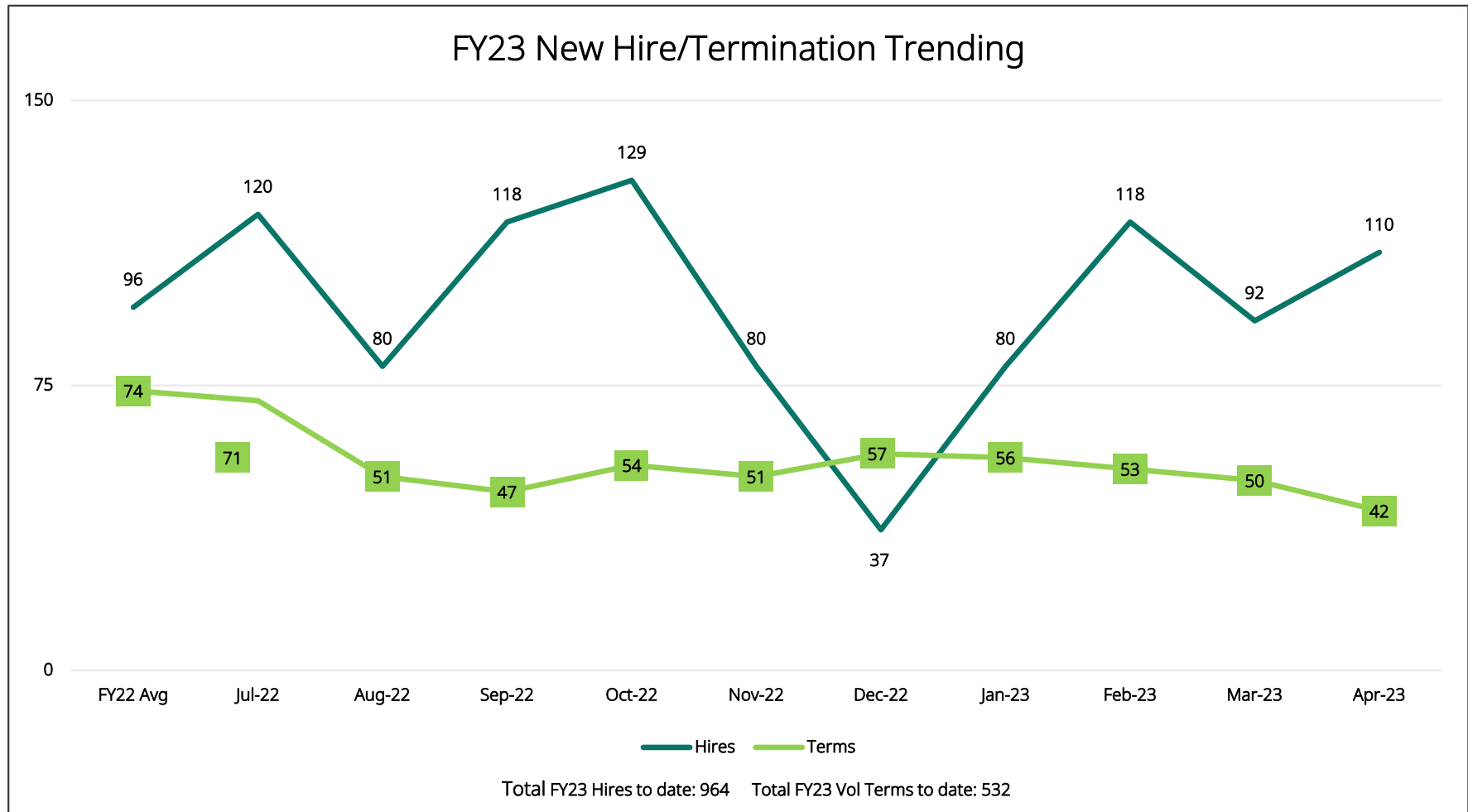
April 2023

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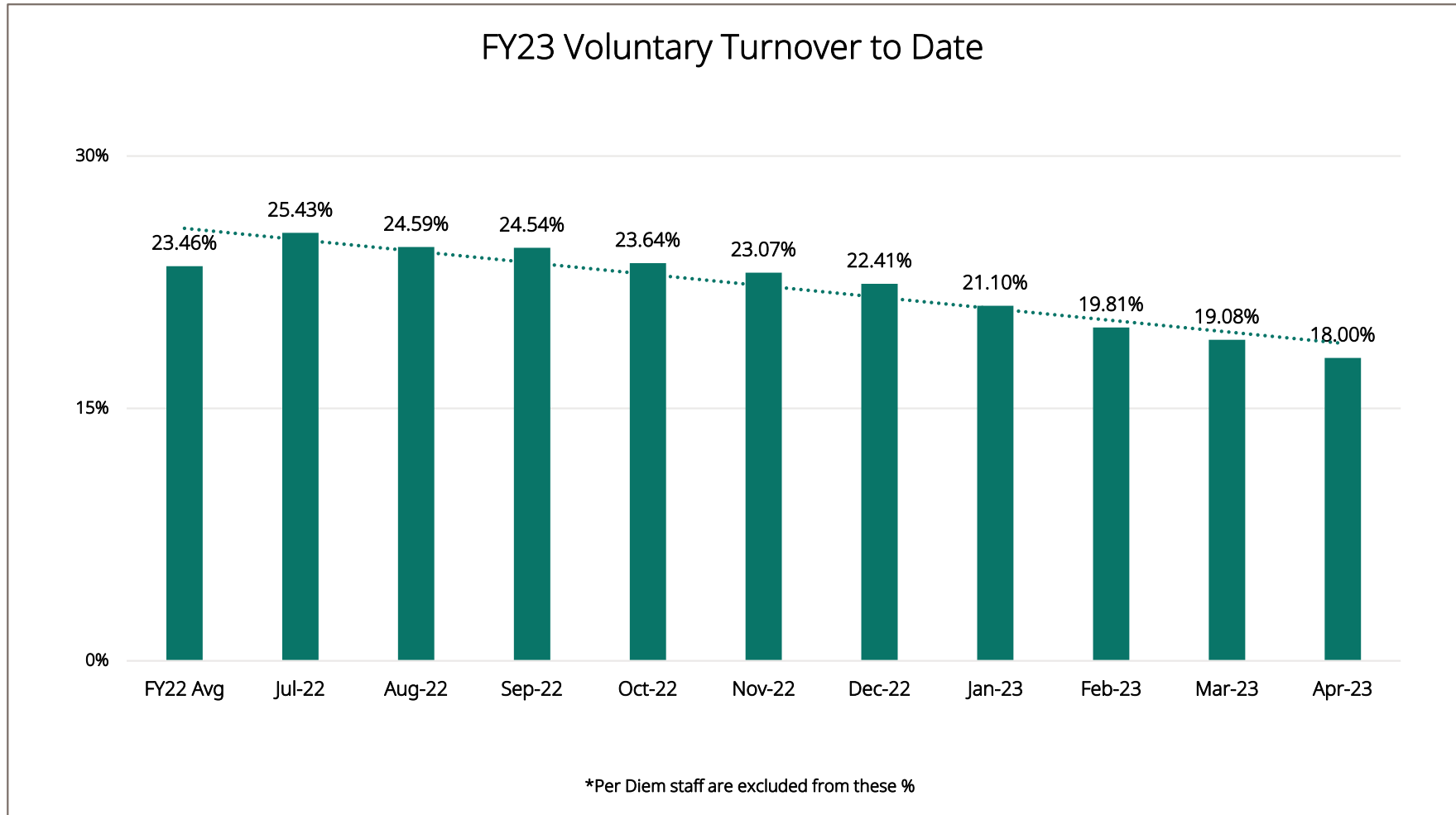
Valleywise Health New Hires and Voluntary Terminations



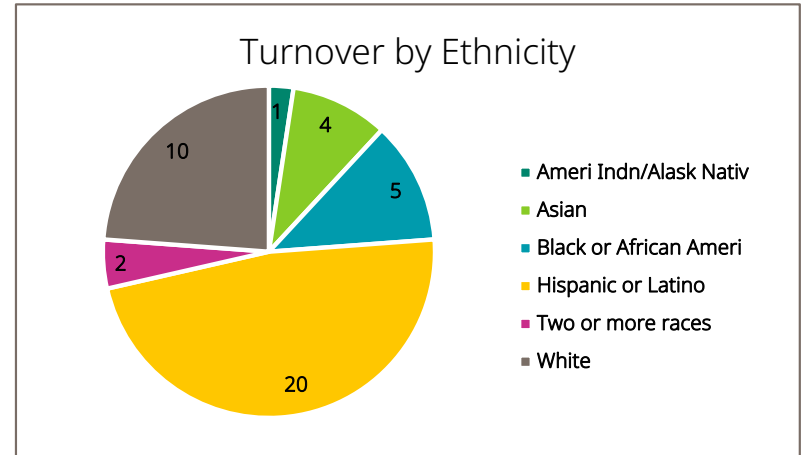
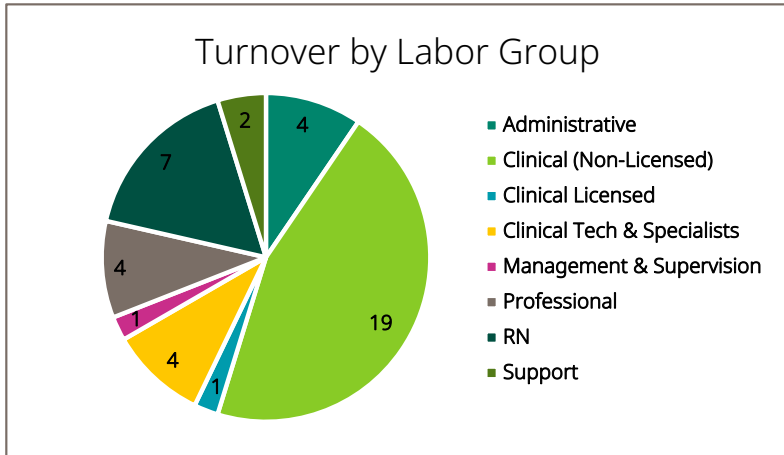
Valleywise Health FY23 New Hires and Voluntary Terminations



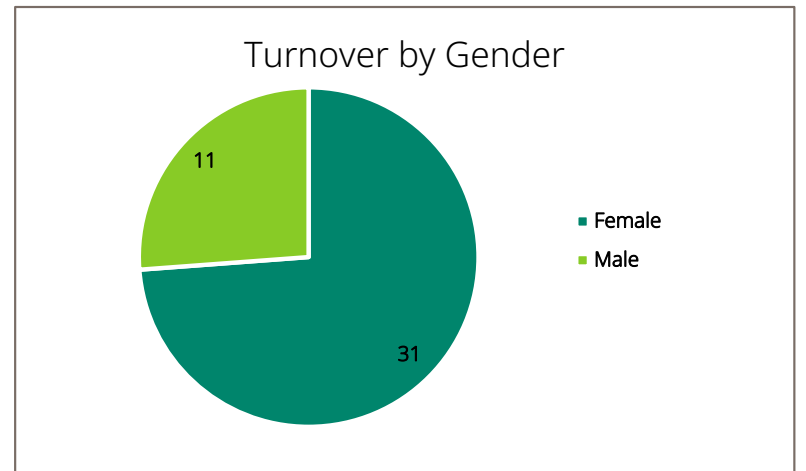
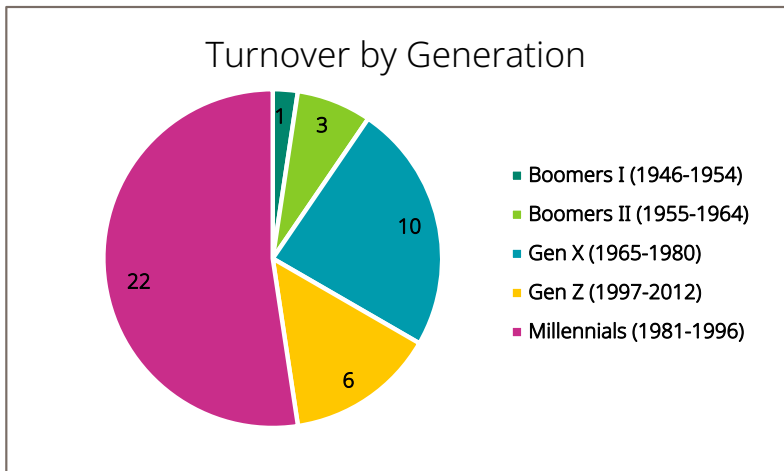
Valleywise Health FY23 Turnover %



Valleywise Health Voluntary Turnover Demographic Info



April Voluntary Terms: 42



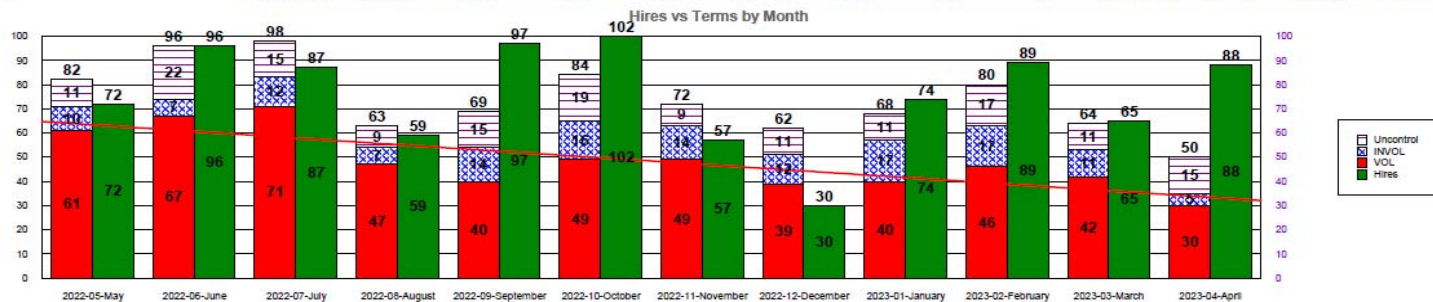
Valleywise Health April Turnover



ALL Valleywise Health Summary

April - 2023	Avg Emps	Avg Emps 1Yr	Hires	VOL	VOL 1 Yr	VOL 1st Yr %	INVOL	Uncontrol	Retire	VOL%	INVOL%	Uncon %	Total%
Administrative	48.50	10.92	18	3	0	0.00 %	0	3	0	0.52 %	0.00 %	0.52 %	1.03 %
Clinical (Non-Licensed)	74.33	24.42	28	13	7	2.39 %	5	6	0	1.46 %	0.56 %	0.67 %	2.69 %
Clinical Licensed	22.25	4.67	6	1	1	1.79 %	0	0	0	0.37 %	0.00 %	0.00 %	0.37 %
Clinical Tech & Specialists	12.50	3.33	6	2	1	2.50 %	0	0	0	1.33 %	0.00 %	0.00 %	1.33 %
Management & Supervision	20.17	2.25	3	1	0	0.00 %	0	2	0	0.41 %	0.00 %	0.83 %	1.24 %
Professional	23.83	4.08	5	3	1	2.04 %	0	2	0	1.05 %	0.00 %	0.70 %	1.75 %
Provider Non-Physician	1.17	0.25	0	0	0	0.00 %	0	0	0	0.00 %	0.00 %	0.00 %	0.00 %
RN	60.08	13.42	15	5	2	1.24 %	0	1	0	0.69 %	0.00 %	0.14 %	0.83 %
Support	15.83	5.33	7	2	0	0.00 %	0	1	0	1.05 %	0.00 %	0.53 %	1.58 %
Total	278.67	68.67	88	30	12	1.46 %	5	15	0	0.90 %	0.15 %	0.45 %	1.50 %

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	551.75	150.08	146	83	51	33.98 %	15	18	0	15.04 %	2.72 %	3.26 %	21.02 %
Clinical (Non-Licensed)	873.25	308.25	368	212	125	40.55 %	84	64	0	24.28 %	9.62 %	7.33 %	41.23 %
Clinical Licensed	253.00	53.83	44	34	20	37.15 %	2	11	0	13.44 %	0.79 %	4.35 %	18.58 %
Clinical Tech & Specialists	142.25	41.75	45	29	18	43.11 %	6	5	0	20.39 %	4.22 %	3.51 %	28.12 %
Management & Supervision	231.83	31.33	37	20	8	25.53 %	9	7	0	8.63 %	3.88 %	3.02 %	15.53 %
Professional	279.33	53.67	46	27	9	16.77 %	3	11	0	9.67 %	1.07 %	3.94 %	14.68 %
Provider Non-Physician	14.08	1.67	3	3	0	0.00 %	0	2	0	21.30 %	0.00 %	14.20 %	35.50 %
RN	705.50	164.00	163	136	65	39.63 %	15	39	0	19.28 %	2.13 %	5.53 %	26.93 %
Support	177.00	54.08	64	37	18	33.28 %	8	8	0	20.90 %	4.52 %	4.52 %	29.94 %
Total	3,228.00	858.67	916	581	314	36.57 %	142	165	0	18.00 %	4.40 %	5.11 %	27.51 %



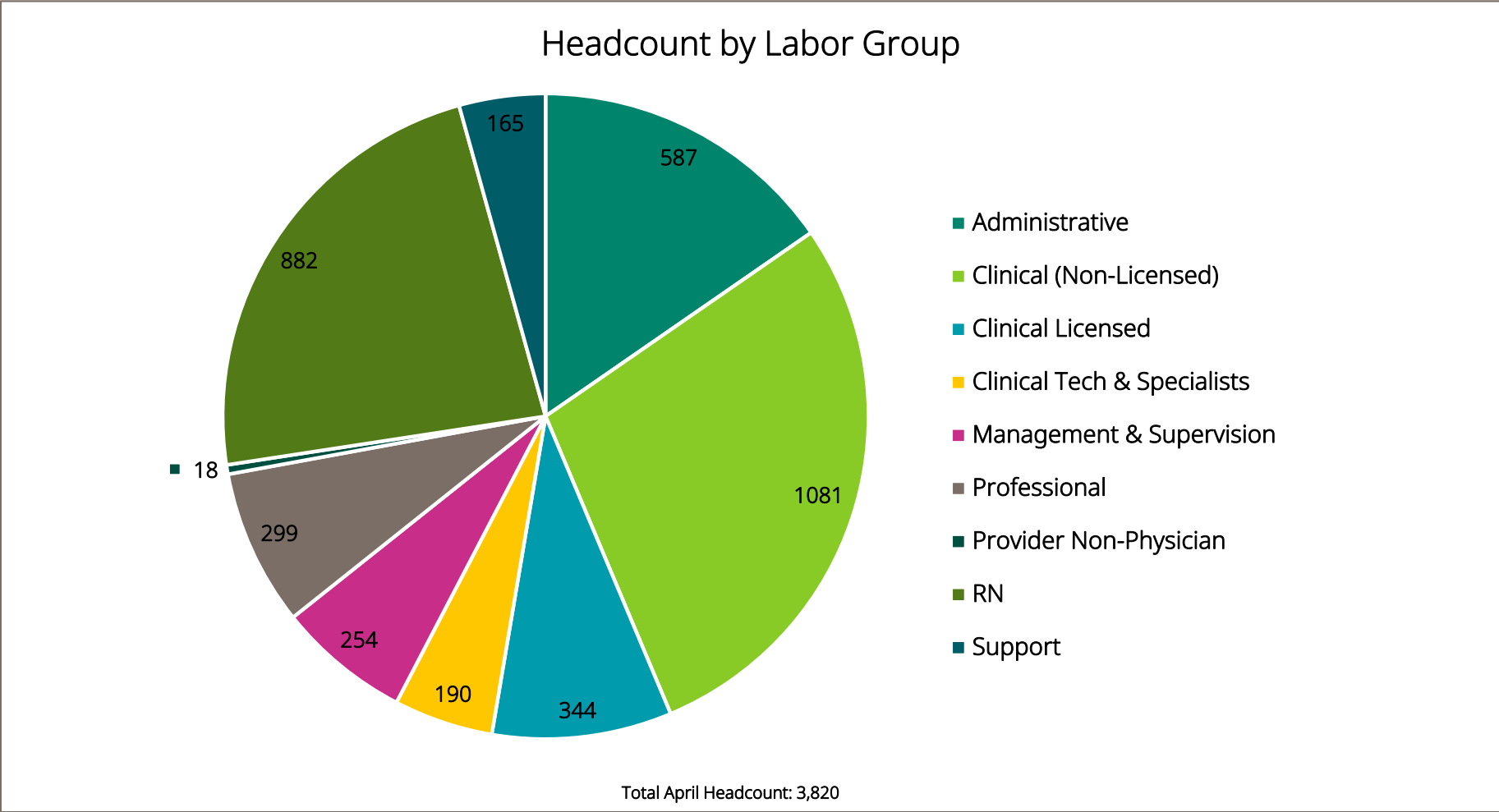


Employee Demographic Information

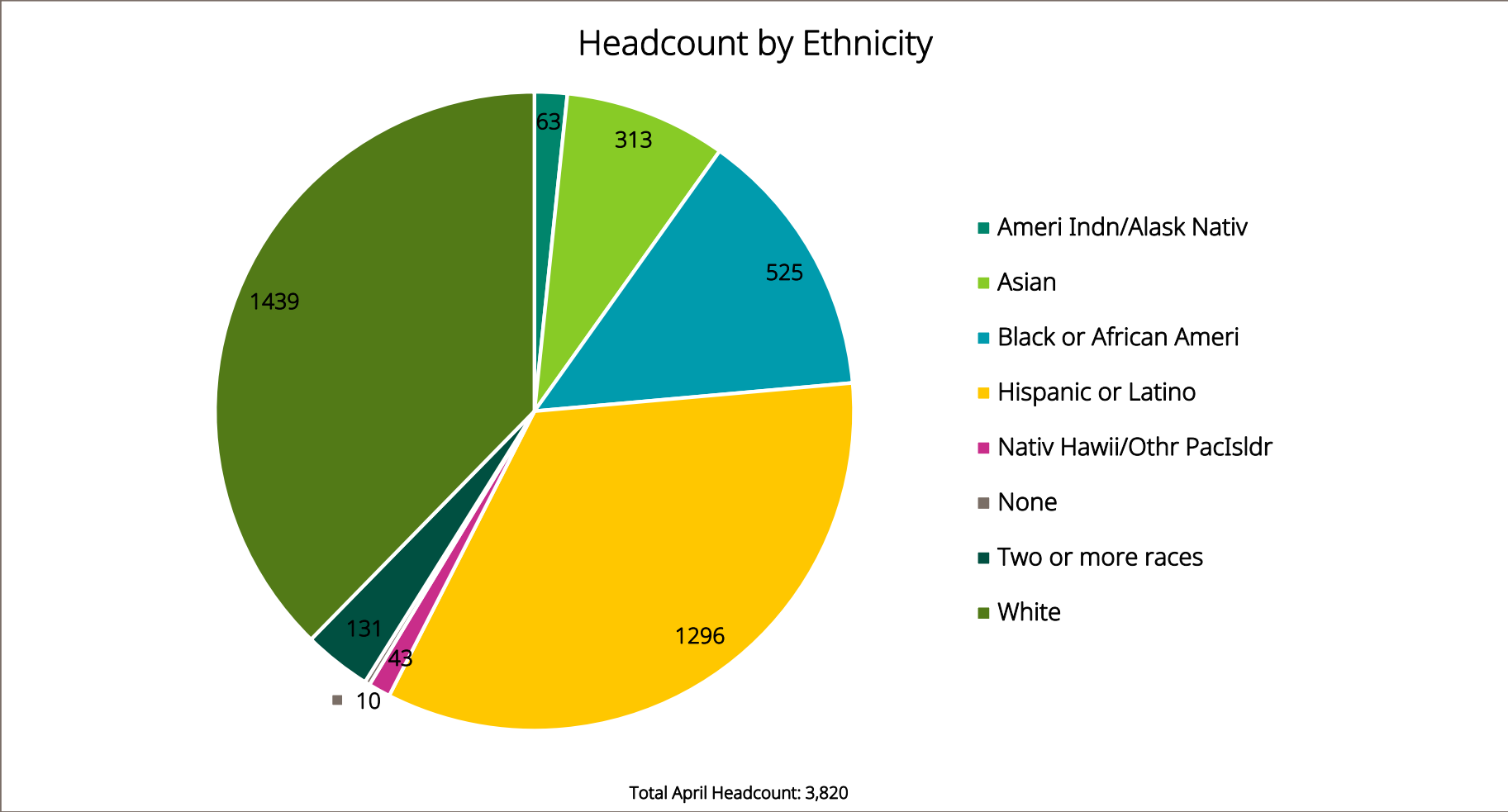
April 2023

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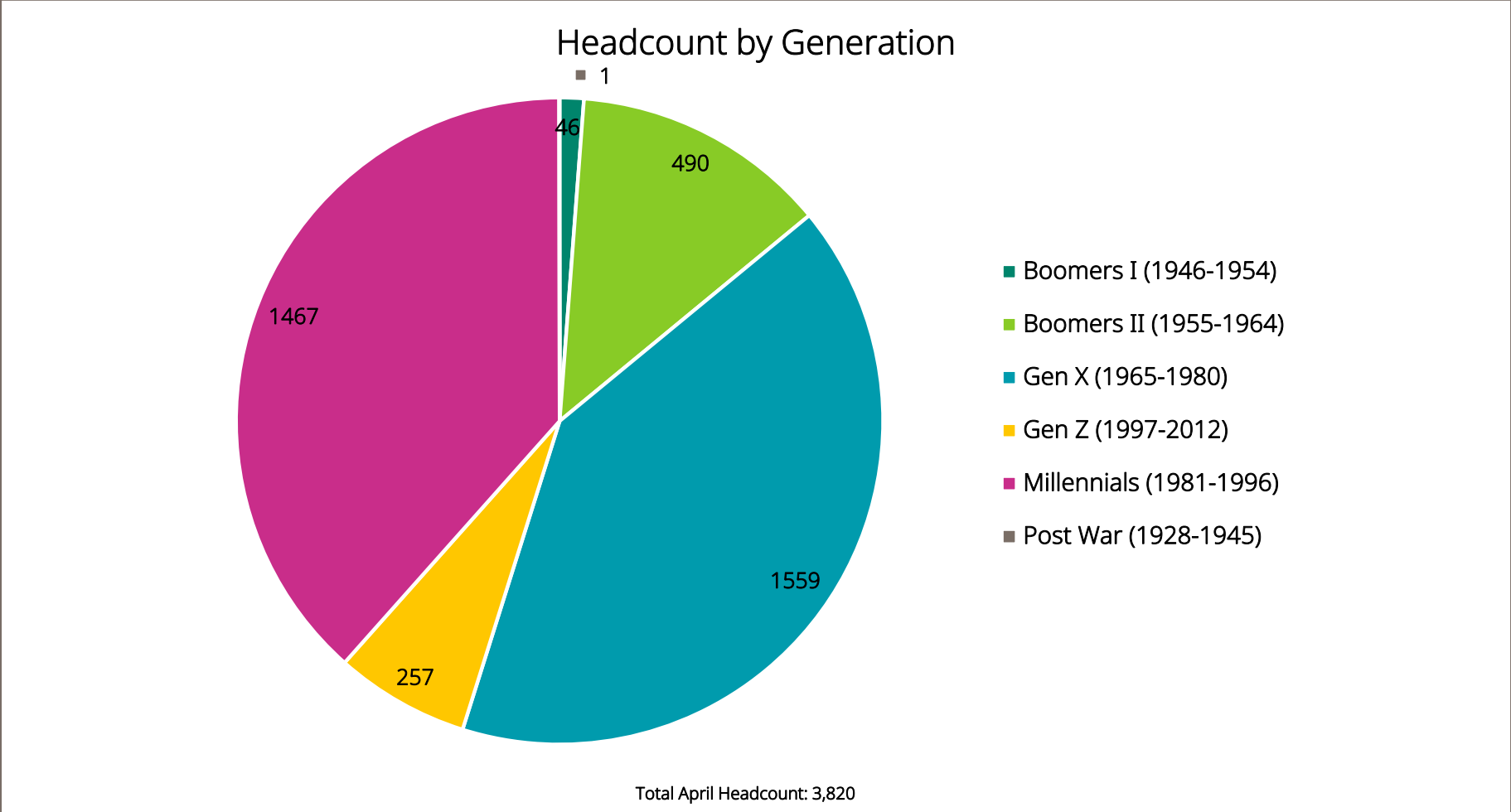
Valleywise Health Workforce Demographic Info



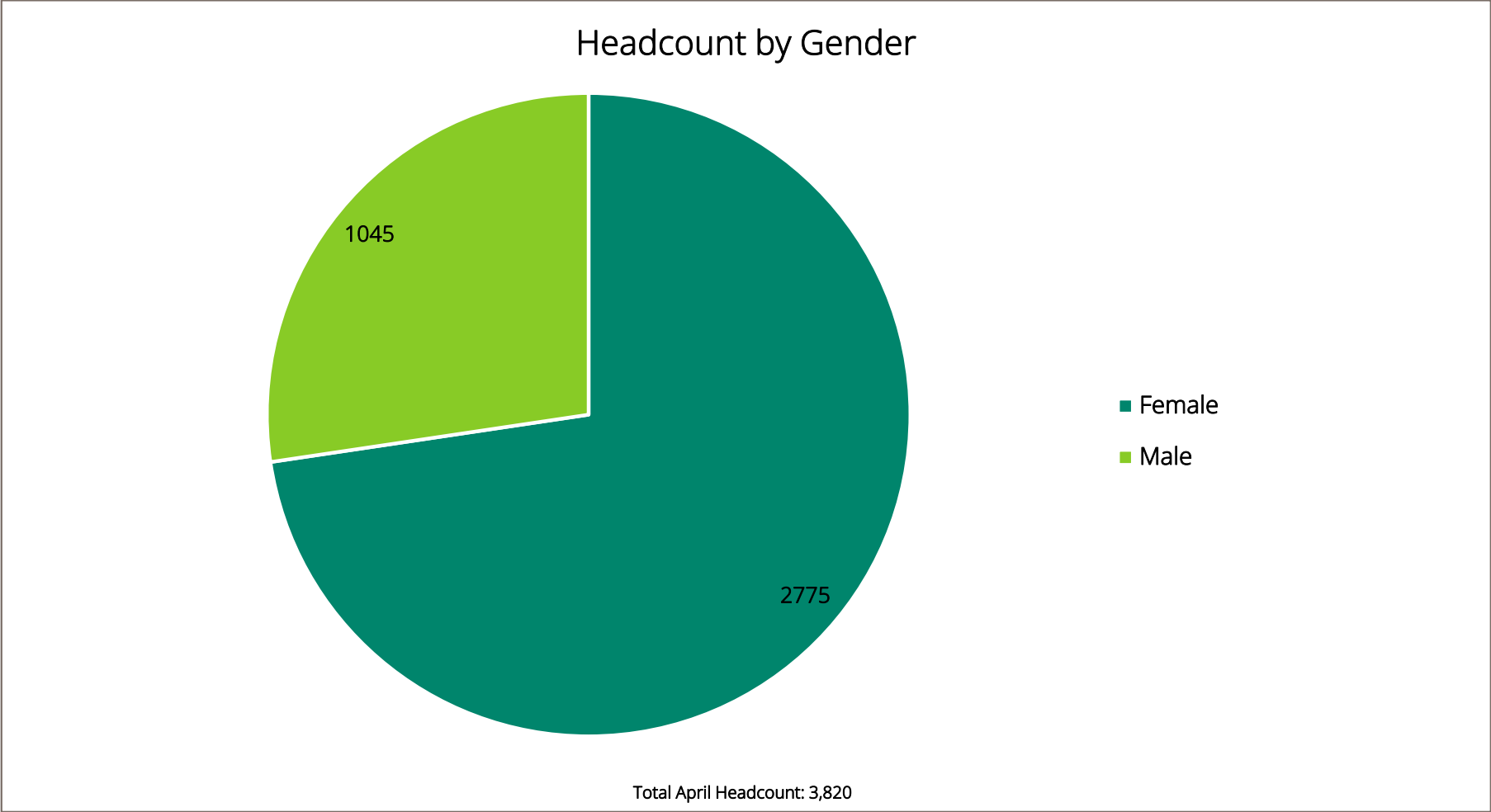
Valleywise Health Workforce Demographic Info



Valleywise Health Workforce Demographic Info



Valleywise Health Workforce Demographic Info







**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 24, 2023

Item 9.c.

**Reports to the Board
Quality Management Council Meeting
Minutes – February 2023**



Meeting Minutes

Quality Management Council

02/06/2023 • 3:30 PM – 4:30 PM • WebEx

A = Absent E = Excused G = Guest P = Present

CHAIR/FACILITATOR		<i>Dr. White and Sherry Stotler, CNO</i>									
MEMBERS/ATTENDEES	Kelly Summers	P	Jo-el Detzel	A	Nelson Silva-Craig, RN	P	Gene Cavallo	P			
	Christelle Kassis, MD	A			Paul Pugsley, MD	A	Martha Steiner	P			
	Crystal Garcia, RN	P	Kelly Summers	P	Sherrie Beardsley, RN	P	Christina Smarik Snyder, MD	A			
	Dale Schultz	P	LT Slaughter Jr.	A	Sherry Stotler, RN	P	Elena Landeros	A			
	Dan Hobohm, MD	A			Steve Purves	A	Amanda DeLos Reyes				
	Jeffrey Stowell, MD		Susan Willars	P	Tony Dunnigan, MD	A	Carol Olsen, MD				
	David Wisinger, MD	A	Mary Harden, RN	P	Claire Agnew	P					
	Dorinne Gray, RN	P	Michael White, MD	A	Lia Christiansen	P					
	Heather Jordan, RN	A									

PURPOSE: Quality and Patient Safety Improvement

CALL TO ORDER

	Topic	Findings/Discussion	Conclusion/Action	Responsible
1	Approval of Minutes	January Meeting Minutes	Minutes were approved	Committee
2	Consent Agenda	Motion Approval for consented agenda items	Consent agenda items were approved.	Committee

STANDING BUSINESS

	Topic	Findings/Discussion	Conclusion/Action	Responsible
1	Quality Dashboard (Patient Care & Safety) Sherry Stotler	<ul style="list-style-type: none"> This is showing our overall quality dashboard which also goes to the Board and were currently meeting most of our measures. Hand hygiene is still one of our areas of opportunity as the goal is to reach 97% or higher. We continue to do lots of surveys and for the future, the team is working on even more electronic ways of capturing this data. There are a few areas which “pops” out where the teams are drilling down on to explore opportunities. 		Sherry Stotler

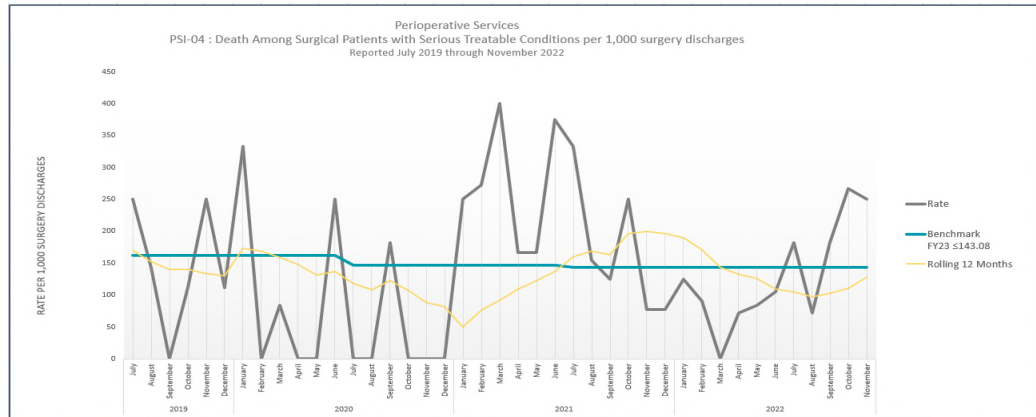
Quality Dashboard		Reporting Program	Benchmark	FY22 Year to Date	Desired Direction	Jul 2022	Aug 2022	Sep 2022	Oct 1 (FY 2023)	Oct 2022	Nov 2022	Dec 2022	Oct 2 (FY 2023)	Oct 3 (FY 2023)	Oct 4 (FY 2023)	FY23 Year to Date
Nursing Workforce																
Overall worked ICU and general patient unit hours per patient day equivalents (excl. L&D, and post-partum)**	LF	13.92	10.64	NA	9.25	9.89	10.51	9.86	9.27	9.48	9.97	9.58				9.72
Overall worked ED hours per patient visit (incl. adult, pediatric and burn)**	LF	3.05	2.29	NA	1.74	1.42	1.70	1.61	1.98	1.48	1.64	1.69				1.65
Pre-op/PACU worked hours per total cases**	LF	5.65	4.46	NA	3.64	3.26	3.31	3.40	3.78	3.47	4.00	3.76				3.57
Healthcare Associated Infections; *incl. in Leapfrog																
Hand Hygiene Compliance (Percent)	LF	≥ 97%	97%		90%	91%	95%	92%	96%	96%	96%	96%				94%
Central Line Associated Blood Stream Infection (CLABSI) Standardized Infection Ratio (SIR) Hospital-acquired (CLABS)	CMS-VBP-HIQR-HAC	≤ 0.589	0.434		0.000	0.602	0.000	0.219	0.000	0.000	0.000	0.000				0.115
Hospital Acquired Catheter Associated Urinary Tract Infections (CAUTI) (SIR)	CMS-VBP-HIQR-HAC	≤ 0.650	0.364		0.000	0.494	0.000	0.179	0.000	0.000	0.573	0.139				0.188
MRSA Bacteremia (SIR); HO-MRSA BSI Events	CMS-VBP	≤ 0.726	2.895		Report Semi-annually				0.000			Report Semi-				0.000
Hospital Onset Clostridium difficile (C. diff) SIR; Facility Wide-IN	CMS-VBP	≤ 0.520	0.475		Reported Quarterly		0.632		Reported Quarterly		0.707					0.668
Surgical Site Infections (SSI) - Colon Surgery (SIR)	CMS-VBP-HIQR-HAC	≤ 0.717	0.434		Report Semi-annually							Report Semi-				0.436
Surgical Site Infections (SSI) - Abdominal Hysterectomy (SIR)	CMS-VBP-HIQR-HAC	≤ 0.738	*		Report Semi-annually							Reported Semi-				0.000

- C.Diff is on the rise a little. For example, if someone comes in with Diarrhea when we order for testing it's best to test earlier than to wait 3 to 4 days. We count that as hospital acquire.
- Mrsa is going well still follow the process and continue to educate the residents.

Quality Dashboard		Reporting Program	Benchmark	FY22 Year to Date	Desired Direction	Jul 2022	Aug 2022	Sep 2022	Oct 1 (FY 2023)	Oct 2022	Nov 2022	Dec 2022	Oct 2 (FY 2023)	Oct 3 (FY 2023)	Oct 4 (FY 2023)	FY23 Year to Date
Process of Care Measures; *included in Leapfrog																
SEP-1 Severe Sepsis and Septic Shock: Management Bundle (Composite Measure)	CMS-HQIR	> 59%	76%		100%	71%	80%	84%	100%	60%	71%	81%				83%
Emergency Department (ED-2) median time (minutes) from Admit Decision Time to ED Departure Time for Admitted Patients	CMS-HQIR	< 110	146		125	92	83	88	87	104	102	100				97
Mortality - Rolling Twelve Months (monthly)																
Hospital-Wide Inpatient, risk-adjusted Mortality Index		≤ 0.88	0.11		0.06	0.07	0.07	0.07	0.10	0.10	0.08	0.09				0.08
CMS Readmission Project																
READM-HWR: Hospital-wide all cause unplanned 30-day readmissions rate (CDB1540)	CMS-HQIR	< 15.3	6.5		5.9	5.0	6.4	5.7	6.6	4.4	6.4	5.8				5.8
Behavioral Health																
HBI/PS-SA - Multiple antipsychotic medications at discharge with appropriate justification (Overall) Percent Compliance	CMS	> 64%	98%		100%	100%	100%	100%	100%	100%	100%	100%				100%
Ambulatory																
Breast Cancer Screening	HRSA	> 46.29%	58.56%		58.23%	58.54%	58.86%	φ	59.23%	59.40%	59.77%	φ				59.86%
Patient Experience																
HCAHPS - How would you rate facility?	NRC	> 73.0%/50 (PR)	68.6%		Reported Quarterly			70.3%/38 (PR)	Reported Quarterly						70.3%	
Real Time NPS Would you recommend this facility? (FQHC OVERALL) FQHC	NRC	> 72.0	67.3		70.0	71.7	69.4	70.4	71.9	70.7	72.9	71.8				71.3
SCI Solutions: How would you rate the overall care given at this hospital? (Behavioral Health)	Internal	> 85.7%	86.6%		90.1%	87.2%	88.4%	88.5%	82.4%	83.2%	88.8%	84.9%				86.7%

- Work is being done on the inpatient areas and ambulatory.
- NRC will be coming out to look at our data trying to get more surveys returned. Crystal and Sherrrie meeting in February then in person with them in March.
- Tonic dipped a little bit it has changed its name. This is a software used in Behavior Health. We don't send to NRC
- Our focus on behavioral health is food and food temperature. More to come!

Measure	Benchmark	November 2022	FY23 Q1	FYTD 2023
PSI - 04: Death Among Surgical Patients with serious treatable conditions per 1,000	≤ 143.08 (overall)	250.00	138.89	194.03



- Last month pulled date Death Among Surgical Patients with serious, treatable conditions. In October, we had more of an increase point of 230.77 and for FYQ1 we we're below and then YTD we're at 163.27
- The slide show some of the opportunities that in Oct 2022 we saw fall into this grouping.

Measure Analysis and Actions

- PSI-04 is **NOT** included in PSI-90
- PSI -04 Stratum FY23
 - 8% (1/13) DVT/PE
 - 15% (2/13) Pneumonia
 - 23% (3/13) Sepsis
 - 46% (6/13) Shock/Cardiac Arrest
 - 8% (1/13) GI hemorrhage/Acute Ulcer
- PSI -04 Trauma
 - 8% (1/13) Level 1 Trauma
- 54% (7/13) comfort care

Open Action Items / Barriers

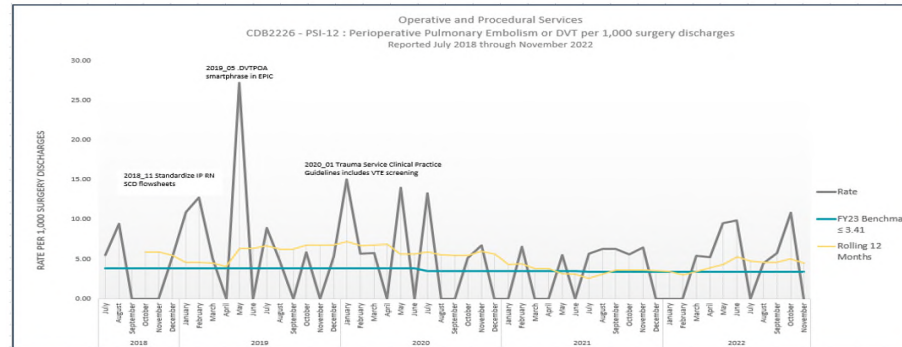
- **Action** – Refer to peer review as needed
- **Barrier** – none

- The number are higher other than shock and cardiac arrest.

- Crystal- We are able to pull information, and we'll be able to look at this data where we can compare ourselves and have the American essential hospitals as a cohort group. Able to compare to the safety net facilities. We have areas of improvement due to the use of coding.

Measures *Not* meeting Benchmark

Measure	Benchmark	November 2022	FY223 Q1	FYTD 2023
PSI - 012: Postoperative PE or DVT rate per 1,000	≤ 3.41	0.00	3.39	4.17



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- PE & DVT saw a little of a spike lots of work around this one.

Measure Analysis and Actions

Analysis:

- PSI-12 is included in PSI-90
- 12-month average is above benchmark
- No events in November 2022

Open Action Items / Barriers

- Action** – Continue review of cases at monthly Multidisciplinary Workgroup (Strategic Plan – Quality Metrics) – 01/23/22
 - Barrier** – none
- Action** – Review location and frequency of ambulation and PT/OT orders – 01/23/22
 - Barrier** – none
- Action incomplete > 60 days** – none
 - Barrier** – none

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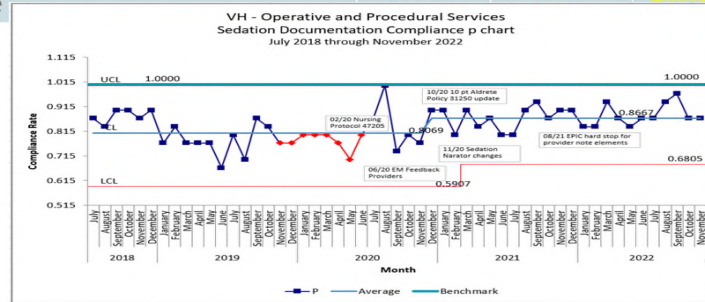
7

- Getting Patients up and ambulating multiple times a day.
- Some issues identified with order sets is clicking for PT to emulate every patient vs patient up three times a day for 3 meals.

- Revisiting compression holes with devices that we use for patients to keep circulation going.
- Previously with medication we weren't seeing the opportunity it was mainly for less PE or DVTS.

Measures *Not* meeting Benchmark

Measure	Benchmark	November 2022	FY23 Q1	FYTD 2023
Sedation Documentation Conformance	100%	87%	92%	90%



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- We reached the 92 for the 1st quarter and 90 yearr to date.

Measure Analysis and Actions

Analysis:

- November 2022 – 4 fallouts
 - Nursing (2/4)
 - Temperature for pediatric patient not found
 - 2/2 VHM ED Adult
 - Provider (2/4)
 - Provider – post sedation note not found
 - Provider – incomplete post sedation note
 - Nonconforming records emailed to nursing leadership, department chairs, and physician champions in monthly report

Open Action Items / Barriers

- **Action** – EPIC Required Doc for temperature of patients <18 years old (DMND0089721) – 03/30/23
- **Barrier** – IT Backlog
- **Action** – Action incomplete > 60 days – none
- **Barrier** – none

- The team has work on this one, the one thing is if you miss one you fall out completely.
- One that went up was the nursing side with the pediatric temperature. Team is drilling down and coming up with ways for it not to be missed.
- The other one was the 2/4 Post sedation note not found and incomplete post sedation note. This goes back to the provider.

Measures Meeting Benchmark

Measure	Benchmark	NOV 2022	FY23Q1	FYTD
HBIPS-2a: Hours of physical restraint use per 1,000 patient hrs (CMS)	< 0.30	0.05	0.77	0.95
HBIPS-3a: Hours of seclusion use per 1,000 patient hrs (CMS)	< 0.29	0.24	0.34	0.34
HBIPS-5a: - Multiple antipsychotic medications at d/c with appropriate justification (Overall) Percent Compliance (CMS)	≥ 64.0%	100.0%	100.0%	100.0%
SUB-2: Alcohol use brief intervention provided or offered (CMS)	≥ 79%	80%	90%	84%
SUB-2a: Alcohol use brief intervention received (does NOT include pts that refused treatment) (CMS)	≥ 72%	100%	95%	96%
SUB-3: Alcohol/Drug use treatment provided or offered at d/c (includes pts that refused treatment) (CMS)	> 75%	100%	92%	95%
SUB-3a: Prescription or referral received at discharge (does NOT include pts that refused treatment) (CMS)	> 63%	100%	92%	95%

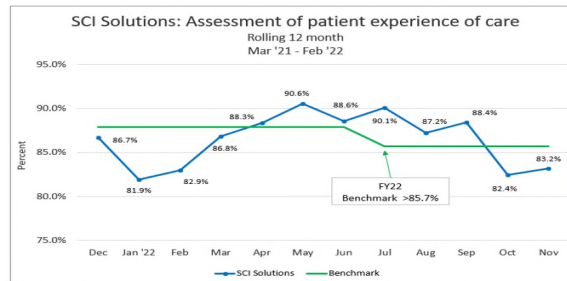
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- Gene Cavallo- Behavioral measures the first two we have spoken to everyone. It's a strange way to measure restraints and seclusion use for 1000 patient hours.
- We are working on the reduction of the use of restraints. We often use much more frequently than other organizations.
- Some of the other areas were solved with the building of things used in Epic.

Measures *Not* meeting Benchmark

Measure	Benchmark	NOV 22	FY23Q1	FYTD
SCI Solutions: Assessment of patient experience of care (Tonic Survey) (Internal)	> 85.7%	83.2%	88.5%	86.3%



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- This one is the Tonic as Gene mentioned it's a strategic way at looking at food. Since covid it had limits on quarantine. It was difficult since people could not leave their spaces. The visitation increasing has been much appreciated by both staff and patients and families visiting. This is going to make a difference.

Measure Analysis and Actions

Analysis:

- In October and November nearly all IPBH units were on quarantine and patients isolated to their rooms due to COVID

Open Action Items / Barriers

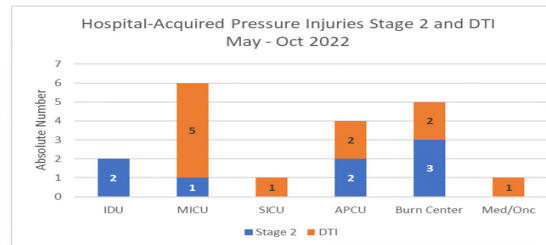
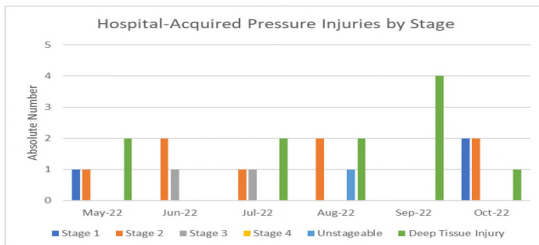
- Quarantine timeline and process has changed, which reduces the number of days a unit is on quarantine and reduces isolation days for individual patients.
- Reenforce with staff, CRLs and NHS the importance of following the unit schedules to enhance the milieu.
- Increase off unit activities to include outside time, and indoor recreational area.
- Open discussions regarding restarting visitation.

- Crystal- One month the committee does the inpatient measures that are reviewed. The other month they focus on patient safety.

Patient Safety

- Crystal Garcia- this was presented in October. It's information for Hospital acquired pressure injuries by stage.
- This is also part of the strategic plan work group to be able to look at and work with our wound care nurses to make improvements for when we see trends that are needed.

Inpatient HAPIs



Inpatient HAPIs

Analysis:

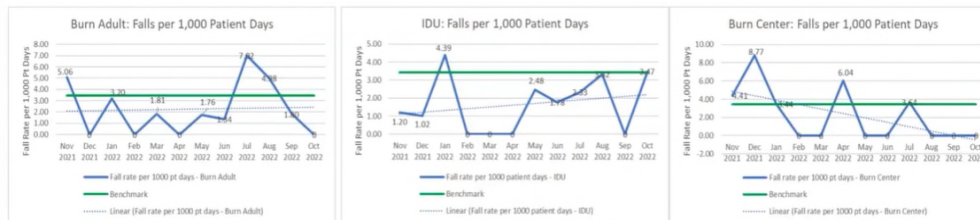
- Stage 1, 2 and deep tissue injuries in October. Zero 3+ HAPI PSIs.

Actions:

- Managing Pressure Injuries and Skin Integrity policy was updated
- Face-to-face education with nursing staff during WOCN assessments/patient care regarding HAPI interventions
- Added a BPA to the nurses flowsheet for a WOCN consultation for a pressure injury evaluation
- Reviewing foam products for wound management/pressure injury prevention
- Medline vendor completed an in-service regarding skin care products to nursing staff. Medline rep will complete a Discover Assessment to determine opportunities for improvement in care. Assessment. Pending report, will address highest priorities.

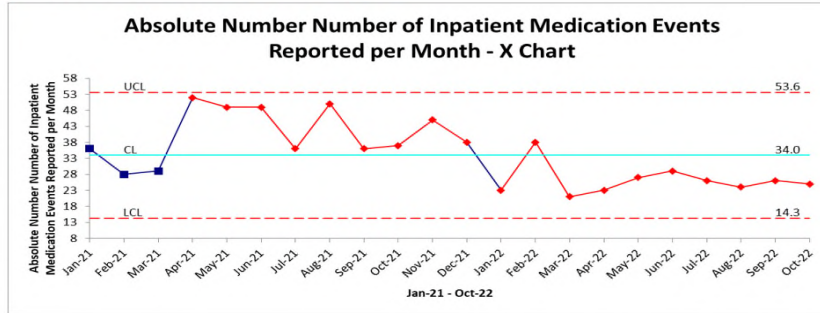
- Medline vendors completed the in service. They also completed the assessment. Training also provided to the wound care nurses. Goal is to have a few as possible.

Inpatient Falls per 1,000 Patient Days



- Burn had a spike in July had no falls in August, September, and October. We are seeing a spike in progressive care.
- Toileting has played a big role when rounding. This is part of our work group for the strategic plan.
- IDU had an increase due to one fall

Inpatient Medication Events



Analysis:

- 8 months of reduced number of medication events reported.
- Med Safety actions: vanco after dialysis BPA; bar code scanning; Alaris pump library adjustments, critically timed meds

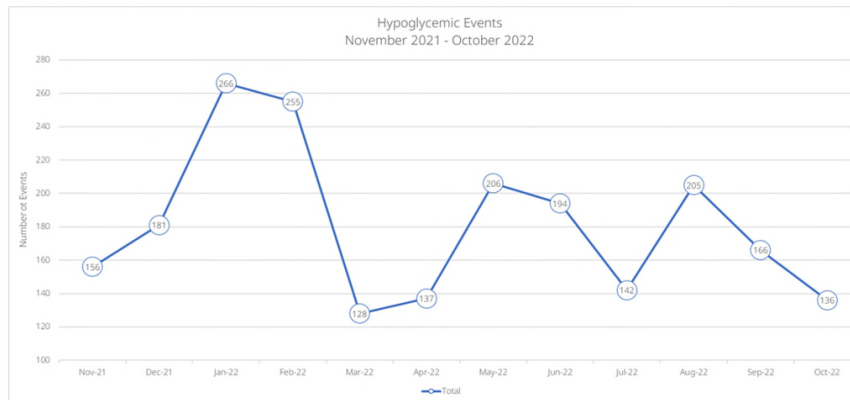
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Recommended Action:

- Continue to track and trend. Identify OFIs as applicable and develop associated mitigating actions.

- This is to show in the last 8 months of reduced number of medication events reports
- Working with our pharmacy department and committee
- This is part of our glycemic steering committee and it's part of looking at the Hypoglycemic events as well as the Hyperglycemic events.

Hypoglycemic Events (<70 mg/dL)



Analysis:

- October hypoglycemic events lower past two months.

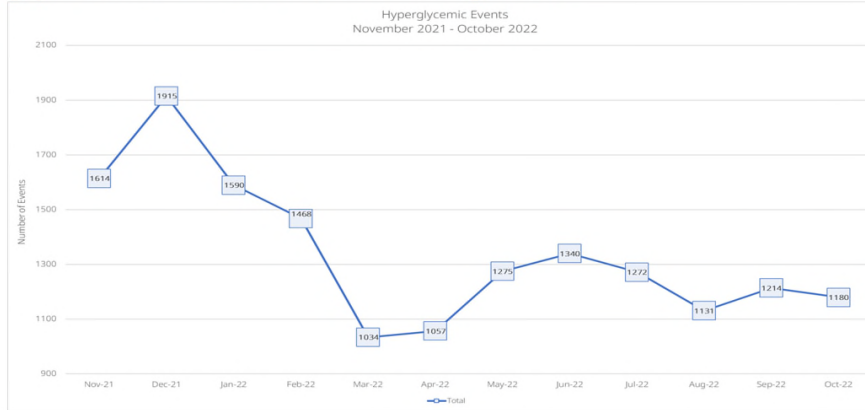
Action Plan:

- Nova StatStrip Glucose meters and docking stations were implemented across the organization.
- Continue Glycemic Steering Committee improvement efforts.

- One the Hyperglycemic events these go back to 2021 when covid patients had a lot higher hyperglycemic events.

- It has come down now as the committee is refocusing and that Nova stat processes have been implemented

Hyperglycemic Events (>250 mg/dL)



Analysis:

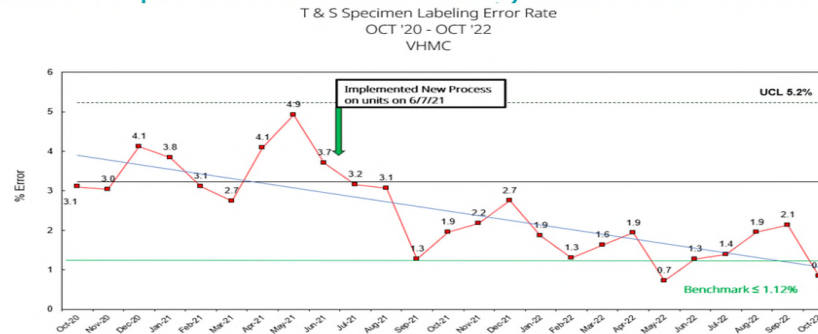
- Higher census of IDU COVID patients November 2021 through February 2022.
- Other months showing normal variation.

Action Plan:

- Nova StatStrip Glucose meters and docking stations were implemented across the organization.
- Continue Glycemic Steering Committee improvement efforts.

- Rate down to .08 for October will continue to monitor.

Blood Bank Specimen Labeling Cancelations



Analysis:

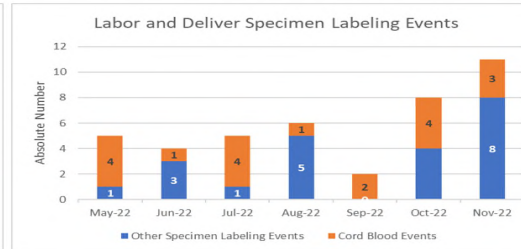
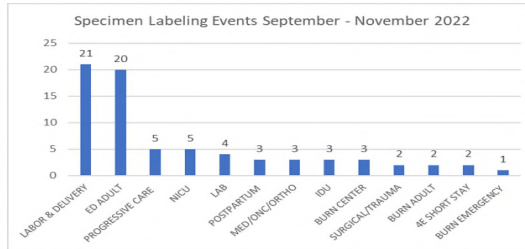
- Rate down to 0.8 for October
- Ongoing investigation of other organizations processes

Recommended Action:

- Track and trend.

- L&D has an Action plan in place. They also have core blood events. Currently what is happening is laminating signs specimen labeled both mothers infant label.

Specimen Labeling Events



Analysis:

- Results similar to past data
- Total of 74 labeling events Sep - Nov 2022
- 28.4% (21/74) were in Labor and Delivery
- 27.0% (20/74) were in VHM ED
- L&D: 42.9% (9/21) were Cord Blood specimens
- ED: 90.0% (18/20) were Blood Bank specimens

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Recommended Action:

- L&D Unit leadership has an action plan and will present it to ICS Committee next month.

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- Working with Jodi Hildebrandt who is beginning to work with lab collection. Looking at the overall process and looking at the organization on how this process is done.
- We will have more information moving forward still working out the process

Measures Analysis and Actions

Analysis

- L & D Specimen Error :-
 - Cord Blood Specimen were not being properly labeled resulting the specimen being rejected and discarded.
 - The cord blood specimen missing mothers' label is the most common error accounting for 30.5 % of all errors in L & D.
 - Implement action items to continue downtrend.

Open Action Items

- Action(s) plan -
 - Laminated signs will be added to the transition WOW and the specimen drop off bucket by OBT.
 - Specimens will be labeled with both mothers' label and infants' lab label. Prior to sending the cord blood to lab mothers' label will be initialed by charge nurse/CRL verifying that both the mothers' label and infants' label are on the cord blood specimen.
 - Cord blood specimen will be properly labeled when put in red bin and transported to lab.

Infection Control

- Dorinne Grey – Blood specimen labelling and contaminants
- Wrapping up a trail of Angio cast which will prevent a lot of blood exposure. This will help with patient satisfaction. Looking at a trial or pilot for stereo path it's a device that will divert one mil of blood so that the skin plug skin contaminants get diverted to tubes.
- Working through MRSA collaborative and are halfway through.

February 6, 2023

Service Excellence Report

Report to Quality Management Council

Sherrie Beardsley, Director Professional Practice & Service Excellence

- Sherrie Beardsley will be going over patient experience and grievance.

- Sherrie Beardsley – In our efforts and journey we like to create a culture of service excellence as a reminder for everybody our patient is experience is shaped by what we do. How we do in operational excellence how engaged we are in doing this with the patients. How we do what we do with our service excellence these are the factors when looking at complaints and grievances.



$$PE = OE + EE + SE$$

Patient Experience

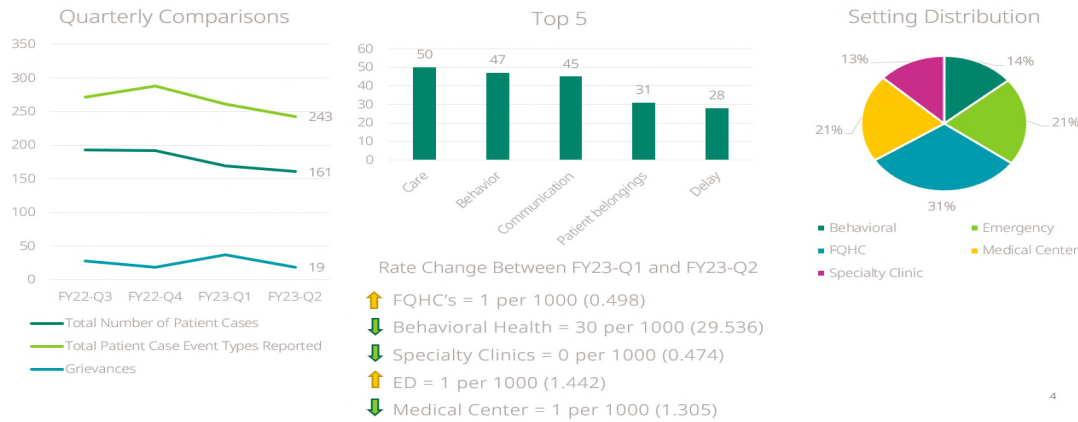
Operational Excellence

Employee Engagement

Service Excellence

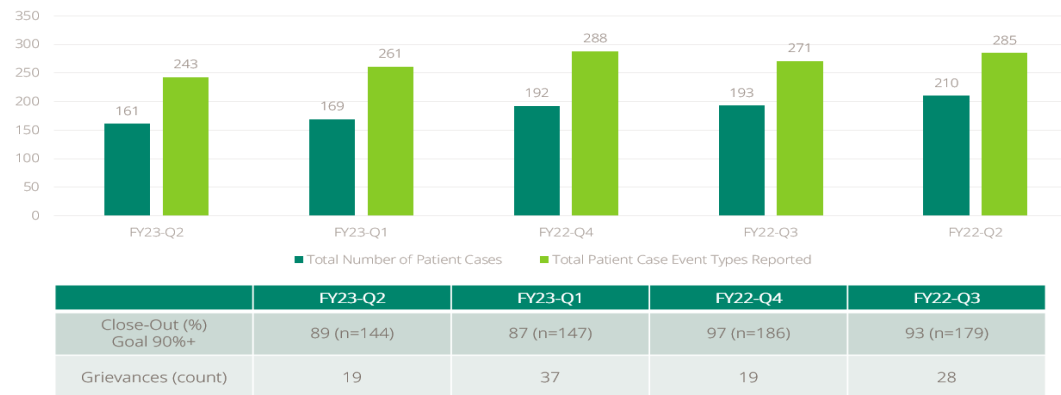
- Quarter two Report 161 patient who provided a complaint or grievance. Over all 243 complaints 19 of them were grievance.
- Top 5 you see a split between the medical center and ED for the higher number and the highest are the FQHC's the rates of complaints has gone up a bit and the rest have come down.

Overview Complaints/Grievances



- Last 5 quarter the dark green number of individuals who had complaints light green is the number of complaints.
- Closeout number sometimes don't reach over 90% due to being very complex cases. Some cases will roll over into the next quarter depending on when they were received.

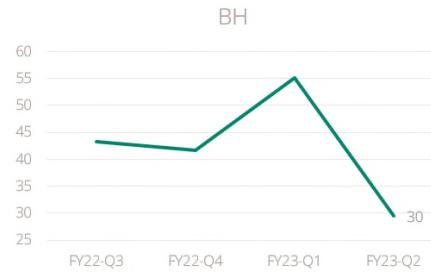
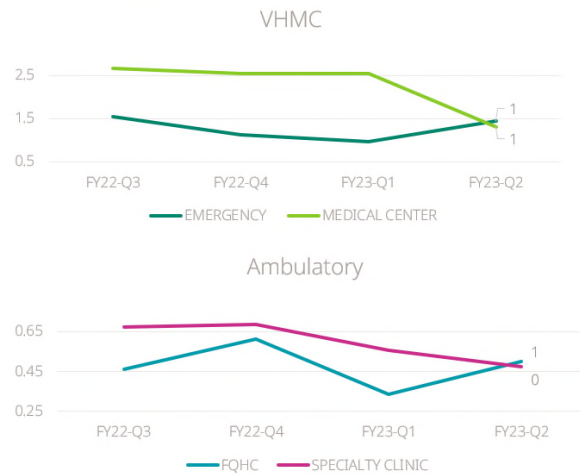
Number of Patients Cases vs Number of Patient Case Event Types



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- Rate – Medical center go down ed go up FQHC UP and specialty clinic go down. Behavioral big down trend. Behavioral health is for both in patient and outpatient.

FY23-Q2 Patient Complaints/Grievances Rate by Setting (161 Total; 19 Grievances)

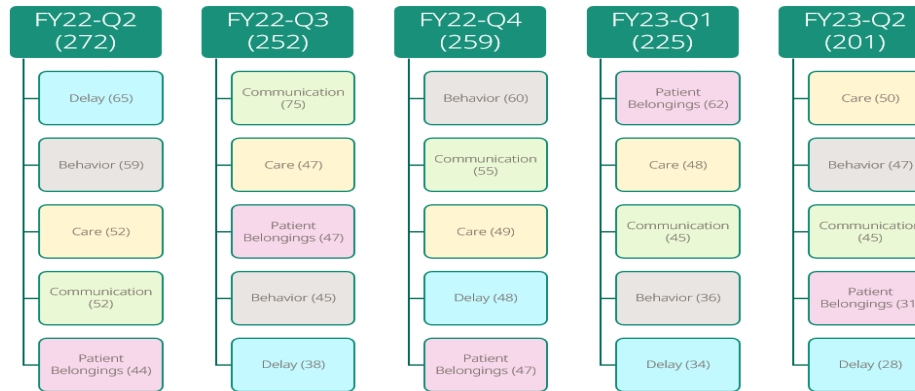


Rate per 1000 (clinic visits/discharges)	Converted decimal
Specialty Clinics = 0	0.474
FQHC = 1	0.498
ED = 1	1.442
Medical Center = 1	1.305
Behavioral = 30	29.536

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- Types of complaints last 5 quarters top number are the numbers of complaints
- Care risen to the top in the last 4 quarters.

Rolling 5 Quarters – “The 5 By 5”



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- Still working on cultivating ACCEPT working with a group involved. Working on Improvements

Patient Experience
Data as of FEB 2022

Opportunities	Actions
<p>Enculturate ACCEPT</p> <p>Realign for focus & engagement on HCAHPS improvement</p>	<p>VH Strategy Plan: Patient Experience Pillar ACCEPT Project Team to implement recognition/promotion plan late FEB/early MAR</p> <p>Realign for HCAHPS Service Excellence Committee focus for CY2023 – new alignment to launch in FEB</p>
Impacts +/-	Barriers
<p>HCAHPS "Rate" Score for the month of NOV 2022 just below target NOV 72.2%, target 72.6%</p>	<p>Re-alignment around HCAHPS improvement should prove beneficial in improving and stabilizing our ratings.</p>

- Bottom graph we were doing for a couple months. HCAHPS rate score for November 22 just below target. Re-alignment around HCAHPS Improvements should prove beneficial and stabilizing our rate.
 - VPP/ EOC Employees health we have new people that have started for emergency management. Working on the notification process. A lot being done on the documentation tool.
 - Program ESI was not working well people were not using. Olin Yarberry and Eric L. have been utilizing teams for documentation of the emergency management. Olin has been working with Kelly to set up the notification system. It's a switchboard similar to what we do with DNV. They are getting close to getting both finalized.
 - Golfing is in town and getting ready for the super bowl.
- Workplace violence-
- Signage in our facilities that essentially paraphrase 0 tolerance for violence against the healthcare workers.
 - Training on drilling down on escalations for employees.

HR

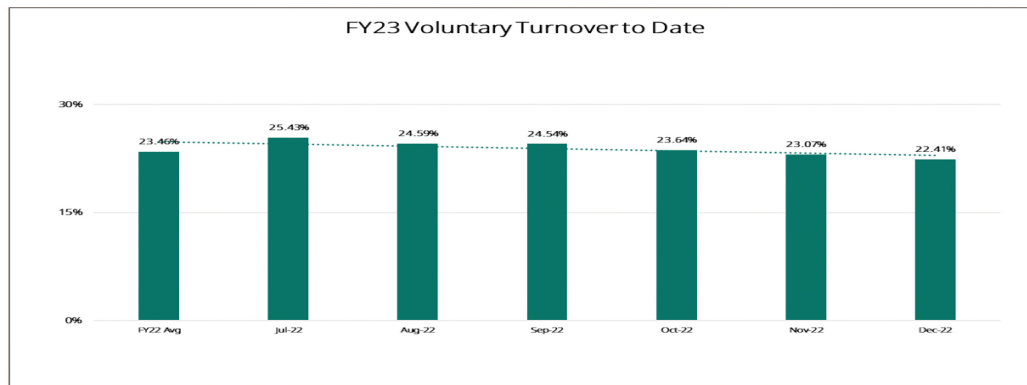
- We are below Benchmark of 22.5 we are at 22.41% for turnover.

Measures meeting Benchmark

Measure	Benchmark	December	FY2022	FYTD 2023
HR: Voluntary Turnover Rate - Overall	< or = to 22.5%	22.41%	23.46%	23.90%

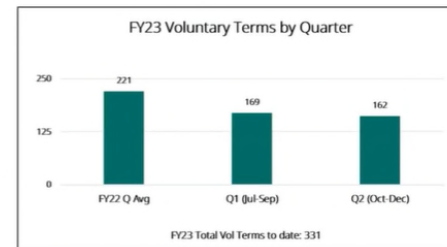
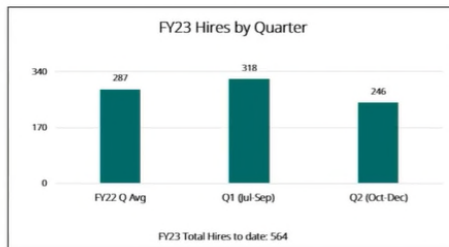
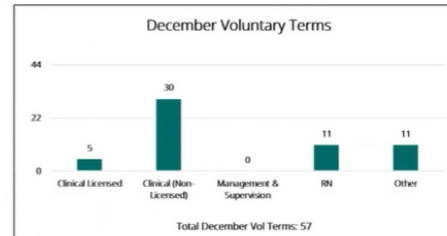
- Doing more analysis on our turnover so we can present the overlay. This will show how we are and how we differ this year compare to last year. And see where the difference is.

Valleywise Health FY23 Turnover %



- December was slow we only had one NEO. 37 individuals were hired.
- We hired less individuals and 20 more people left the organization in December.

Valleywise Health New Hires and Voluntary Terminations



- Introduce the red hand program so that other staff member can recognize employees that are within their 1st 90 days.
- This encourages introduction and patience.
- In the next couple of weeks, we are going to have our first celebration.
- The leadership sessions will be kicked off in January with our LDI. In addition to NLO that was rolled out in September.

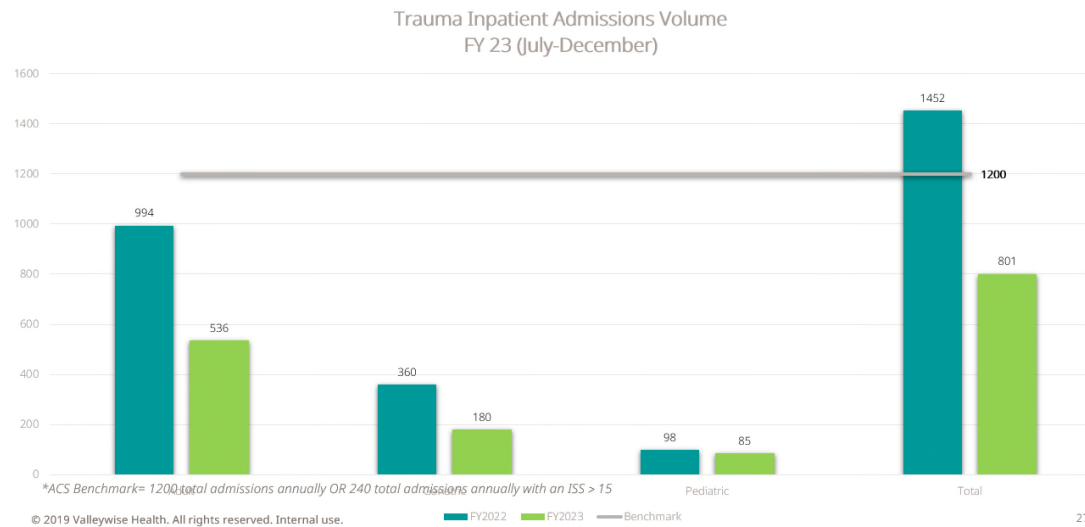
Actions Items

- We have introduced the Red Hand program.
 - Other staff will recognize employees that are within their first 90-days of employment
 - Encourages introductions and patience
 - At the end of the new employee's 90 days, they will attend a 90-day celebration
- The leadership development sessions for the leadership team kicked off in January.
 - Development of leadership competencies
 - Formalize education based on the core knowledge systems of each competency

Sherry – ACS Letter was mailed out for our level one trauma focus study in December.

- Re looking at our pediatric level two. Our number are going back up number going over 100

Trauma Inpatient Admissions Volume



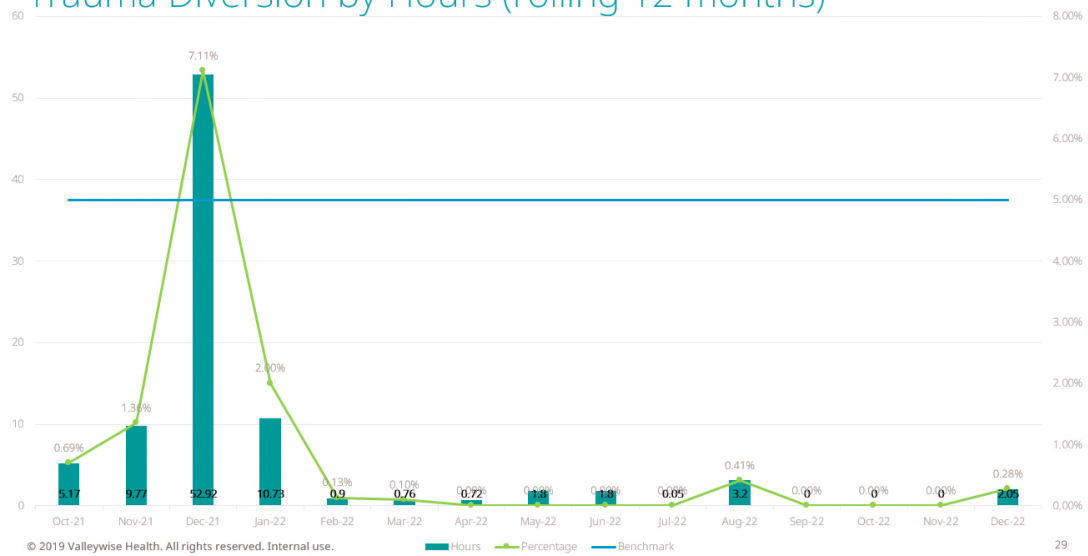
- PI projects still working on in regards to trauma program.

PI Projects

- Diversions
- MTP Protocol
- Donor Network
- SBIRT
- Nursing Documentation
- NSS Admits
- Transfer Out
- Activation after arrival

- Trauma Diversion to show how we are still doing good we are below benchmark. It has gone down.

Trauma Diversion by Hours (rolling 12 months)



- Lastly DNV will come twice this year once after they open the hospital.
- We are still meeting quarterly for regulatory meeting.

UNFINISHED BUSINESS

Topic	Presenter	Time	Notes/Discussion Items
DNV Survey Findings and Plan of Corrections: Action Plans from annual Certification	Sherry Stotler		Objective Evidence for NC-1 submitted Sept 29, 2022. NC-1 IC.1 Infection Prevention & Control; PE.3 Safety Management System

pg. 1

			NC-1 MM.1 Medication Management &MR.7 Required Documentation NC-1 PE.2 Life Safety Management System NC-2 GB.4 Governing Body Contracted Services NC -2 IC.3 Infection Control Leadership Responsibilities Competency Antibiotic Stewardship NC-2 PE.6 Emergency Management System Training and Debriefing NC-2 PE.8 Utility Management System Strobe/alarm marked, Air flow
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UNFINISHED BUSINESS

	Topic			
1	DNV Survey Findings and Plan of Corrections: Action Plan from annual Certification	<ul style="list-style-type: none"> This is still the listing form our last survey. The NC1 & 2's we have submitted our data as required back in September. We continue to review these to ensure our action plans we're still moving forward. There's been no lapses on any of these as well and we also continue to have the regulatory meetings and review on a regular basis, the different chapters with different responsibilities, so we're in ready mode. 		Shery Stotler

NEW BUSINESS

	Topic	Findings/Discussion	Conclusion/Action	Responsible
1		•		
2				

DEFERRED

	Topic	Presenter	Time	Notes/Discussion Items
1				
2				

ADJOURN

NEXT MEETING

Date	Time	Location
February 6, 2023	3:30pm	WebEx



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 24, 2023

Item 9.c.

**Reports to the Board
Quality Management Council Meeting
Minutes – April 2023**



Meeting Minutes

Quality Management Council

04/03/2023 • 3:30 PM – 4:30 PM • WebEx

A = Absent E = Excused G = Guest P = Present

CHAIR/FACILITATOR

Dr. White and Sherry Stotler, CNO

MEMBERS/ATTENDEES

Kelly Summers	P	Jo-el Detzel	A	Nelson Silva-Craig, RN	P	Gene Cavallo	P
Christelle Kassis, MD	A			Paul Pugsley, MD	A	Martha Steiner	P
Crystal Garcia, RN	P	Kelly Summers	P	Sherrie Beardsley, RN	P	Christina Smarik Snyder, MD	A
Dale Schultz	P	LT Slaughter Jr.	A	Sherry Stotler, RN	P	Elena Landeros	A
Dan Hobohm, MD	A			Steve Purves	A	Amanda DeLos Reyes	
Jeffrey Stowell, MD		Susan Willars	P	Tony Dunnigan, MD	A	Carol Olsen, MD	
David Wisinger, MD	A	Mary Harden, RN	P	Claire Agnew	P		
Dorinne Gray, RN	P	Michael White, MD	A	Lia Christiansen	P		
Heather Jordan, RN	A						

PURPOSE: Quality and Patient Safety Improvement

CALL TO ORDER

	Topic	Findings/Discussion	Conclusion/Action	Responsible
1	Approval of Minutes	January Meeting Minutes	Minutes were approved	Committee
2	Consent Agenda	Motion Approval for consented agenda items	Consent agenda items were approved.	Committee

STANDING BUSINESS

	Topic	Findings/Discussion	Conclusion/Action	Responsible
1	Quality Dashboard (Patient Care & Safety) Sherry Stotler	<ul style="list-style-type: none"> This is showing our overall quality dashboard which also goes to the Board and we are currently meeting most of our measures. Hand hygiene is still one of our areas of opportunity as the goal is to reach 97% or higher. We continue to do lots of surveys and for the future, the team is working on even more electronic ways of capturing this data. There are a few areas which “pops” out where the teams are drilling down on to explore opportunities. 		

Quality Dashboard

Quality Dashboard		Reporting Program	Benchmark	FY22 Year to Date	Direction	Jul 2022	Aug 2022	Sep 2022	Oct 1 (FY 2023)	Oct 2022	Nov 2022	Dec 2022	Oct 3 (FY 2023)	Jan 2023	Feb 2023	Mar 2023	Oct 3 (FY 2023)	Oct 4 (FY 2023)	FY23 Year to Date	
Nursing Workforce																				
Overall worked ICU and general patient unit hours per patient day equivalents (incl. L&O, and post-partum)**	IF	13.92	10.64	NA	9.25	9.89	10.51	9.86	9.27	9.48	9.97	9.58	9.80						9.69	
Overall worked ED hours per patient visit (incl. adult, pediatric and burn)**	IF	3.05	2.29	NA	1.74	1.42	1.70	1.61	1.98	1.48	1.64	1.69	1.73						1.65	
Preop/PACU worked hours per total cases**	IF	5.65	4.46	NA	3.64	3.26	3.31	3.40	3.78	3.47	4.00	3.76	3.75						3.63	
Healthcare Associated Infections: *incl. in Leapfrog																				
Hand Hygiene Compliance (Percent)	IF	≥ 97%	97%	↑	90%	91%	95%	92%	96%	96%	96%	96%	96%						94%	
Central Line Associated Blood Stream Infection (CLABS) Standardized Infection Ratio (SIR) Hospital-acquired CLABS)	CMS-VBP-HQR-HAC	≤ 0.589	0.434	↓	0.000	0.602	0.000	0.219	0.000	0.000	0.000	0.000	0.000						0.174	
Hospital Acquired Catheter Associated Urinary Tract Infections (CAUTI) (SIR)	CMS-VBP-HQR-HAC	≤ 0.650	0.364	↓	0.000	0.494	0.000	0.179	0.000	0.000	0.573	0.139	0.000						0.146	
MRSA Bacteremia (SIR); HD-MRSA BSI Events	CMS-VBP	≤ 0.728	2.895	↓	Report Semi-annually												0.000	Report Semi-annually		0.000
Hospital Onset Clostridium difficile (C. diff) SIR; Facility Wide-IN	CMS-VBP	≤ 0.520	0.475	↓	Reported Quarterly				0.632	Reported Quarterly				0.707	Reported Quarterly				0.668	
Surgical Site Infections (SSI) - Colon Surgery (SIR)	CMS-VBP-HQR-HAC	≤ 0.212	0.434	↓	Report Semi-annually												0.420	Report Semi-annually		0.420
Surgical Site Infections (SSI) - Abdominal Hysterectomy (SIR)	CMS-VBP-HQR-HAC	≤ 0.738	*	↓	Report Semi-annually												*	Reported Semi-annually		*

- Hand hygiene is still our focus right now as the team continues the education. Dr. Kassis has been doing a lot of training with the residents. As well as the needs of when you go in and out of the rooms. Hopefully this number will start to go back up.
- Team is also working on the tower. This is more of an electronic version versus a secret shopper. We take that piece of the different groups coming and have seen some difference.
- C diff we have been experiencing an increase there's been quite a bit of work done by infection control Dr. Kassis and Dorinne. We have been sending reminders on when to order if someone comes in for diarrhea rather than waiting the 4 days. We must make decisions sooner.

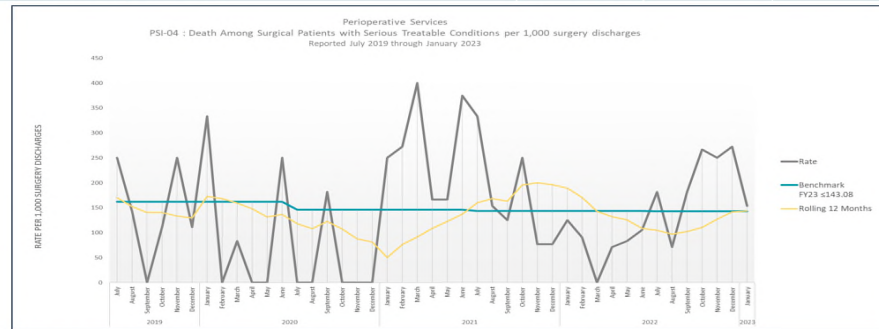
Quality Dashboard

Quality Dashboard		Reporting Program	Benchmark	FY22 Year to Date	Direction	Jul 2022	Aug 2022	Sep 2022	Oct 1 (FY 2023)	Oct 2022	Nov 2022	Dec 2022	Oct 3 (FY 2023)	Jan 2023	Feb 2023	Mar 2023	Oct 3 (FY 2023)	Oct 4 (FY 2023)	FY23 Year to Date
Process of Care Measures: *included in Leapfrog																			
SEF-1: Sepsis and Septic Shock: Management Bundle (Composite Measure)	CMS-HQR	> 99%	76%	↑	100%	71%	80%	84%	100%	60%	71%	81%	67%						80%
Emergency Department (ED-2) median time (minutes) from Admit Decision Time to ED Discharge Time for Admitted Patients	CMS-HQR	< 110	146	↓	125	92	83	88	87	104	102	100	98						97
Mortality - Rolling Twelve Months (monthly)																			
Hospital-Wide Inpatient, risk-adjusted Mortality Index		≤ 0.88	0.11	↓	0.06	0.07	0.07	0.07	0.10	0.10	0.08	0.09	0.08						0.08
CMS Readmission Project																			
30-Day All-Cause Hospital-Wide All-Cause Unplanned 30-day Readmissions Rate (ICD9 ICD10)	CMS-HQR	< 15.3	6.5	↓	5.9	5.0	6.4	5.7	6.6	4.4	6.4	5.8	4.3						5.6
Behavioral Health																			
HBIPS SA - Multiple antipsychotic medications at discharge with appropriate justification (Overall) Percent Compliance	CMS	> 64%	98%	↑	100%	100%	100%	100%	100%	100%	100%	100%	100%						100%
Ambulatory																			
Breast Cancer Screening	HRSA	> 46.29%	58.56%	↑	58.23%	58.54%	58.66%	0	59.23%	59.40%	59.77%	0	51.10%						51.68%
Patient Experience																			
HCAHPS - How would you rate facility?	NRC	> 73.0%/50 (PR)	68.6%	↑	Reported Quarterly				70.3%/38 (PR)	Reported Quarterly				66.7%/23 (PR)	Report Quarterly				68.7%
Real Time NPS Would you recommend this facility? (FQHC OVERALL) FQHC	NRC	> 72.0	67.3	↑	70.0	71.7	69.4	70.4	71.9	70.7	72.9	71.8	71.2	73.8					71.4
EQI Solutions - How would you rate the overall care given at this hospital? (Behavioral Health)	Internal	> 65.7%	66.6%	↑	50.1%	67.2%	66.4%	68.5%	62.4%	63.2%	66.6%	64.9%	65.4%	65.1%					66.3%

- On this slide opportunity continues for patient experience we continue to push this number up. In real time data starting to see some movement we are not quite to the benchmark that we have set. Still needs lots of work.
- HCAHPS Sherrie Beardsley and team have done a lot of work around except and rounding and then the unit leaders are drilling down in their own communities. They are drilling down on action plans we will start seeing movement since it can be a little different for each unit.
- The ambulatory environment both specialty and FQHCs continue to work on action plans to improve the processes to improve the experience there as well.

Measures *Not* meeting Benchmark

Measure	Benchmark	January 2023	FY23 Q2	FYTD 2023
PSI - 04: Death Among Surgical Patients with serious treatable conditions per 1,000	≤ 143.08 (overall)	153.85	261.90	197.80



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- Death Among Surgical Patients with serious treatable conditions this one continues to bounce around if you look at the data for January 2023. The patient's we have 2 out of the 13. Both transition to comfort care. You will see it's coded. All the documentation
- The team continues to work on these looking for any opportunity that we can do different. All the documentation is reviewed consistently to make sure we follow the documentation standards.

Measure Analysis and Actions

PSI-04

- PSI-04 is NOT included in PSI-90
- January 2023
 - 153.85 (2/13) > 143.08 (overall) benchmark
 - 3rd degree burns– 12/26/22 to 01/01/23
 - Sepsis Stratum
 - Comfort Care
 - SOB, pneumonia and UTI – 01/12/23 to 01/18/23
 - Pneumonia
 - Comfort Care

PSI -04 Stratum FY23

- 6% (1/18) DVT/PE
- 13% (3/18) Pneumonia
- 31% (6/18) Sepsis
- 44% (7/18) Shock/Cardiac Arrest
- 6% (1/18) GI hemorrhage/Acute Ulcer

PSI -04 Trauma

- 11% (2/18) Level 1 Trauma

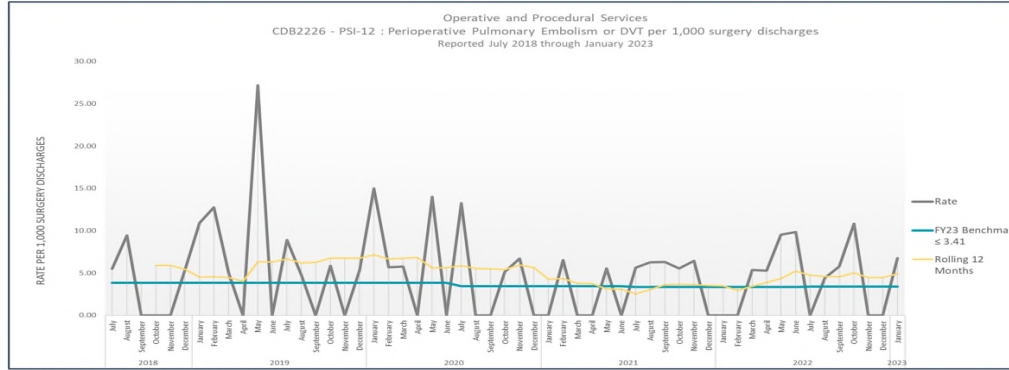
PSI -04 Stratum FY23

- 55% (10/18) comfort care
- 6% (1/18) DNR

PE or DVT

Measures *Not* meeting Benchmark

Measure	Benchmark	January 2023	FY23 Q2	FYTD 2023
PSI - 012: Postoperative PE or DVT rate per 1,000	≤ 3.41	6.76	3.69	3.91



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- We were going down nicely then you see a spike for January.

Measure Analysis and Actions

Analysis:

- PSI-12 is included in PSI-90
- FY23 – 5 events
 - 3/5 ventilated during stay
 - LOS/Days to Diagnosis
 - 3 days / 1 day
 - 15 days / 7 days
 - 17 days / 8 days
 - 57 days / 19 days
 - 166 days / 28 days

Open Action Items / Barriers

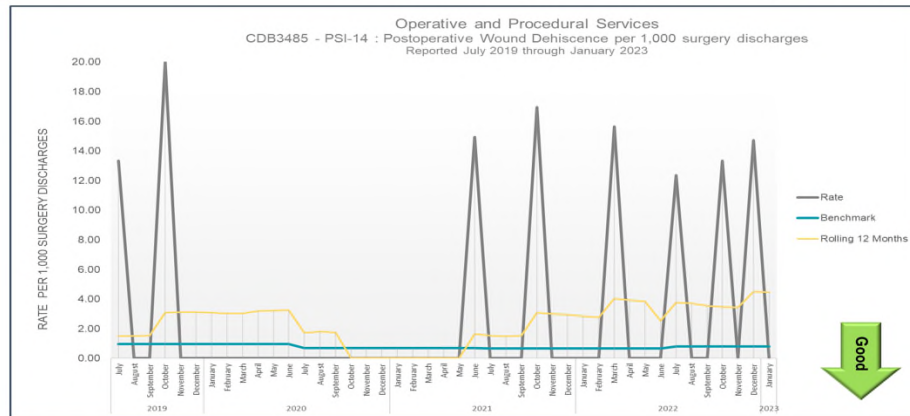
- Action** – Determine how General Medicine admission and PT/OT order sets can be used to encourage ambulation for patients capable of ambulating – 06/30/23
 - Barrier** – none
- Action** – Investigate use of mobility assessment with clear goals posted outside of patient rooms– 06/30/23
 - Barrier** – none
- Action incomplete > 60 days** – none
 - Barrier** – none

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- Crystal's team really focusing on ambulating order sets to make sure patients are up and moving around.
- Drilling down on the orders to make sure they are consistent. Lots of work happening with PT/OT as well with nursing order sets.
- If the patient didn't want to get up most likely they are not getting up. Looking into getting it more specific with timelines and action that are expected like up 3 times a day. The team will continue to work on that.

Measures *Not* meeting Benchmark

Measure	Benchmark	January 2023	FY23 Q2	FYTD 2023
PSI-14: Postoperative wound dehiscence rate per 1,000	≤ 0.80	0.00	8.89	5.64



- Postoperative wound dehiscence rate, we did go back to 0 we did increase a little in FY23.

Measure Analysis and Actions

Analysis:

- PSI-14 is included in PSI-90
- FYTD **5.64** (3/532) > 0.80 benchmark
- July 2022
 - Level 1 trauma, GSWx3
 - Exlap and bowel resection
- October 2022
 - Fournier’s gangrene
- December 2022
 - Perforated gastroduodenal ulcer
 - Patient hiccupped and felt abdomen open
 - Peer review for unplanned return to OR

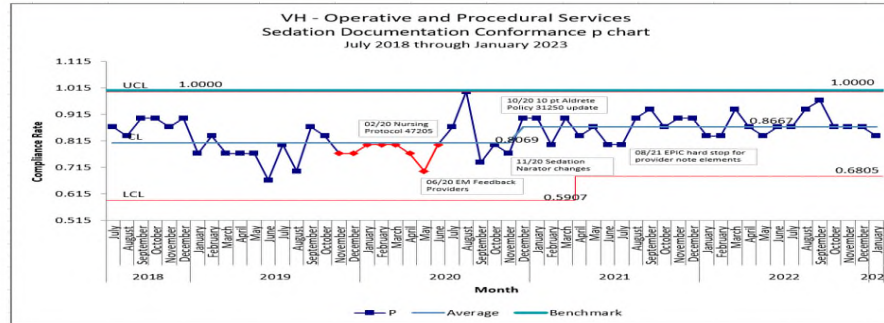
Open Action Items / Barriers

- **Action** – Provide Vizient data to committee leadership – 03/02/23
 - **Barrier** – none
- **Action** - none
 - **Barrier** – none
- **Action incomplete > 60 days** – none
 - **Barrier** – none

- In December we saw three cases we continue to work on reviewing all cases and looking for opportunities.
- 3 out of 532 makes it look like a high rate and it does not take much to be off the benchmark.

Measures *Not* meeting Benchmark

Measure	Benchmark	January 2023	FY23 Q2	FYTD 2023
Sedation Documentation Conformance	100%	83%	87%	89%



- Sedation Documentation Conformance we continue to drill down on this. We hover in the mid to high 80s.

Measure Analysis and Actions

Analysis:

- January 2023 – 5 fallouts
 - Nursing (1/5)
 - Temperature for pediatric patient not found
 - 1/1 MV ED
 - Only two pediatric sedations in January
 - Provider (4/5)
 - Provider – post sedation note not found
 - 1/4 Internal Medicine
 - Resident
 - 3/4 Emergency Medicine
 - 2/3 Residents
 - Nonconforming records emailed to nursing leadership, department chairs, and physician champions in monthly report
 - Process is in steady state. Action required for improvement.

Open Action Items / Barriers

- **Action** – EPIC Required Doc for temperature of patients <18 years old (DMND0089721) – 03/30/23
- **Barrier** – IT Backlog
- **Action** – Provide sedation documentation education to surgeons – 03/30/23
- **Barrier** – none
- **Action** – Action incomplete > 60 days – none
- **Barrier** – none

- Required documentation for pediatrics and patients under 18 to document temperature. That was a fall out for the month. They drilled down with the provider in due education and not being consistent with people and this is one that if you miss one you miss all.

Measures *NOT* Meeting Benchmark

Measure	Benchmark	FY2023 Q1	FY2023 Q2	FYTD
PSI-03: Pressure Ulcer Rate (Stage 3+)	≤ 0.59	1.30	0.68	1.00
PSI-06: Iatrogenic pneumothorax rate	≤ 0.23	0.46 (1 patient)	0.50 (1 patient)	0.48

Pressure Ulcers discussed on subsequent slides

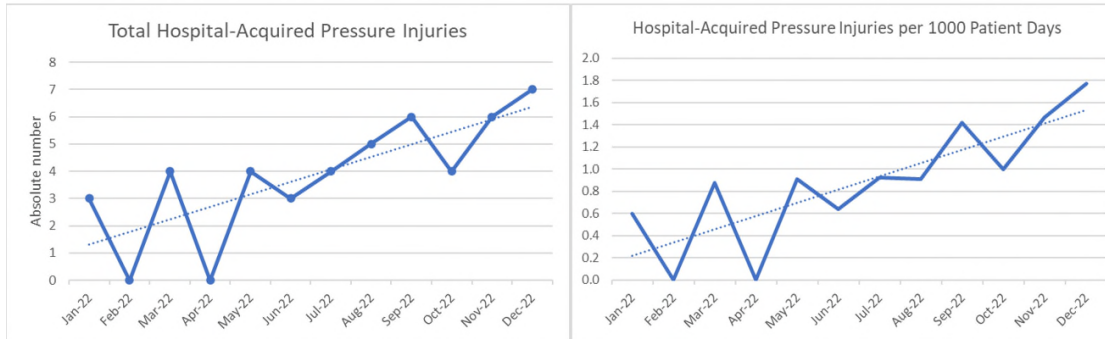
Iatrogenic pneumothorax rate: Only 2 cases in the last 18 months. 1 case PTX s/p IJ and SC CVC placements; 1 case PTX s/p pacemaker placement. PTX known complication on both procedures.

- Pressure Ulcers not meeting benchmark. PSI- 03 and PSI -06 the wound and ostomy team have done a lot of work and reviewed products and continue to work on processes and education.
- Over time have also been working on making sure everybody understands the treatment plan as well.
- PSI- 06 has been high for what the benchmark is we have a small number of cases. It does not take many cases to cause us to be off the benchmark.
- Continue with the education and continue to follow up.

Patient Safety

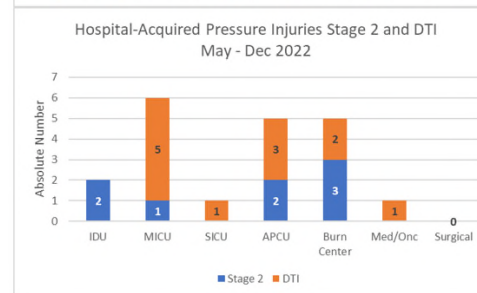
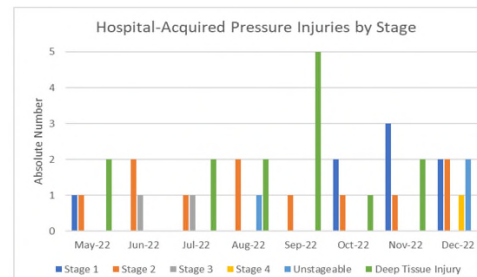
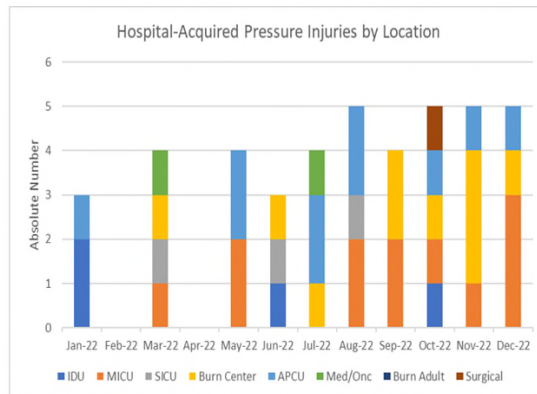
- Patient Safety and inpatient care meeting is every other month. This was done in December

Inpatient HAPIs



- In December it was MICU and November was burn area.
- This next graph is location we saw some stage ones as well as stage 2. Stage two are the tissue injuries. The timeframe is from May to December 22. We want to keep an eye on seeing some tracking and trending of the data.

Inpatient HAPIs



- Nurses are doing a great job they are updating the Policy. They are doing more face-to-face education with nursing staff. They are making sure we have the standardized products.
- Standardized when to use a flat sheet a fitted sheet and draw sheets.

- Educational gaps making sure they are turning every two hours and the used devices.
- Working hard on getting help on our pressure ulcers.

Inpatient HAPIs

Analysis:

- Healthcare-acquired pressure injuries are trending up in total number and rate.
- During Oct – Dec 2022, more stage 1 HAPIs were identified than in other quarters.
- Oct – Dec 2022, there were 2 patients with unstageable HAPIs. 1 MICU patient with unstageable to hip and trach site, and 1 burn patient with unstageable to sacrum

Action:

- Per WOCNs
- Updated policy #49010D, Managing Pressure Injuries and Skin Integrity
- Face to face education with nursing staff during WOCN assessments/patient care re. HAPI prevention
- Added BPA to nursing flowsheet to write an official consult for PI evaluation
- Reviewing foam products.
- Medline completed a Discover Assessment to identify opportunities for improvement.

Assessment Recommendations:

- Standardize protocols for cleaning (products utilized and for what purposes).
 - Once WOCN/IP&C team determines best products, we can disburse this with annual apex as well as onboarding apex
- We need to develop either a turn team for the hospital or develop turn teams within units that can be unit specific
 - Develop tracking on how to implement/how to ensure it is happening/how to hold accountable
- Standardize when to use a flat sheet/fitted sheet/draw sheets
- Standardize when to use offloading devices (including heel offloading)
- Have accountability to ensure all patients have Mepilex hearts on their sacrum area

Staff reported educational gaps:

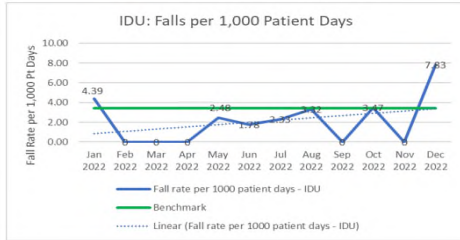
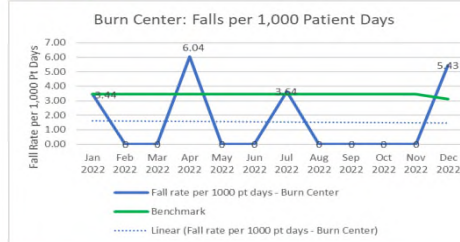
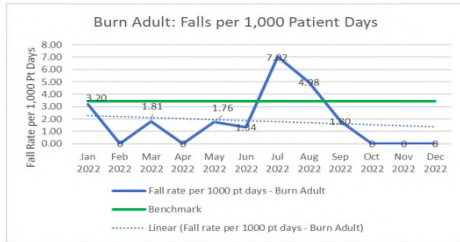
- Turning q2 hours and devices used
- Use of a flat/fitted/draw sheets
- Products used for cleansing / moisture barriers and when to use them
- How to manage skin folds
- Process of when to consult WOCN

17

Falls

- IDU will keep looking at this any tracking or trending. All were viewed as risk fall Precautions in place.

Inpatient Falls per 1,000 Patient Days



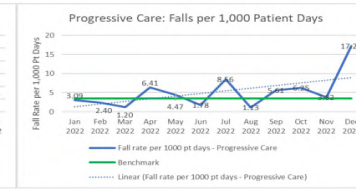
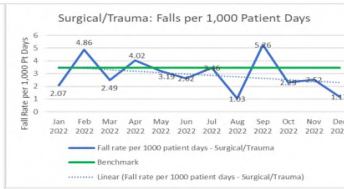
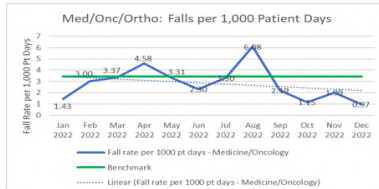
Burn Center – 1 fall in Dec 2022 involving an 87 y.o. patient who had syncopal episode with cardiac arrest while ambulating with assistance to restroom. Patient lowered to floor; no injury noted.

IDU – 3 falls in Dec 2022. All 3 with no injuries noted. All 3 were identified as fall risk and precautions in place. 1 patient slipped on loose stool getting to bedside commode; 1 patient fall changing position in bed while rolling to side to vomit; 1 patient fall while dressing.

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- Next slide is Med/Onc and Ortho and Progressive care.

Inpatient Falls per 1,000 Patient Days



Analysis:

- In December, the units with fall rates above benchmark typically run at lower rates (this was true of med/onc and surge/trauma. The overall trend in those areas are trending down.
- Progressive Care Unit, where the trend is going up shows the following breakdown (Sep – Dec 2022):
 - 42.9% - Toileting
 - 33.3% - Changing position
 - 14.3% - Ambulating w/o assistance
 - 4.7% - Transferring
 - 4.7% - Showering

Recommended Action:

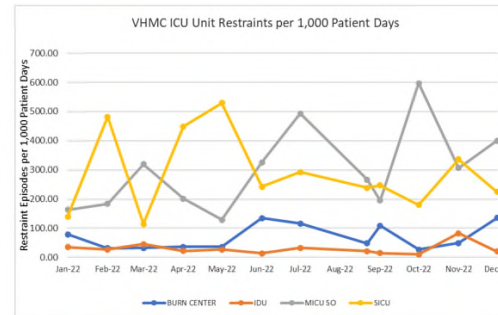
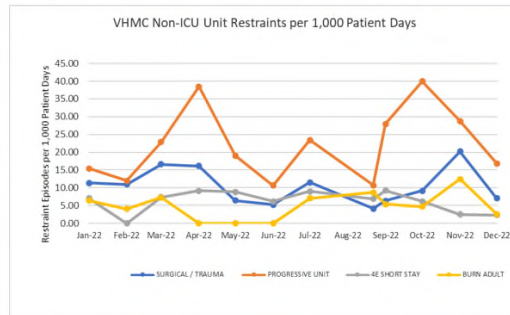
- For Sep – Dec 2022 95.2% (20/21) patients were identified as at risk for falls prior to the patient falling.
- Continue to track and trend.

20

- They have a lower fall rate, and we want to continue to monitor the Toileting. Leadership working on action plan.

Restraints

Restraint Episodes per 1,000 Patient Days



Analysis:

- Restraint episodes per 1,000 patient days is showing normal variation.

Recommended Action:

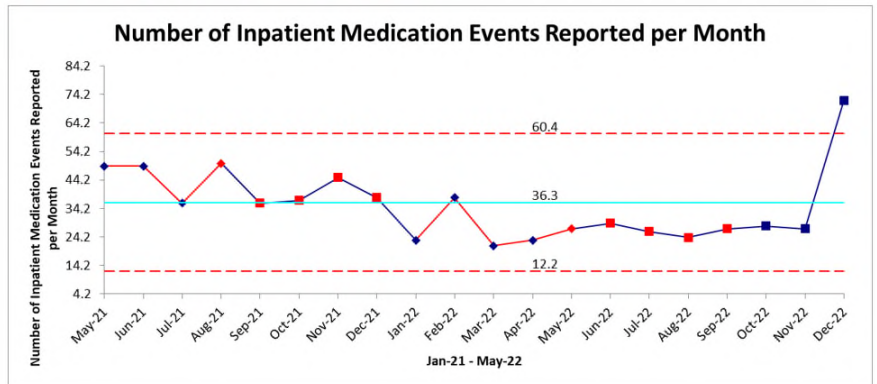
- Track and trend.

- We monitor restraints monthly for tracks and trends. We don't have any concerns at this time.

Medication Safety

- We do have a Medication Safety committee
- There were increased medication events in December 22 in the inpatient Pharmacy Burn Center and VHMC ED.
- We will continue to track and trend.

Inpatient Medication Events



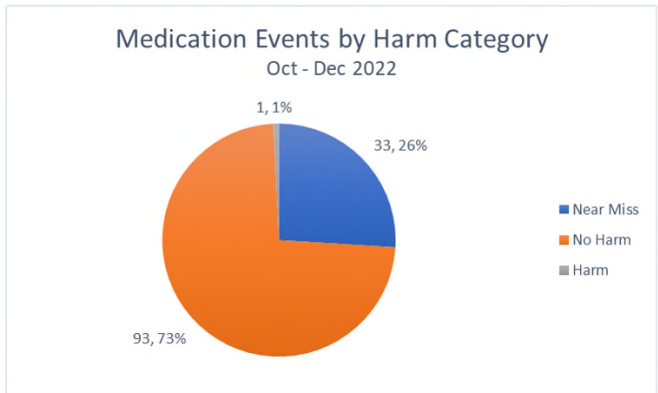
Analysis:

- There were Increased medication events in Dec 2022 in the Inpatient Pharmacy, Burn Center, and VHM ED.
- Further drill down on subsequent slides.

Recommended Action:

- Continue to track and trend. Identify OIs as applicable and develop associated mitigating actions.

Inpatient Medication Events by Harm Category



Analysis:

- Harm:
- There was 1 case that resulted in increased monitoring of the patient (minor harm category); patient vital signs remained stable.

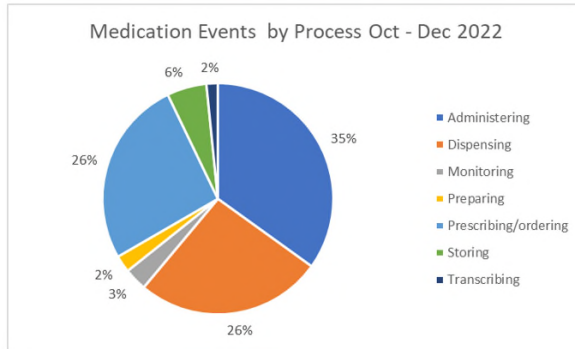
Recommended Action:

- Continue to track and trend.

- The majority was no harm we had one case that resulted in increased monitoring of the patient.
- We did have some near missed visits.

- Most inpatient medication events fall into the administration prescribing and dispensing processes.

Inpatient Medication Events by Process

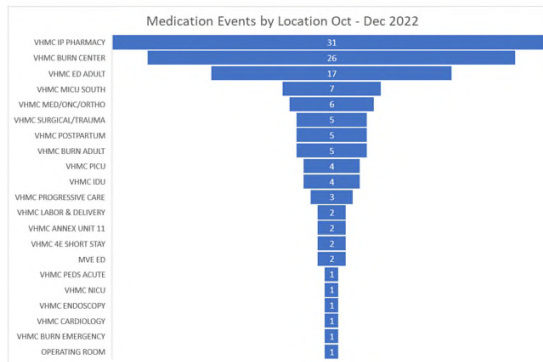


Analysis:

- Most inpatient medication events fall into the administration (35%), prescribing (26%) and dispensing (26%) processes
- Drill down further on next slide.

- We continue to monitor in our Medication Committee

Inpatient Medication Events by Location



Analysis:

- Largest number of medication events occur in Inpatient Pharmacy and Burn Center.
- IP Pharmacy events: 18/31 (58%) med events are during prescribing/ordering with 14/18 (78%) be duration or course of therapy and dose related.
- Burn Center Events: 15/26 (58%) med events are during administration with 10/15 (67%) being dose related (extra and omitted dose)

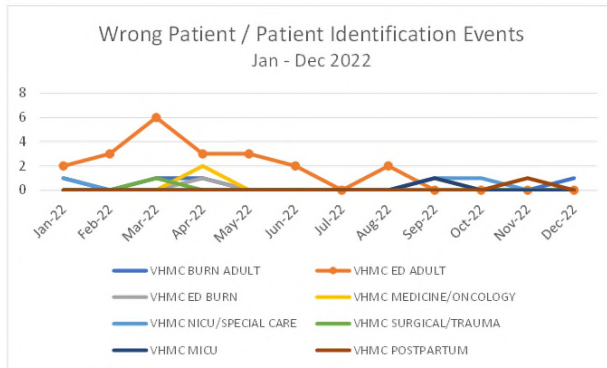
Recommended Action:

- Continue Medication Safety Committee's improvement efforts
- Continue to track and trend.

Wrong Patient / Patient Identification

- This is to show the trend where we had issues with EKG patients being performed on the wrong Patient
- Since we implemented the action plan the beginning of the year from July to December, we have Zero wrong patient events in Adult ED.

Wrong Patient / Patient ID, Acute Medical Center



Analysis:

- Procured EKG machines compatible with scanners in ED July 2022
- ZERO EKG-wrong patient events Jul – Dec 2022 in Adult ED.

Action already in process:

- Track and trend

Specimen Labeling

- The rate had gone down in October and up for November and December.

Blood Bank Specimen Labeling Cancellations



Analysis:

- Rate at 0.8% for Oct, 1.3% for Nov and 1.3% for December
- Steady decline in rate since new process was implemented in June 2021.

Recommended Action:

- Track and trend.

- Lab Department and nursing department making sure the process is done correctly.

Measure Analysis and Actions

Analysis:

- There are multiple pertinent items that were being missed in the handwriting process for T&S specimens which resulted in specimen cancellations.

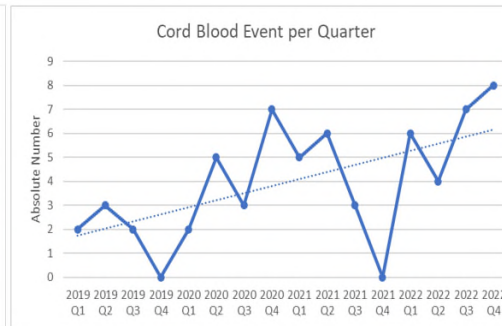
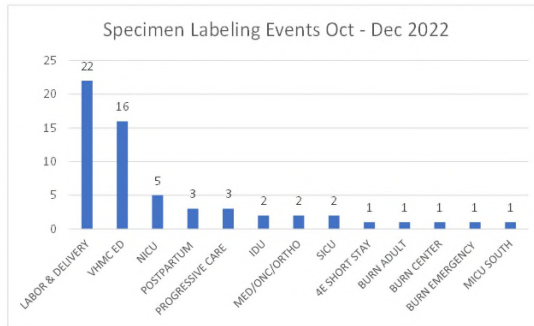
Action Items

Actions -

- Each employee will have a mandatory competency evaluation with the clinical educator.
- Employee must demonstrate the appropriate method of banding a blood specimen for blood bank. This must be a live demonstration to the educator.
- The process will also include an attestation that:
 - They received training.
 - They understand the proper procedure.
 - They are aware that fall outs are serious and will go down the disciplinary chain. Travelers need to be aware of the consequences as well.

- We will continue with the cord blood event.
- L&D have an action plan in place hoping to see this come down next quarter

Specimen Labeling Events



Analysis:

- Largest number of specimen labeling events are in L&D followed by VHMC ED

Recommended Action:

- L&D Unit leadership has an action plan and continuing to follow up on process

- We will be sending out information and have supporting documents. Working with Dr. Dunnigan to do the CPOE Portion that are required. This must be done by the end of June.
- We do have one open position for the safety program manager within the patient safety program.

Patient Safety Updates:

- Leapfrog Spring Safety Grade will be published end of April/beginning of May
- New Survey Opened April 1st. Reviewing new requirements.
 - New Chapters for scoring: 1. Informed Consents; 2. Nursing Skill Mix
- 1 Open Position for Patient Safety Program Manager

Infection Control

- The infection control team is working on education for the residents on the importance of hand Hygiene and c-diff.
- MRSA- and decolonization and ordering the MRSA screening upon emission. Kudos to everyone on working on our MRSA since July we have had zero MRSA'S until present. We still have zero and that is a lot of work. it's great to see zero for a long time and we want to continue that.

Patient Experience Monthly Update

Quality Management Council

Sherrie Beardsley -

PE = OE + EE + SE

Patient Experience Operational Excellence Employee Engagement Service Excellence

I am the **Key** to Patient Experience

Patient Experience Standard

Supports our value of compassion
Demonstrates courtesy & respect
Provides positive first impression

A	C	C	EP	T
Acknowledge Acknowledge <ul style="list-style-type: none"> • Acknowledge • Being aware of surroundings, first impressions Expectations <ul style="list-style-type: none"> • Provide eye contact • Smile 	Connect <ul style="list-style-type: none"> • Verbal greeting • Eye & personal contact Expectations <ul style="list-style-type: none"> • Provide personal connection every time 	Communicate <ul style="list-style-type: none"> • Ask how you can help and provide needed assistance • Provide understandable Expectations <ul style="list-style-type: none"> • Provide information and/or assistance needed 	Every Person <ul style="list-style-type: none"> • Applied to everyone and everyone • Patient, visitor, vendor, colleague Expectations <ul style="list-style-type: none"> • Apply A-CT to every person, every time 	Every Time <ul style="list-style-type: none"> • Do this every time in all shared locations Expectations <ul style="list-style-type: none"> • Apply A-CT to every person, every time

- Sherrie Beardsley- Lower left quadrant you will see we did not have a good December in our rate hospital for each cap. We did bounce back in January exceeding our target of 72.6 we ended with a 74.1%
- We have action plans going on in the ambulatory arena. This will drive us to stabilize these numbers.
- We are working on enculturating ACCEPT. It's a key for courtesy respect and first impressions.
- Wednesday launching our seeking the exceptional promotional plan. We will be recognizing the staff on the spot who are using the ACCEPT Plan.
- Plan includes how to help others who are wondering how they can be recognized so they can start using ACCEPT on a regular basis.
- Soon rolling out the surface recovery training program for the leadership that will follow in the future date.
- Ambulatory is working on their net promoter score improvements. Number of activities going on.

Opportunities	Actions																										
<p>Enculturate ACCEPT</p> <p>Realign for focus & engagement on HCAHPS improvement</p>	<p>VH Strategy Plan: Patient Experience Pillar Seeking the ACCEPTional, promotion, phase 1, launches APR 5 x 4 weeks (see below)</p> <p>Realign for HCAHPS Inpatient action plans initiated</p> <p>Service Recovery training to rollout</p> <p>NPS Improvement Actions Continue</p>																										
Impacts +/-	Barriers																										
<p>HCAHPS "Rate" Score for the month of JAN 2023 JAN 74.1% / Target 72.6%</p>  <table border="1"> <caption>VHMC: HCAHPS Rate Hospital February 2022 - January 2023</caption> <thead> <tr> <th>Month</th> <th>% Positive Response</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>65.0%</td></tr> <tr><td>Mar-22</td><td>75.2%</td></tr> <tr><td>Apr-22</td><td>80.0%</td></tr> <tr><td>May-22</td><td>72.2%</td></tr> <tr><td>Jun-22</td><td>52.1%</td></tr> <tr><td>Jul-22</td><td>73.9%</td></tr> <tr><td>Aug-22</td><td>62.1%</td></tr> <tr><td>Sep-22</td><td>78.0%</td></tr> <tr><td>Oct-22</td><td>74.0%</td></tr> <tr><td>Nov-22</td><td>72.2%</td></tr> <tr><td>Dec-22</td><td>54.0%</td></tr> <tr><td>Jan-23</td><td>74.1%</td></tr> </tbody> </table>	Month	% Positive Response	Feb-22	65.0%	Mar-22	75.2%	Apr-22	80.0%	May-22	72.2%	Jun-22	52.1%	Jul-22	73.9%	Aug-22	62.1%	Sep-22	78.0%	Oct-22	74.0%	Nov-22	72.2%	Dec-22	54.0%	Jan-23	74.1%	<p>Re-alignment around HCAHPS improvement should prove beneficial in improving and stabilizing our ratings.</p> 
Month	% Positive Response																										
Feb-22	65.0%																										
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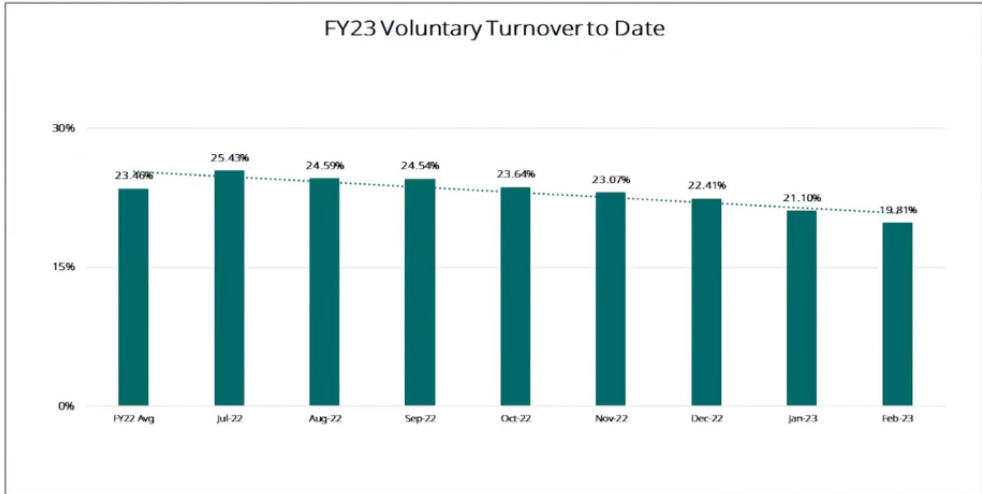
- Susan Willars our turnover rate benchmark is less than 22.5% for February at 21.10%

Measures meeting Benchmark

Measure	Benchmark	February 2023	FY2022	FYTD 2023
HR: Voluntary Turnover Rate - Overall	< or = to 22.5%	21.10%	23.46%	23.07%

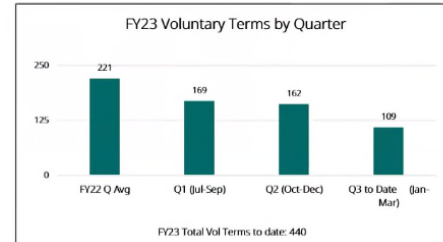
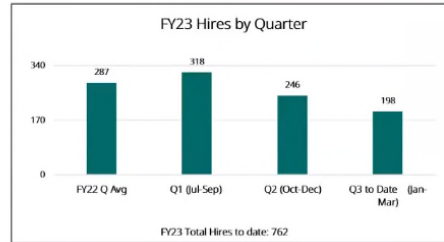
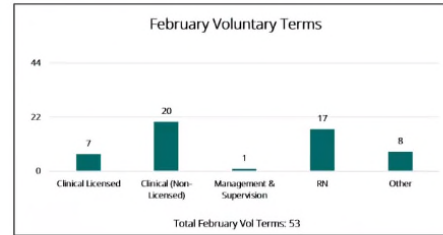
- In this graph you see the trend line continuing to decrease.

Valleywise Health FY23 Turnover %



- This slide here shows the activity and please note even if you see the voluntary terms at 53 on the far-right quadrant. You will see that on the opposite side we're hiring a whole lot more people than we are losing. It makes a big difference for our organization as we continue to bring in lots of new employees every month.
- For FY23 Total new hires to date 762. We have lost 440

Valleywise Health New Hires and Voluntary Terminations



Risk Management

Dale – we had one claim of significant settlement of a wrongful death claim for \$100,000 dollars and no other significant claims.

VPP & Employee Health

Sherry – The team continues to ensure that we’re in compliance with our VPP accreditation.

- Pam Buchanan is retiring this Month after 30+ years. We have a new person in training with her and expecting the transition to be seamless. This role also maintains the action requirements for VPP.
- CMS and DNV updates no new memos at this moment.
- DNV will make a visit in the summer as well when the new tower is up.

Workplace Violence/Psychological Safety

Executive Sponsor: Sherry Stotler

- We have our roll up team and task force that are working on workplace violence.
- Working on a strategic plan our goals are to reduce the reduction in the reportable and non-reportable injury.
- Compliance with AZ SB 1311 and compliance with training.

Scope: IP Acute, BH & Ambulatory

- Problem: Workers are increasingly facing WPV in healthcare settings impacting staff injury, missed work, burnout/turnover, and disillusionment with their professions and healthcare organization. It is important we analyze our current state in order to assess our level of prevention, reporting and response and build toward the future state.
- Future State: A Workplace Violence Plan with reliable data, robust reporting, use of post incident debrief, effective staff training, use of a risk assessment in EPIC, conspicuous public postings & review and evaluation to correct hazards/risks with an annual review of the plan.
- Measures of Success:
 - ❑ Reduction in reportable and non reportable injuries r/t WPV
 - ❑ Compliance with AZ SB 1311
 - ❑ Compliance with training requirements--TBD
- This is part of their A3 they are doing well in the elements. Continue to work in one of the areas.
- Identifying how we can identify in the record. If there's been an occurrence in identifying either being violent or some other form of concern that we can highlight in the record. For when people are caring for the patient. They will have that alert
- Martha Teeman is working with IT partners and getting close to finalizing that.
- The one in yellow identifying the tool we'll be using for training for staff. We are finalizing that process.



Implementation Plan

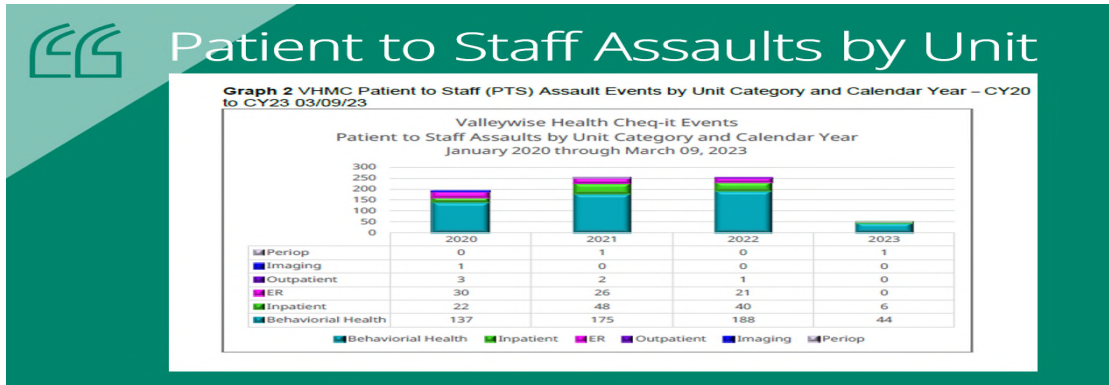
8. Implementation Plan: What will it take to put the future state process into play? List major tasks.												
Timeline (weeks)	9/13	9/28	9/30	11/22	#####	1/23	1/23	2/26	3/30			Task Owner
1	SB1311 review /do we meet the standards	*	*	*	*	*	*	*				
2	Assess staff Educ plan--deescalation, awareness, hands on	D	D									
3	Policy Review & update 15705 S	*	*	*	*	*	*	*				
4	Signage--sent to marketing---DRAFT					D	D	D				Teeman/Green
5	Patient Risk ID/flag EPIC present to committee	*	*									MParks
6	Taskforce kick off meeting & monthly mtgs			D		P	P					WPV team
7	Reporting/data-request midas x 2 years, quality rev	*	D	X								Gweart/Teeman
8	Post incident debrief & F/U with staff/aftercare/standardize for AC & BH											Team
9												
10	Transition plan from EVE to identified resource		P	P	P	*	*					Team
11	Meet with CPI vendor for options + risk assess based on job code		D	D	P	P						teeman/stotler
12	Share with Stakeholders/CPI risk breakout/4 lessons. Finalize 3/7						*					Stotler/Teeman
13	CPI proposal received											
14	Identify 7 VH staff to be certified trainers											
15												
16	Insert Date to Verify / Update Actual Results											
17	Insert Date to Conduct Reflection											
Implementation Plan Key: * indicates planned in progress, X indicates planned completion Green shading indicates task on target, Red shading indicates task not on target												
9. Measurement: How will we know the project was successful?												
Measures	Target Condition	Actual Condition	Results									
Awareness/De escalation training at time of hire+annua												
Reduce number of reportable injuries r/t WPV												

- We have been working with CPI to identify the level of training that is needed for both medical center and Ambulatory environment. Behavioral health has been used in CPI for quite a while.
- Very close to identifying the different levels and we can move forward with the training. We figured it'll require about 7 trainers for the more intense part of the CPI. Most of the training may be done online.

Measures of Success

- Reduce number of reportable injuries r/t Combative Workplace Violence events
- Standardized risk assessed CPI training across the system
- Staff will freely report events for tracking

- Qualities help the team developing a dash board with data. This is a roll up from 2020 to 2023 patient to staff assaults broken down by area.
- As we move to 2021 and 2022 you see some increases almost across the department.
- 2023 seeing the bulk right now in the medical center majority happening in the behavior health environment. Mainly due for the type of patients we care for and type of treatment.



- This is the form behavior health and the medical center have been using for debriefing.
- We are now aligning both behavioral health and medical center both have been using the debrief form. And how we use this data and its feedback into our action plans.
- This has rolled out and we'll start to bring some of that data here as the team works.

Valleywise Health
Title: Post Assault Huddle Debriefing Tool
Department:
Date Initiated:

Date of Incident: _____ Patient Name: _____
Staff Member Name: _____

Did any member of the staff or the patient sustain any injuries? If yes, what type of injuries were sustained, Was medical care necessary?

What prompted the assault?

What were the details of the event?

Did we attempt de-escalation prior to the assault? What was done to prevent the assault?

What specific interventions were used? What was the result?

Was it considered to reassign staff prior to the event? Why/why not?

Form 45655 Rev. 03/2023 1 of 2

Valleywise Health
Title: Post Assault Huddle Debriefing Tool
Department:
Date Initiated:

Has the staff member been reassigned or removed from the patient's care? Did the staff member need to go home?

Were the police contacted?

Was leadership notified?

Completed by: _____

Scan completed copies to
EmployeeHealthandWellness@valleywisehealth.org
QualityAnalytics@valleywisehealth.org

NOT A PERMANENT PART OF MEDICAL RECORD

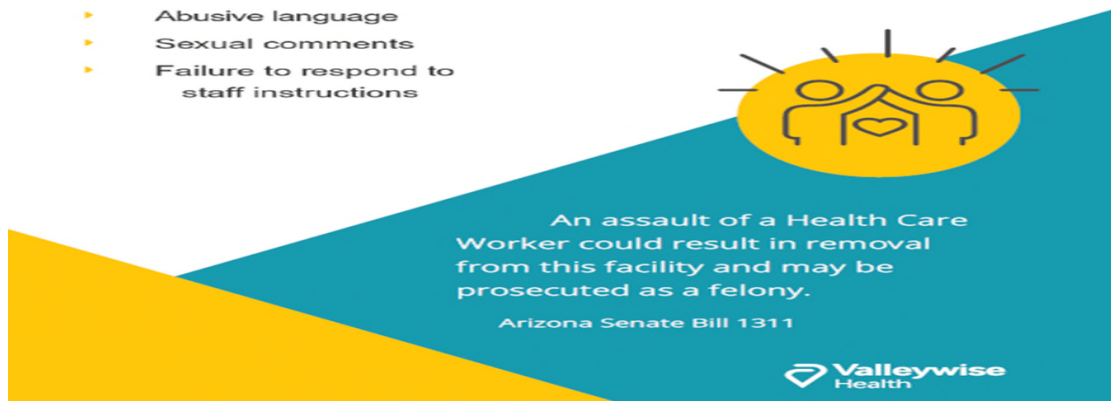
Form 45655 Rev. 03/2023 2 of 2

- This is the signage that will be alerting the community that we do not tolerate aggressive behavior to our healthcare staff and clinical teams.

Aggressive Behavior Will Not Be Tolerated

Including:

- ▶ Physical assaults
- ▶ Verbal harassment
- ▶ Intimidation
- ▶ Threats
- ▶ Abusive language
- ▶ Sexual comments
- ▶ Failure to respond to staff instructions



- This next slide related to challenges is to alert the teams across both behavioral health ambulatory and medical center.
- Being able to identify if a patient has been identified as being aggressive or some other behavior.
- Marie has been working with Dr. Olsen and behavioral health to make sure that we are using the same verbiage. Also aligning the codes or terminology we use across paths with our patients.

Challenges

-
-
- ❖ Working across acute, ambulatory and Behavior Health to identify risk alerts that can be placed in EPIC.
- ❖ Continue to look at High Risk Matrix 45600 opportunities that align with 29656T Standard/Special Behavioral Precautions Matrix.

	Topic			
1	DNV Survey Findings and Plan of Corrections: Action Plan from annual Certification	Continue to meet all of the action plans that were put in place. Regulatory meets with each area to ensure continued compliance.		Shery Stotler

NEW BUSINESS

	Topic	Findings/Discussion	Conclusion/Action	Responsible
1		•		
2				

DEFERRED

	Topic	Presenter	Time	Notes/Discussion Items
1				
2				

ADJOURN

NEXT MEETING

Date	Time	Location		
May 2023	3:30pm	WebEx		



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

May 24, 2023

Item 9.d.

Reports to the Board
Compliance Officer Activities Report

Q3 FY2023 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: Q3 FY2023

Q3 FY2023 Compliance Officer's Report

- 1.0 – February 8, 2023 and April 19, 2023 Finance Audit and Compliance Committee (FACC) Activities
- 2.0 – Q2 FY 2023 Compliance Work Plan
- 3.0 – Q2 FY 2023 Internal Audit Work Plan
- 4.0 – Q2 FY 2023 Ethics Line Report

1.0 – February 8, 2023 and April 19, 2023 – Valleywise Health's Finance, Audit and Compliance Committee (FACC) Meeting Items

1.1 – February 8, 2023– Valleywise Health’s Finance, Audit and Compliance Committee (FACC) Meeting Items

TOPIC	DISCUSSION
1. Financial Update	Claire Agnew, Chief Financial Officer, reviewed the Valleywise Health financial and statistical information for the month ending December 31, 2022.
2. Hospital Compliance Committee Update	L.T. Slaughter, Jr., Chief Compliance Officer, reviewed the Q2 FY2023 Hospital Compliance Committee report
3. CEO Update	Steve Purves , Chief Executive Officer, 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 and Ethics	L.T. Slaughter, Jr. Chief Compliance Officer, had each FACC member sign the Code of Conduct and Ethics.

1.2 – April 19, 2023– Valleywise Health’s Finance, Audit and Compliance Committee (FACC) Meeting Items

TOPIC	DISCUSSION
1. Financial Update	Claire Agnew, Chief Financial Officer, reviewed the Valleywise Health financial and statistical information for the month ending February 28, 2023.
2. Hospital Compliance Committee Update	L.T. Slaughter, Jr., Chief Compliance Officer, reviewed the Q3 FY2023 Hospital Compliance Committee report.
3. FACC Charter Review	The FACC reviewed and approved the FACC Charter with no changes.
4. FY22 Uniform Guidance Audit	Brandon Eggleston, E&Y Partner, presented and review the FY2022 Uniform Guidance Audit Report.
5. FY23 Financial Audit Plan	Brandon Eggleston, E&Y Partner, presented and reviewed the FY2023 Financial Audit Plan.
6. CEO Update	Steve Purves , Chief Executive Officer, provided the FACC with an update of key activities.

2.0 – Q3 FY2023 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.

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 Q3 FY2023 Compliance Work Plan

The FY2023 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 FY2023 compliance work plan represents compliance activities based on the results of the risk assessment and may be subject to change based on changes in risk, priorities and Valleywise Health initiatives throughout the fiscal year.

Project Name	Audit Timing	Est. Audit Hours	Current Status	Completion Status	Initial Risk Rating	Post Review Ranking
Risk Re-assessment and Selection Q3						
CQ3.1 Ending of the Public Health Emergency (PHE) (R12)(R19)	Q3	100 Hours	Monitoring	May 11, 2023 HHS announced the end of the PHE. Monitoring for any changes.	5	3
CQ3.2 EPIC Implementation of Quarterly Updates and New Tower (R18)	Q3	100 Hours	On-going	Monitoring transition to the new tower.	5	5
CQ3.3 Pharmacy 340b Compliance (R21)	Q3	150 Hours	On-going	Monitoring 340b compliance.	5	3
Risk Re-assessment and Selection Q4						
CQ4.1 Clinical Documentation Improvement Review/Quality/ Access to Data (R23)(25)	Q4	100 Hours	Planning		5	
CQ4.2 Managed Care Contracts/Differential Adjustment Payments (DAP) and Credentialing Physicians (R24)	Q4	100 Hours	Planning		5	
RO4 Risk Assessment and 2024 Compliance Plan Development	Quarterly	120 Hours	In Process			
Special Projects and Other Compliance Requests	On-going	TBD				
Compliance Planning, Administration and Meetings	Quarterly	TBD				

3.0 – Q3 FY2023 Internal Audit Work Plans

3.1 Q3 FY2023 Internal Audit Work Plan

The FY2023 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 FY2023 audit plan represents audits based on the results of the risk assessment and may be subject to change based on changes in risk, priorities and Valleywise Health initiatives throughout the fiscal year.

Project Name	Audit Timing	Est. Audit Hours	Current Status	Completion Status	Initial Risk Rating	Post Review Ranking
IQ3.1 Kronos and Payroll Reconciliation (R11)	Q3	100 Hours	On-going	Performing a focused review in Q4 2023	5	3.5
IQ3.2 Telehealth and E&M Compliance Audit (R15)	Q3	150 Hours	Completed	Completed the E&M coding review.	5	2.5
IQ3.3 Care Re-Imagined (Prop 480) Controls and Monitoring Review (R6)	Q3	100 Hours	On-going	Expenditure testing and on-going monitoring	5	2
Risk Re-assessment and Selection Q4						
IQ4.1 Creighton Alliance/Residence/Medical Students (R17)	Q4	100 Hours	Monitoring Creighton Residence FTE calculation processes. Monitoring medical student documentation.	Completed/On-going	5	3
IQ4.2 Supply Chain and System Interface (R22)	Q4	100 Hours	Reviewing procurement processes	In-process	5	TBD
IQ4.3 Care Re-Imagined (Prop 480) Controls and Monitoring Review (R6)	Q4	100 Hours	On-going	In-process	5	TBD
Risk Assessment and 2024 Internal Audit Plan Development	Quarterly	120 Hours	In Process	In-process		
Special Projects and Other Internal Audit Requests	On-going	TBD				
Internal Audit Planning, Administration and Meetings	Quarterly	TBD				

4.0 – Q3 FY2023 Ethics Line Reports (01/01/2023 through 03/31/2023)

4.1 – Q3 FY2023 Issue Type (Cases that were reported in Q3 FY2023)

Issue	Count (#)
Discrimination	1
Health Insurance Portability and Accountability Act (HIPAA)	1
Inappropriate Behavior	1
Quality Control	1
Unfair Employment Practices	1
HIPAA, Privacy, Security	2
Harassment - Workplace	5
Total	12

Issue Type - Q3 FY2023



4.2 Q2 FY2023 Relevant Issue Definitions

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.

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

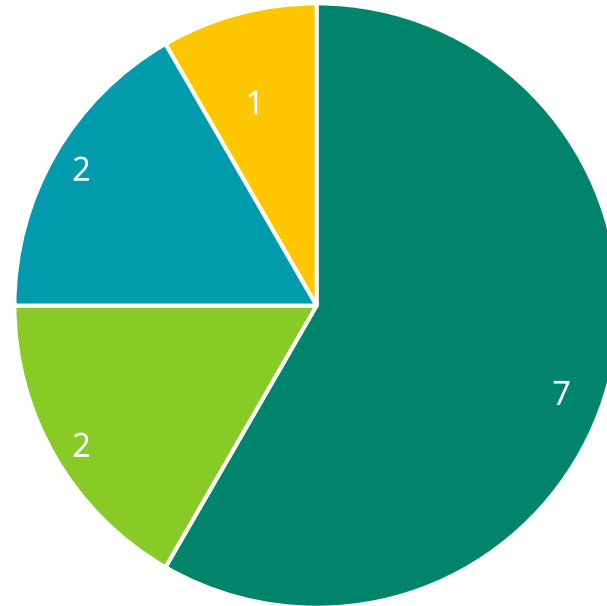
Quality Control - Complaints about product or service quality or effectiveness; allegations of product tampering; violation of policies and practices for manufacturing controls; allegations of non-compliance with product standards or service delivery.

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.

4.3 – Q3 FY2023 Action Taken (Cases that were reported in Q3 FY2023)

Action Taken - Q3 FY2023

Action Taken	Count (#)
No Action Necessary	7
Policy/ Process Review	2
Verbal Warning	2
Written Warning	1
Total	12



■ No Action Necessary ■ Policy/ Process Review ■ Verbal Warning ■ Written Warning

4.4 – Q3 FY2023 Average Days to Close (Cases that were closed in Q3 FY2023)

Benchmark:

Weighted Average Days to Close Benchmark = 30 days or less

Date	Cases	Average Days Open
Jan 2023	3	43
Feb 2023	4	40
Mar 2023	10	19
Monthly Averages	5	28.18 Days





**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 24, 2023

Item 9.e.

**Reports to the Board
Valleywise Health Foundation's
Task Status Report**



DATE: May 1, 2023
TO: Steve Purves, President and CEO, Valleywise Health
FROM: Lisa Hartsock, Interim CEO, Valleywise Health Foundation
SUBJECT: Cooperative Service Agreement Quarterly Task Status and Financial Reports

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

Valleywise Health Foundation
Quarterly Status Report on Cooperative Service Agreement Tasks
May 1, 2023

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

Valleywise Health Foundation
Quarterly Status Report on Cooperative Service Agreement Tasks
May 1, 2023

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

Valleywise Health Foundation
Quarterly Status Report on Cooperative Service Agreement Tasks
May 1, 2023

Kate	Set performance standards for major gift officer	Develop prospect review process, moves management, and best practices	Completed	3/31/2019
Kate	Enhance referral sources	Establish VHF Board Development Committee	Completed	12/31/2018
G. Planned Giving				
Katie/ Alyssa	Create a Planned Giving Legacy or Heritage Society	Creation of planned giving advisors group beginning 2021 led by Jay Spector and Mark Dewane. 1883 Society website and collateral developed Fall 2021.	Completed and Ongoing	Fall 2021
Katie/ Alyssa		Identify policies needed & professionals willing to serve as resources. Advisory group of VHF Board members and other experts convened March 2022.	complete and ongoing	Fall 2021 kick off for Planned Giving Advisory Group
Marcia/Mikala/Elon		Develop customizable planned giving communications plan	Completed and Ongoing	
Katie/ Kate/ Alyssa		Develop a planned giving prospect list	complete and ongoing	Ongoing
H. Grants				
Kate/Katie/Kathi	Coordinate with District grants office to identify opportunities	Monthly meetings with Grants department and ongoing communication on grant oportunities.	Complete	Ongoing
Kate/Katie/Kathi	Identify grant opportunities and deadlines	Hired new consultant Grant researcher and writer for additional opportunities	Complete	Ongoing
I. Patient Services Program				
Katie	Establish the grateful patient program	Donations have begun coming in and we will look to expand the pilot program to include Burn in Q1 2022	Completed and Ongoing	Pilot program launched in three clinics 5/21
Lisa		Set parameters for collecting patient data in key care delivery areas--initial svc line report from Burn Center	Completed	8/31/2018
Sunshine		Wealth screen selection of patients	Completed	10/1/2018
Lisa/Katie/Marcia		Create patient communication & engagement plan	Completed and Ongoing	Launched Above and Beyond Branding, landing page & collateral
Katie/Lisa		Educate caregiving staff about program and work collaboratively when prospects are identified	Completed and Ongoing	Part of Pilot program launched in clinics 5/21
J. Data Management				
Kara/Sunshine	Set up Raiser's Edge system for enhanced utility		Completed	Ongoing
Kara/Sunshine	Review Foundation database for wealth screening		Completed	11/1/2018

Valleywise Health Foundation
Quarterly Status Report on Cooperative Service Agreement Tasks
May 1, 2023

K. Capital Campaign/Multi-Year Funding Initiative			
Nate	Complete M&L internal assessment/audit	Completed	4/1/2018
Lisa/Nate	Complete preliminary case for support	Completed	11/30/2018
Lisa/Nate	Provide campaign readiness report	Completed	1/15/2019
Nate/Kate	Prospectus testing by consultants	Completed	4/30/2019
Nate	Prospectus testing analysis report from consultants	Completed	5/31/2019
Nate/Lisa/Marcia	Case for 2020 ALL IN Campaign support	Completed	11/1/2019

**Valleywise Health Foundation
Key Performance Indicators**

	FYE 2019	FYE 2020	FYE 2021	FYE 2022	YTD March 2023
Liquidity - Cash and Investments					Actual
Total Cash and Investments	\$ 2,141,697	\$ 3,429,664	\$ 6,363,863	\$ 5,437,212	\$ 3,282,994
Donor Restricted (Note 1)	\$ 847,020	\$ 1,852,042	\$ 3,828,053	\$ 3,736,514	\$ 1,666,773
Unrestricted Cash	\$ 1,294,677	\$ 1,577,622	\$ 2,535,810	\$ 1,700,698	\$ 1,593,036
Board Designated					\$ 23,185

				Actual	Budget	Actual
Fundraising						
Total Revenue	\$ 2,524,311	\$ 4,908,124	\$ 13,420,417	\$ 10,378,402	\$ 3,260,627	\$ 3,026,262
Number of Donors	2,107	2135	2,175	2,365	990	1,346

						Budget	Actual					
Expenses By Category												
Valleywise Health Program Support	\$ 1,328,515	70%	\$ 2,915,209	78%	\$ 8,981,607	86%	\$ 10,394,767	80%	\$ 2,663,475	78%	\$ 2,721,807	85%
Administration	\$ 291,794	15%	\$ 276,160	7%	\$ 377,879	4%	\$ 848,102	7%	\$ 173,828	5%	\$ 123,272	4%
Fundraising	\$ 292,559	15%	\$ 570,734	15%	\$ 993,347	10%	\$ 1,607,223	13%	\$ 569,962	17%	\$ 366,362	11%
Total	\$ 1,912,868	100%	\$ 3,762,103	100%	\$ 10,352,833	100%	\$ 12,850,092	100%	\$ 3,407,265	100%	\$ 3,211,441	100%

					Budget	Actual
Valleywise Health Return on Investment (net)	\$ 328,515	\$ 1,915,209	\$ 7,981,607	\$ 9,394,767	\$ 2,413,475	\$ 2,471,807
Valleywise Health Return on Investment %	33%	192%	798%	939%	965%	989%
Cost Per Dollar Raised (Note 2)	\$ 0.23	\$ 0.17	\$ 0.10	\$ 0.24	\$ 0.23	\$ 0.16
Per Cooperative Service Agreement:	Annual	Annual	Annual	2022 Annual	2023 (Note 3)	
VH Total Annual Return (Program Support)	\$ 1,100,000	\$ 1,200,000	\$ 1,450,000	\$ 2,100,000	\$ 750,000	
VH Return on Investment Percent	10%	20%	45%	110%	150%	
Cost per dollar Raised	\$ 0.55	\$ 0.50	\$ 0.45	\$ 0.40	\$ 0.35	

Note 1: Donor restricted funds are held for specific program expenditures per the donor. When restrictions are met, the funds are transferred to Valleywise Health as Program Support.

Note 2: Cost Per Dollar Raised is budgeted at \$.23 for the year, 2023. It fluctuates during the year based on seasonality of donations and timing of major special events. The cumulative budget is Q1 = \$.23, Q2 = \$.24, Q3 = \$.24, Q4 = \$.23.

Note 3: The current CSA Agreement expires at the end of June, 2023. A renewal agreement is in progress.

Valleywise Health Foundation
Statement of Financial Position
As of March 31, 2023

	Jan - Dec 2022	Jan - Mar, 2023
ASSETS		
Current Assets		
Total Bank Accounts	\$ 5,437,212	\$ 3,282,994
Accounts Receivable	338,152	10,250
Pledges Receivable Current	617,500	645,500
Prepaid Expense	16,448	2,698
Total Current Assets	6,409,312	3,941,441
Total Fixed Assets	63,404	127,625
Other Assets		
Pledges Receivable - non Current	368,585	468,285
Security Deposits	5,000	5,000
Total Other Assets	373,585	473,285
TOTAL ASSETS	\$ 6,846,301	\$ 4,542,351
 LIABILITIES AND NET ASSETS		
Liabilities		
Accrued Accounts Payable	\$ 149,604	\$ 109,733
Accrued Salary, Taxes & Pd Leave	341,623	281,723
Deferred Revenue	2,019,000	-
Total Current Liabilities	2,510,227	391,455
Total Liabilities	2,510,227	391,455
 NET ASSETS		
Restricted	2,753,599	2,773,558
Unrestricted	1,582,475	1,354,152
Board Designated		23,186
Total Net Assets	4,336,074	4,150,896
TOTAL LIABILITIES AND NET ASSETS	\$ 6,846,301	\$ 4,542,351

Valleywise Health Foundation
Statement of Financial Activity
January - March, 2023

	RESTRICTED			UNRESTRICTED			BOARD DESIGNATED			TOTAL		
	Actual	Budget	Over (Under)	Actual	Budget	Over (Under)	Actual	Budget	Over (Under)	Actual	Budget	Over (Under)
			Budget			Budget			Budget			Budget
Revenue												
Contributions	\$ 2,390,081	\$ 2,389,003	\$ 1,078	\$ 58,767	\$ 274,124	\$ (215,357)	-	-	-	\$ 2,448,847	\$ 2,663,127	\$ (214,280)
Fundraising Special Events Income	-	-	-	249,707	329,500	(79,793)	-	-	-	249,707	329,500	(79,793)
Grants Revenue	235,000	268,000	(33,000)	-	-	-	-	-	-	235,000	268,000	(33,000)
Other Income	-	-	-	92,708	-	92,708	-	-	-	92,708	-	92,708
Total Revenue	2,625,081	2,657,003	(31,922)	401,181	603,624	(202,443)	-	-	-	3,026,262	3,260,627	(234,365)
Expenses												
Valleywise Health Program Support	2,698,419	2,600,975	97,444	23,388	62,500	(39,112)	-	-	-	2,721,807	2,663,475	58,332
Administrative Costs	-	-	-	123,272	173,828	(50,556)	-	-	-	123,272	173,828	(50,556)
Fundraising	-	-	-	366,362	569,962	(203,600)	-	-	-	366,362	569,962	(203,600)
Gift Cost Allocation	914	-	914	22,271	-	22,271	(23,185)	(23,185)	-	-	-	-
Total Expenses	2,699,333	2,600,975	98,358	535,292	806,290	(270,998)	(23,185)	-	(23,185)	3,211,440	3,407,265	(195,825)
Increase (Decrease) in Net Assets	\$ (74,252)	\$ 56,028	\$ (130,280)	\$ (134,111)	\$ (202,666)	\$ 68,555	\$ 23,185	\$ -	\$ 23,185	\$ (185,178)	\$ (146,638)	\$ (38,540)

Valleywise Health Foundation
Program Support to Valleywise Health: January - March 2023

General Program Support

Quarter 1, 2023

Burn Center - Greatest Need	\$ 5,000
Emergency Funding for First Episode Center	5,000
Seasons for Sharing for FLC's	10,000
STEM Classes	10,000
CHNs Budget Relief	10,000
Food Pharmacy	125,000
Caring for the Community - Greatest Need	25,000
Grant for FRC IT for Virtual	50,000
NICU - Greatest Need	50,000
Sports Court at Mesa Behavioral Health	50,000
Epic Safety Net Grant	115,000
Women's Group at the McDowell Clinic	11,000
ER Professional Development	500
AZ Children's Center, Childs Play Needs	775
Burn Center - Case Manager, Jan - March 2023	30,422
Helping Hands for Employees - 22 employees	23,388
Burn Rehab - Staff Training	7,648
Refugee Women's Clinic - VISTA services	5,000
Community Health Resource Fair	4,975
Burn Center, Staff training	1,628
Az Children's Center , various items	1,648
NICU event	3,066

Total General Program Support	\$ 545,050
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Care Reimagined Support

Quarter 1, 2023

Burn Center	2,101,757
Women and Children's - Halo Bassinets	75,000.00

Total Care Reimagined Support	\$ 2,176,757
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Grand Total - All Support	\$ 2,721,807
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**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 24, 2023

Item 9.f.

**Reports to the Board
Fiscal Year to Date FQHC
Operational Dashboard**

Community Health Centers

PATIENT EXPERIENCE - Ambulatory													
	Target	Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	McDowell - Mesa	McDowell - PEC	VCHCs FYTD
Net Promoter Score FYTD <i>(Would recommend facility)</i>	≥71.1	69.6	66.7	65.4	80.1	69.1	74.9	68.2	65.7	79.8	91.5	no data	71.1
n-size		1,782	1,800	642	1,087	1,600	1,874	2,413	1,281	1,467	82	no data	14,028

ACCESS - Ambulatory													
	Target	Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	McDowell - Mesa	McDowell - PEC	VCHCs FYTD
Appointments Scheduled FYTD		25,552	26,283	10,883	23,298	23,563	28,912	34,826	21,252	34,030	1,532	n/a	230,131
Appointment Fill Rate FYTD		95.6%	91.1%	90.6%	92.4%	91.7%	94.2%	94.4%	89.4%	94.8%	88.3%	n/a	92.8%
Scheduled Appointment No-Shows FYTD		3,203	3,477	1,783	3,527	4,044	5,348	6,803	3,430	7,227	292	n/a	39,134
No Show Rate FYTD	<18%	12.5%	13.2%	16.4%	15.1%	17.2%	18.5%	19.5%	16.1%	21.2%	19.1%	n/a	17.0%

FINANCE - Ambulatory													
	Target	Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	McDowell - Mesa	McDowell - PEC	VCHCs FYTD
In-Person Visits FYTD		13,003	12,685	5,051	12,751	11,150	13,197	16,751	11,090	10,794	572	0	107,044
Virtual Visits FYTD		3,275	2,777	811	770	2,183	2,829	2,581	1,375	4,407	249	0	21,257
Total Actual Visits (includes Nurse Only Visits) FYTD		16,278	15,462	5,862	13,521	13,333	16,026	19,332	12,465	15,201	821	0	128,301
Budgeted Visits FYTD		16,348	15,344	6,094	11,019	12,251	16,957	18,768	13,164	13,395	526	204	124,070
Variance FYTD		(70)	118	(232)	2,502	1,082	(931)	564	(699)	1,806	295	(204)	4,231
Variance by % FYTD		-0.4%	0.8%	-3.8%	22.7%	8.8%	-5.5%	3.0%	-5.3%	13.5%	56.1%	-100.0%	3.4%
Total Number of Patients seen by provider FYTD		15,137	14,904	5,446	12,531	12,682	15,288	18,683	11,963	12,246	618	0	119,498

BEHAVIORAL HEALTH - Ambulatory													
Finance	Target	Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	BH Psychiatry		BH FYTD
In-Person Visits FYTD		286	247	102	220	707	401	70	139		68		2,630
Virtual Visits FYTD		1,954	823	1,193	1,324	1,899	564	2,787	785		2,219		16,456
Total Actual Visits FYTD		2,240	1,070	1,295	1,544	2,606	965	2,857	924		2,287		19,086
Budget Visits FYTD		1,858	1,137	1,581	1,503	3,318	1,771	2,262	1,512		1,683		20,044
Variance FYTD		382	(67)	(286)	41	(712)	(806)	595	(588)		604		(958)
Variance by % FYTD		20.6%	-5.9%	-18.1%	2.7%	-21.5%	-45.5%	26.3%	-38.9%		35.9%		-4.8%

DENTAL - Ambulatory													
Finance	Target	Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell			Dental FYTD
Actual Visits FYTD		1,974	1,912							2,854			17,699
Budget Visits FYTD		2,070	1,889							2,801			16,298
Variance FYTD		-96	23							53			1,401
% Variance FYTD		-4.6%	1.2%							1.9%			8.6%

Other FQHC Clinics

Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary	Other FQHC-Peoria FYTD	Grand Total
73.2	75.2	66.0	72.3	69.6	69.8	72.1	71.4
2,475	1,653	371	141	1,330	980	6,950	20,978

Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary	Other FQHC-Peoria FYTD	Grand Total
32,457	25,530	9,565	3,193	21,487	18,973	111,205	313,108
86.7%	91.3%	99.4%	n/a	94.2%	83.3%	88.7%	91.5%
4,980	3,905	874	597	3,862	3,582	17,800	52,336
15.3%	15.3%	9.1%	18.7%	18.0%	18.9%	16.0%	16.7%

Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary	Other FQHC-Peoria FYTD	Grand Total FQHC	FYTD FQHC
16,132	14,988	6,880	1,094	14,099	13,631	66,824	180,869	194,197
4,924	436	9	24	342	97	5,832	180,869	43,545
21,056	15,424	6,889	1,118	14,441	13,728	72,656	180,869	237,742
22,685	16,408	6,090	1,305	14,421	11,957	72,866	180,869	233,278
(1,629)	(984)	799	(187)	20	1,771	(210)	180,869	4,464
-7.2%	-6.0%	13.1%	-14.3%	0.1%	14.8%	-0.3%	180,869	1.9%
20,329	14,143			14,164	12,735	61,371	180,869	

PEC	PXC
388	2
2,908	0
3,296	2
3,419	0
(123)	2
-3.6%	

PEC	PXC
3,603	7,356
2,328	7,210
1,275	146
54.8%	2.0%

LEGEND:
Not in Target
5% less than the target
Target ≥ 95%

** Specialty HIV Community Health Center
 *** Specialty HIV Community Health Clinic - McDowell Services
 **** Grand Total FQHC for Total Number of Patients seen by provider FYTD includes Community Health Centers & Other FQHCs
 ***** FYTD FQHC for Actual/Budgeted Visits includes Community Health Centers, Other FQHCs, Dental, & OP Behavioral Health Clinics

Ambulatory Care

	Reporting Program	2021 UDS National Average	CYTD 2022	Desired Direction	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	YTD
Quality /Regulatory Metrics																	
Unified Data System																	
Body Mass Index (BMI) Screening and Follow-Up Plan	HRSA	> 61.32%	66.13%	↑	✓ 89.54%	✓ 91.66%											✓ 91.66%
Numerator					10145	15782											15782
Denominator					11330	17218											17218
Cervical Cancer Screening	HRSA	> 52.95%	53.62%	↑	✓ 54.68%	✓ 54.81%											✓ 54.81%
Numerator					3969	5732											5732
Denominator					7259	10458											10458
Childhood Immunization Status (CIS)	HRSA	> 38.06%	9.40%	↑	✗ 3.13%	⚠ 36.63%											⚠ 36.63%
Numerator					11	200											200
Denominator					352	546											546
Colorectal Cancer Screening	HRSA	> 41.93%	51.39%	↑	⚠ 37.75%	✗ 33.64%											✗ 33.64%
Numerator					2222	3712											3712
Denominator					5886	11034											11034
Controlling High Blood Pressure	HRSA	> 60.15%	53.68%	↑	✗ 46.59%	✗ 48.74%											✗ 48.74%
Numerator					2337	3618											3618
Denominator					5016	7423											7423
Diabetes: Hemoglobin A1c Poor Control	HRSA	< 32.29%	30.28%	↓	✗ 61.15%	✗ 53.74%											✗ 53.74%
Numerator					2128	2764											2764
Denominator					3480	5143											5143
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	HRSA	> 78.25%	75.07%	↑	⚠ 74.29%	⚠ 75.78%											⚠ 75.78%
Numerator					526	782											782
Denominator					708	1032											1032
Screening for Clinical Depression and Follow-Up Plan if positive screen	HRSA	> 67.42%	54.67%	↑	✗ 48.25%	✗ 50.16%											✗ 50.16%
Numerator					5466	8347											8347
Denominator					11328	16642											16642
Tobacco Use: Screening and Cessation Intervention	HRSA	> 82.34%	88.88%	↑	✓ 85.29%	✓ 86.69%											✓ 86.69%
Numerator					2707	6160											6160
Denominator					3174	7106											7106
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	HRSA	> 68.72%	78.55%	↑	✗ 51.04%	✗ 54.62%											✗ 54.62%
Numerator					932	1796											1796
Denominator					1826	3288											3288
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	HRSA	> 73.10%	71.68%	↑	✓ 76.56%	✓ 77.44%											✓ 77.44%
Numerator					3492	5031											5031
Denominator					4561	6497											6497
Breast Cancer Screening	HRSA	> 46.29%	59.89%	↑	✓ 51.10%	✓ 51.68%											✓ 51.68%
Numerator					1675	2465											2465
Denominator					3278	4770											4770
HIV Screening	HRSA	> 38.09%	63.40%	↑	✓ 69.14%	✓ 68.38%											✓ 68.38%
Numerator					8707	12621											12621
Denominator					12594	18457											18457

‡ -

**Data is pulled from the UDS dashboard on the 1st Friday of every month

Data Not Available	~
Data is not final and subject to change	‡
Equal or greater than benchmark	✓
Less than 10% negative variance	⚠
Greater than 10% negative variance	✗

Federally Qualified Health Centers

	Data Source	Owner	Frequency	System
PATIENT EXPERIENCE - Ambulatory				
Net promoter score (Would recommend facility)	<p>A customer loyalty index calculated based on a patient's response on a scale of 1-10 to the question "How likely would you be to recommend this facility to your family and friends?". The NPS = % Promoters (9 or 10 responses) - % Detractors (0-6 responses)</p> <p>*Scores are limited to include only FQHC departments by clinic <u>cost center</u> on this dashboard for: 416603, 416608, 416609, 416704, 416707, 416711, 416601, 416701, 416613, 476707, 576130, 576101, 476101, 476102, 476104, 476106, 476105*</p> <p>*Dental, Financial Counseling, Lab, Radiology, Ophthalmology, and other Specialty departments within each community health center are excluded from locational roll ups*</p>	NRC Real Time Score Summary *pulled by Amanda Jacobs	Monthly	NRC Health - Department Summary Report
ACCESS - Ambulatory				
Appointments Scheduled FYTD	<p>All appointment visits are included, except from Dental, Financial Counseling, Lab, Radiology, Ophthalmology, and other Specialty departments. *For FYTD.</p> <p>*Note: For active providers only - FYTD does not account for historical provider information</p>	FQHC Appointment Statistics by Clinic Details (Prior Month) Report *last modified 6/2/2020 by Vondra Dee Nason *pulled by Amanda Jacobs	Monthly	EPIC Report
Appointment Fill Rate FYTD	<p>Provider schedule utilization metric calculated by number of patients to appointment slots available. *For FYTD.</p>	Provider Schedule Utilization - All Clinics (Prior Month) Report *last modified by Jim Trulock 9/29/2020 *pulled by Amanda Jacobs	Monthly	EPIC Report
Scheduled Appointment No-Shows FYTD	<p>All No- show appointment visits are included, except from Dental, Financial Counseling, Lab, Radiology, Ophthalmology, and other Specialty departments. *For FYTD.</p>	FQHC Appointment Statistics by Clinic Details (Prior Month) Report *last modified 6/2/2020 by Vondra Dee Nason *pulled by Amanda Jacobs	Monthly	EPIC Report
No Show Rate FYTD	<p>Percentage of Scheduled Patients who were a "No show" patient or same day cancellation. *For FYTD.</p>	Amanda Jacobs	Monthly	Formula
FINANCE - Ambulatory				
In-Person Visits FYTD	Total Actual Visits (includes nurse only visits) FYTD - Virtual Visits FYTD	Nancy Horskey	Monthly	Axiom
Virtual Visits FYTD	Virtual Telemedicine Visits (telephonic/audio/visual/other virtual type) FYTD	Nancy Horskey	Monthly	Axiom
Total Actual Visits (includes nurse only visits) FYTD	All visits per Clinic (visit count methodology). For the Fiscal Year to Date	Nancy Horskey	Monthly	Axiom
Budgeted Visits FYTD	All budgeted visits per Clinic (visit count methodology) For the Fiscal Year to Date	Nancy Horskey	Monthly	Axiom
Variance FYTD	Actual Visits FYTD (includes nurse only visits) - Budgeted Visits FYTD. For the Fiscal Year to Date	Amanda Jacobs	Monthly	Formula
Variance by % FYTD	Variance FYTD / Budgeted Visits FYTD (%) For the Fiscal Year to Date	Amanda Jacobs	Monthly	Formula
Total Number of Patients seen by provider	Completed visits for provider only	Maria Aguirre	Monthly	Epic - Clarity Query
Grand Total FQHC	Includes Month Totals from Community Health Centers, Dental, Other FQHC, and OP Behavioral Health clinics	Amanda Jacobs	Monthly	Formula
FYTD FQHC	Includes FYTD Totals from Community Health Centers, Dental, Other FQHC, and OP Behavioral Health clinics	Amanda Jacobs	Monthly	Formula

Federally Qualified Health Centers

	Data Source	Owner	Frequency	System
FINANCE - BEHAVIORAL HEALTH				
In-Person Visits FYTD	Total Actual Visits (includes nurse only visits) FYTD - Virtual Visits FYTD	Nancy Horskey	Monthly	Axiom
Virtual Visits FYTD	Virtual Telemedicine Visits (telephonic/audio/visual/other virtual type) FYTD	Nancy Horskey	Monthly	Axiom
Total Actual Visits FYTD	Actual Visits per BH Clinic (all visits per Valleywise Health month end visit count methodology) For fiscal year to date	Nancy Horskey	Monthly	Axiom
Budgeted Visits FYTD	Budgeted Visits per BH Clinic (all visits per Valleywise Health month end visit count methodology) For fiscal year to date	Nancy Horskey	Monthly	Axiom
Variance FYTD	Actual Visits FYTD (includes nurse only visits) - FYTD Budgeted Visits	Amanda Jacobs	Monthly	Formula
Variance by % FYTD	Variance FYTD/ Budgeted Visits FYTD (%)	Amanda Jacobs	Monthly	Formula
FINANCE-DENTAL				
Actual Visits FYTD	All visits per Dental Clinic (visit count methodology) For fiscal year to date	Nancy Horskey	Monthly	Axiom
Budgeted Visits FYTD	All budgeted visits per Dental Clinic (visit count methodology) For fiscal year to date	Nancy Horskey	Monthly	Axiom
Variance FYTD	Actual Visits FYTD (includes nurse only visits) - FYTD Budgeted Visits	Amanda Jacobs	Monthly	Formula
Variance by % FYTD	Variance FYTD/ Budgeted Visits FYTD (%)	Amanda Jacobs	Monthly	Formula

Federally Qualified Health Centers

Data Source		Owner	Frequency	System
QUALITY - Ambulatory				
Quality /Regulatory Metrics	Required by:			
Body Mass Index (BMI) Screening and Follow-Up	CMS69v10	<p>Description: Percentage of patients aged 18 years and older with BMI documented during the most recent visit or within the previous 12 months to that visit and who had a follow-up plan documented if the most recent BMI was outside of normal parameters</p> <p>Numerator: Patients with a documented BMI during the encounter or during the previous twelve months, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter</p> <p>Denominator: All patients aged 18 and older on the date of the encounter with at least one eligible encounter during the measurement period</p>	Quality	Monthly
		Quality	Monthly	EPIC/UDS
Cervical Cancer Screening	CMS124v10	<p>Description: Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: * Women age 21-64 who had cervical cytology performed within the last 3 years * Women age 30-64 who had cervical human papillomavirus (HPV) testing performed within the last 5 years</p> <p>Numerator: Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria: * Cervical cytology performed during the measurement period or the two years prior to the measurement period for women who are at least 21 years old at the time of the test * Cervical human papillomavirus (HPV) testing performed during the measurement period or the four years prior to the measurement period for women who are 30 years or older at the time of the test</p> <p>Denominator: Women 23-64 years of age with a visit during the measurement period</p>	Quality	Monthly
		Quality	Monthly	EPIC/UDS
Childhood Immunization Status (CIS)	CMS117v10	<p>Description: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (Hib); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday</p> <p>Numerator: Children who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday</p> <p>Denominator: Children who turn 2 years of age during the measurement period and who have a visit during the measurement period</p>	Quality	Monthly
		Quality	Monthly	EPIC/UDS
Colorectal Cancer Screening	CMS130v10	<p>Description: Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer</p> <p>Numerator: Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria: * Fecal occult blood test (FOBT) during the measurement period * Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period * Colonoscopy during the measurement period or the nine years prior to the measurement period * FIT-DNA during the measurement period or the two years prior to the measurement period * CT Colonography during the measurement period or the four years prior to the measurement period</p> <p>Denominator: Patients 50-75 years of age with a visit during the measurement period</p>	Quality	Monthly
		Quality	Monthly	EPIC/UDS

Federally Qualified Health Centers

Data Source		Owner	Frequency	System
Controlling High Blood Pressure	CMS165v10	Quality	Monthly	EPIC/UDS
<p>Description: Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period</p> <p>Numerator: Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period</p> <p>Denominator: Patients 18-85 years of age who had a visit and diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period.</p>				
Diabetes: Hemoglobin A1c Poor Control	CMS122v10	Quality	Monthly	EPIC/UDS
<p>Description: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period</p> <p>Numerator: Patients whose most recent HbA1c level (performed during the measurement period) is >9.0% or is missing, or was not performed during the measurement period.</p> <p>Denominator: Patients 18-75 years of age with diabetes with a visit during the measurement period</p>				
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	CMS164v7	Quality	Monthly	EPIC/UDS
<p>Description: Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period or who had an active diagnosis of IVD during the measurement period, and who had documented use of aspirin or another antiplatelet during the measurement period</p> <p>Numerator: Patients who had an active medication of aspirin or another antiplatelet during the measurement year</p> <p>Denominator: Patients 18 years of age and older with a visit during the measurement period who had an AMI, CABG, or PCI during the 12 months prior to the measurement year or who had a diagnosis of IVD overlapping the measurement year</p>				
Screening for Clinical Depression and Follow Up Plan	CMS2v11	Quality	Monthly	EPIC/UDS
<p>Description: Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter</p> <p>Numerator: Patients screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the eligible encounter</p> <p>Denominator: All patients aged 12 years and older at the beginning of the measurement period with at least one eligible encounter during the measurement period</p>				
Tobacco Use: Screening and Cessation Intervention:	CMS138v10	Quality	Monthly	EPIC/UDS
<p>Description: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times during the measurement period AND who received tobacco cessation intervention if identified as a tobacco user</p> <p>Numerator: *Patients who were screened for tobacco use at least once during the measurement period and *Who received tobacco cessation intervention if identified as a tobacco user</p> <p>Denominator: Patients aged 18 years and older seen for at least two medical visits in the measurement period or at least one preventive medical visit during the measurement period.</p>				

Federally Qualified Health Centers

	Data Source		Owner	Frequency	System
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v10	<p>Description: Percentage of patients 3–17* years of age who had an outpatient medical visit and who had evidence of height, weight, and body mass index (BMI) percentile documentation and who had documentation of counseling for nutrition and who had documentation of counseling for physical activity during the measurement period</p> <p>Numerator: Children and adolescents who have had: *their height, weight, and BMI percentile recorded during the measurement period and *counseling for nutrition during the measurement period and *counseling for physical activity during the measurement period</p> <p>Denominator: Patients 3 through 16 years of age with at least one outpatient medical visit during the measurement period</p>	Quality	Monthly	EPIC/UDS
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347v5	<p>Description: Percentage of the following patients at high risk of cardiovascular events who were prescribed or were on statin therapy during the measurement period: *All patients who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), including an ASCVD procedure, or *Patients 20 years of age or older who have ever had a low-density lipoprotein cholesterol (LDL-C) laboratory result level greater than or equal to 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia, or *Patients 40 through 75 years of age with a diagnosis of Type 1 or Type 2 diabetes</p> <p>Numerator: Patients who are actively using or who received an order (prescription) for statin therapy at any time during the measurement period</p> <p>Denominator: Patients who were previously diagnosed with or currently have an active diagnosis of ASCVD, including an ASCVD procedure, or Patients who were 20 years of age and older at the start of the measurement period who: *ever had a laboratory result of LDL-C greater than or equal to 190 mg/dL or *were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia, or Patients 40 through 75 years of age with Type 1 or Type 2 diabetes; With a medical visit during the measurement period Include patients of any age for the ASCVD determination; patients with birthdate on or before January 1, 2002 for LDL-C determination; and patients with birthdate on or after January 1, 1947, and birthdate on or before January 1, 1982 for diabetes determination.</p>	Quality	Monthly	EPIC/UDS
Breast Cancer Screening	CMS125v10	<p>Description: Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the Measurement Period</p> <p>Numerator: Women with one or more mammograms during the 27 months prior to the end of the measurement period</p> <p>Denominator: Women 51-74 years of age with a visit during the measurement period</p>	Quality	Monthly	EPIC/UDS
HIV Screening	CMS349v4	<p>Description: Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for HIV</p> <p>Numerator: Patients with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday</p> <p>Denominator: Patients 15 to 65 years of age at the start of the measurement period AND who had at least one outpatient visit during the measurement period</p>	Quality	Monthly	EPIC/UDS



**Maricopa County
Special Health Care District**

**Board of Directors
Formal Meeting**

May 24, 2023

Item 10.

No Handout

Concluding Items